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Growing Up in Kinship Care



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Note on Terminology Used in this Report

The Independent Care Review engaged extensively with children and young people with experience of care. Through this process, it heard how the language of the 'care system' can be stigmatising for children and young people and can compound a sense of being different, especially when jargon is used or words are used about them, their lives and their experiences, that are not used when talking about children who don't have experience of care. Where possible, we have tried to use non-stigmatising language throughout this report.

While we have also worked to minimise the use of technical and legal words and phrases, to ensure that we are accurate and clear about what the data we have looked at says, when referring to the data, it has been necessary to use the formal terms used within the data.

'Looked after'

'Looked after' and 'looked after child' are the terms used in current legislation to refer to a child or young person with care and protection needs who is cared for under a formal arrangement with a local authority.

'Looked after at home'

This is where a child or young person with care and protection needs is cared for at home with their parents with the support of the local authority with a Compulsory Supervision Order in place.

Ceased to be 'looked after'

This means when a child or young person is no longer cared for under a formal arrangement with their local authority. This can be because of a decision that this is no longer necessary for their care and protection, or because a young person is of an age when they no longer want, or are eligible for, that care arrangement to be in place.

Placement

Placement refers to an environment within which a child lives while 'looked after' by their local authority. This could be living with kinship carers, foster carers or in residential child care, for example.

Episode

An episode of care refers to a continuous period in which a child or young person is formally 'looked after' and can contain multiple placements. A child or young person may experience one or more episodes of care during their childhood when arrangements are made to support them and their family.

Kinship care

Kinship care is where a child or young person lives with and is cared for by members of their extended family or friends.

'Formal' kinship care

This is where a child is officially 'looked after' by (that is, under the care of) their local authority, and an arrangement is made for the child to live in kinship care.

'Informal' kinship care

This is where there is an entirely private arrangement within a family for a child to be cared for by a member of their extended family or friends but there is no legal arrangement for this and no local authority involvement.

'Semi-formal' kinship care

This is where social work services are aware of the child living with a member of their extended family or friends, sometimes with a legal order such as a kinship care order in place detailing care arrangements, but the child is not 'looked after' by the local authority.

Kinship Care Order

A kinship care order is a court order which gives a child's kinship carers the right to have the child living with them or to otherwise regulate the child's residence. A child is no longer considered 'looked after' once a kinship care order has been granted.

Compulsory Supervision Order (CSO)

This is a legal document which means that the local authority is responsible for looking after and helping a child. It might say where the child must live or other conditions which must be followed.

Special schools

This is the official term used in Scotland to describe schools that specifically cater for children who require additional support with their education.

Executive summary

What is kinship care?

When a child is unable to remain at home with their parents for any reason, they may be cared for by a member of their extended family or a family friend. This is known as kinship care.



Why are we doing this study?

There are currently 12,206¹ children in Scotland who are 'looked after'² by their local authority. Where it is not in the child's best interests to remain at home with their parents, national policy and guidance in Scotland state that care within their wider family and community circle, supported by social work services, should be the first option explored to provide the care and protection they need. This has led to a substantial increase in the proportion of children in care who are living with kinship carers throughout recent years – from around 1 in 8 in 2006 to more than 1 in 3 in 2023. As such, it is important that we better understand the experiences and outcomes of these children and young people to ensure that their needs can be met.

How have we carried out this research?

We looked at anonymised data on the care experiences of approximately 19,000 children and young people who have lived in kinship care while being formally 'looked after' by a Scottish local authority between 1 April 2008 and 31 July 2019. These anonymised records were then linked to records for the same children across education, Children's Hearings and health visiting datasets.

What have we found out?

Our analysis of the data has so far found that:

National and Regional Trends

- The proportion of 'looked after' children who are living in kinship care has increased substantially over the study period, from around 1 in 6 (16%) in 2008 to 1 in 3 (29%) in 2019.

¹ Children's Social Work Statistics 2022-23. Available at:

<https://www.gov.scot/publications/childrens-social-work-statistics-2022-23-looked-after-children/>. Accessed 5/9/24.

² 'Looked after' and 'looked after child' are the terms used in current legislation to refer to a child or young person with care and protection needs who is cared for under a formal arrangement with a local authority.

- There is substantial variation across Scotland's local authorities in terms of how likely children are to live in kinship care arrangements, with evidence of a higher percentage of children and young people living in kinship care in areas of high deprivation.
- There is also evidence of regional variation in how long children spend living in kinship care, and what the legal basis is for their care.

Entering kinship care

- For most children who have been cared for by kinship carers (66%), this was the first living arrangement organised by the local authority when their care and protection needs were identified. When a child didn't initially move into kinship care, they were most likely to have spent time being 'looked after at home', that is, with social services support, prior to moving in with kinship carers (53%).
- The proportion of children starting to live with kinship carers under Section 25 arrangements has increased substantially (from 19% in 2009 to 40% in 2019), and children in kinship care were more likely to be in care under Section 25 arrangements than children in the wider population of 'looked after' children.

Care environments and stability

- Two in five children (40%) who have been cared for by kinship carers have only ever experienced this type of care environment while being 'looked after'.
- The average length of time that children were 'looked after' by their kinship carers was around 1 year and 4 months but there was great variation within this, with children who had gone to live with a kinship carer under a Compulsory Supervision Order tending to experience a longer amount of time with these carers than those where a Section 25 arrangement was made.
- Kinship care may be either a short-term or long-term solution to meet the needs of children and their families. Around 1 in 10 kinship care arrangements for 'looked after' children (9%) lasted less than one month, while 1 in every 6 arrangements (16%) lasted for more than 5 years.
- After a child or young person went to live with a kinship carer, 55% did not experience any other care arrangements before leaving care. 22% experienced one additional arrangement being put in place for their care, 17% experienced 2-4 of these and 5% experienced more than 5.

Leaving kinship care

- Where a child remained in care after the kinship care arrangement ended, around 1 in 3 (34%) were recorded as moving to live with a different kinship carer. A further 1 in 3 (33%) returned home to live with their parent/s while remaining 'looked after', while 1 in 4 (24%) went to live with foster carers.

- When the kinship care arrangement ended due to the child or young person no longer being 'looked after', 50% of children went to live with (or continued to live with) a friend or relative. Around 1 in 3 returned home to live with their parent/s.
- Since first being recorded in the data in 2016/17, the proportion of children and young people who ceased to be 'looked after' by their kinship carers but continued to live with friends or relatives under a Kinship Care Order annually was 4% (2016/17), 10% (2017/18) and 6% (2018/19).

Education and health outcomes

- It covers the period from 2008 – 2019 and does not cover the COVID-19 pandemic. Despite these improvements, children with experience of kinship care still had poorer educational outcomes than the general population of schoolchildren by 2019 – including a school exclusion rate that was more than 5 times as high.
- Children who had lived in kinship care were more likely to have Additional Support Needs recorded than children in the general population (72% vs 31%), and around twice as likely to have developmental concerns identified by their health visitors between the ages of 2.5 and 5 years old. The most common concerns identified were related to emotional and behavioural difficulties that the children experienced.

Child Protection and the Children's Reporter

Of the approximately 19,000 children who had lived in kinship care, we were able to access and analyse data for approximately 2,700 children who had been placed on the Child Protection Register in Scotland, and for 6,340 children who were referred to the Scottish Children's Reporter Administration.

- The most common concerns about a child's care and protection that led to them being added to the Child Protection register were: parental substance misuse (53%); emotional abuse (44%); and neglect (43%). Domestic abuse was a concern in 36% of cases, while in 31% of cases there were concerns about parental mental health.
- 92% of children and young people had only ever been referred to the reporter on care and protection grounds. Only 8% had ever been referred to the Children's Reporter on offence grounds. Girls were less likely than boys to have been referred on offence grounds.
- For children who had been involved in a Children's Hearing, the average number of hearings they attended was 11. 1 in 10 children had experienced more than 20 hearings.
- The most common grounds for referral to the Children's Reporter were a lack of parental care (76% of children) and a close connection with a perpetrator of domestic abuse (28%).

What are our key messages?

- While many children thrive in kinship care, kinship families are often supporting children with complex needs and it is important that tailored support is in place to ensure that all kinship children and families can flourish.
- Our findings do not imply that any outcomes seen for children living in kinship care are a result of their time in kinship care. It is important to remember and acknowledge that many children in need of care and protection will have experienced trauma and adverse experiences prior to becoming 'looked after', which can have impacts on their lives that are lifelong.
- It is important that the reasons behind the regional variation in children's experiences of kinship care across Scotland are better understood in order to ensure that all kinship families have access to the support they require and deserve, no matter where they live.
- Our data, and therefore the findings, do not cover the period during and after the COVID-19 pandemic – a time of great change for children, young people and families. It is imperative that more timely data can be made available for research to ensure that it can provide an up-to-date picture of people's experiences.
- There are many children in Scotland who live in kinship families but who are not 'looked after' by their local authority, however there is currently far less data available to reflect their experiences. Additional research is needed to provide insights into the lives of these children and families to ensure that all children in kinship care are appropriately supported, regardless of the legal status of the kinship arrangement.
- Administrative data alone cannot provide a full picture of children's lives and experiences. To fully understand how kinship care is experienced, and the impact that it has on young people's lives, there is no substitute for speaking to children, young people and families with lived experience.

Introduction

When a child or young person is unable to be cared for at home with their parents, they may need to be cared for by their local authority. This might be because their parents are no longer able to care for them, or because they are not safe in their home. Once the local authority is caring for them, these children are formally referred to as 'looked after'.³ Children and young people who are cared for by the local authority can live in a variety of different living arrangements, such as with a foster family or in residential care. Some children also remain at home with their parent/s, with the local authority taking responsibility to provide support and supervision for the child and their family. These children are referred to as being 'looked after at home'. In recent years, however, an increasing proportion of children who are cared for by their local authority in Scotland have been living with extended family or friends – an arrangement which is known as 'kinship care'.

In 2023, 12,206 of Scotland's children and young people were 'looked after'. Kinship care has become the most common type of care arrangement for 'looked after' children and young people to live in in Scotland – with more than a third of these children now living with kinship carers. This increase in children living with kinship carers is in line with Scottish policy and guidance (Scottish Government, 2007; Independent Care Review, 2020) which sets out a clear commitment to ensuring that children can be cared for within their communities and families wherever possible.

As the proportion of 'looked after' children living with kinship carers continues to rise, it is important that we better understand their experiences and outcomes.

This study makes use of the available administrative data⁴ on children and young people in Scotland, and has the following two aims:

1. To increase knowledge of the characteristics, experiences, and outcomes of 'looked after' children living in kinship care in Scotland, and to provide insight into the requirements that welfare, universal, and targeted services should meet to ensure the safety, health, education and wellbeing of all children.
2. To assess the usefulness of the administrative data that is currently available about 'looked after' children and young people in Scotland, and provide an overview of the opportunities and challenges of data linkage as an approach to better understanding their lives and improving the care and support available to them.

³ 'Looked after' and 'looked after child' are the terms used in current legislation to refer to a child or young person with care and protection needs who is cared for under a formal arrangement with a local authority.

⁴ Administrative data is information created when people interact with public services, such as schools, the NHS, the courts or the welfare system. This information is collected for operational purposes, but can be anonymised and made available for research that is deemed to be in the public benefit.

Our findings in relation to the first of these aims are presented and discussed in [The experiences and outcomes of children and young people in kinship care](#) section, while a discussion of our findings concerning the second aim are available in [The utility of administrative data to better understand the experiences of children and young people with care experience](#) section.

Throughout the report, our analysis aims to provide new insight into the experiences of 'looked after' children living in kinship care in Scotland, and to answer the following research questions:

1. How commonly have kinship care arrangements been used in recent years? What are the trends in kinship care in terms of regional patterns and the length of time that children are 'looked after' in kinship care?
2. What are the routes into kinship care? On what basis and for what reasons are children formally 'looked after' in kinship care?
3. How do children who have lived in kinship care fare in terms of the stability of their living arrangements, their early childhood development, and their educational outcomes?
4. Where do children and young people live after leaving kinship care?

Note: It is important to highlight that the Scottish Government's Looked After Children dataset was the key source of information utilised for this study. As such, the research only reflects the experiences of children who have 'formally' lived in kinship care while being 'looked after' by their local authority. There are many children who have 'semi-formally' or 'informally' lived in kinship care⁵, and their experiences are **not represented** in the data used for this study. A description of these different types of kinship arrangements is provided within the [Note on Terminology Used in this Report](#).

⁵ While an exact figure is hard to determine, we can estimate that there were around 8,720 children in 'semi-formal' or 'informal' kinship care in Scotland in 2011. This estimate is based on the difference between the figure provided by Wijedasa (2017) for all children in kinship care (12,630) in 2011, and the figure provided by the Scottish Government (2020a) for the number of children who were 'looked after' in kinship care in 2011 (3,910).

Background and Policy Context

There has been a long-standing position within Scotland's policy approach to the care of its children that kinship care should be a preferred option where a child cannot live at home with their parents. This is illustrated by the guiding principle '*unless there are clear reasons why placement within the family would not be in the child's best interests, care within the wider family and community circle will be the first option for the child*' (Scottish Government, 2007, p.3).

This position was more recently reinforced by the publication of The Promise – the key output of the Independent Care Review (2020) which was commissioned by the Scottish Government to conduct a 'root-and-branch' review of the care 'system' in Scotland. After listening to the experiences of approximately 5,500 children and adults with care experience and those who work to support them, The Promise recognised the vital importance of kinship care, stating that '*Kinship must be actively explored as a positive place for children to be cared for*' (Independent Care Review, 2020, p. 74).

It is generally accepted that there are many benefits of kinship care as opposed to other forms of care arrangement (such as foster care or residential care), including increased stability for a child or young person and a greater opportunity for a child or young person to maintain family ties and connections within their school and/or local community (Hill, 2020). Studies have also shown increased levels of wellbeing for children who are living in kinship care (Cusworth et al., 2019; Winokur et al., 2018) as opposed to other types of care environments. However, it is also acknowledged that there are also particular challenges faced by kinship families. This is further discussed in [Supports for kinship families](#).

What is known about Scotland's kinship carers?

The most comprehensive source of information on the characteristics of kinship carers is currently the 2011 Census, with a study by Wijedasa (2017) determining that 72% of the estimated 12,630⁶ kinship carers in Scotland in 2011 were grandparents of the child, while 8% were siblings. The remaining 20% had a different familial relationship with the child, including aunts, uncles and cousins. Unfortunately, there is currently no information recorded within the Looked After Children data collected in Scotland to indicate the characteristics of the kinship carer who is looking after a particular child, or what their relationship to the child is.

The findings of Wijedasa (2017) regarding the high proportion of grandparent kinship carers resonates with more recent survey results – including those by Young & Hill (2020) and those provided directly to the research team by both the Kinship Care

⁶ The census data does not allow for disaggregation of kinship families by whether or not the child is formally 'looked after', and as such the findings here relate to those caring for the full population of children and young people in kinship care, regardless of whether it was organised with the involvement of social work or as a private arrangement within the family. This is also the case for the subsequent survey results from Young and Hill, the Scottish Government and KCASS.

Advice Service for Scotland (KCASS) and the Scottish Government. In 2020, KCASS found that 68% of the 95 kinship carers they surveyed were grandparents, while the Scottish Government found in 2022 that 71% of 275 respondents to their kinship survey were grandparents. The next largest group within the Scottish Government survey was aunts and uncles, who made up around 20% of the population of kinship carers. Both surveys were in line with Young & Hill (2020), who found that 67% of their survey respondents were grandparents caring for their grandchildren, while 20% were aunts.

The 2022 Scottish Government survey also collected information on the age of kinship carers, and found that 30% were aged between 45 to 54 years, while 1 in 3 (33%) were aged 55-64 and 1 in 5 (20%) were over the age of 65. The analysis by Wijedasa (2017) also found that, when compared with birth parents in the general population, kinship carers across the UK were more likely to face challenges including health problems, low income and high-levels of caring responsibilities. Young & Hill (2020) found that 41% of kinship carers reported a long-term illness or disability.

Support for kinship families

Scotland's legal framework and policy landscape surrounding kinship care is complex. Children can be living in kinship care under a variety of different arrangements – some children are formally 'looked after' by their local authority with the involvement of social work services; some are not 'looked after' but have a court order such as a Kinship Care (or Section 11) Order where some or all parental rights may be transferred to the kinship carer; and other arrangements may have been organised entirely privately within the family. The relationship between individual children, young people, or carers, and the local authority can also change over time, with children moving from being 'looked after' to not 'looked after' while living with the same kinship carer, and vice versa. These changes in status can impact upon, or cause uncertainty around, the welfare payments and allowances that may be available to the family. As such, it is important that kinship carers have an understanding of these differences and are aware of the specific arrangement that is in place for the child in their care and the potential impacts of this. However, Dryburgh (2010) estimated that 19% of kinship carers were unsure of the legal status of the child they were caring for.

Research by Cusworth et al. (2019) found that, despite caring for children who may have similar levels of emotional and behavioural difficulties as children who foster carers and adoptive parents care for, kinship carers received less support than these other caregivers. While foster carers generally make a conscious decision that fostering is something that is feasible and practical within their current lifestyle, kinship carers and families are often faced with a very sudden change of circumstances and responsibilities as a result of a family crisis (O'Leary and Butler, 2015; McCartan et al., 2018; Hill, 2020). While kinship carers invariably take on this role out of love, it can be deeply challenging and may involve considerable personal sacrifice. The change of circumstances that comes with kinship care can compound many of the financial and health challenges faced by kinship carers, with many having

to either stop or reduce work in order to take on board these new responsibilities. A survey by Young & Hill (2020) found that 44% of carers had given up work at the point of becoming a kinship carer, while a further 19% had reduced their working hours. Eighty percent reported experiencing financial hardship that was related to their change in circumstances. It is also acknowledged that kinship carers are less likely to undergo rigorous assessments and training than others (such as foster carers) in order to prepare them for their caring role (O’Leary & Butler, 2015; Hill, 2020).

While there have been recent improvements in the financial support that is available to some kinship carers,⁷ the support services that are available to kinship families can differ across the different local authority areas within Scotland and there is still much to be done to ensure that all kinship families are receiving the support that they need and deserve. It is vital that the needs of kinship carers are met to ensure that they can provide the children in their care with all that they need to thrive.

Information on the local supports available to families, as well as confidential and impartial advice, is available via the Kinship Care Advice Service for Scotland (KCASS).⁸

⁷ <https://www.gov.scot/news/new-national-allowance-for-foster-and-kinship-carers/>. Accessed 5/9/24.

⁸ <https://kinship.scot/>. Accessed 5/9/24. Phone contact: 0808 800 0006 Email: advice@kinshipscot.org

The Data

The findings presented within this report are based on an analysis of several data sources:

Results presented within the [Trends in Kinship Care](#) section are largely based on the publicly available data provided in the Scottish Government's Children's Social Work Statistics 2022/23 (Scottish Government, 2024b). This aggregate data provides an annual snapshot of the number of children in kinship care (and other types of care environments) over an extended period from 2006 to 2023, including breakdowns of key statistics by local authority area.

Results within the [Who are Scotland's Kinship Carers?](#) section were drawn from existing published research alongside survey results that were kindly provided to our research team by the Scottish Government and the Kinship Care Advice Service for Scotland (KCASS).

Subsequent results throughout this report on the characteristics, care experiences and outcomes of those who have experienced kinship care have been derived from the analysis of a series of linked administrative datasets – with the Scottish Government's longitudinal Looked After Children dataset being the key dataset used to identify children and young people for inclusion in our study. As detailed in the box below, this dataset contains information on the care placements (that is, the type of living environments arranged) for all children and young people who have been 'looked after' by a local authority within Scotland from 1 April 2008 onwards. For the purposes of this research, we were provided with data on all placements arranged and the legal reasons for these for every child who had a kinship care placement recorded at any time within this dataset. This equated to data on approximately 54,000 placements and 70,000 legal reasons, for around 19,000 children and young people. Please see the [Note on Terminology Used in This Report](#) where we explain our use of specific terms such as 'placement' and 'episode' which are used in these datasets.

The Data: Scottish Government's Longitudinal Looked After Children Dataset

For any child in the care of a local authority in Scotland, the authority must record information on the dates they are 'looked after', the types of care environment they live in and the legal basis under which they are in care. This data is returned on a yearly basis to the Scottish Government, who collate and analyse the data before sharing key findings and headline statistics in the annual 'Children's Social Work Statistics' publications.

In recent years, these annual returns have been compiled by the Scottish Government to create a longitudinal dataset containing the care history of any child or young person who has been in care from 1 April 2008 onwards. There are strict approval processes in place for researchers to access this data, and all personal information is anonymised prior to being shared. The longitudinal dataset has huge

benefits over yearly 'snapshot' data in that it allows for a more detailed exploration of the care experiences of young people throughout their lives.

The full dataset currently covers the period from 2008 to 2021 and contains details on approximately 76,000 episodes of care involving nearly 65,000 children and young people, although only data to 2019 was available for linkage to other sources of data at the time of this research. An 'episode' in this setting refers to a continuous period in which a child or young person is 'looked after' and can contain multiple placements. For the purposes of this study, researchers had access to a subset of this data comprising children and young people who had a kinship care placement recorded in the data at any point. Full details on the longitudinal Looked After Children dataset, plus an overview of the data cleaning process implemented for this research study, can be found in the [Data Explained](#) document published by Soraghan & Raab (2023).

A graphical overview of the data available within the longitudinal Looked After Children dataset is provided in Figure 1 below. It shows that data is available for any period of time a child has spent in care from 1 April 2008 until 31 July 2019. Information prior to 1 April 2008 is also included where the child has continuously been in care until a date on or after 1 April 2008. The recording year for the Children's Social Work Statistics runs from August 1 to July 31 in any given year⁹. Where a year is referred to in terms of the Looked After Children data throughout this remainder of this report (for example, 2022), this refers to the reporting year ending within that period (for example, 1 August 2021 to 31 July 2022). As such, while we have data pertaining to the calendar year 2008, the earliest recording year for the Looked After Children data will be referred to as 2009.

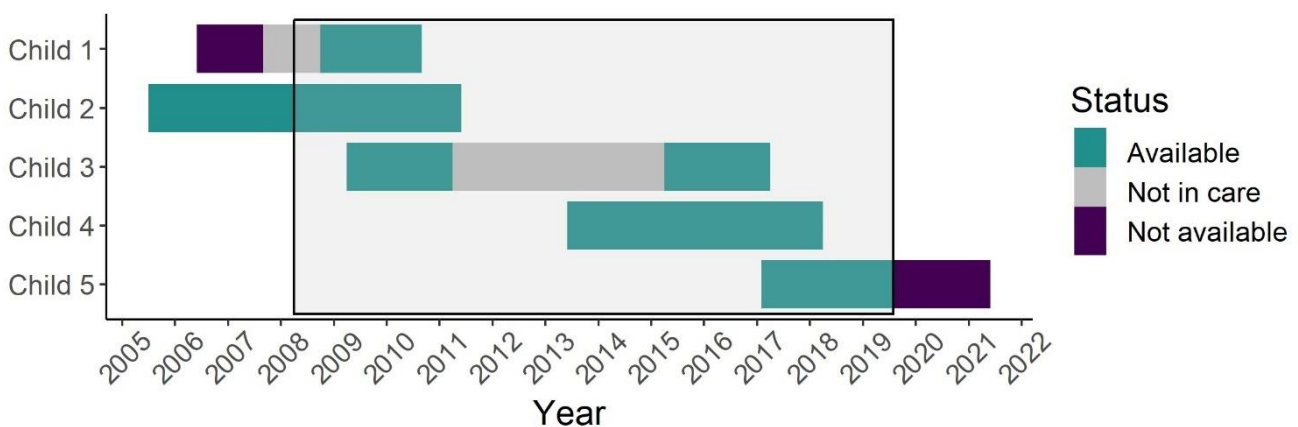


Figure 1. An overview of the data available within the longitudinal Looked After Children dataset provided for this study.

⁹ With the exception of the 2008/09 recording year, which ran from 1 April 2008 to 31 July 2009.

In order to provide additional insights into the wider experiences and outcomes of children and young people who have lived with kinship carers, the longitudinal Looked After Children dataset was linked to a selection of other data sources from across education, health visiting, child protection and the Children's Hearings System. Further information on these datasets is provided in Table B1 of Appendix B. In total, 12,896 of the 19,077 children (68%) in the longitudinal Looked After Children dataset had sufficient identifying data available to allow them to be linked to additional data sources. As such, this was the maximum number of children for whom data would be available in any of the remaining datasets. The exact number of individuals for whom linked data was available has been provided for each data source in Table B1 of Appendix B. Further information on the linkage process can be found within the [Data Linkage](#) section of Appendix B.

