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Key words

Looked after children, permanence, Children's Hearings System, out of home care, early intervention, Scotland, UK

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Changes in out of home care and permanence planning among young children in Scotland, 2003 to 2017

Abstract

UK policy has increasingly promoted early intervention and permanence planning for children who experience, or are at risk of experiencing, abuse or neglect, raising the question of whether these practices have actually increased ‘on the ground.’ There is already evidence of increased early intervention, in the form of out of home care, in England, as well as Australia and Canada, but thus far we do not know whether early out of home care is increasing in Scotland. Furthermore, there is no research investigating whether rates of permanence planning have changed anywhere in the UK. The current study addressed these gaps through a comparison of two samples of children in Scotland: 110 children born in 2003, and 117 born in 2013, all of whom were placed under compulsory measures of supervision prior to three years of age. The 2013 cohort was significantly more likely than the 2003 cohort to be removed from their parents at birth; to reside away from parents throughout the first three years of life; and to reside away from parents at three years of age. Significantly more of the 2013 cohort than the 2003 cohort had a plan for permanence by three years. These findings are consistent with the view that policy changes in the UK are impacting practice (although practice changes may have resulted from other sources as well / instead). The fall in parental care was largely compensated by an increase in the use of foster care, which has resource implications. Children removed from their parents at birth were usually not returned in the first three years of life, not raised by extended family members, and were separated from one or more siblings. This typically reduced instability for young children, but also entailed substantial birth family fragmentation. The impact on children and families of early removal into foster care must therefore be carefully assessed in light of the increasing prevalence of this practice in Scotland and elsewhere.

Key words

Looked after children, permanence, Children’s Hearings System, out of home care, early intervention, Scotland, UK



Introduction

Across the countries of the United Kingdom there have been two important recent shifts in policy regarding the care of looked after children. The first is a push towards earlier intervention into the lives of vulnerable children (Cabinet Office, 2011; Scottish Parliament, 2013). In Scotland, this move has been accompanied and encouraged by the introduction of the Early Years Framework (Scottish Government, 2009), the ‘Getting It Right For Every Child’ approach (Scottish Government, 2008), and statutory guidance (Scottish Government, 2011), all of which advocate an ‘early is best’ approach towards intervention. This drive towards early intervention has also been documented in some other Western countries (O’Donnell et al., 2017).

One form of early intervention is out of home care. Rates of removal of young children from their parents to out of home care have been increasing in England (McGrath-Lone et al., 2016; Ubbesen et al., 2015), Australia and Canada (Marsh et al., 2017; O’Donnell et al., 2016) (while decreasing in Denmark; Ubbesen et al., 2013). It is not yet known whether this trend extends beyond England to other parts of the UK. As will be described shortly, child protection operates quite differently in Scotland compared with England, and is largely based on Scottish legislation. There is a need, then, to establish whether the trend towards increased early intervention documented in England is also taking place in Scotland. While it is difficult to empirically assess whether and how changes in practice result from policy (O’Donnell et al., 2016), evidence of a trend would be consistent with the claim that policy is influencing practice, while the lack of a trend would suggest no influence.

There is also a need to understand the trajectories taken by children who enter out of home care very early in their lives. A recent Australian study found that less than 10% of babies who entered out of home care aged seven days or less had been returned to their parent(s) by the end of the research, and for those who were, the mean age at return was 235 days (Marsh et al., 2017). These figures indicate that removal from parents at birth typically led to a long term separation from parents. The current study asks what proportion of babies in Scotland who enter out of home care experience the same fate. A related issue is sibling separation. Previous research has demonstrated that many looked after children value their relationships with siblings highly (Sinclair et al., 2005), although separation may be preferred in chronically abusive sibling relationships (Whelan, 2003). Yet within Scotland, most children in out of home care are separated from one or more biological siblings, with that separation often taking place at entry into care (Kosonen, 1996; Jones &



Henderson, 2017). The current study therefore also examines the extent to which children who are taken into care are separated from some or all of their siblings.

The second notable policy shift in the UK is towards achieving permanence more quickly for looked after children (Anthony et al., 2016; Department for Education, 2012, 2015; McSherry et al., 2010; Scottish Government, 2015a; Wilkinson and Bowyer, 2017), for instance, by increasing adoption rates from historically very low levels (McSherry et al., 2010). In Scotland, the call for speedier permanence was prompted partly by evidence of lengthy timescales in achieving permanence for looked after children, with the early stages of care and permanence planning causing the most delay (Henderson, Hanson & Whitehead, 2011; Henderson & Hanson, 2015). This push for rapid permanence must be understood in the context of evidence that children in out of home care frequently experience high levels of placement instability (DfES, 2006; Ward & Skuse, 2001; Webster et al., 2000), which is detrimental to their wellbeing (Rubin et al., 2007; Ryan & Testa, 2005). Moreover, age at joining a permanent placement has a major impact on the long term stability of that placement, with older children more likely to experience further disruption (Biehal et al., 2009; Boddy, 2013).