Notes on interpretation of the findings

For the purposes of this study, data was only available on 'looked after' children who had, at some stage, lived with kinship carers and not on the wider population of children who have been in care. As such we were unable to conduct statistical analyses to compare the experiences and outcomes of children living in other types of care environments (for example, living with foster carers) within our datasets.

A limitation of the study design is that we did not request equivalent information for a comparator group of either all children in care or the wider population of children in Scotland nor was this made available to us. As such, any comparisons drawn between children who have lived with kinship carers and other populations, such as the general population of children and young people in Scotland or the wider population of children in care, are based on published figures and have not been adjusted for other factors that may influence children's experiences and outcomes (such as area-level deprivation, familial socio-economic status or the characteristics of the children). As such, the results provided throughout this report offer a purely descriptive analysis of children's experiences, and do not allow us to draw any inferences around the relationship between the time spent in kinship care and the outcomes and experiences seen for the children in our cohort.

Beyond the limitations with the design of this particular study, the undertaking of this research has highlighted some existing broader challenges that are faced in using the longitudinal Looked After Children dataset for analysis – both as a standalone dataset and when linking it to other data sources. These challenges are discussed within [The utility of administrative data to better understand the experiences of children and young people with care experience](#).

Finally, when reading this report, it is important to reflect on the limitations of this type of data. While administrative data collected by local authorities is extremely useful in providing broad overviews, a limitation is that it does not, and cannot, tell us about the experiences and feelings of individual children and young people in a meaningful way. To fully understand the experiences of children who are and have

been living in kinship care in Scotland, the administrative data needs to be looked at alongside wider quantitative and qualitative sources - ideally including direct feedback from the people concerned.

The experiences and outcomes of children and young people in kinship care

This section presents findings in relation to our four research questions relating to the frequency and pattern of use of kinship care arrangements, the routes into and out of kinship care, and the developmental and educational outcomes for children and young people who have experience of kinship care.

Trends in Kinship Care

In recent years, the number of children and young people who are living in kinship care has been steadily increasing within Scotland. In 2022, kinship care became the most prevalent type of living arrangement for children and young people under the care of their local authority for the first time, with approximately 4,250 children and young people living with family or friends.

Figure 2 shows the trends over the period from 2006 to 2023 for the main types of placements (that is, care environments) that 'looked after' children live in. While the overall number of children and young people in care has been gradually decreasing since 2012, the number of children and young people living in kinship care has been on the rise. Conversely the number of children and young people who were 'looked after at home' with their parents has declined over this time.

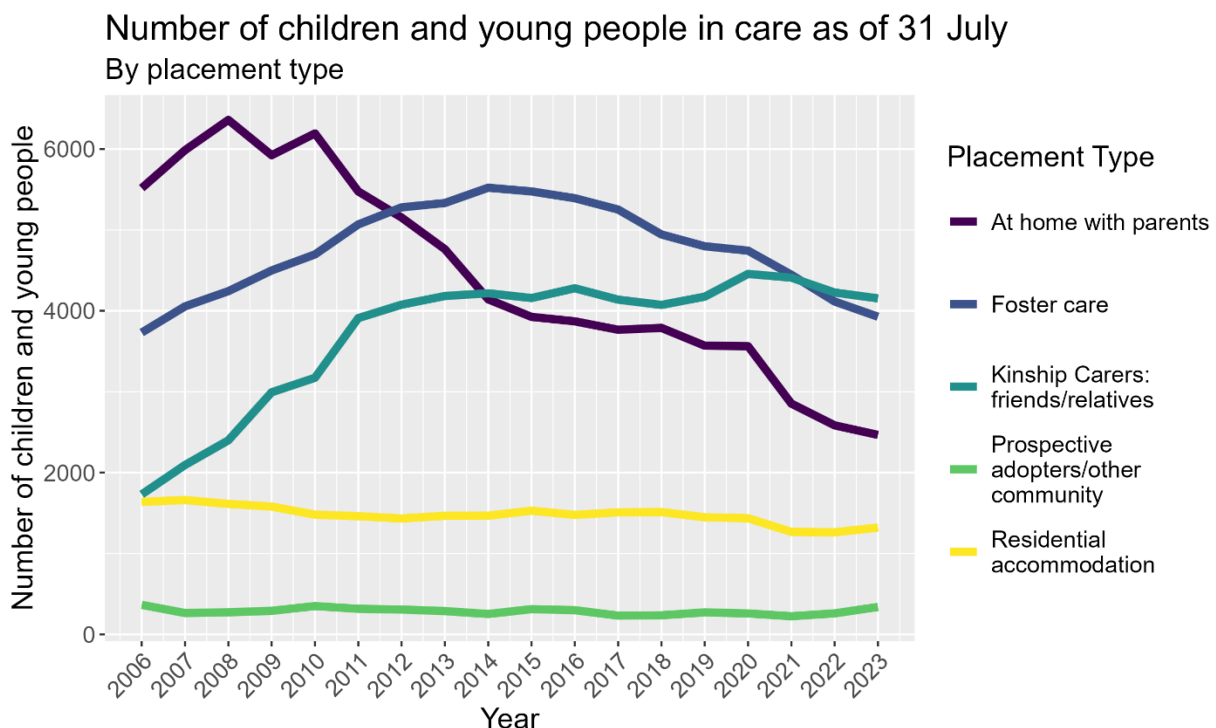


Figure 2. The number of children in care by placement type on 31 July, 2006 to 2023.

This increase in the number of children and young people living in kinship care has seen the percentage of 'looked after' children who are living with friends or family rise from 13% in 2006 to more than a third of children (34%) in 2023. Over the period covered by our study, 2008 to 2019, this equated to an increase from 1 in 6 children in care (16%) to almost 1 in 3 (29%).

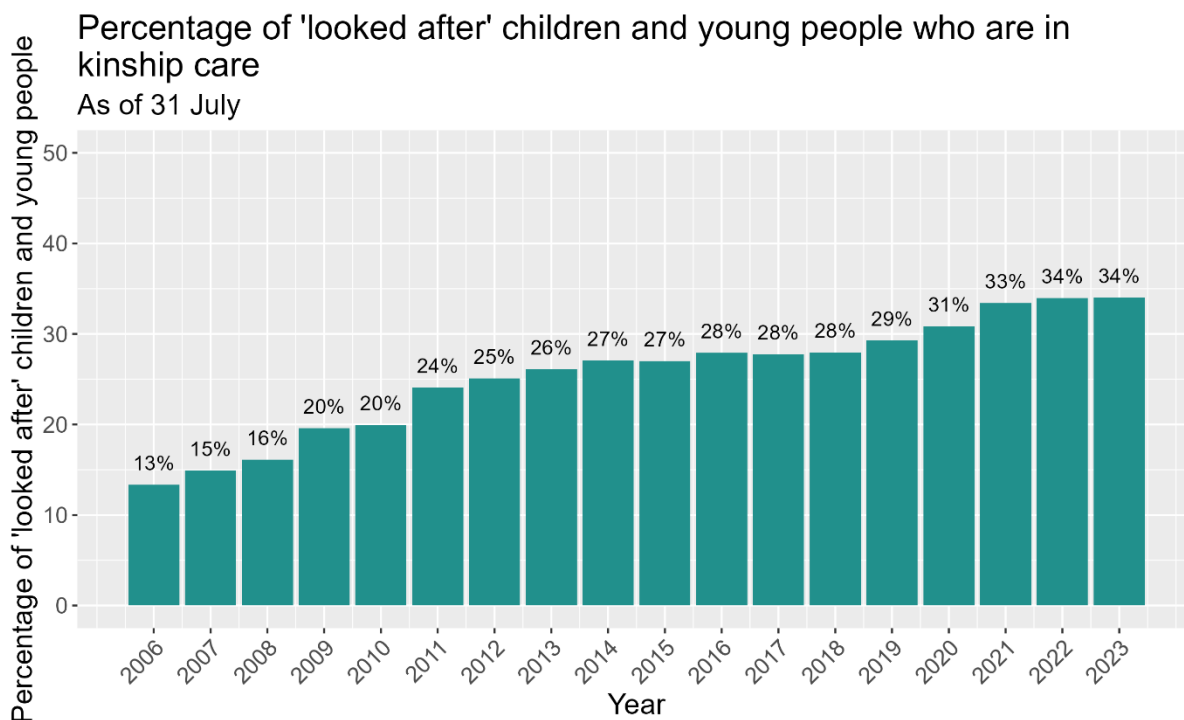


Figure 3. The percentage of 'looked after' children who are living in kinship care on 31 July, 2006 to 2023.

Regional Variation in the Usage of Kinship Care

While the use of kinship care has been increasing across Scotland as a whole, there is regional variability in the percentage of 'looked after' children and young people who go to live with kinship carers. In 2023, this ranged from less than 20% of children in care in some local authority areas including North Ayrshire, Aberdeenshire and Highland, to over 50% in both Glasgow and Stirling, as can be seen in Figure 4.

In order to explore potential factors influencing this variation, the percentage of 'looked after' children within a given local authority was compared to a variety of other local authority characteristics. The characteristics explored were: the population density and level of deprivation¹⁰ within the local authority, the gender breakdown of the local population of children in care, and the proportion of the population of children in care within the area who were aged under 5 and who were aged over 16. The only factor that was found to be associated with the proportion of children living

¹⁰ Calculated as the percentage of datazones within each local authority that are in the 20% most deprived in Scotland, as provided by the Scottish Index of Multiple Deprivation 2020.

with kinship carers was the deprivation of the local authority area, which was found to have a moderate relationship.¹¹ In line with previous research (McCartan et al., 2018), this suggests that children are more likely to live in kinship care within more deprived areas as opposed to less deprived areas. However, as can be seen in Figure A1 of Appendix A there is a great deal of variation within this, with several local authorities having either high levels of deprivation and a relatively small proportion of children living in kinship care (such as North Ayrshire), or low levels of deprivation and a high proportion of children in kinship care (such as Stirling). This suggests that there are other contributory factors, beyond deprivation, that significantly influence the living environments experienced by 'looked after' children across Scotland's local authorities. Given the national policy position in Scotland towards kinship care being a preferred option, the reasons behind the substantial local variation in children living in kinship care warrant further investigation.

Percentage of 'looked after' children living in kinship care

At 31 July 2023, by Local Authority

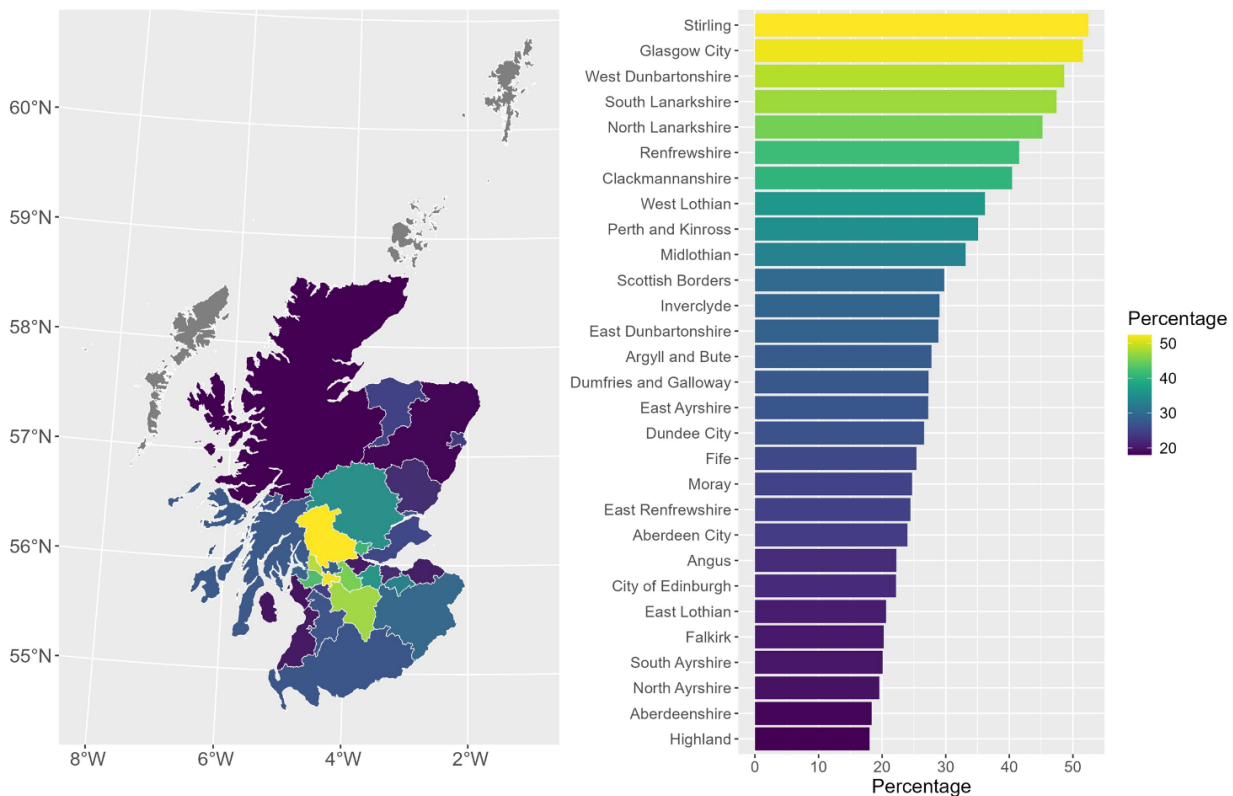


Figure 4. The percentage of 'looked after' children who are living in kinship care as of 31 July 2023, by local authority.¹²

¹¹ Kendall's Tau: $\tau=0.33$, $p=.04$. p-value after Bonferroni-Holm correction to adjust for multiple comparisons. Full results from the correlation tests can be found in Appendix A.

¹² Percentages for Shetland, Orkney, and Na h-Eileanan Siar are not shown due to the small number of children in care within each area

Who are the children living in Kinship Care?

The demographics of the population of children who were living in kinship care on 31 July 2019 (the most recent data available for this study) are shown in Figures 5 and 6. The figures show that the characteristics of children living in kinship care were largely similar to the characteristics of the general population of children and young people in care in Scotland.¹³ There was a slightly higher proportion of females living with kinship carers than in the general population of 'looked after' children, and a slightly lower proportion of children recorded as having a disability, however none of the demographic differences between the groups of children were found to be statistically significant.

Within both populations, children aged 5-11 years made up the largest group, with the proportion of children in that age group being slightly higher for the kinship population at around 2 in 5 children (vs 1 in 3 for the general population of children in care). As with the general care population, the proportion of children living in kinship care who were under the age of 1 was small – accounting for around 1 in 50. There was a smaller percentage of young people over the age of 12 in the kinship population (37%) when compared to the general population of children in care (45%).

¹³ Demographic information for children in kinship care was calculated from the longitudinal Looked After Children dataset, while data on the cohort of all children in care has been taken from the Children's Social Work Statistics 2018/19 publication (Scottish Government, 2020a).

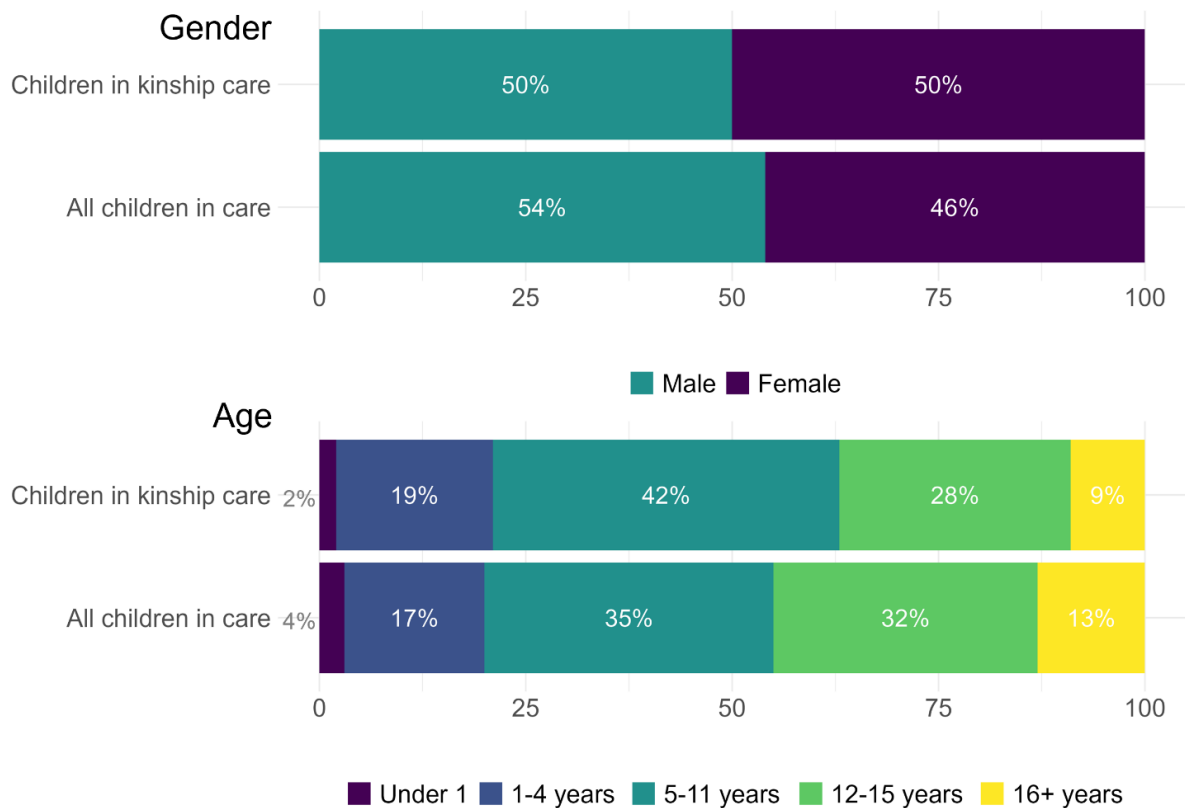


Figure 5. The recorded gender and age status for children in kinship care and all children in care, as at 31 July 2019.

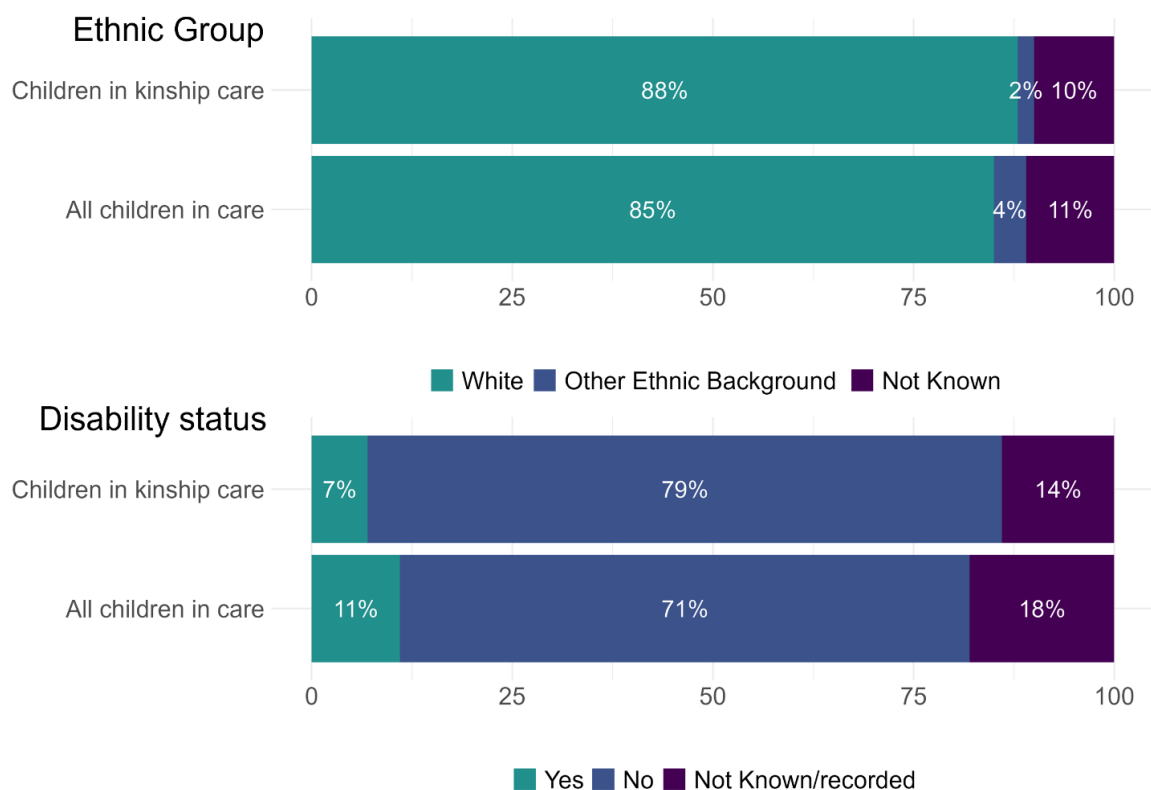


Figure 6. The recorded ethnic group and disability status for children in kinship care and all children in care, as at 31 July 2019.

The Care Experiences of those in Kinship Care

The findings presented throughout this section have been derived from an analysis of the longitudinal Looked After Children dataset, within which children's care experiences are described in terms of 'placements' and 'episodes'.

We acknowledge that the term 'placement' can be stigmatising (see [Note on Terminology Used in this Report](#)). However, while we understand the importance of the words we use and strive avoid using jargon and stigmatising language where possible, there are instances throughout this section where the terms 'placement' and 'episode' were deemed necessary to ensure the clarity and accuracy of the information being conveyed.

Where we use the word 'placement', this refers to an environment within which a child lives while they are being 'looked after' by their local authority. Where we use the terms 'episode' or 'episode of care', this refers to a continuous period in which a child or young person is 'looked after' and can contain multiple placements.

Entering Kinship Care

Age at Entry to Care

The age profile of those who went into care in 2019 and went directly to live with kinship carers (n=874), was fairly similar to the age profile of all children who went into care in that year. However, there was a slightly higher proportion of children under 5 going to live with kinship carers (43% vs 38%) and a slightly lower proportion of young people aged 12 and over (22% vs 32%).

Age	Children entering care directly to a kinship placement in 2019 (n=874)	All children starting care in 2019 (n=3,824) ¹⁴
Under 1	11%	15%
1-4	32%	23%
5-11	36%	30%
12-15	19%	29%
16+	3%	3%

Table 1. The age at which children started to become 'looked after' in kinship care in 2019.

Legal basis at entry to care

When children go into care, there must be legal basis in place for them being in care. These bases include a range of compulsory orders, such as a Compulsory Supervision Order, or a Child Protection Order, as well as Section 25 arrangements¹⁵ - which are

¹⁴ Source: Scottish Government (2020a)

¹⁵ Referring to Section 25 of the 1995 Children (Scotland) Act 1995

also known as 'voluntary' care arrangements. Figure 7 shows the proportion of new kinship care placements that were associated with both Section 25 arrangements and compulsory measures over the period from 2009 to 2019.

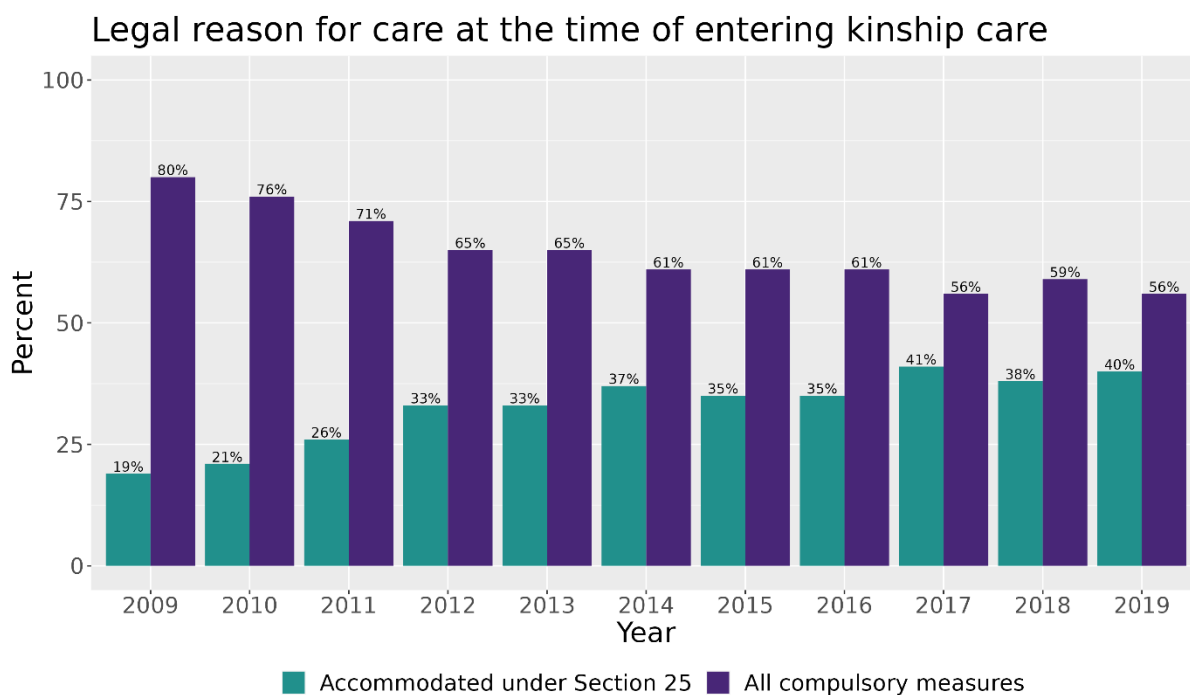


Figure 7. The legal basis that was recorded for a child being 'looked after' at the point of beginning to live with kinship carers, by year.¹⁶

It has become more common over the period we studied for 'looked after' children to begin living with kinship carers under Section 25 arrangements. As a proportion this has more than doubled between 2009 and 2019, going from 19% of new kinship care placements to 40%. Our analysis found that, of those who went into care under Section 25 arrangements and directly into the care of kinship carers (n=5,185), 76% remained living under this legal arrangement throughout their time in kinship care.

Legal basis for living in Kinship Care

The Scottish Government's annual Children's Social Work Statistics publications provide information on the legal basis in place for all children in care at the end of each recording year. This information does not capture only new arrangements for a child's care, but includes data on children who have been in care for an extended period of time. The 2018/19 figures show that, on the 31 July 2019, only 17% of all children in care were 'looked after' under Section 25 arrangements (Scottish Government 2020a). However, our analysis (Figure 8) showed that 36% of those living in kinship care were in care under Section 25 arrangements. This suggests that these arrangements are more commonly used for children living with kinship carers

¹⁶ 'All compulsory measures' includes Compulsory Supervision Orders (CSOs), Interim CSOs, and Child Protection Measures

than they are for children living in other types of care environments. Conversely, these children were less likely to be 'looked after' under compulsory measures than the general care population. This is in line with research by Anderson et al. (2020), which found a strong association between the use of Section 25 and placement with family or friends.

Legal reason for a child being looked after on 31 July 2019

Children in kinship care and all children in care

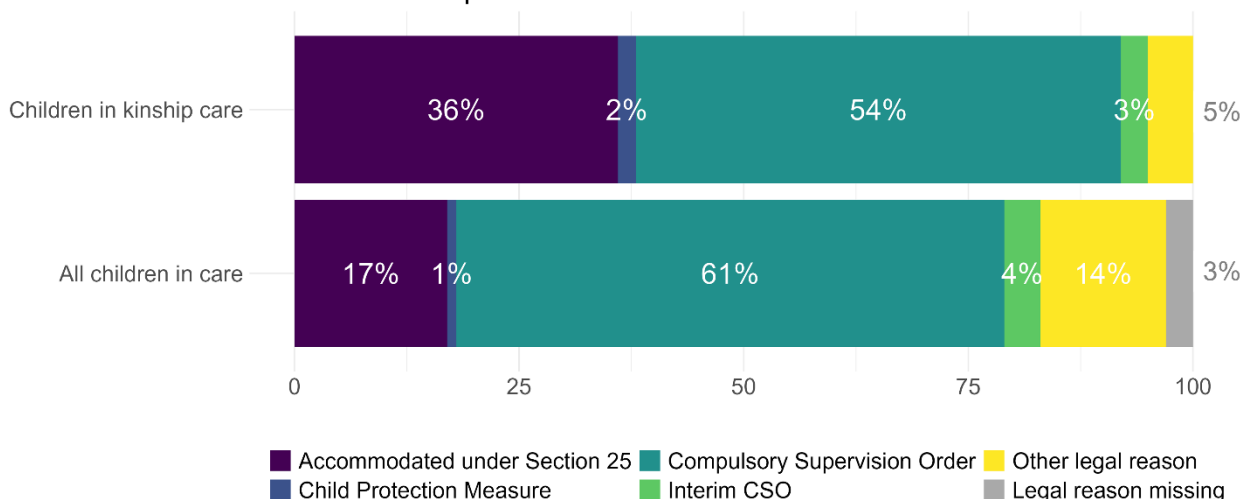


Figure 8. The legal basis for children being 'looked after' on 31 July 2019. For all children in care, and those who were in kinship care.

The majority of legal reasons included within the 'Other Legal Reasons' category in Figure 8 were permanence orders¹⁷, with a small number of reasons such as Parental Responsibilities Order or Criminal Court Provision recorded.

There was a great deal of variation across Scotland's local authority areas in terms of the legal reasons that were associated with children going to live with kinship carers in the period from 2009 to 2019. This ranged from 1% in Inverclyde going into kinship care under Section 25 arrangements, to 56% in both East Dunbartonshire and Midlothian, as shown in Figure 9.

The disparity across local authorities in terms of the legal basis for children going into kinship care appears to have become more extreme over time. Looking only at kinship care placements starting during the year to 31 July 2019, 78% of new placements in Moray were under Section 25 arrangements, while several other local authorities had less than 10% of kinship care placements starting under Section 25 arrangements.

¹⁷ A permanence order is a court order intended to safeguard a child who will not be returning home to their parent/s, and may transfer some or all of the parental rights and responsibilities for a child to their carers.

Percentage of kinship care placements starting under voluntary measures (Section 25) across Scotland's local authorities (2008/09 - 2018/19)

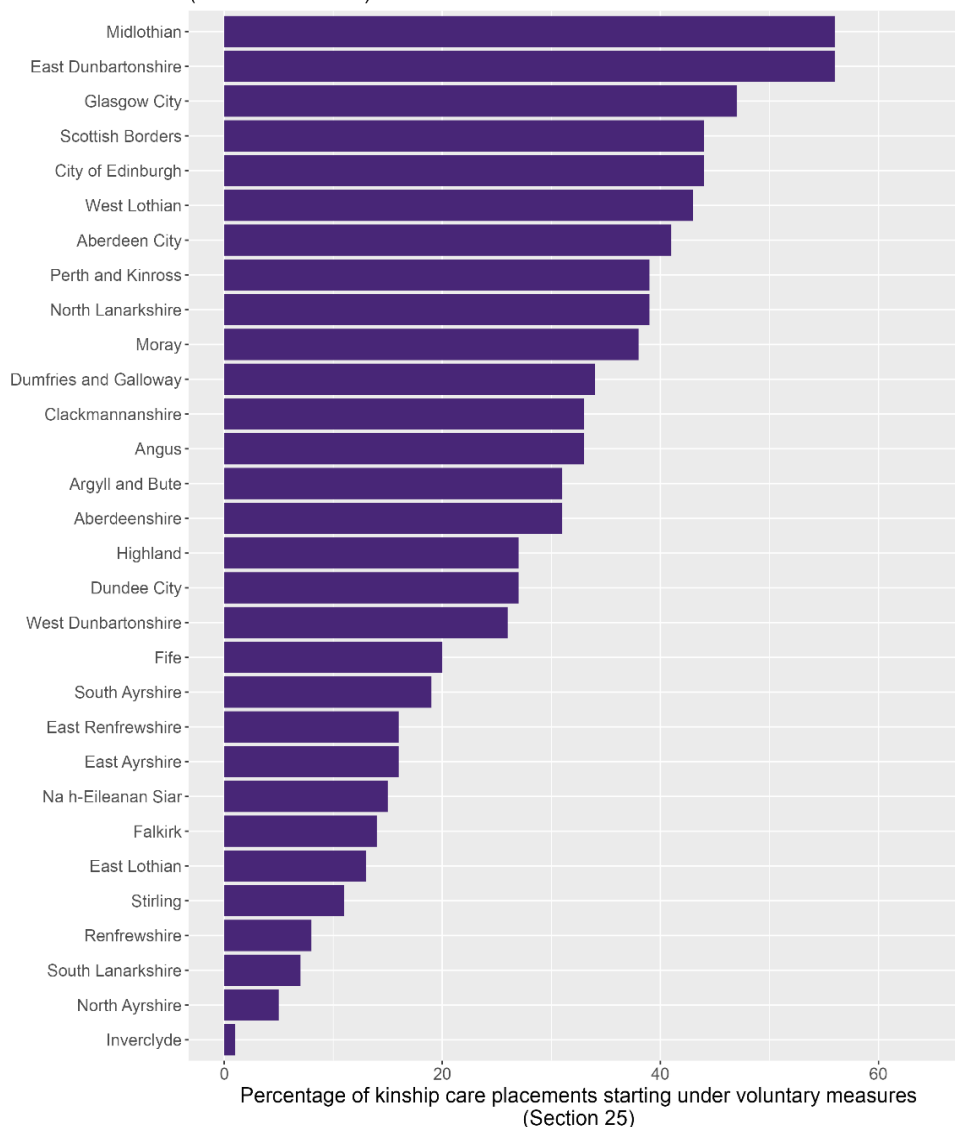


Figure 9. The proportion of kinship care placements starting under Section 25 arrangements across Scotland's local authorities, 2009 – 2019.¹⁸

Types of care environments experienced by children throughout their care journey

Figure 10 shows the most common combinations of care environments experienced by children and young people who have been in kinship care. While some children had only lived with kinship carers while in care, others had also spent time living in other types of care settings. Of the approximately 19,000 children who have experienced kinship care, it was most common for children and young people to have only

¹⁸ Shetland and Orkney have not been shown due to a low number of kinship care arrangements starting within the period studied, making percentage calculations inappropriate.

experienced that type of care setting (40%), with a combination of kinship care and time spent 'looked after at home' being the next most common combination (23%). 11% of the children and young people had experienced a combination of kinship care and foster care, while a further 11% had spent time in both kinship care and foster care, as well as one or more periods of being 'looked after at home'.

Each other unique combination, for example children who had experienced both kinship care and stayed in a residential care home, or children who had spent time in both kinship care and a secure unit, accounted for less than 1% of the population involved in the study individually. There were many of these less common combinations, which together accounted for around 15% of the sample population.

Only around 1 in 3 children (37%) who lived in kinship care also spent time in a care environment where people outside of their family network were providing their care.

Combinations of care environments experienced by children who spent time in kinship care (n=19,109)

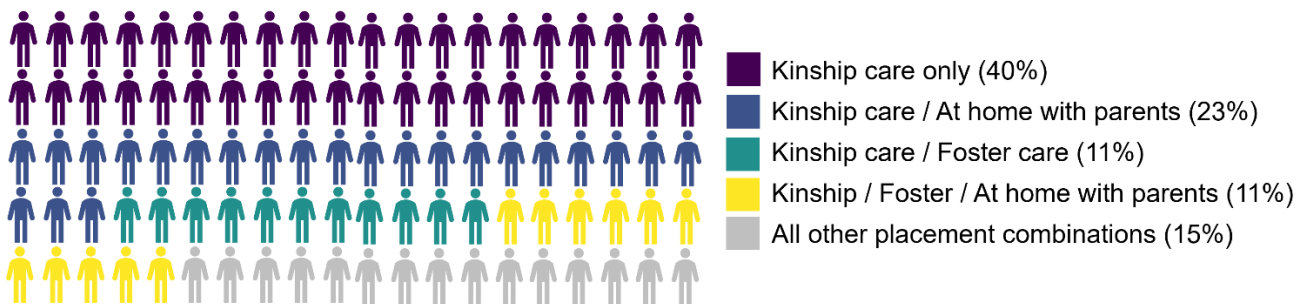


Figure 10. The combinations of care environments experienced by the children and young people who had experienced kinship care throughout their time in care

Do children enter kinship care during their first experience of care?

Children can spend more than one continuous period of time (or 'episode') in care throughout their childhood. Table 2 shows that, of the approximately 19,000 children within the dataset, 94% entered kinship care at some point within their first recorded episode of care. As the dataset may not contain previous episodes of care for children prior to 1 April 2008, the analysis was run again using only those who were born after this date to ensure the first episode of care was included. Of these 6,590 children, there were again 94% who entered kinship care within their first episode of care.

These numbers are likely a slight overestimation of the proportion of children who enter kinship care in their first episode of care due to the fact that there may be older children who had experienced previous episodes of care that are not included in the dataset. However, with that being said, there is strong evidence of a tendency for most children who experience kinship care to enter that type of care environment at some point within their first episode of care.

Episode of care when the child first entered kinship care	Number of children	Percent
1st episode	17,809	94%
2nd episode	1,097	6%
3rd episode or later	114	<1%

Table 2. The episode of care for a child when they first entered into kinship care.

Do children enter care directly into kinship care?

For two-thirds of the children who had lived in kinship care, their first recorded experience of kinship care occurred at the point at which they went into care (that is, at the point at which an episode of care began). Almost a quarter of the children were cared for in one different care environment before they went to live with kinship carers; and a very small proportion (3%) of the children lived in four or more different care environments before going to live with kinship carers.

The placement within an episode of care during which the child first lived in kinship care	Number of children	Percent
1 st	12,629	66%
2 nd	4,398	23%
3 rd	1,022	5%
4 th	473	2%
5 th or later	498	3%

Table 3. The placement within an episode of care when a child or young person first lived in kinship care.

Of the children who did not go directly into the care of kinship carers, the most common types of care environment experienced directly before living in kinship care were being 'looked after at home' with their parents (53%) or living with foster carers (38%), with very few children and young people going into kinship care directly from residential care settings (see Figure 11).

Type of care environment that children lived in directly prior to kinship care (n=6,391)



Figure 11. For children who did not go directly into the care of kinship carers at the point of becoming 'looked after' (n=6,391), the type of care environment that they lived in directly prior to kinship care.

Length of time in care prior to entering kinship care

Looking at the time children and young people spent in care before first going to live with kinship carers, seven out of every 10 children and young people lived with kinship carers within 1 month of the episode of care (that is, the continuous period of time in care) starting, and more than 80% lived with kinship carers by the end of their first year in care. Less than 1 in 10 children did not go to live with kinship carers until more than two years after the episode of care began.

The time period between going into care and living with kinship carers	Number of children	Percentage of children	Cumulative percentage of children
Immediately	12,637	66%	66%
Under 1 month	615	3%	70%
1-3 months	662	3%	73%
3-6 months	803	4%	77%
6-12 months	1,223	6%	84%
1-2 years	1,404	7%	91%
2-5 years	1,256	7%	98%
More than 5 years	420	2%	100%

Table 4. The length of time children spent living in care before going to live with kinship carers.

Examining the care arrangements for children and young people who didn't enter kinship care until more than two years after they became 'looked after', many (39%) had spent their initial two years in care solely being 'looked after at home'. A quarter (25%) had spent time both 'looked after at home' and living with foster carers and 13% had lived solely in foster care. 17% of these children had had some experience of residential care in their initial two years in care, although this was largely

experienced in combination periods of time in either foster care or being 'looked after at home'.

Stability of living arrangements after entering kinship care

Many children who experience kinship care (66%) go straight to live with kinship carers when they first go into care, with a further 23% living in one other care environment before going to live with their kinship carers (Table 3). The question that then poses is: once children are living in kinship care, do they tend to remain in that care? Figure 12 shows the number of living arrangements children experienced in an episode of care after going into kinship care for the first time. More than half (56%) of the children remained with their kinship carers until they left care, and just over 1 in 5 (22%) lived in one additional care arrangement prior to leaving care. 5% of children experienced a large number of changes to their living arrangements (between 5 and 30) after originally going to live with kinship carers.

Number of living arrangements experienced by children after first moving to live with kinship carers

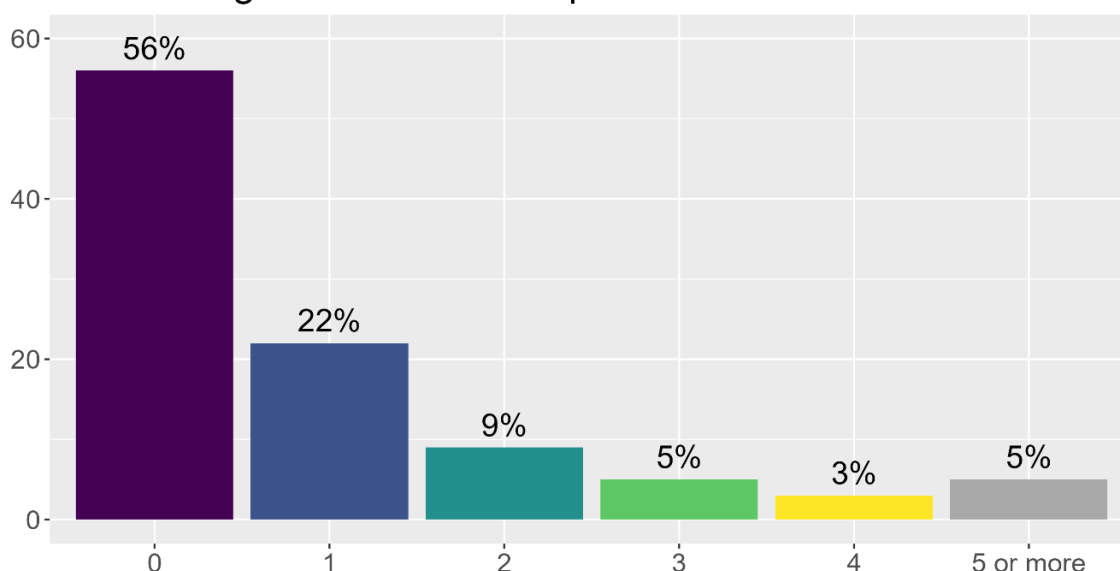


Figure 12. The number of living arrangements that children experienced during an episode of care after first starting to live with kinship carers.

Total number of episodes of care and care placements experienced by children

The majority (84%) of the children and young people who had lived in kinship care only had one episode of care (that is, one continuous period of time in care) recorded within the period covered by the data (2009-2019). Most of the remaining children (14%) experienced two episodes of care, with only 2% of children experiencing three or more episodes of care in that time.

In terms of the stability of children's living arrangements within an episode of care (that is, a continuous period of time in care), just under half (45%) of all episodes

consisted of a single placement (that is, living arrangement), while in 1 in 4 episodes (24%) a child lived in two distinct placements. Just over 1 in 10 episodes (11%) consisted of five or more distinct placements for the child or young person.

Duration of kinship care arrangements

There were many kinship care arrangements within the data that had not ended by the end of the period covered by our dataset (31 July 2019). As such, calculating a simple average length of time that children and young people spent being 'looked after' in kinship care based on all completed kinship placements would not provide an accurate estimate. Instead, we utilised a approach used in statistics known as 'survival analysis' in order to adjust for this. This approach enables us to account for the fact that we do not know how long these ongoing care arrangements will continue for and calculates the proportion of placements that have ended after a certain length of time.

This analysis determined that the median¹⁹ length of time that children spent being 'looked after' by their kinship carers was 486 days, or approximately 1 year and 4 months. There was substantial variation within this, however with variation across different local authorities within Scotland: from less than a year in Aberdeen City, Angus, Dundee City, Na h-Eileanan Siar, Highland, Midlothian, Moray and Orkney Islands, to around three years in both North and South Lanarkshire.

Differences in the time spent being cared for by kinship carers were also identified for children who had gone into kinship care at different ages (Table 5). Children who were aged between 1 and 11 tended to spend a longer period of time with their kinship carers than the average length of time seen for all children in kinship care, while those aged 12 and above spent shorter periods of time with their kinship carers than the average. There were considerably shorter placements for children and young people going into kinship over the age of 16 which is unsurprising given that the majority of care arrangements end by the time a child is 18. Infants who went into kinship care under the age of 1 spent less time with their kinship carers on average than children who went into kinship aged between 1 and 11 years old. A graphical representation of the placement lengths for different age groups of children is provided in Figure A2 of Appendix A.

¹⁹ The median represents the middle value when all values are sorted in order. Half of the values will lie below the median, while the other half will lie above the median.

Age when kinship placement started	Number of kinship placements	Number of kinship placements that had ended by 2019	Median length of kinship placement (days)
Under 1	2,743	2,236	495
1-4	7,386	6,002	581
5-11	9,496	7,816	607
12-15	5,274	4,734	342
16+	703	658	156

Table 5. The median length of kinship care placements for children starting the placement within different age brackets.

Differences were also identified in the length of time spent with kinship carers for children who became 'looked after' in kinship care under different legal reasons. Children who went into kinship care under Child Protection Orders and Interim CSOs tended to have the shortest kinship care placements (which is perhaps to be expected given the short-term nature of both of these orders). There was also an indication that children going into kinship care under Compulsory Supervision Orders (CSOs) tended to experience longer kinship placements than those entering under Section 25 arrangements on average, with median placement lengths of 1 year 8 months (595 days) and 1 year 1 month (407 days) respectively. A graphical representation of the placement lengths for children who entered kinship care under different legal bases is provided in Figure A3 of Appendix A.

Legal reason in place when a child went into kinship care	Number of kinship placements	Number of kinship placements that had ended by 2019	Median length of placement (days)
Section 25 (i.e. 'voluntary' care arrangements)	7,000	5,428	407
Child Protection Measure	1,551	1,381	245
Compulsory Supervision Order (CSO)	12,120	10,303	595
Interim CSO	3,203	2,773	349
Other legal reason	638	541	451

Table 6. The median length of kinship care placements for children starting the placement under different legal reasons.

There were no substantial differences found in the length of placements between children of different genders, or between those with/without disabilities.

While the values displayed in Tables 5 and 6 represent the average (that is, the median) placement lengths for different groups of children and young people, there is a great deal of variation underlying these averages. Our data suggests that kinship care arrangements can be a temporary solution to the issues facing a child's family, with around 1 in 10 of the arrangements (9%) put in place for all children lasting less than one month. Conversely, many of the children and young people had lived with their kinship carer/s for a long period of time. Our analysis estimated that, across all age groups, 1 in 6 kinship care arrangements (16%) are in place for longer than 5 years, while around 1 in 17 (6%) are in place for more than 10 years. Looking solely at children who went into kinship care under the age of 5, 1 in 5 (20%) kinship care arrangements would be expected to last more than 5 years, and 1 in 10 (10%) more than 10 years.

Leaving Kinship Care

The end of a kinship care arrangement can represent different things. For some children, the arrangement to live with their kinship carers may end as it is determined that formal arrangements to protect and care for them are no longer required (that is, they will no longer be 'looked after'). These children may, for example, return home to live with their parent/s, they may stay living with their kinship carer under a more permanent arrangement (for which a kinship care order may be granted), or for older children, they may be moving to a more independent living arrangement (such as supported accommodation). For others, it may mean that there will be a move to an alternative care arrangement while remaining 'looked after', such as going to live with foster carers or different kinship carers, or moving to a residential care home.

Looking across the period from 2009 to 2019, there were approximately 21,500 kinship placements that ended. In 48% of these placements, the child left care directly from kinship care (that is, the child was no longer 'looked after' after the kinship care arrangement ended). In the other 52%, the child continued to be 'looked after' and moved to another care environment.

Moving to another care arrangement

Of the 11,122 kinship placements that ended with the child remaining 'looked after' but moving to a new care environment (see Figure 13), approximately a third (34%) saw the child or young person move to live with other kinship carers. In another third of placements (33%), the child or young person returned to their parents and was 'looked after at home' with support from social services. Around a quarter (24%) of placements saw the child go to live with foster carers, with the child moving on to a residential care setting in 8% of instances.

The type of environment in which a child went on to be cared for was also explored according to the age of the child at the time of leaving their kinship care arrangement (see Figure A4 in Appendix A). This analysis showed that there was variation in where children moved to according to their age, with, for example, infants under the age of 1 having an increased likelihood of going on to live with foster carers (39%) when compared to older children, and older children and young people (aged 12 and over) having an increased likelihood of going on to live in a residential care environment

(around 1 in 5) than younger children. However, across all age groups, the majority of children who left a kinship care arrangement but continued to be 'looked after' went on to be 'looked after' within their wider family network – either through returning to live with their parents or moving to a different living arrangement with friends or relatives (that is, a different kinship care arrangement).

Placement entered directly after leaving kinship care (n=11,122)

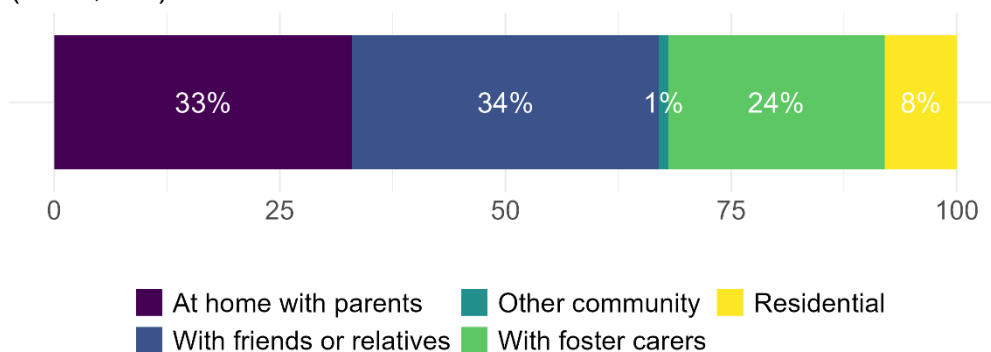


Figure 13. The type of care environment that children and young people moved into when they left a kinship placement but remained 'looked after', 2009-2019.

Leaving care directly from kinship care

Of those who left care (that is, ceased to be 'looked after') directly from kinship care (see Figure 14), 50% had a recorded destination (that is, subsequent living arrangement) listed as friends or relatives. Unfortunately, the information recorded does not allow us to determine whether these are the same friends or relatives that the child or young person lived with while 'looked after' in kinship care.

Destination after leaving care directly from kinship care (n=10,324)

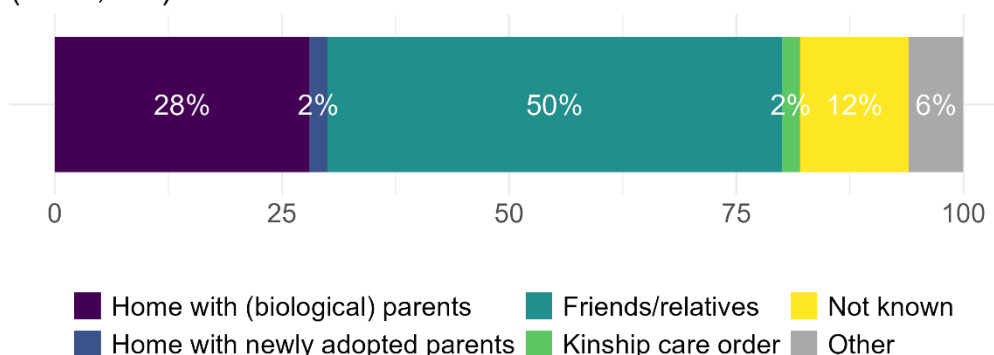


Figure 14. The recorded destination for children and young people who left care (that is, ceased to be 'looked after') directly from kinship care.

The overall proportion of children and young people recorded as living with kinship carers under a kinship care order²⁰ after ceasing to be 'looked after' (2%) is an underestimation of the picture in recent years. There were no children recorded as going onto kinship care orders prior to 2017, however in 2017, 2018 and 2019 the figures were 4%, 10% and 6% respectively. Prior to 2017, these orders were largely known as Section 11 orders, which were not provided as option for recording children's destinations within the data.

Similarly, there were no children recorded as going onto to live with the support of continuing care arrangements prior to 2017, with a small but growing annual proportion (1%, 2% and 3%) doing so between 2017 and 2019. The proportion of children leaving care to 'other' destinations, was relatively stable over time, however the proportion of destinations recorded as 'Not Known' decreased from around 15% to 10% between 2009 and 2019, reflecting an improvement in the quality of data collection over time.

It is important to note that there can be some difficulty in interpreting the destination of a child after leaving care (that is, where the child or young person went on to live after they ceased to be 'looked after'), due to the fact that not all of the possible categories are mutually exclusive. For example, where a child who had been living with kinship carers then becomes subject to a kinship care order with the friend or relative they have been living with, both 'friends/relatives' and 'kinship care order' would be an appropriate description of where they were living after ceasing to be 'looked after'. Better clarity surrounding the various options under which a child's destination can be recorded in the data would help us to better understand children and young people's circumstances after leaving care.

Additional analysis was conducted to explore whether the age of a child had an impact on their living arrangements after they ceased to be 'looked after' in kinship care (see Figure A5 in Appendix A). The majority of children under the age of 1 year old who left care directly from kinship care returned home to their parents (61%), while children beyond this age were most likely to live with friends or relatives after they left care. Across all age groups, the majority of children lived within their wider family network after leaving care directly from kinship care – either through returning home to their parents or living friends or relatives.

The ages at which children in kinship care ceased to be 'looked after' are shown in Table 7. More than three quarters of the children (77%) were under the age of 16, and as such their 'leaving care' was due to there no longer being a perceived need for them to remain 'looked after', as opposed to the fact that they had 'aged out' of care

²⁰ A kinship care order is the term used to describe an order granted under section 11 of the Children (Scotland) Act 1995, which gives the carers the right to have the child living with them or to otherwise regulate the child's residence. These types of orders are sometimes known as a 'residence order' or a 'section 11 order', and the child is no longer considered 'looked after' once the kinship care order has been granted.

(that is, that transitioning to adulthood meant they needed or wanted to go on to live independently).

Age upon leaving care (directly from kinship care)	Number	Percentage
Under 1	304	3%
1-4	2,259	22%
5-11	3,582	35%
12-15	1,835	18%
16-17	1,984	19%
18+	360	3%

Table 7. The age of children and young people at the time of ceasing to be 'looked after' in kinship care.

Experiences and outcomes beyond care – what can the linked data tell us?

In order to provide an overview of the wider experiences of children and young people who have lived in kinship care in Scotland, the longitudinal Looked After Children dataset was linked to a variety of other sources of data. This section uses these datasets to explore both the education and health outcomes for children and young people who have experience of kinship care, and their experiences of child protection processes and the Children’s Hearings System. Full details of the datasets that were linked are provided in [Data Linkage](#) within Appendix B.

A note on interpretation of the findings

For the purposes of this study, data was only available about children who had experience of kinship care and not the wider population of children who have been in care, or the general population of children in Scotland. As such we were unable to conduct statistical analyses to compare the experiences and outcomes of children living in other types of care placements (for example, foster care) within our datasets.

Any comparisons drawn between children who have been in kinship care and other populations, such as the general population of children and young people in Scotland or the wider population of children in care, are based on published figures and have not been adjusted for other factors that may influence children’s outcomes (such as area deprivation, familial socio-economic status and characteristics of the children). As such, the results provided throughout this report offer a purely descriptive analysis of children’s experiences, and do not suggest that the outcomes described are a result of the time children and young people spent in kinship care.

Education

The Scottish Government publishes data on the educational outcomes of 'looked after' children annually (Scottish Government, 2024e). These publications include overall statistics for children who have been 'looked after' within the previous year, and also provides a breakdown of certain statistics by the type of care environment that the child was mostly living in in that year. The data presented in this section of our report differs from these publications as we have presented the outcomes specifically for children who have ever previously experienced kinship care, rather than those who were in care (or particularly in kinship care) within the previous year. The data presented here therefore provides a longer-term picture of the educational experiences of children who have lived in kinship care than the figures provided annually by the Scottish Government²¹.

The results within this section are based on data for the 12,585 children who had information available in at least one of the linked education datasets (see [Data Linkage](#) section).²²

Attendance

Data on school attendance was available for 12,478 (65%) of the children in our sample. For some of these children, the data related solely to the period prior to them being in kinship care, however 11,260 children had attendance data that related to the period during or after their time spent living with kinship carers. The findings presented represent the school attendance rate for children and young people during and/or after becoming 'looked after' in kinship care. Figures for the general school population have been taken from the Scottish Government's Attendance and Absence publications for 2007/08 and 2022/23 (Scottish Government, 2024a).

Figure 15 shows the attendance rate for children with experience of kinship care and all children in the general school population over the period from 2007/08 to 2016/17, broken down by the stage (or type) of school that the children attended. The attendance data provided for the academic year 2018/19 was not broken down by school stage, and as such the attendance figures for that year are not reflected in Figure 15. The data provided for that year shows a similar picture however, with the overall attendance rate across all school stages for children with experience of kinship care being 89.0%, in comparison to an attendance rate of 93.0% for the general school population.

²¹ In the most recent publications of the Scottish Government's Education Outcomes for Looked After Children for the years 2021/22 and 2022/23, education data has been linked to the longitudinal Looked After Children data to provide education statistics for those who had experience of care at any point from the age of 5 onwards. However, this information is not currently available for the period of this study, namely 2008-2019.

²² Where education information was not provided for a child, this could be either because: (a) there was no information recorded for that child in the education datasets, or (b) there was insufficient identifying information available in one or both of the Looked After Children dataset or education datasets to allow the two sets of information to be linked.

Across both primary and secondary school stages, the attendance rates for pupils with experience of kinship care improved over the period studied. There was less evidence of a clear trend in the attendance rate of children with experience of kinship care who were enrolled at special schools²³.

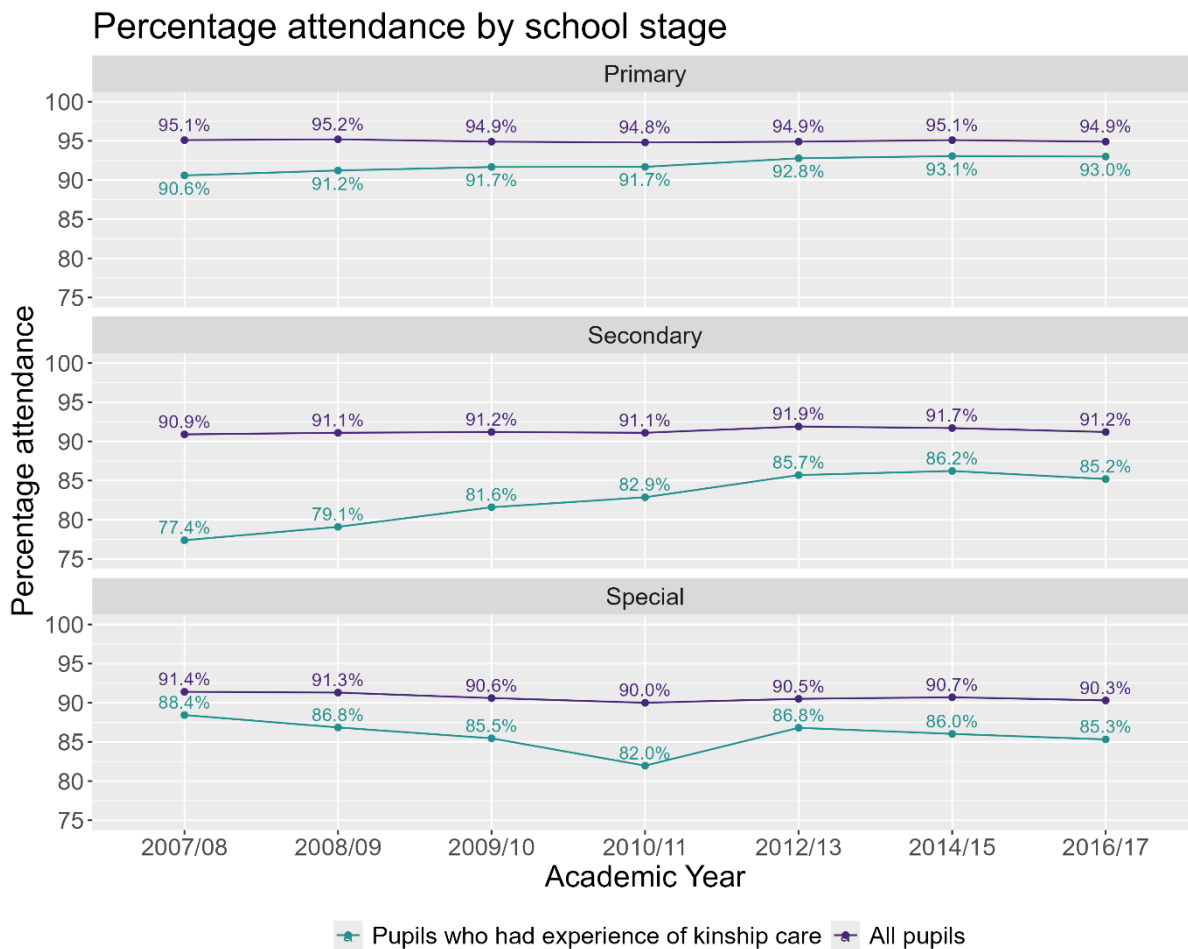


Figure 15. The percentage school attendance across primary, secondary and special schools for children in the general school population and those who had experience of kinship care, for the academic years from 2007/08 to 2016/17.

However, despite the improvements in attendance for children who had spent time living in kinship care, there remained a difference between the attendance rate of that group and the attendance rate of the general school population. While across all stages of school the attendance rate was lower for children who were (or had previously been) living in kinship care, the difference was more pronounced for older children and young people in secondary school than it was for those at the primary school stage.

²³ All children and young people in Scotland have the right to be educated alongside their peers in mainstream schools, unless there are good reasons for not doing so. However, the needs of some children and young people may be better met in specialist settings rather than in mainstream schools. Within Scotland, these are referred to as special schools.

Exclusions

Of the 12,585 children and young people in our sample for whom education data was available, 3,125 (or 25%) had been excluded from school on at least one occasion. This figure represents both temporary and permanent exclusions, although fewer than 1% of the exclusions in the data were recorded as being permanent.

Of those who had been excluded from school, 36% had experienced one exclusion, 18% had experienced two, and 11% had experienced three exclusions. One in 12 (8%) of the children who had experienced exclusions had 10 or more exclusions recorded within the data.

Looking only at the data after children first entered kinship care, the exclusion rates (per 1,000 pupils) are shown in Figure 16, against the corresponding rate for the general population of pupils, as provided by the Scottish Government (2022). Data on exclusion rates was not publicly available for the general population of pupils in the academic years 2007/08 and 2008/09, and therefore is not displayed within the figure. While exclusion rates had fallen rapidly for children who had experience of kinship care, these rates remained more than five times higher than the exclusion rate for all pupils in 2018/19.

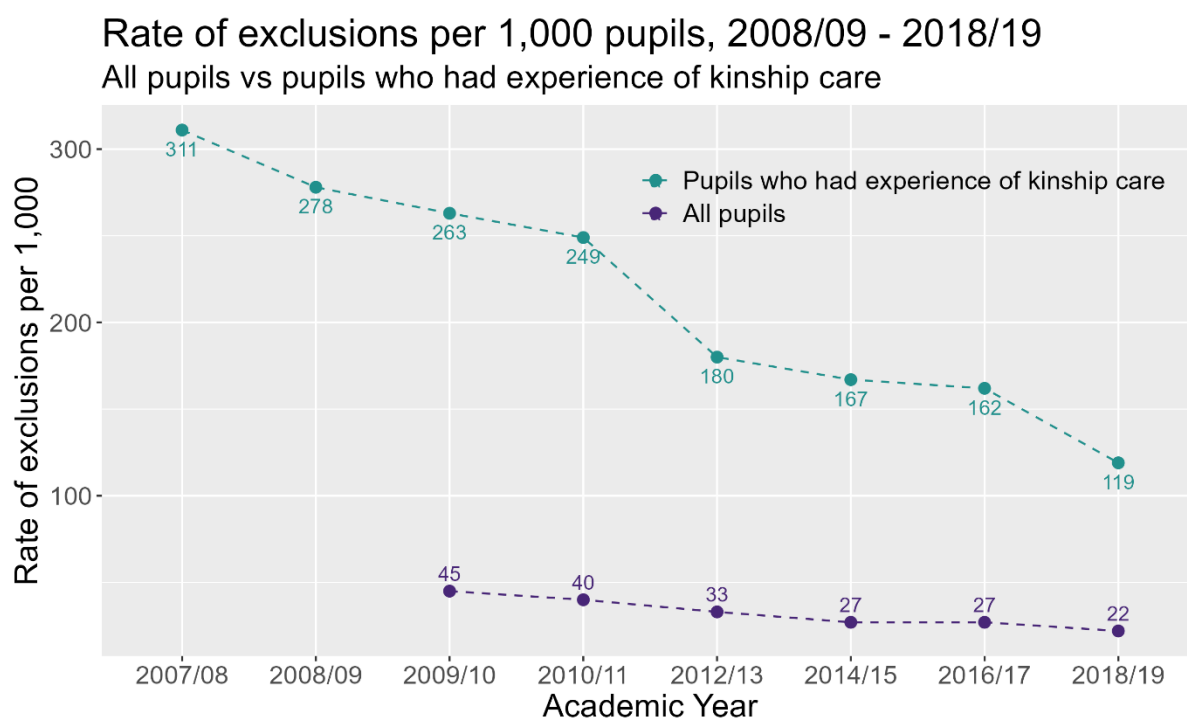


Figure 16. The exclusion rate per 1,000 pupils for children in the general school population and those who had experience of kinship care, for the academic years from 2007/08 to 2018/19.

The high exclusion rates for children with experience of kinship care concurs with research by Young & Hill (2020), who found that more than 10% of the kinship carers who responded to their survey reported that a child they cared for had been temporarily excluded, with 6% reporting a permanent exclusion for the child.

Additional Support Needs

The Scottish Government's annual Pupil Census²⁴ captures information on the Additional Support Needs of children and young people attending schools within Scotland. A detailed breakdown of the categories of needs that are recorded can be found within Table B3 of Appendix B, and shows that being 'looked after' is one of the Additional Support Needs categories. As the children within our dataset all have experience of care, it was deemed more informative to explore the prevalence of additional support needs with this category excluded. Over the full time period (covering the academic years from 2007/08 to 2019/20), 78% of children and young people in our sample for whom education data was available (n=12,585) had at least one form of Additional Support Need recorded, however excluding the recording of 'looked after' this decreased to 65%.

Looking at the more recent picture, for children and young people who were living in kinship care on 31 July 2019 and for whom there was education data available for the 2018/19 academic year (n=2,584), the proportion who had an Additional Support Need recorded can be seen in Table 8. More than 7 in every 10 children (72%) had at least one additional support need recorded beyond their 'looked after' status.²⁵

The figures presented within the table for the general school population are taken from the Scottish Government's Pupil Census supplementary statistics tables (Scottish Government, 2020b) and represent the percentage of school pupils recorded as having at least one Additional Support Need within that particular academic year (2018/19). The values are presented as a range due to the fact that only aggregate figures are provided for the number of children with each type of need recorded. Children may have multiple needs recorded, so excluding all children with 'looked after' recorded as an Additional Support Need, will likely provide an underestimate, due to many children having additional needs alongside being 'looked after'.

²⁴ <https://www.gov.scot/publications/scottish-exchange-of-data-school-pupil-census/>

²⁵ The format of the data did not allow for the recording of an Additional Support Need to be tied to a particular academic year, and as such the figures provided in Table 8 for those with experience of kinship care reflect the percentage that had an Additional Support Need recorded at any time throughout their education history, not solely those needs that were recorded in 2018/19. However, there was a clear pattern in the data with children who had more years of education data having a greater number of needs recorded over time, suggesting that children's support needs continue as they move through school. As such, these figures are likely to provide a reasonable estimate of the prevalence of Additional Support Needs for these children in the most recent year of the data (2018/19).

Categories of Additional Support Need included	Number of children with experience of kinship care	Percentage of children with experience of kinship care	Percentage of children in general school population
All categories of need	2,300	89%	31%
All categories excluding 'looked after'	1,862	72%	30-31%

Table 8. The percentage of pupils in 2018/19 with Additional Support Needs recorded, for the general school population and those who were living in kinship care.²⁶

The most common Additional Support Needs that were recorded for children with experience of kinship care are shown in Figure 17. It is notable that approximately one third of these children had never been recorded as being 'looked after' within their education records. Besides being 'looked after', the most common needs recorded were social, emotional and behavioural difficulties (45% of the children), family issues (25%) and 'other moderate learning difficulty' (17%). Around 1 in 8 children (12%) were recorded as having a learning disability.

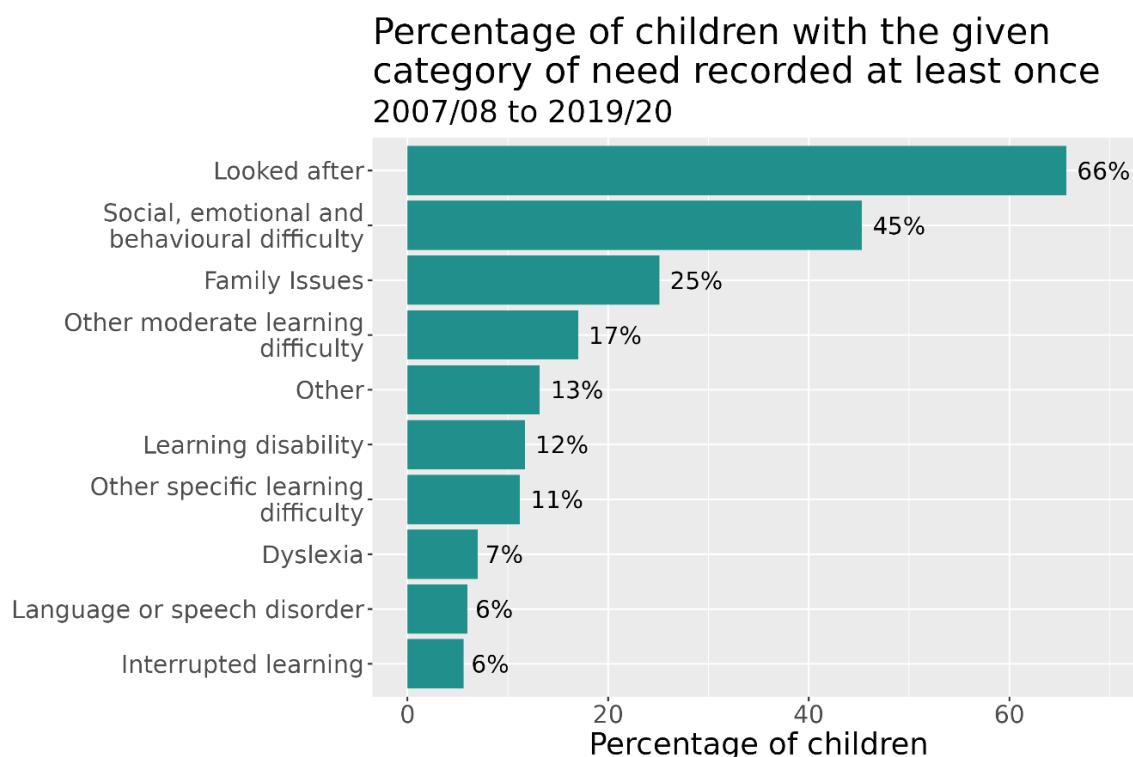


Figure 17. The most common additional support needs recorded in the education records of children who had experience of kinship care, for the academic years 2007/08 to 2019/20 (n=12,585).

²⁶ The figures for those in kinship care are based on support needs that were recorded at any point in their education history and so may represent a slight overestimate for the needs recorded in the 2018/19 year.

School Leavers: Stage left school

Data on school leaver stages, attainment and destinations was available for 4,625 (24%) of the children in our sample.

For most young people in Scotland, S4 is the last compulsory year of school, however the majority of learners choose to stay on through S5 and S6 (Scottish Government, 2024c). Figure 18 illustrates the percentage of school leavers with prior experience of kinship care who left school at various stages. Of those recorded as having left school at 'S4 or earlier', the vast majority left school at S4, with only a handful of children recorded as having left school in S3 each year. Over the period studied there was a positive trajectory in terms of the proportion of children who remained at school until either S5 or S6 – rising from 46% to 65%.

The analysis showed that boys with experience of kinship care were slightly more likely to have left school at S4 or earlier than girls (40% vs 36%), while girls were more likely to remain at school until S6 (23% vs 19%)²⁷.

The stage at which pupils with experience of kinship care left school

Academic years 2009/10 - 2018/19

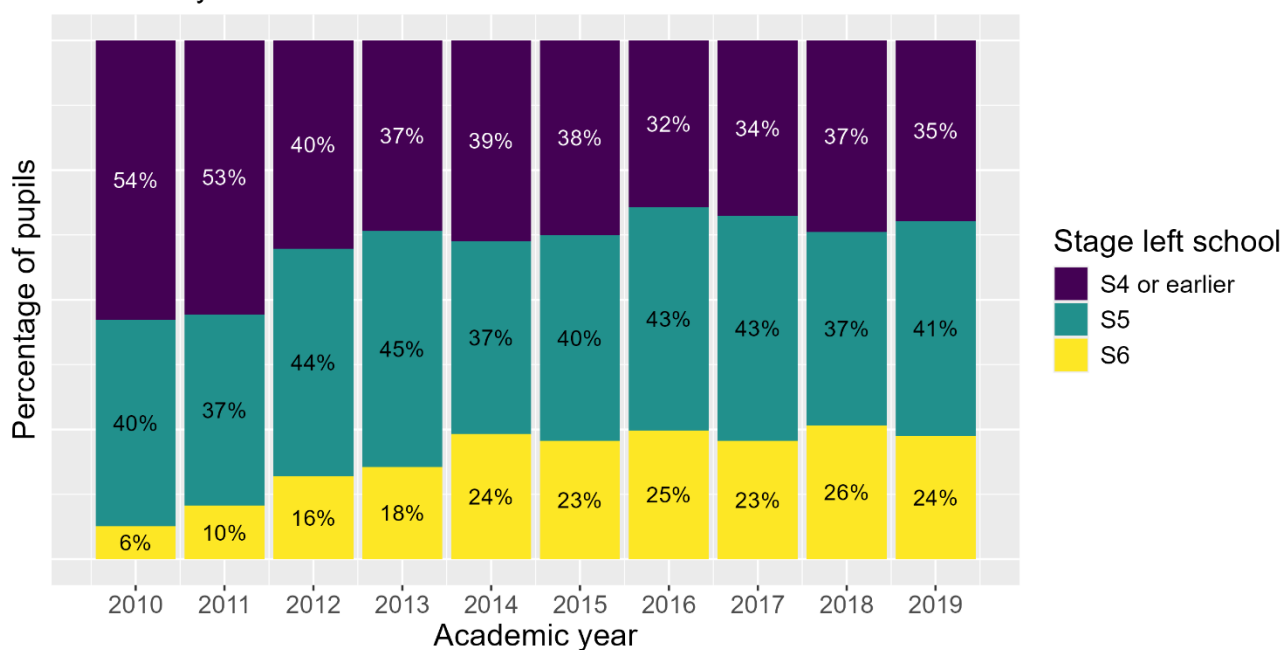


Figure 18. The percentage of school leavers who had experience of kinship care who left school at S4 or earlier, S5, or S6 respectively, for the academic years 2009/10 to 2018/19.

Despite the increase in the number of children staying in education illustrated by Figure 18, as of the most recent year of data, there remained a disparity in leaver stages between children who had spent time in kinship care and the general population of pupils. This is illustrated in Figure 19 and highlights that in 2018/19,

²⁷ Post-hoc chi-square test, $p=.01$ and $p=.02$ respectively.

35% of pupils who had been in kinship care left school at S4 or earlier, in comparison to 12% of all school leavers.

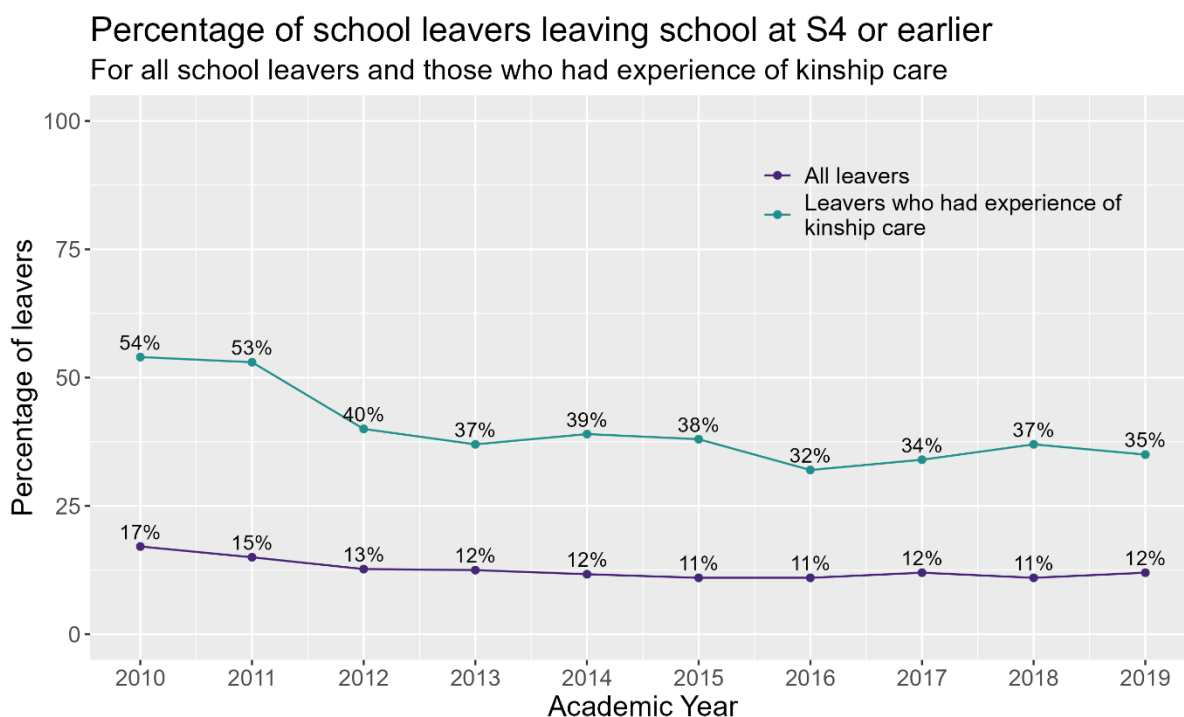


Figure 19. The percentage of school leavers leaving school at S4 or earlier over the academic years 2009/10 to 2018/19, for all leavers and those who had experience of kinship care.

School Leavers: Attainment

The increase in the proportion of children with experience of kinship care staying in education beyond S4 coincided with an increase in the number of qualifications that were achieved by those children. Figure 20 shows the proportion of children with experience of kinship care who left school with at least one qualification at each SCQF level²⁸. Across all levels, there was a higher proportion of children achieving one or more qualifications in 2018/19 than in the academic year 2009/10. The increase was particularly notable for qualifications at SCQF Level 5, with 43% of children with experience of kinship care gaining qualifications in 2018/19 in comparison to 19% in 2009/10. Girls were more than boys likely to gain at least one qualification at SCQF 6 or above (19% vs 12%).

²⁸ More information on the type of qualification represented by each SCQF level can be found here: <https://scqf.org.uk/media/zd0f4ka3/old-v-new.pdf>. Accessed 5/9/24.

Percentage with at least one qualification at the stated level For school leavers who had experience of kinship care

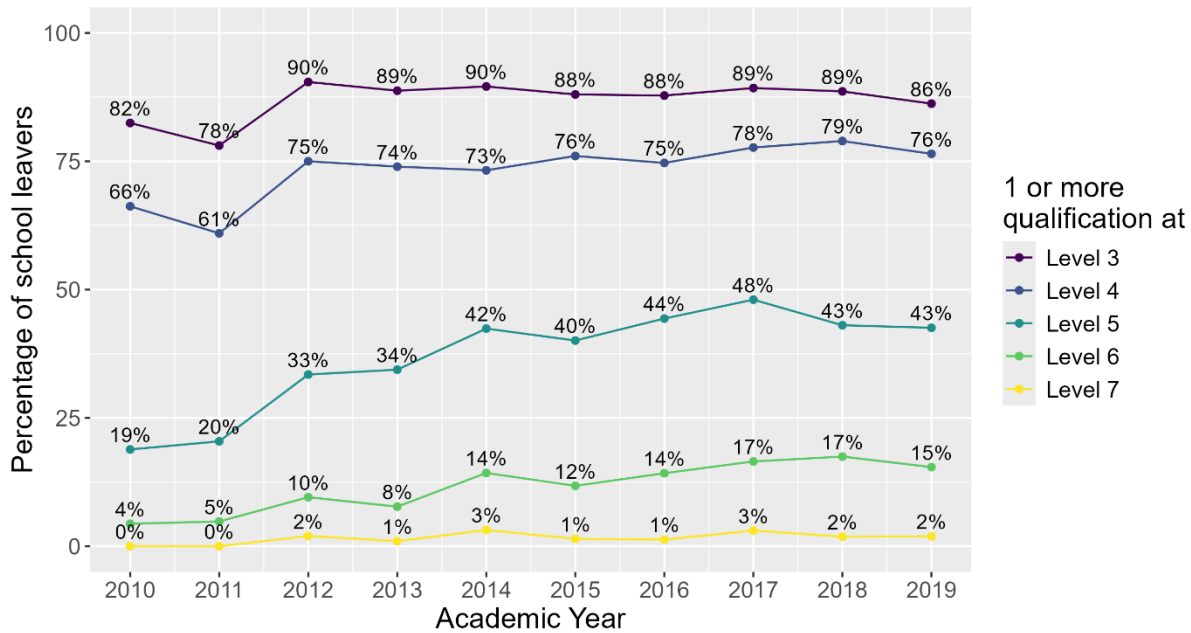


Figure 20. The percentage of school leavers with experience of kinship care with at least one qualification at each SCQF level between 2009/10 and 2018/19.

Despite these increases, however, as of the most recent data in 2018/19, there remained an attainment gap between school leavers who had experience of kinship care and the general population of school leavers. This was true across all SCQF levels, as is illustrated in Figure 21.

School leavers with at least one qualification at the stated level in 2018/19

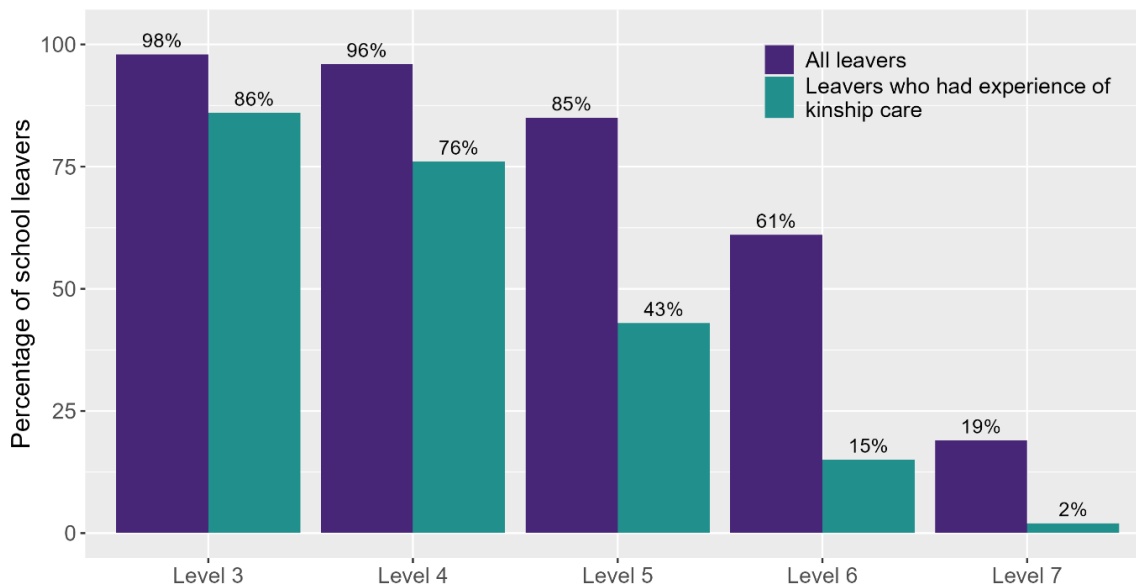


Figure 21. The proportion of school leavers achieving at least one qualification at each SCQF level in the academic year 2018/19, for all school leavers and those who had spent time in kinship care.

School leavers: Destinations

Data is also collected about the next steps for school leavers, referred to as 'destinations'. This information is captured at three months and nine months after pupils leave school, with 'positive destinations' determined to be education, training, employment or voluntary work. Compared to data for the general school population provided by the Scottish Government (2020c, 2020d), children with experience of kinship care were less likely to be in positive initial destinations and positive follow-up destinations after leaving school. While over the period studied there were smaller proportions of children with experience of kinship care who went on to positive destinations when compared to the general population, as with other trends seen in terms of the educational outcomes for pupils with experience of kinship care there had been notable improvement over the time period studied.

Percentage of school leavers in positive initial and follow-up destinations

For all school leavers and those who had experience of kinship care

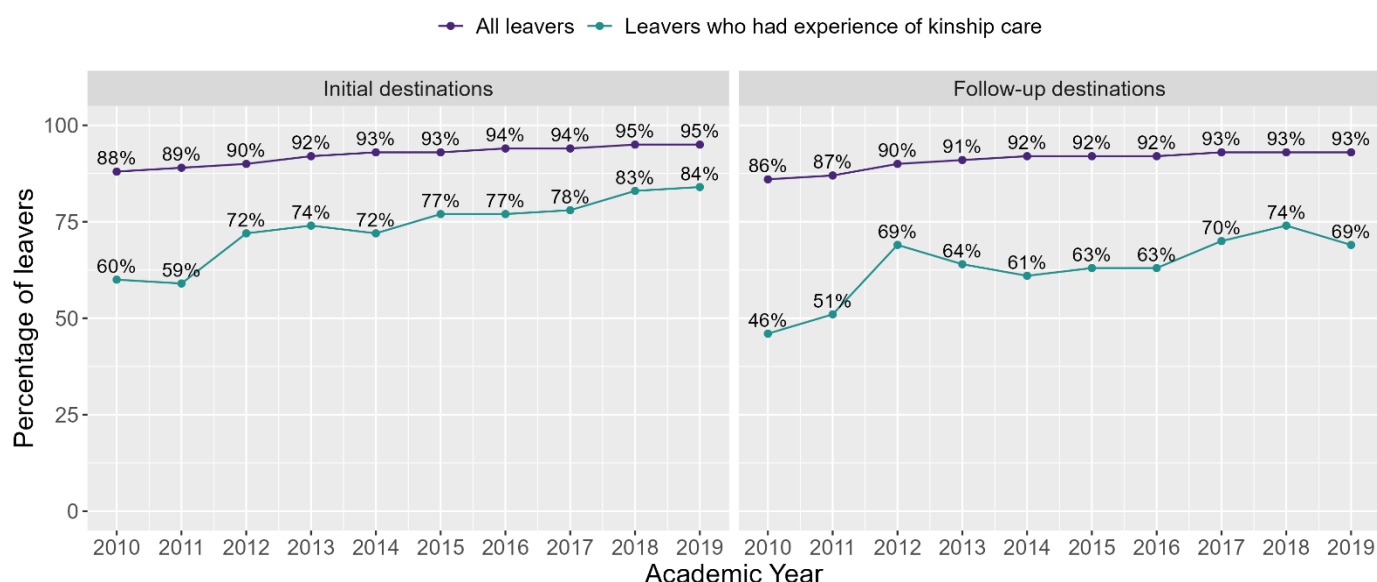


Figure 22. The percentage of school leavers with a known destination who were in positive initial and follow-up destinations between the academic years 2009/10 and 2018/19, for all school leavers and those with experience of kinship care.²⁹

Across the full period we studied, the differences between girls and boys who went on to positive destinations was very small, and not statistically significant.³⁰ While in 2009/10 boys were far less likely to be in a positive follow-up destination (at nine

²⁹ Children with a destination recorded as 'Unknown' have not been included in these calculations. There were more children with an unknown destination in the kinship group, ranging from 0% to 19% annually, as opposed to 0% to 2% for the general school population.

³⁰ Chi-square test, $p=.33$ and $p=.71$ respectively.

months) than girls (39% vs 52%), this disparity had reduced substantially by 2018/19 when the respective figures were 67% and 70%.

What is known about the educational outcomes of children and young people who have lived in different types of care environments

The data available for this study only contained information about children who had at some point been 'looked after' in kinship care, and not the wider population of children with experience of care. As such, this data does not allow us to draw comparisons between the educational outcomes of children who have lived in different types of environments throughout their time in care.

The Scottish Government's annual Education Outcomes for Looked After Children publications (Scottish Government, 2024e) breakdown certain information based on where children have lived while in care (for example, with foster carers, kinship carers, or in residential care), however the publications are based on the children's experience of care over the previous academic year as opposed to the longer timescale covered by our longitudinal dataset. Based on this shorter-term information, these publications regularly show that there are discrepancies in the educational outcomes of children and young people who have recently lived in different types of care environments. The data consistently shows that across attendance, exclusions, and school leaver destinations and attainment, there is a tendency for children who have been living with kinship carers to have poorer outcomes in comparison to children who have been living with foster carers, but more favourable outcomes than children and young people who are living in residential care or who are 'looked after' at home with their parents (Scottish Government 2022, 2023, 2024e).

Early Childhood Development: Health Visiting data

Within Scotland, every family with children of pre-school age is offered the support of a health visitor – a specially trained nurse or midwife who can provide guidance and support to the family, and monitor the health and development of their child. Information on a child's development is recorded by health visitors at a series of scheduled visits throughout the first five years of their life.³¹

Due to challenges with the data linkage process for information about children under the age of five (detailed more fully in the [Data Linkage](#) section), data from the health visiting programme was only available for 4,887 (25%) of the children with experience of kinship care, with visits for certain age groups of children having far lower rates of data available, and much of the available information relating to the period before a child went into kinship care. As such, only certain aspects of the data

³¹ <https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/1/>. Accessed 5/9/24.

could be meaningfully assessed – namely the data from the 27-30 month and 4-5 year visits.

Developmental Concerns

Between 2013-2017, at the 27-30 month visit, 135 of the 365 children (37%) with experience of kinship care had at least one developmental concern identified. The most common concerns identified were emotional and behavioural difficulties (23%), speech, language and communication difficulties (21%), personal and social difficulties (10%) and issues with their vision (9%). The corresponding proportion of children in the general population with at least one developmental concern recorded ranged from 18-19% (Public Health Scotland, 2024).

For those who hadn't yet experienced kinship care at their 27-30 month visit but went on to do so later, there was a slightly higher proportion with at least one developmental concern identified, at 40% (318 out of 786 children), compared to those who had already had experience of kinship care. While this may suggest that earlier entry to kinship care has a protective effect against developmental concerns, the difference between the two groups was not found to be statistically significant³² and no additional information regarding the circumstances or characteristics of the children was accounted for.

Looking at data for the assessment at 4-5 years of age, 33 of the 108 children (around 1 in 3) who had been in kinship care (or were currently living with kinship carers) had at least one developmental concern identified. The most common concerns identified for them were emotional and behavioural difficulties (1 in 5 children) followed by concerns with either their vision or speech, language and communication (both around 1 in 10 children). These assessments by health visitors were carried out between 2017 and 2019, when the corresponding rate of 4-5 year old children with at least one developmental concern identified in the general population was between 10% and 13% across Scotland (Public Health Scotland, 2024).

³² Chi-square test, X-squared=1.3 p =.255

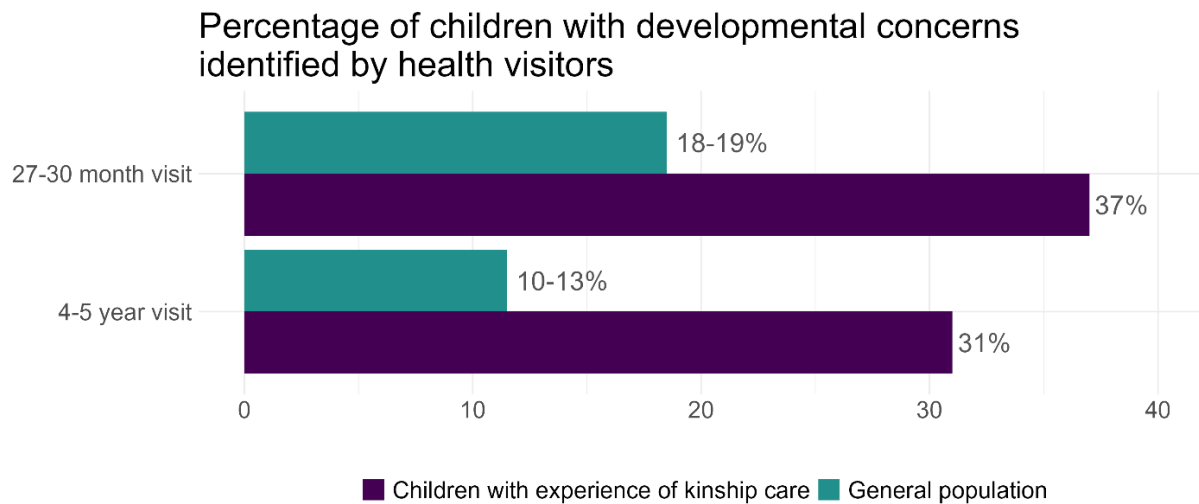


Figure 23. The percentage of children with developmental concerns identified by their health visitor at the 27-30 month visit and 4-5 year of age visit, for the general population and for children who had experienced kinship care. Data for the 27-30 month visit covered the years 2013-2017, while data for the 4-5 year of age visits covered the years 2017-2019.

These findings are in agreement with previous research, with the analysis by Wijedasa (2017) of data from the 2011 Census finding that disabilities and long-term health problems were twice as likely to be reported for children in kinship care than for children living with at least one of their parents across the UK.

Child Protection

Child Protection refers to a range of processes designed to assess whether a child is at risk of harm from abuse or neglect, and actions that can be taken to protect them (Scottish Government, 2024d). When a concern is raised about risk of harm to a child an investigation between relevant agencies may take place (for example, social work, police, health and education), after which a Case Conference may be convened. This is a meeting which can result in the child’s name being placed on the Child Protection Register and/or a referral to the Children’s Reporter (see [Children’s Hearings System](#) section) to ensure that they can be protected and cared for.

Data from the Scottish Government’s Child Protection dataset was provided for a total of 5,022 (26%) of the children with experience of kinship care.³³ The demographics of these 5,022 children in terms of gender, ethnic group and disability status did not significantly differ in comparison to the wider cohort of children with experience of kinship care, suggesting that this was a fairly representative sample. However, the age profile of the children for whom Child Protection data was available varied across the reporting years for which data was provided (2012-2019), as is shown in Figure B2 within Appendix B. This was largely due to an issue surrounding the linkage of data

³³ Where information was not provided for a child, this could be either because: (a) there was no information recorded for that child in the Child Protection dataset, or (b) there was insufficient identifying information available in one or both of the datasets to allow the two sets of information to be linked.

for children under the age of 5, which is discussed more fully within the [Data Linkage](#) section. As such, it was not appropriate to look at the Child Protection data on an annual basis and results have been presented for the full period from 2012 to 2019, over which time a more representative group of children and young people could be included within the data.

Child Protection Registrations

Of the 5,022 children with experience of kinship care for whom there was available Child Protection data, 91% had a Child Protection investigation recorded during this time (2012-2019), and there had been a case conference to discuss the needs of 72% of these children and young people.

A total of 2,739 children and young people (55%) had been placed on the Child Protection Register at least once. The majority of these children only had one recorded period on the Child Protection Register (84%), however 16% of the children were registered multiple times (including a small number of children for whom concerns had led to a registration on 3 or 4 separate occasions).

Number of times registered	1	2	3 or 4
Number of children	2,307	382	50
Percentage of children	84%	14%	2%

Table 9. The number of child protection registrations for children with experience of kinship care who had at least one recorded registration.

When children were registered, the average (mean) time spent on the child protection register was 243 days or approximately 8 months, with a median of 204 days. Four in five registrations (82%) lasted for less than one year.

Where a child protection registration recorded was recorded for a child, in 7 out of 10 (69%) instances this occurred prior to the child first going into kinship care. 3 out of 10 registrations (31%) took place at some point after the child first went to live in kinship care, although not necessarily while they were living in kinship care.

Concerns identified

The dataset provides information on the concerns that were identified at each of the case conferences that led to a child protection registration. As seen in Figure 24, parental substance misuse was the most commonly recorded concern over the time period for which data was available, being cited as a concern at 53% of case conferences. Emotional abuse and neglect were the next most common concerns and were both identified at more than two out of every five case conferences (44% and 43% respectively). The prevalence of parental substance misuse seen in this data is in line with findings from research by Young & Hill (2020), which found that parental drug misuse and parental alcohol misuse were key reasons for children in kinship care

being unable to live with their parents (as reported by 60% and 37% of the survey respondents respectively).

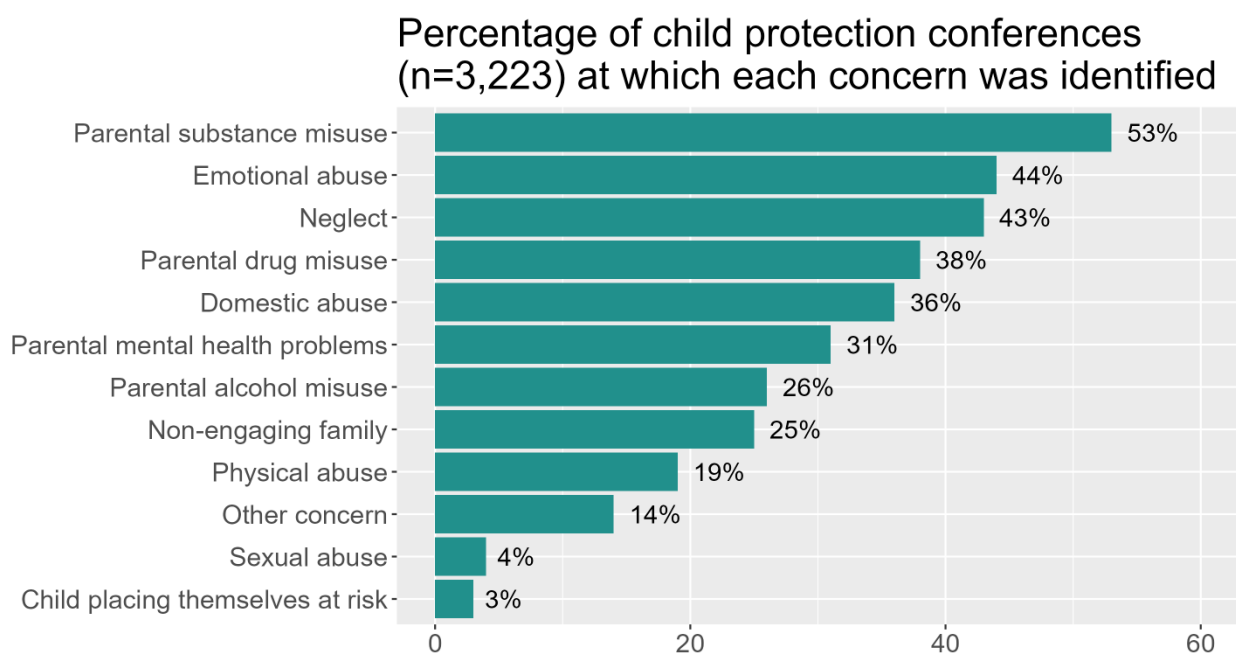


Figure 24. The concerns recorded for children and young people at conferences leading to child protection registration, 2012-2019.³⁴

Children’s Hearings System

The Children’s Hearings System is a care and justice system that is unique to Scotland, and which exists to protect the safety and wellbeing of infants, children and young people.³⁵ Where any individual has a concern about the safety or wellbeing of a child or young person, they can refer the child to the Children’s Reporter who will conduct a short investigation to identify if there are ‘grounds’ upon which compulsory measures of supervision to protect and care the child or young person are likely to be needed.³⁶ If they think there are grounds, the Reporter will convene a Children’s Hearing. At a Children’s Hearing, trained volunteers on the Children’s Panel decide upon the best course of action for the child or young person. Alternatively, the child or young person’s circumstances may be referred to be considered by the Sheriff Court. This generally happens when a child/young person or their parents/carers do not agree with or do not understand the stated grounds (that is, reasons) for the hearing occurring.³⁷

³⁴ Additional concerns were recorded at a much smaller number of conferences (less than 1% of conferences) and have not been displayed here.

³⁵ <https://www.chscotland.gov.uk/volunteer-with-us/faqs/>. Accessed 5/9/24.

³⁶ <https://www.scra.gov.uk/about-scra/role-of-the-reporter/>. Accessed 5/9/24.

³⁷ <https://www.mygov.scot/childrens-hearing-court>. Accessed 5/9/24.

Data on all aspects of the Children’s Hearings System is collated by the Scottish Children’s Reporter Administration (SCRA). For this study, information from the Children’s Hearings System (that is, the SCRA data) was provided for 6,340 (33%) of the children and young people with experience of kinship care.³⁸ The demographics of those appearing in the SCRA data (that is, ethnicity, disability, gender) were largely in line with the demographics of the full sample of children with experience of kinship care, indicating that this was a largely representative sample. However, as with the Child Protection data, the age range of children that were successfully linked to children in the SCRA data varied substantially over time, as is shown in Figure B3 within Appendix B. Due to this variability over time, it was again not deemed appropriate to provide results from this dataset for individual years due to the bias that this would introduce. An example of this would be when looking at the grounds for referral. As is highlighted in the SCRA Official Statistics publications (Scottish Children’s Reporter Administration, 2024) and demonstrated in the mean age at referral graph in Figure 26, there is a tendency for children of different age groups to be referred to the Children’s Reporter on different grounds. As such, results from this dataset have been presented over the time period as a whole, over which there was a more representative population of children included in the dataset in terms of their age at the point of referral to the Children’s Reporter. Further details on the linkage process and linkage rates for each dataset can be found within Appendix B.

Referrals

Children can be referred to the Children’s Reporter by any professional or member of the public who has a concern about their safety or wellbeing. A referral does not mean that a Hearing will definitely take place, as the Reporter will not arrange a Hearing if, following enquiries, they do not think this is necessary. Further referrals may be received at any time, before, during, or after a child may be ‘looked after’.

The total number of referrals to the Children’s Reporter for children and young people with experience of kinship care are presented in Table 10. These referrals were received by the Children’s Reporter over the period from 2008 to 2019, and may have occurred before, during or after the children had been cared for by kinship carers. The mean number of referrals per child was 4.9, with a median value of 3. Two out of every five children (41%) who were referred to the Children’s Reporter were referred on five or more occasions.

³⁸ Where information was not provided for a child, this could be either because: (a) there was no information recorded for that child in the SCRA dataset, or (b) there was insufficient identifying information available in one or both of the datasets to allow the two sets of information to be linked.

Number of referrals recorded	Number of children	Percentage of children
1	911	15%
2	1,039	17%
3	943	15%
4	727	12%
5	576	9%
6	424	7%
7	287	5%
8	241	4%
9	181	3%
10	133	2%
11+	692	11%

Table 10. The recorded number of referrals to the Children’s Reporter for children who had experience of kinship care.³⁹

Grounds for referral

Children and young people may be referred to the Reporter on a variety of different grounds (that is, for a variety of different reasons). Many of the categories of grounds are listed in Figure 25. These grounds are classified as either ‘offence’ (ground j. ‘The child has committed an offence’) or ‘non-offence’ (all other grounds), with the latter also known as ‘care and protection’ grounds. For the children with experience of kinship care, the types of referrals experienced between 2008 and 2019 are provided in Table 11. Throughout that period, 92% of children were only ever referred on care and protection grounds. Only 8% of children received a referral on offence grounds, with almost all of those children having also been referred to the Children’s Reporter on care and protection grounds. Girls (5%) were significantly less likely to have been referred on offence grounds than boys (11%).⁴⁰

³⁹ As referrals were only provided for the period 2008-19, the totals in this table likely reflect an underestimate of the total number of referrals per child, as a given child may have received referrals outwith this window.

⁴⁰ Chi-squared test, $p < .0001$, Chi-squared=67.48, df=1

Types of referral experienced by children and young people	Number of children and young people	Percentage of children and young people
Offence only	<10	0%
Non-offence only	5,648	92%
Both	500	8%

Table 11. The breakdown of referrals for children and young people with experience of kinship care by whether they were offence or non-offence referrals, over the period from 2008 to 2019.

The Children’s Hearings (Scotland) Act 2011 came into force in 2013 (Scottish Children’s Reporter Administration, 2013), leading to a change in the categories of grounds that were recorded after that time. To ensure consistency, we therefore analysed the specific grounds for referral for the period from 2013-2019. The most common grounds for referral that were recorded in the data over this period are shown in Figure 25. Of the 4,241 children in our dataset who were referred to the Children’s Reporter over that period, 76% had at least one referral on the grounds of a ‘lack of parental care’. Over a quarter (28%) had been referred due to having a ‘close connection with a person who has carried out domestic abuse’, and 23% had been the ‘victim of a Schedule 1 Offence’. These are offences against children and young people as listed in Schedule 1 of the Criminal Procedure (Scotland) Act 1995, including sexual assault and abuse or infliction of bodily injury.⁴¹

⁴¹ Information on Schedule 1 offences is available at: <https://www.gov.scot/publications/training-resource-manual-volume-1-legislation-procedures/pages/24/> . Accessed 5/9/24.

Percentage of children referred to the reporter (2013-2019) who had at least one referral on the stated ground
n=4,241

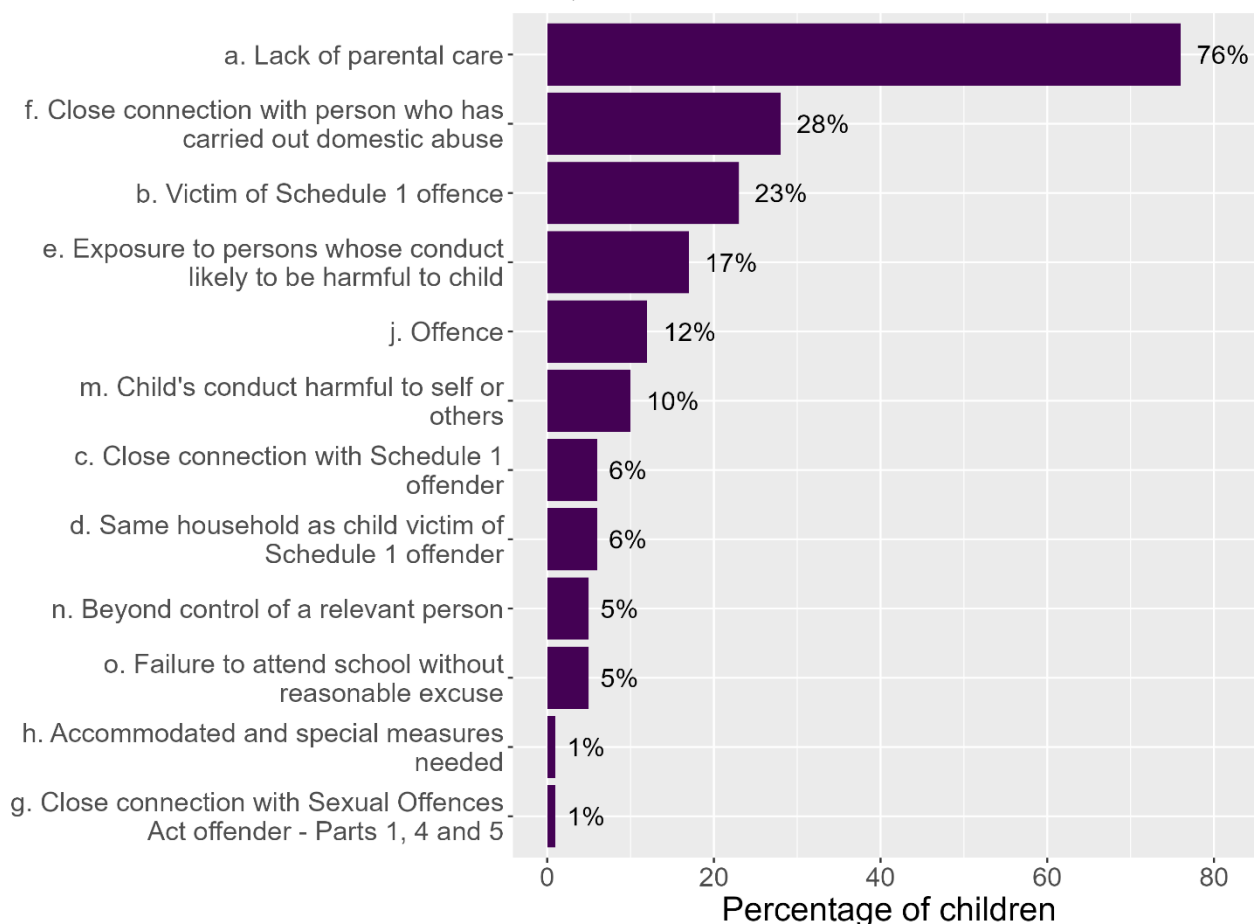


Figure 25. The most common grounds for referral for children and young people with experience of kinship care who were referred to the Children’s Reporter between 2013 and 2019 (n=4,241).⁴² Referrals may occur before, during or after the child’s time living in kinship care.

As is known from the official statistics published for all children who have been referred to the Children’s Reporter (Scottish Children’s Reporter Administration, 2024), there are differences in the ages of children who are referred on different grounds, with children who are referred on offence grounds tending to be older than those referred on care and protection grounds. This pattern was also seen in the data for children with experience of kinship care, with the average age at referral varying depending on the grounds for the referral, as shown in Figure 26. Children who were

⁴² Additional grounds were recorded for a smaller number of children (less than 1% each), and these have not been shown here. The sum of the percentages shown is greater than 100 due to the fact that children can be referred to the reporter multiple times and on multiple grounds.

referred on certain other grounds, such as substance misuse or harmful conduct, also tended to be older.

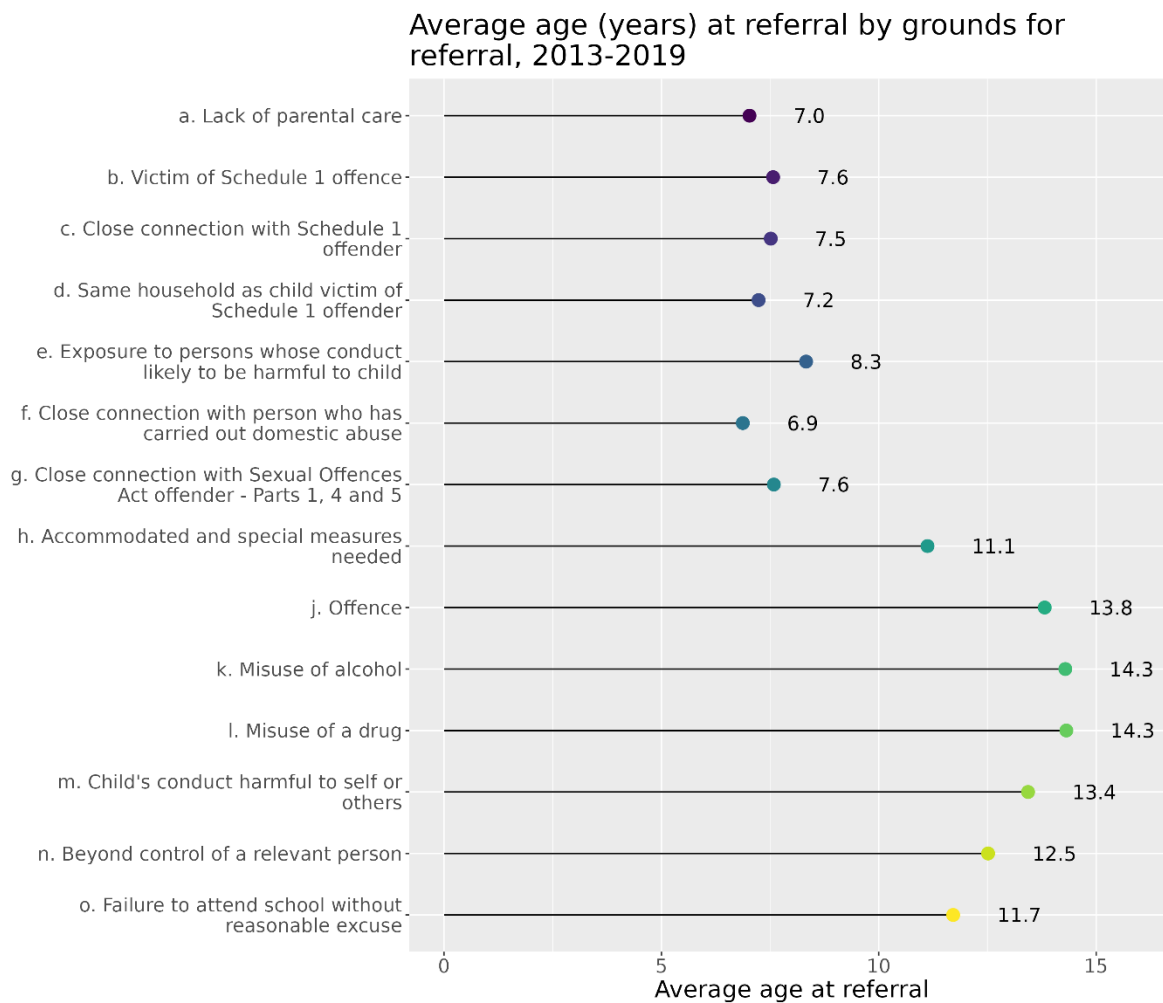


Figure 26. The average age at referral for children with experience of kinship care who were referred to the Children’s Reporter on different grounds.⁴³

Number of Children’s Hearings

Over the period from 2008-2019, there were 5,811 children with experience of kinship care who were recorded as having been involved in at least one Children’s Hearing. The number of hearings experienced by individual children ranged from one hearing to over 50, with a median of 11 and mean of 11.8 hearings. 1 in 10 children experienced more than 20 hearings.

⁴³ Grounds ‘i. Permanence order and special measures needed’, ‘p. Pressure to enter into a civil partnership (or same household as such a child)’ and ‘q. Forced to marry (or same household as such a child)’ are not shown due to low numbers of children (<10) with those grounds recorded.

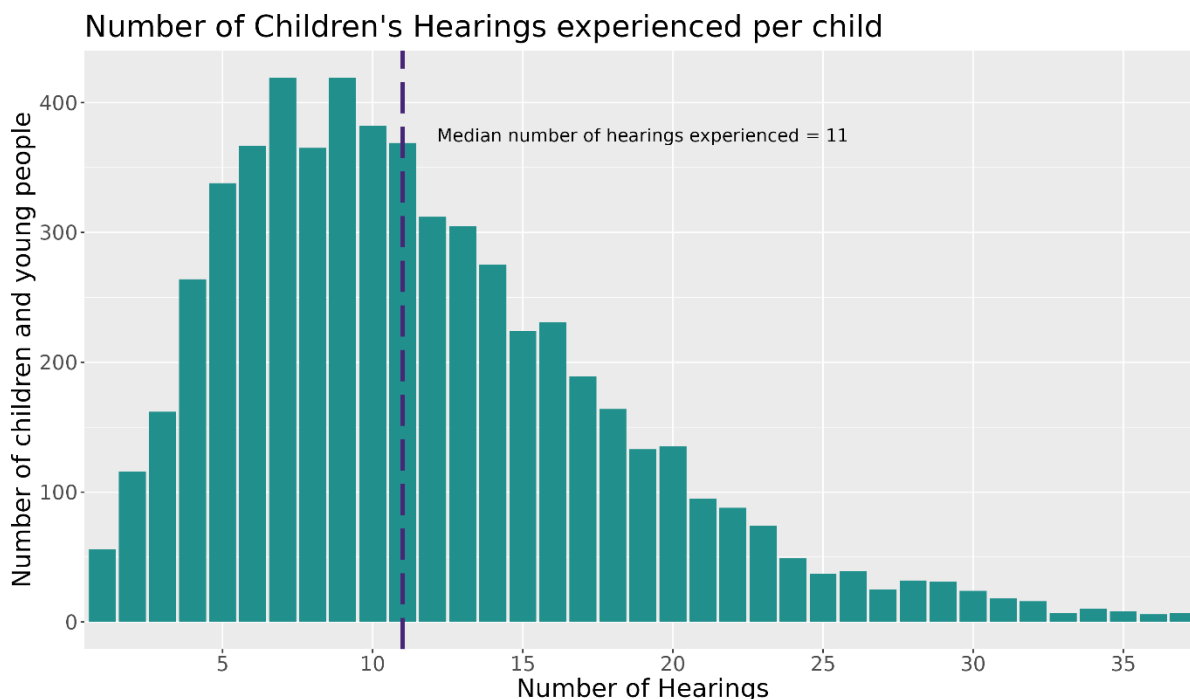


Figure 27. The number of Children’s Hearings experienced by children and young people who had lived in kinship care.

For children who were involved in multiple hearings, the length of time between the first and last recorded hearing for that child ranged from around 1 week to nearly 12 years. The average (mean) length of time that children had involvement with the Children’s Hearings System (that is, the mean time between their first and last hearing) was around 4.5 years.

Outcomes of initial hearings

At the initial hearing for a child, the Children’s Reporter will draft a ‘statement of grounds’ which outlines the reason/s for a child being at the hearing. Of the first grounds hearings recorded⁴⁴ for the children with experience of kinship care, 86% of cases led to a referral to the Sheriff Court to determine whether the grounds should be established; this is known as ‘an application to the Sheriff for proof’. Around 9% of initial grounds hearings were deferred, and approximately 4% led to a Compulsory Supervision Order being made. Fewer than 1% of cases were discharged at the first recorded grounds hearing.

Applications to the Sheriff for Proof

When a decision cannot be made at a Children’s Hearing due to either a child/young person or their parents/carers not being in agreement about the grounds, or a lack of

⁴⁴ As data was provided from 2008 onwards, there will be some children within the data for whom the first recorded hearing provided to the research team was not the first ever hearing they experienced.

understanding of the grounds, the case will be referred to the Sheriff and a court date will be set.

After hearing the relevant evidence, the Sheriff will then decide whether the grounds have been established. If the grounds are established, the case is returned to the Hearings System to decide the best course of action to meet the care and protection needs of the child or young person.

There were approximately 18,000 court dates set to determine the grounds for a Children's Hearing, with 66% of these dates being adjourned. Of the remaining court dates where applications were determined, in 95% of instances at least one of the proposed grounds were established. No grounds were established in 3% of instances and the application was withdrawn in the remaining 2% of instances.

Appeals

Where the decision of a Children's Hearing is to make a Compulsory Supervision Order or Interim Compulsory Supervision Order to provide for the care and protection of a child or young person, this decision can be appealed by the child or other relevant person,⁴⁵ including the child's parent/s. The SCRA data contained information on a total of 445 appeals, involving 284 children who had experience of kinship care. Three out of four of these children (73%) were only involved in one appeal, while 14% were involved in 3 or more appeals. In just under half of appeals (49%) the decision being appealed was overturned (that is, the appeal was successful). In 17% of appeals, the case was 'Abandoned by Appellant'. The decision being appealed was deemed to have been justified in 32% of cases. Appeals may introduce significant delay in the implementation of a care plan for a child or young person.

All about me forms

All About Me forms provide an opportunity for a child to make their views known prior to a hearing, and as such provide some information about their involvement in the Hearings process. The completion of All About Me forms has been recorded in the data since 2015. Of the 4,243 children who had a hearing after this time, 1,624 (38%) completed at least one All About Me form to make their views known prior to a hearing. Around half of these children (49%) had completed one form, with the remainder having completed an All About Me form on multiple occasions.

⁴⁵ https://www.scra.gov.uk/parent_carer/being-a-relevant-person/

The utility of administrative data to better understand the experiences of children and young people with care experience

A key aim of this study, alongside gaining insights into the experiences and needs of children and young people in kinship care in Scotland, was to test the utility of Scotland's administrative data for research focused on specific groups of children and young people with care experience.

Conducting this research has provided a great deal of learning about what it is possible to achieve using this data to strengthen our collective knowledge and understanding, and the areas in which there remains work to be done. This section seeks to highlight some of the challenges and opportunities presented by data linkage research about children and young people with care experience in Scotland.

Benefits of research using administrative data and data linkage

One key benefit of using administrative data for research purposes is that it provides the opportunity to take a population-wide approach, capturing the experiences of individuals at a scale that would be extremely challenging and resource-intensive with alternative approaches such as surveys or focus groups. It makes use of already collected information, so in theory can be a more efficient and comprehensive approach to research. For example, within the context of this research, it allowed us to explore the care experiences of children and young people from 2008 onwards – something that would not be feasible with a new study conducted using other methods. It allows us to explore trends and patterns over extended periods of time, thereby providing opportunities to assess the longer-term impacts of specific events or interventions. This type of research also does not require active inputs from study participants, reducing the burden on individuals and minimising challenges such as participant drop-out (or 'attrition').

While administrative datasets can be an extremely powerful tool for research when used as standalone entities, their value is hugely increased when there is scope to link them together (that is, to connect them to information from other sources) via data linkage techniques. This allows for an exploration of the interactions between different aspects of individuals lives. The Children's Health in Care in Scotland (or CHiCS) study conducted by Alik et al. (2022) provides a clear example of these benefits. Through linking data from children's social care to a variety of datasets from health, this research was able to provide insights into the ongoing health inequalities for children and young people with experience of care in Scotland. Similarly, McMahon et al. (2018) highlighted the inequalities in dental health for children with care experience.

In this research, data linkage allowed us to gain additional insights beyond the care experiences of children and young people who have lived in kinship care, and enabled us to better understand their experiences in terms of early childhood development and education, as well as their interactions with the Children's Hearings System.

Challenges of the approach

While there are great opportunities in using administrative data to better understand the lives of children and young people with experience of care in Scotland, there currently remain significant challenges in terms of how efficiently and effectively this can be done. Some of the challenges that we encountered relate to administrative data research in general, whilst others pertain specifically to the use of the longitudinal Looked After Children dataset and the other data sources utilised for this piece of research.

General challenges encountered in administrative data research

One challenge that can arise with administrative data research stems from the fact that the data was not originally collected for research purposes, but for operational purposes to inform, shape and facilitate the delivery of local and national services and support. This can mean that there are data quality issues to resolve, as well as issues with consistency of recording practices over time, before this data can be used for research. It is important that time is spent assessing data quality and resolving any issues in an appropriate and transparent manner prior to conducting analysis, which can be a time-consuming process. Details of the data cleaning process conducted on the longitudinal Looked After Children dataset for this study are described within Soraghan and Raab (2023).

Another common issue encountered in administrative data research is the often-lengthy processes to obtain approvals from data controllers and ethical boards to access to the data. While there are ongoing efforts in Scotland to streamline these processes by organisations such as Research Data Scotland and ADR Scotland, there remain challenges - with the data access timeframe for this particular study running into multiple years. It is crucial that these processes are made more efficient in order to ensure that the collected data can be used in research in a timely manner to help to provide answers to the most topical and pressing questions facing policy and decision makers, service managers and all those with an interest in improving the lives of children, young people and families.

A final drawback of administrative data is that, while it can provide us with a clear representation of what is, or was, happening, it often cannot tell us why. For example, we may be able to see that fewer children and young people are coming into care in Scotland, or that children living in certain local authorities are more likely to go to live with kinship carers than in others, but often it does not contain any information to understand why this might be. As such, administrative data provides a valuable starting point and can provide us with the right questions to ask, but its value is greatly enhanced through additional conversations and research with people with direct experience including children and young people, their parents and carers, and practitioners.

Specific challenges encountered in the Growing Up in Kinship Care data linkage

In terms of the specific datasets used for this research, there were several challenges that we encountered that should be considered when looking to conduct research with Scotland's children's social care data.

- **Timeliness of data updates** – at the time of conducting this research in 2023/24, the most recent year of data recorded in the linked longitudinal Looked After Children dataset was 2018/19. This meant that the research data is unfortunately already five years out-of-date at the time of publication. While this would always be problematic, it is undoubtedly more of an issue when that five-year period has covered not only the COVID-19 pandemic but also a cost-of-living crisis – two substantial factors that have had an impact upon not only the lives of children and young people in care, but indeed all children, young people, and families across Scotland.
- **Linkage rates** – The 'linkage rate' of a dataset refers to the percentage of individuals within that dataset for whom sufficient information is available to allow their data to be linked to other data sources. There are currently relatively low linkage rates to other data sources for both the Looked After Children dataset (with information on 68% of individuals being able to be linked) and the Child Protection dataset (42% of individuals). This is largely due to an issue with linkage for children under the age of five,⁴⁶ which is discussed in more detail within the [Data Linkage](#) section. However, the low linkage rate, along with the fact that it is specifically due to poor linkage for the information of children under five (who we may reasonably expect to have quite different needs and experiences to older children with experience of care), can introduce bias into results. It is important that this is considered and mitigated as best as possible when conducting and interpreting analyses with these datasets. The steps that have been taken to mitigate the linkage bias within this research are described within the relevant sections of the report.
- **Time frames for different data collections** – There are often differences in the years for which information is available across different data sources. In combination with the fact that information about children born in certain years may be less likely to be linked to other data sources (as discussed above and as illustrated in Figure B1 within Appendix B), this can present additional challenges in the utility of linking certain data sources together. For example, the Health Visiting data for the visit to children at 27-30 months of age only began to be recorded in 2013, however information on the care experiences of most children born from 2015 onwards is currently unable to be linked to other data sources⁴⁴, as is discussed further within [Data Linkage](#). As such, there is a minimal period of

⁴⁶ Linkage of these datasets currently relies on the use of a child's Scottish Candidate Number, which is allocated to a child upon starting primary school (at approximately age 5).

time over which children will both appear in the 27-30 month health visiting dataset and also be able to have information on their health linked to information on their experiences of social care.

In summary, while we acknowledge the positive contribution that this type of research can bring, there remains much to be done to allow it to reach its full potential for children's social care research in Scotland – not least in ensuring that researchers can gain more efficient access to data that is regularly updated, and that the challenges surrounding data linkage for children under the age of 5 are addressed.

Conclusions

Our research had two clear aims:

1. to increase knowledge of the characteristics, experiences, and outcomes of 'looked after' children living in kinship care in Scotland, and to provide insight into the requirements that welfare, universal, and targeted services should meet to ensure the safety, health, education and wellbeing of all children; and
2. to assess the usefulness of the administrative data that is currently available about 'looked after' children and young people in Scotland, and provide an overview of the opportunities and challenges of data linkage as an approach to better understanding their lives and improving the care and support available to them.

This section presents a brief overview of the key findings regarding each of these aims, and discusses what our findings tell us in terms of what is known, and what we still need to know, to better inform policy and services to support children, kinship families and parents.

Experiences of Kinship Care

This research has exemplified the opportunities provided by administrative data through looking at the experiences of 'looked after' children and young people who have lived in kinship care in Scotland. Our analysis of various data sources has highlighted the unique nature of their experiences, demonstrating some of the challenges that children and young people with experience of kinship care, and the services which aim to support them, can face. The research has surfaced many important insights in relation to the research questions we set out to answer (see [Introduction](#)), and an overview of these are provided below.

Trends in kinship care

Nationally, in Scotland, 'looked after' children are now more likely to be cared for by family and friends than in any other type of arrangement. This varies across Scotland's 32 local authorities however, with substantial regional variation seen in the proportion of children in care who live with kinship carers. There was also evidence of substantial variation across local authorities in terms of how long children spend living with their kinship carers, and what the legal basis is for their being in care.

Becoming cared for by kinship carers

We found that, where there was a viable option to live with family or friends, this was generally explored and identified early on in (or prior to) a child's time in care, with most children who live with kinship carers doing so when they first became 'looked after'. We also found that it had become increasingly likely over the period we studied that children would begin to live with kinship carers under a Section 25 arrangement, and that children living with kinship carers were more likely to live with them under these arrangements than children in the general care population.

Care experiences and wider outcomes

The research found that many children and young people only ever lived in kinship care during the time they were 'looked after', and that only around 1 in 3 children who lived with kinship carers also spent time being cared for by people outside of their family network during their time in care, such as foster carers. There was evidence of kinship care being used as both a short-term and long-term solution to meet the needs of children and their families, and we also found that many children who had experience of kinship care (55%) did not experience any other care arrangement after going to live with their kinship carers. However, there were other children who continued to experience instability in their care arrangements beyond this point.

We found that children who had spent time living with kinship carers had often faced adversity in their lives in terms of parental substance misuse, abuse and neglect. While many children thrived in kinship care and their educational outcomes on the whole had improved, there remained a disparity in how children with experience of kinship care fared at school in comparison to the general population of pupils. Children who had lived in kinship care were also more likely to have developmental concerns identified at a young age.

Leaving kinship care

Our results indicate that most children remained living within their wider family network at the end of a kinship care arrangement, either through continuing to live with friends or family, or returning to live with their parents. This was the case whether the child was leaving care altogether (that is, they ceased to be 'looked after'), or whether they continued to be 'looked after' and were going to be cared for in a different care environment. We also found that most children who left care directly from kinship care were under the age of 16, and were leaving due to there no longer being a perceived need for them to be 'looked after', as opposed to them leaving care due to their age.

Utility of the approach

It is clear from this and other research undertaken and ongoing using administrative data within Scotland, that administrative data can provide unique and informative insights into the experiences of children and young people who have been 'looked after'. The ability to look at information relating to their experiences of care and to link it to data gathered within systems which span a range of services designed to support children and young people, presents a significant opportunity to provide information about the experiences of children and young people.

This research has provided significant learning about the experiences of children and young people who have lived with kinship carers, and provided evidence that policy makers and service providers can use as they continue to develop and improve services for children and families. This type of evidence and learning could be of benefit in relation to the specific needs of many people, not just those with experience of kinship care. While an examination of the experiences of children and young people

with experience of being cared for in other care arrangements would be beneficial, for example, foster care or being 'looked after' while living at home, there is also the potential to look into specific circumstances or needs such as children who become 'looked after' for the first time in infancy, or children with disabilities. Administrative data provides a unique opportunity to examine the experiences of children with specific needs in this way, in order to further our understanding and provide indications of where further support or investigation is warranted.

Challenges of data limitations

When considering the advantages of this type of research, we must also be mindful of the limitations of the specific administrative data that is available for children with care experience in Scotland, as well as the limitations of administrative data in general. Administrative data by its nature is not designed or collected to answer research questions, but rather to fulfil the needs of the system. Accordingly, the data that is recorded may not reflect aspects which are important, impactful, or meaningful to children and young people, or provide a full understanding of their experiences. The experiences of individuals can only be fully understood by also hearing from them directly. Administrative data can provide a large-scale picture of what is happening in children's social care and highlight areas that warrant further exploration, but its value can be increased greatly through complementary understanding gained from qualitative enquiry.

Furthermore, as this piece of research has outlined, ongoing data quality and linkage issues present a significant challenge to gaining the full benefit of administrative data research, and limit our ability to represent a full understanding. This is seen very clearly in the limited ability to link data for children and young people under the age of five. One of the advantages of administrative data is the potential to look across long periods of time to identify trends, and to present the experiences of specific groups throughout their journeys through systems. This ability is significantly impacted by low linkage rates, and missing or inaccurate data which both serve to limit the proportion of the population that can be included in these analyses, and reduce the accuracy and utility of any findings. This research has suffered from these limitations, and it is of critical importance that data quality and consistency continue to improve if the full benefits of administrative data are to be realised.

It is also important to recognise that the data available for this research did not cover the period during the COVID-19 pandemic and after the associated public restrictions had been lifted, a time of significant change for all children, young people, and families in Scotland.

Additionally, there is currently far less data available to reflect the experiences of the many children in Scotland who live in kinship families but who are not 'looked after' by their local authority. Additional research is needed to provide insights into the lives of these children and families to ensure that all children in kinship care are appropriately supported, regardless of the legal status of their kinship arrangement.

Concluding Remarks

As the proportion of 'looked after' children living in kinship care continues to increase, we hope that the enhanced understanding of children's experiences offered by this research provides the opportunity to reflect on how best Scotland can support its kinship families. The research has highlighted that many children thrive in kinship care, and that outcomes for children who have lived in kinship care have been improving, particularly in terms of their education.

However, the study has also highlighted that kinship families are often supporting children with complex needs, who can experience significant challenges in comparison to their non-'looked after' peers. This is particularly seen in the data relating to educational support needs, developmental concerns, and educational outcomes.

The research has also found that there is a high degree of regional variation in children's experiences of kinship care across Scotland, in terms of their likelihood of living in kinship care, the legal basis for them being cared for by kinship carers, and the length of time which they live with kinship carers. It is important that this variation is further explored to ensure that kinship families are supported appropriately no matter where they live.

It is important to emphasise that our findings do not imply that any of the outcomes for children and young people presented in this report are the direct result of children and young people's experiences of kinship care. While our research has shown that some children with experience of kinship care face challenges in terms of their education and early childhood development, it is important to note that many children will have experienced trauma and adverse experiences prior to becoming 'looked after', which can have lifelong impacts. Rather these findings reflect the outcomes achieved, and challenges experienced, and highlight the importance of tailored supports for kinship families so that all children and young people in kinship care are able to thrive and achieve all that they wish to.

We hope that the evidence presented can aid policymakers and practitioners alike in their work to support kinship families and ensure that all children are provided with the opportunities and support that they need and deserve in order to live happy, healthy and fulfilled lives.

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Appendix A – Statistical Results

Regional variation in the usage of kinship care

As discussed within [Regional Variation in the Usage of Kinship Care](#), it was found that there was a moderate relationship between the level of deprivation within a local authority area, and the proportion of 'looked after' children who were living in kinship care. A visual overview of this relationship is displayed in Figure A1 below.

Relationship between deprivation and the percentage of children in kinship care

By local authority, as of 31st July 2023

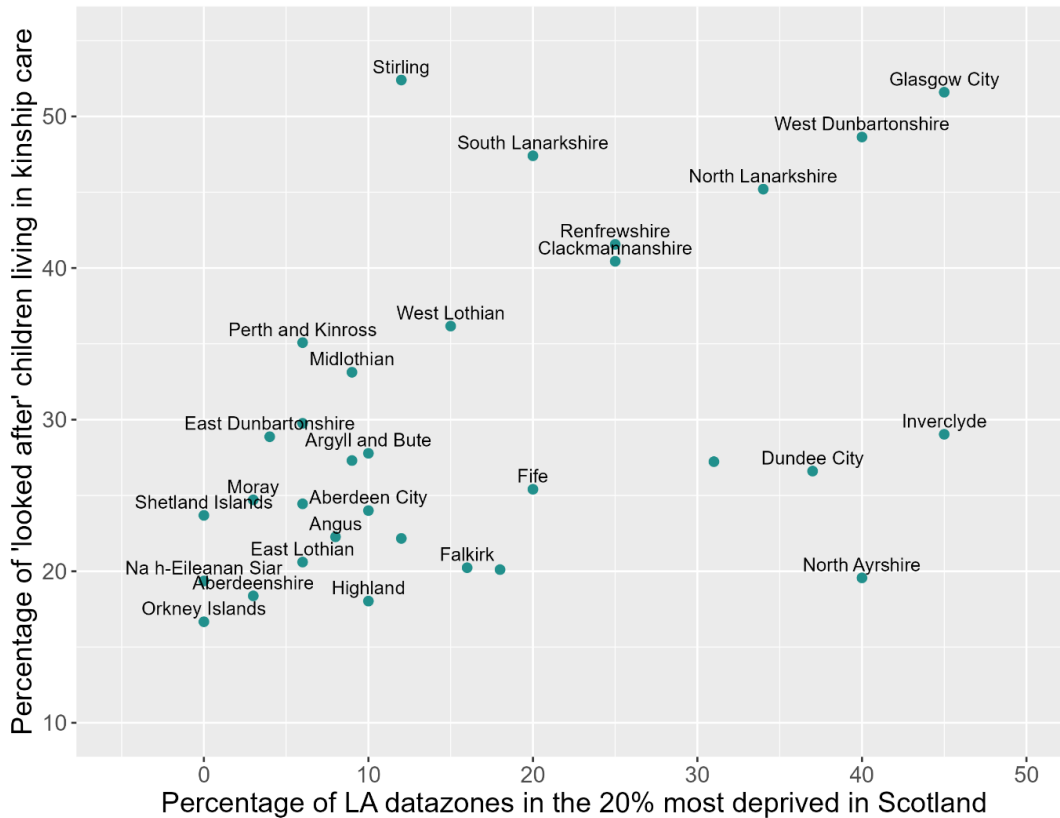


Figure A1. The relationship between the proportion of 'looked after' children living in kinship care and the deprivation of a local authority area (as given by the percentage of datazones within the local authority that are within the 20% most deprived in Scotland according to the Scottish Index for Multiple Deprivation (SIMD) 2020). A small number of local authority labels have been omitted for clarity.

Exploring factors associated with the regional variation in the usage of kinship care

Table A1 presents the results of the Kendall correlation tests conducted to determine the presence of any relationships between the regional variation in kinship care usage and a variety of local authority-level factors. As discussed within the main report, after use of the Bonferroni-Holm adjustment to correct for multiple comparisons,

deprivation was the only factor found to be related to the variation in kinship care usage, with more deprived areas having a tendency towards having a higher proportion of 'looked after' children living in kinship care.

	Unadjusted p-value for Kendall's tau	Bonferroni-Holm adjusted p-value for Kendall's tau	Kendall's tau
Deprivation	0.009	0.044	0.33
Population density	0.030	0.121	0.27
% Females	0.250	0.749	0.14
% Under-5s	0.516	1.0	-0.08
% Over-16s	0.820	1.0	-0.03

Table A1. The results from correlation tests to determine the relationship between the proportion of 'looked after' children within a local authority that were in kinship care, and a variety of other local authority factors. To minimise the chance of a Type I error, p-values have been adjusted for multiple comparisons. P-values that are significant at a threshold of $\alpha=0.05$ have been denoted in bold.

Graphical representations of kinship placement lengths for particular subgroups of children and young people

Figures A2 and A3 illustrate the estimated kinship placement lengths of distinct subgroups of children – specifically those of different age groups at the time of starting to live with kinship carers, and those who entered care under different legal bases. The plots shown are called Kaplan-Meier curves, and illustrate the probability of a child remaining in care at a given time after first becoming 'looked after'.

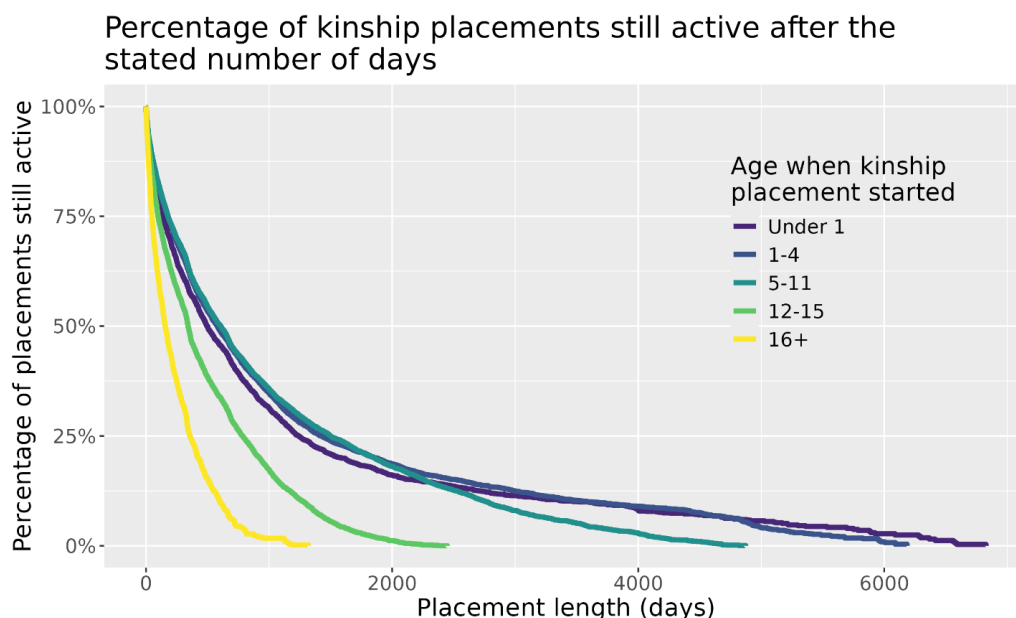


Figure A2. The duration of kinship care placements for children and young people within different age groups at the point they entered kinship care, as calculated via survival analysis techniques (Kaplan-Meier curves).

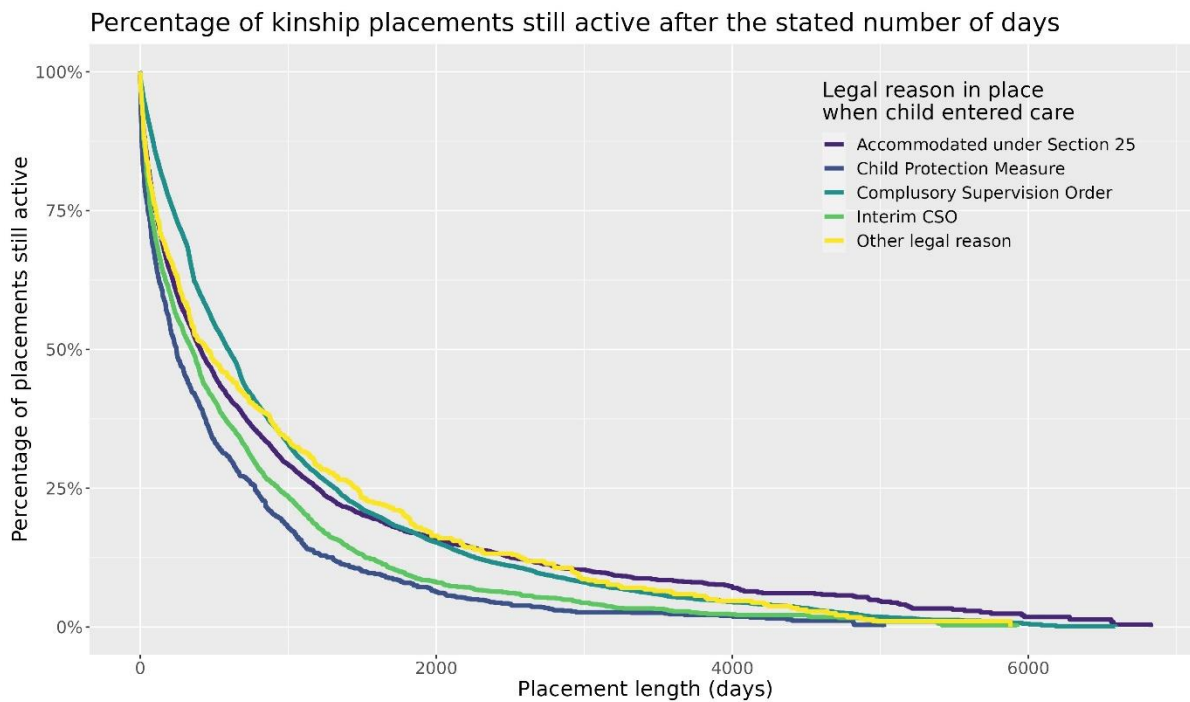


Figure A3. The duration of kinship care placements for children and young people who entered care under different legal reasons, as calculated via survival analysis techniques (Kaplan-Meier curves).

Where children moved to after leaving a kinship care arrangement, by age

The information on where a child or young person moved to after leaving a kinship care arrangement was also explored by the age of the child or young person at that time. Figure A4 shows the type of care arrangement that followed a kinship care placement for those who continued to be 'looked after', while Figure A5 shows the recorded living arrangement for those who left care (that is, ceased to be 'looked after') at the point of their kinship care arrangement ending. Both figures represent the data available over the full study period, from 2009 to 2019.

The figures show that there was variation in where children and young people went to live after kinship care. For example, infants under the age of 1 who left a kinship care arrangement but remained 'looked after' were most likely to move into foster care (39%), whereas older children and young people were most likely to most to another living arrangement with family or friends. However, across all age groups (and whether they continued to be 'looked after' or not), most children who left a kinship care arrangement either returned to live with their parents or lived within their wider family or friend network.

Placement entered directly after leaving kinship care By the age at which the child left the kinship arrangement

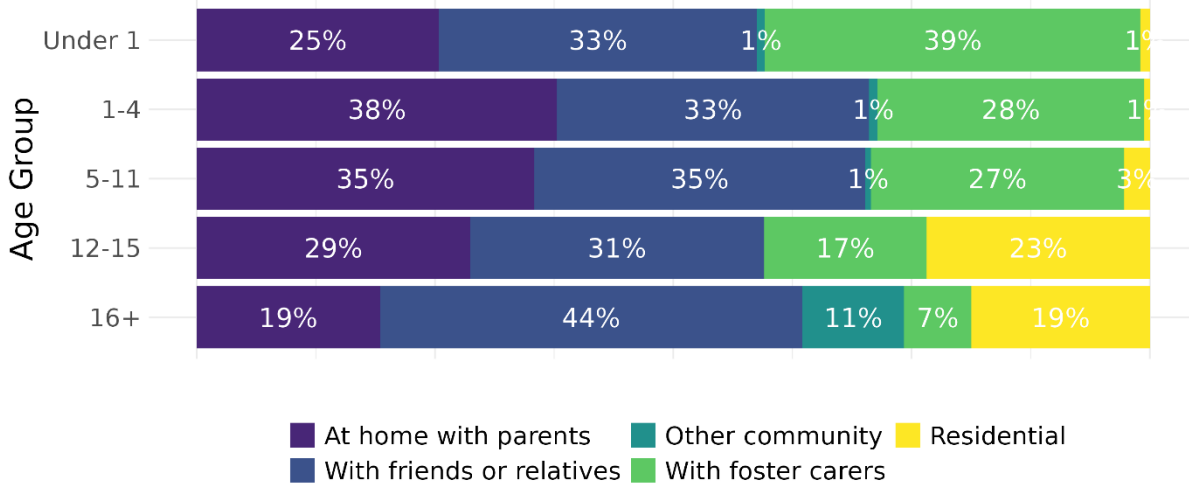


Figure A4. The type of care environment that children and young people moved into when they left a kinship placement but remained 'looked after', by the age of the child at that time.

Destination after leaving care directly from kinship care By the age at which the child left care

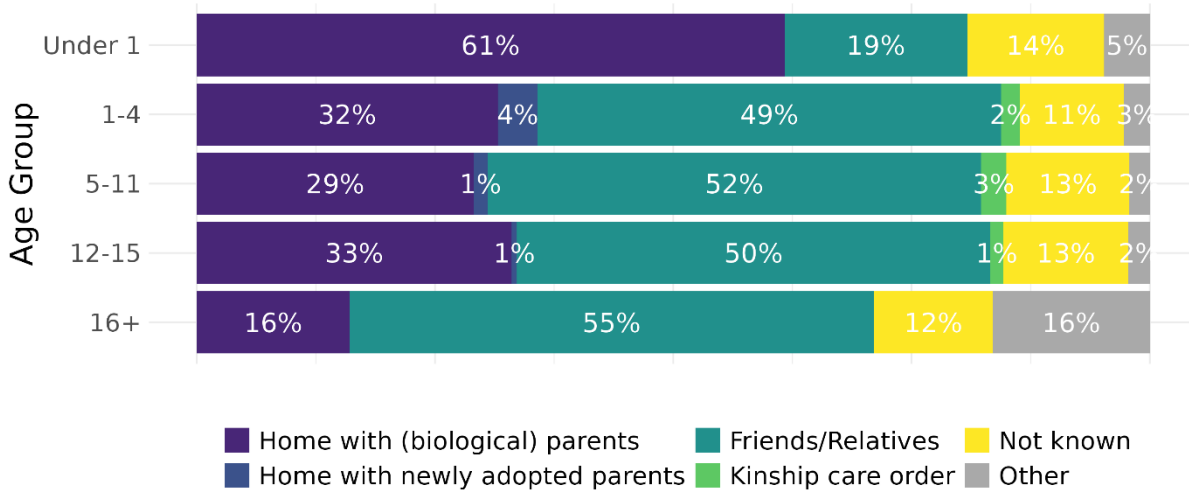


Figure A5. The recorded destination for children and young people upon leaving care (that is, ceasing to be looked after) directly from kinship care, by the age of the child at that time.

Appendix B – Technical Notes

Data cleaning

Based on the criteria of having at least one kinship care placement recorded at any point within the longitudinal Looked After Children dataset, 19,109 children and young people were identified for inclusion in this study. For each of these children and young people, researchers were provided with their full care history as was available in the dataset. Data cleaning was conducted on this data to ensure that the information contained within the dataset was coherent and that any duplicated, outdated, or incorrect records would not skew the outcomes of the analysis. In total, the records of 32 of the 19,109 individuals (< 0.2%) in the dataset were removed where there were multiple data quality issues that could not be resolved. This resulted in a final cohort including 19,077 individuals. Further details on the data cleaning process can be found within the Data Explained document published by Soraghan and Raab (2023).

Data linkage

While findings on children and young people's care experiences were derived from the longitudinal Looked After Children dataset, investigation of data from other areas of the children's lives (such as education and health) required the linking of multiple datasets. Information on the datasets that were linked for this study is provided in Table B1 below, including details of the data owner, the years for which data was provided, and the number of children from each source who were successfully linked to our kinship cohort from the longitudinal Looked After Children dataset. Additional details for all Scottish Government datasets are available within the [ADR Scotland data catalogue](#).

In total, 12,896 of the 19,077 individuals (68%) in the Longitudinal Looked After Children dataset had sufficient identifying data available to allow them to be linked to additional data sources. As such, this was the maximum number of children for whom data would be available in any of the remaining datasets.

Where information was not provided for a child for any particular dataset, this could be for either of the following reasons:

1. There was no information recorded for that child in the dataset, or
2. There was insufficient identifying information available in one or both of the datasets to allow the two sets of information to be linked.

Data Source (Years Provided)	Data Owner ⁴⁷	Variables include:	Number of individuals linked and with data available
Looked After Children (2008-2019)	SG (EAS)	<ul style="list-style-type: none"> - Placement type - Placement start/end dates - Legal reason type - Legal reason start/end dates - Destination after care 	N=19,077 in the dataset; 12,896 able to be linked to other sources
Child Protection (2012-2019)	SG (EAS)	<ul style="list-style-type: none"> - Child Protection (CP) investigations - CP Case Conferences - CP Registrations - CP De-registrations - Concerns Recorded 	N=5,022
Scottish Children's Reporter Administration (2008-2019)	SCRA	<ul style="list-style-type: none"> - Referrals to the reporter - Grounds for referral - Offence category (where applicable) - Children's Hearings held - Children's Hearing's outcomes 	N=6,340
Child Health Systems Programme: Pre-School (2008-2019)⁴⁸	PHS	<ul style="list-style-type: none"> - Child length/height/weight - Breastfeeding status - Developmental concerns - Smoke exposure - Other support needs identified 	N=4,887
Pupil Census (2008-2020)	SG (EAS)	<ul style="list-style-type: none"> - Registration for Free School Meals - Special Educational Need (SEN) Indicator - SEN category - Nature of support provided 	N=12,585
Leaver Destinations and Attainment (2010-2019)	SG (EAS)	<ul style="list-style-type: none"> - Initial and follow-up destinations of school leavers - Stage left school - Number and level of qualifications attained 	N=4,625
Exclusions (2008-2019)	SG (EAS)	<ul style="list-style-type: none"> - Number and length of exclusions - Pupil stage at exclusion - Incident type 	N=3,139

⁴⁷ SG (EAS) - Scottish Government Education Analytical Services, PHS – Public Health Scotland, SCRA - Scottish Children's Reporter Administration.

⁴⁸ The years covered by the linked health visiting data varied depending on the type of visit. For example, data on the 6-8 week visit spanned the period from 2008-2015, while data on the 4-5 year visit spanned the period from 2017-2019.

		- Incident motivation	
Attendance and Absence (2008-2019)	SG (EAS)	- Number of half days of attendance - Number and duration of absences - Reason for absence (authorised/unauthorised)	N=12,478
Qualifications (2009-2019)	SG (EAS)	- School stage of pupil - Qualification level taken - Result achieved	N=5,364

Table B1. Description of datasets from which linked data was provided for the individuals identified as having lived in kinship care in the longitudinal Looked After Children dataset.

Challenges in linking the Longitudinal Looked After Children dataset to other data sources

The data linkage for this study was conducted by National Records of Scotland (NRS). NRS holds a record of all individuals in Scotland, known as the 'population spine', and the identifying information available within each dataset is used to link each individual in that dataset to this spine. This enables the records of successfully linked individuals within each database to be associated with the unique identifier allocated to the individual in the population spine. This unique identifier can then be used to detect and match the same individuals across different databases. Further details on the data linkage process are available from the NRS website.⁴⁹

The longitudinal Looked After Children dataset has been collated by the Scottish Government based on the annual returns of information from Scotland's 32 local authorities about the children in their care. The records passed to government do not contain an individual's name or address, and as such that information cannot be used to link their data to the population spine. Linkage of this dataset therefore relies on the following linkage variables:⁵⁰

- Gender
- Date of birth
- Scottish Candidate Number (SCN)
- Postcode (obtained by linking a child's SCN to the Pupil Census)

The Scottish Candidate Number is a unique identifier that is allocated to a child upon starting school in Scotland, which generally occurs between the ages of 4 and 6. As such, for children without a SCN recorded in the dataset, there is insufficient information available to link their data to the spine with any degree of confidence.

⁴⁹ <https://www.nrscotland.gov.uk/statistics-and-data/national-records-of-scotland-indexing-team>. Accessed 5/9/24.

⁵⁰ As explained in the Scottish Government Looked After Children metadata document, available at: <https://www.researchdata.scot/metadata-catalogue/search-results/result/?id=dc978a0c-ea23-46c0-b9fa-a013d7477647>. Accessed 5/9/24.

This leads to a situation where we are unable to link the care experiences of children who are currently under the age of 5 (and as such have not yet had a SCN allocated), or those who were only ever in care under the age of 5 (and therefore their SCN was not collected within the local authority social work records) with data from any other sources. Unfortunately, as the data on Child Protection is collated in the same manner, the same challenges are faced within this dataset.

The issue is illustrated in Figure B1 below, which shows the number of children in the longitudinal Looked After Children dataset by year of birth (in teal), and the linkage rate for children born in each of those years (in purple). While the linkage rate climbs for those born throughout the earlier years due to improvements in the quality of data collection, it then drastically reduces for children who are born in the later years, with a linkage rate of almost 0% for those born within the last five years of the dataset (i.e. from 2015 onwards). This is problematic, for two main reasons.

1. It leads to a high proportion (approximately 32%) of individuals in the dataset who cannot be linked to other data sources; and
2. It is not a random selection of 32% of people who are representative of the wider sample. There is a very specific group of children who cannot be linked (that is, children who are under the age of 5). This is a group that we may expect to have substantially different experiences and outcomes to those who, for example, come into care as teenagers.

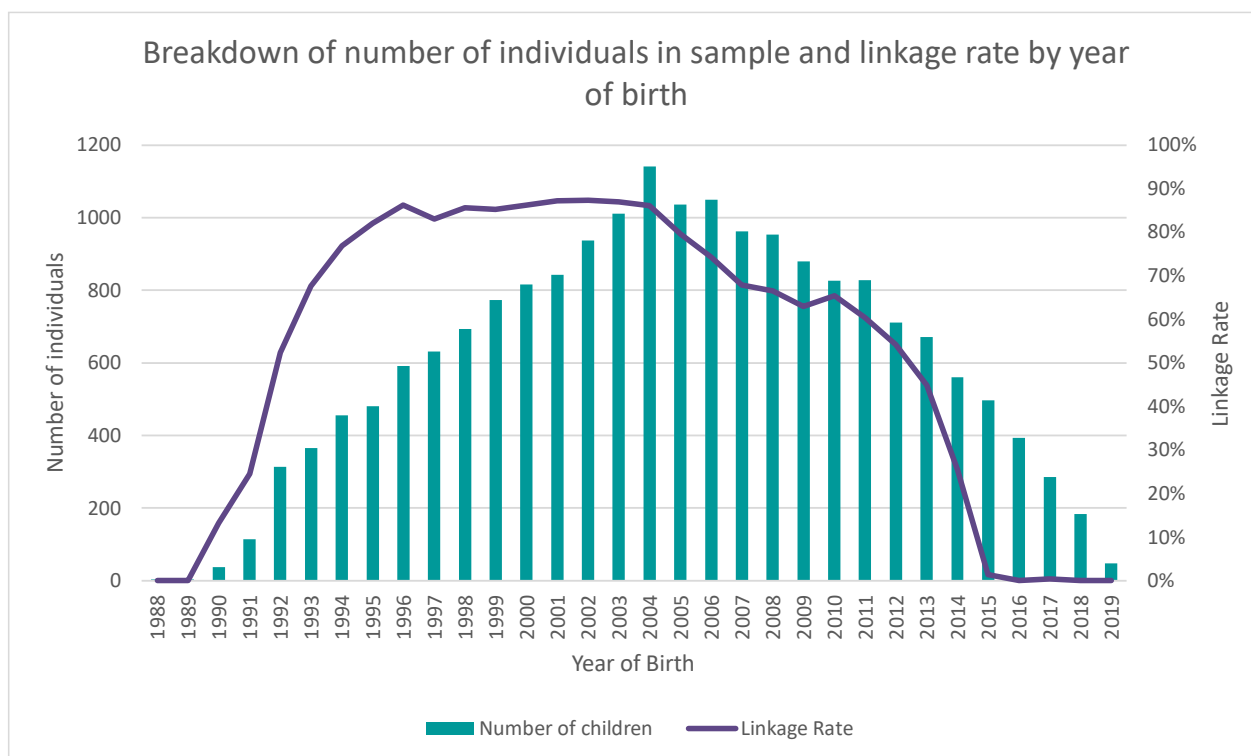


Figure B1. The year of birth for individuals in the longitudinal Looked After Children dataset who had experienced kinship care, and the rate of successful linkages to the spine for the children born in each year.

The latter of these two issues can lead to significant bias in findings, and should therefore be considered when conducting any analysis of this linked data.⁵¹ As such, the challenge faced in linking the social care data of younger children is a very important one, and one that it is crucial to address.

Linkage of the longitudinal Looked After Children dataset to data on Child Protection

In terms of the particular datasets utilised for this study, the difficulty in linking children under the age of five frequently led to bias in terms of which individuals could be linked within certain years of the data. Figure B2 shows the age profiles of the children and young people included in the linked Child Protection data by year, and shows that there are no younger children included within the linked dataset in the most recent years of data. As such, it was deemed inappropriate to look at the Child Protection data on an annual basis, and results presented within [Child Protection](#) cover the full period from 2012-2019, over which time a more representative group of children and young people are included within the data.

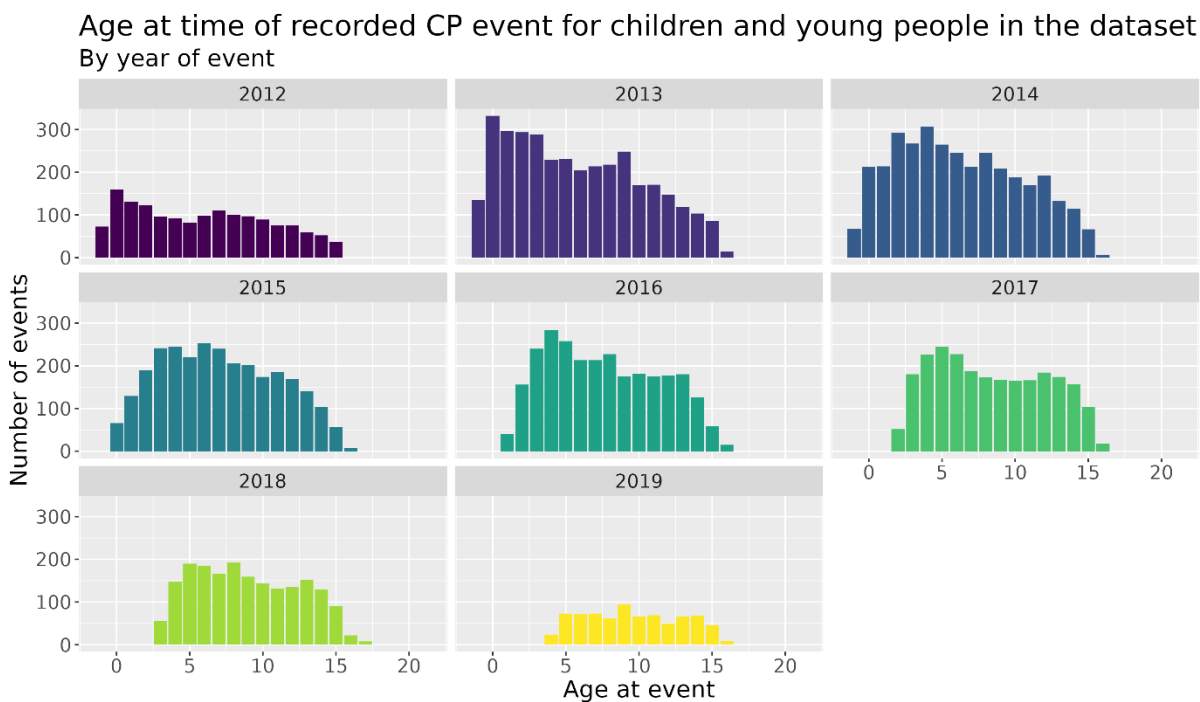


Figure B2. The age at point of registration on the Child Protection register by year, for children and young people registered between 2012 and 2019.

⁵¹ Efforts have been made to mitigate these challenges in the analysis of this study, and these have been described throughout the report at the relevant sections.

Linkage of the longitudinal Looked After Children dataset to data from the Scottish Children’s Reporter Administration

The challenge in linking those under the age of five presented similarly in the linked data for the Scottish Children’s Reporter Administration (SCRA) as it did in the data for Child Protection, as can be seen in Figure B3. However, an additional complication was introduced to this data due to the fact that, for data protection reasons, SCRA removes the detailed information held on an individual from their databases when that individual becomes 18 years old. This meant that, in addition to the data of younger children not being present for the most recent years studied, the data of older children and young people was not available for the earlier years studied (as those children and young people will have since turned 18 years old). As with the child protection data, the decision was therefore taken to analyse this data across the time period as opposed to annually, in order to ensure that a more representative sample of children and young people were included in the analysis.

For comparison, the overall year of birth data for individuals in the longitudinal Looked After Children dataset and individuals in the linked SCRA and child protection datasets is displayed in Figure B4.

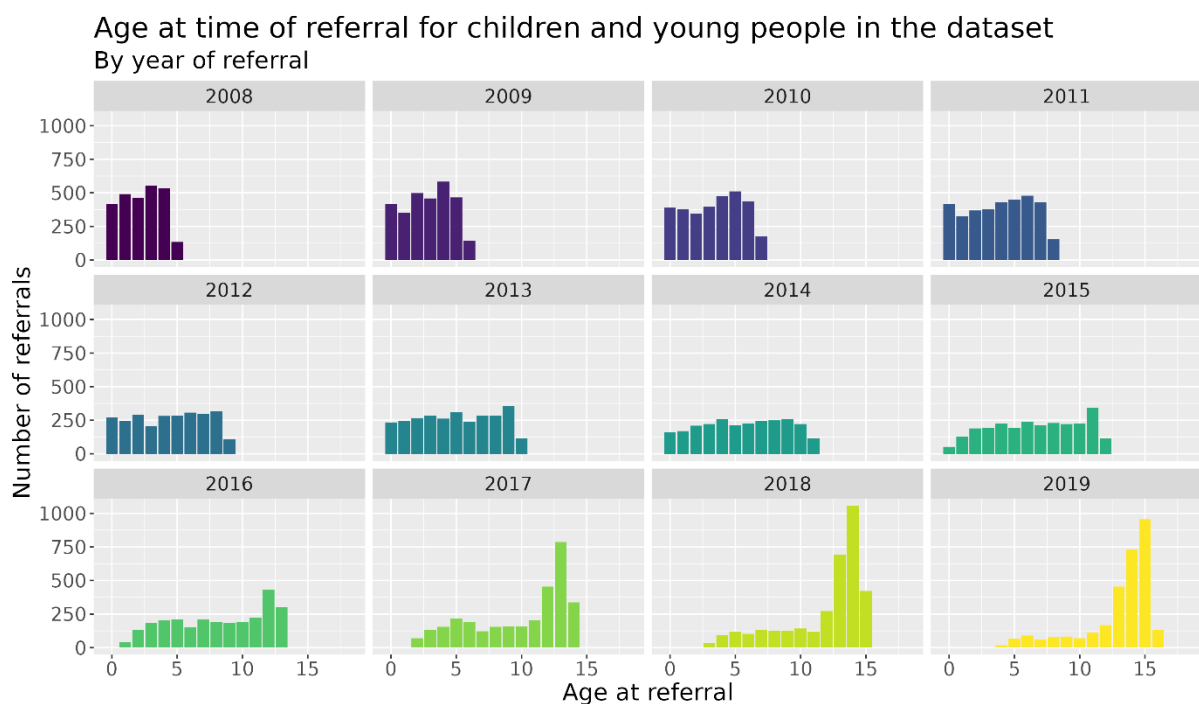


Figure B3. The age at point of referral to the Children’s Reporter by year, for children and young people referred between 2008 and 2019.

Children in the Looked After Children (CLAS), SCRA and Child Protection datasets by year of birth

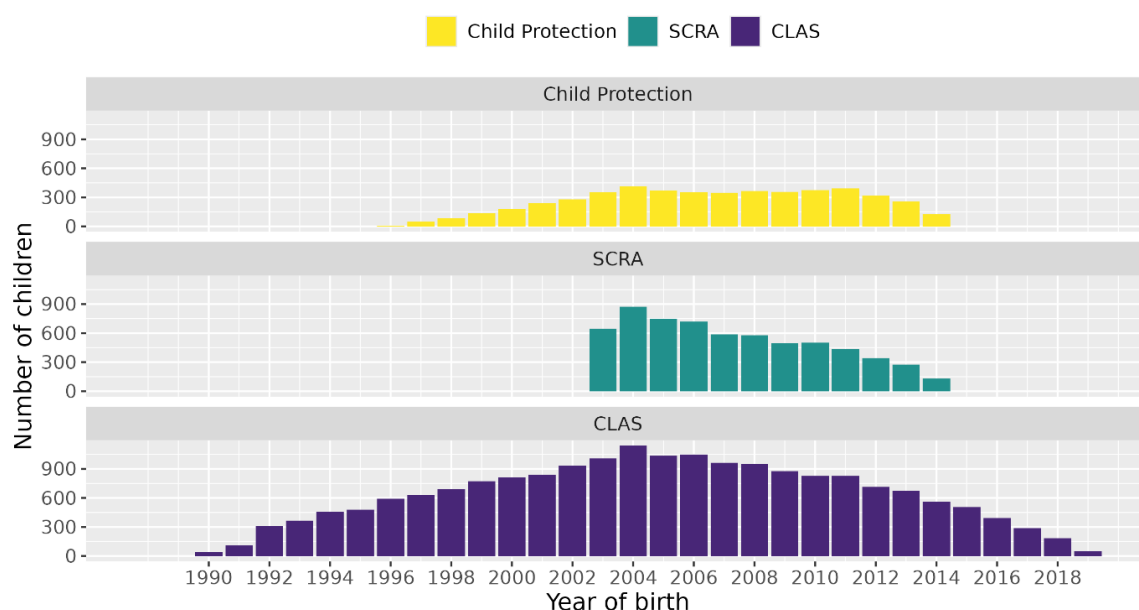


Figure B4. The year of birth for individuals in the longitudinal Looked After Children dataset, and the year of birth for those from the SCRA and Child Protection datasets for whom information was successfully linked.

Linkage to data from the Health Visiting programme⁵²

Due to the aforementioned challenges with the data linkage process for children under the age of five, and the collection period available for the Health Visiting data, Health Visiting records were only available for 4,887 of the children in our dataset - with almost 2,000 of these children only having records available for their vision test. The number of children for whom data was available at each health visit is shown in Table B2 below, along with an indication of what proportion of the data related to the period after the child first entered kinship care.

Health visiting appointment:	Number of children from the study cohort in dataset	No. of children with data relating to the period during or after they were first in kinship care	Percentage of children whose data relates to the period during or after they were first in kinship care
First visit	2,791	64	2%
6-8 week visit	2,719	87	3%
13-15 month visit	NO DATA PROVIDED	NO DATA PROVIDED	NO DATA PROVIDED

⁵² Officially referred to as the Child Health Systems Programme: Pre-School, as seen in Table B1.

27-30 month visit	1,151	365	32%
4-5 year visit	141	108	77%
Hearing test	2,134	20	1%
Vision test	4,372	2,081	48%

Table B2. The number of children with data available in each dataset from the health visiting programme, and the proportion who had data that related to the period after they first became 'looked after' in kinship care.

Due to minimal or no data being available for children who had previous experience of kinship care, the datasets covering the first week visit, 6-8 week visit, 13-15 month visit and hearing test could not be meaningfully analysed.

Data codes – Additional Support Needs

Data on the additional support needs of children at school are recorded within the Pupil Census. The codes utilised to record the category or categories of Additional Support Needs within this dataset are shown in Table B3 below. A child can have multiple additional support needs recorded at any given point.

Need Category	Description
10	Learning disability
11	Dyslexia
12	Other specific learning difficulty (<i>e.g. numeric</i>)
13	Other moderate learning difficulty
20	Visual impairment
21	Hearing impairment
22	Deafblind
23	Physical or motor impairment
24	Language or speech disorder
25	Autistic spectrum disorder
26	Social, emotional and behavioural difficulty
27	Physical health problem
28	Mental health problem
40	Interrupted learning
41	English as an additional language
42	Looked after
43	More able pupil
44	Communication Support Needs
45	Young Carer

46	Bereavement
47	Substance Misuse
48	Family Issues
49	Risk of Exclusion
98	Not disclosed/declared
99	Other

Table B3. The codes representing the different categories of additional support needs recorded within the Pupil Census.