Consequently, all four countries in the UK (England, Wales, Scotland, Northern Ireland) now have policies dictating that where children and young people are deemed unable to remain safely with their parents, decisions around securing stable long-term placements should be made at the earliest opportunity (Anthony et al., 2016; Department for Education, 2015; McSherry et al., 2010; Scottish Government, 2015a). In England and Wales, permanence plans should be in place for all children who have resided in local authority care for over four months (Anthony et al., 2016), and in Scotland the equivalent timescale is six months from when children are first looked after away from home (Scottish Government, 2011). Meanwhile in 2011, the Scottish Government introduced the Permanence and Care Excellence (PACE) programme to address delays in permanence planning (Mitchell & Porter, 2016). To our knowledge, there is no published research assessing whether this policy shift has led to earlier permanence planning in practice in the UK. The current study offers an initial insight into this issue by examining whether early permanence planning is increasing in Scotland.

The child protection system in Scotland is in some ways quite different from that of England, Wales and Northern Ireland. Unlike the rest of the UK, in Scotland the main statutory route to protect children at risk is the Children's Hearings System (Norrie, 2013). Decisions in cases



where children's wellbeing, safety or behaviour are a concern are made by volunteer Children's Panel Members at Children's Hearings. These Hearings have the power to make Compulsory Supervision Orders (CSOs) which may determine where the child is to reside, the level of contact with parents or others, and/or if the child's whereabouts should not be disclosed to their parent(s) (Children's Hearings (Scotland) Act 2011 or the 2011 Act). All children on CSOs are considered 'looked after children', but note that a substantial proportion of them remain at home with their parent(s); in other words, 'looked after' is not synonymous with out of home care in Scotland (Welch et al., 2014; Scottish Government, 2015b). In 2016-17, there were 9,996 children with CSOs, which represents 1.1% of children in Scotland (Scottish Children's Reporter Administration, 2017).

In situations where there is an immediate need to remove or to prevent a child being in their parents' care, a court can make a Child Protection Order (CPO) (2011 Act). In 2016-17 there were 687 children who had CPOs and 26% of them were under 20 days old when the Order was made (Scottish Children's Reporter Administration, 2017). A Children's Hearing must review a CPO on the second working day after it was made, and usually decides to continue it (Henderson & Hanson, 2015).

CSOs and CPOs are not long-term measures; CSOs must be reviewed at least annually by a Children's Hearing and CPOs are emergency measures. However, there are a number of routes to achieve legal permanence for looked after children who are deemed unable to return to their parents' care. These are made by the courts and are: Permanence Orders to secure a child's placement with foster carers or in residential care; Adoption Orders (Adoption and Children (Scotland) Act 2007); and since April 2016, Kinship Care Orders (Children and Young People (Scotland) Act 2014). Relatively few looked after children in Scotland secure legal permanence, although their numbers are increasing. Adoptions of looked after children have more than doubled in ten years, from 119 children in 2006 to 341 children in 2016; and since their introduction, the use of Permanence Orders has increased from 1,203 children in 2012 to 1,971 children in 2016 (Scottish Government, 2017).

This study compares the early life trajectories of a sample of children born in Scotland in 2003 with a sample of those born in 2013, all of whom were placed on CSOs before they were three years old. Our first three hypotheses concerned early intervention. On the basis of recent policy changes in Scotland in favour of early intervention (Scottish Government, 2008, 2009, 2011;



Scottish Parliament, 2013), and evidence of shifts in practice towards early intervention in England and some other Western countries (Marsh et al., 2017; McGrath-Lone et al., 2016; O'Donnell et al., 2016; Ubbesen et al., 2015), we hypothesized that significantly more of the 2013 than the 2003 cohort children would be placed in out of home care at birth (H1). In addition, we anticipated that significantly fewer of the 2013 than the 2003 cohort would be residing with their parent(s) at three years (H2), or indeed at any point up to three years (H3). Our fourth and final hypothesis was formulated on the basis of recent policy changes in Scotland and the rest of the UK in favour of prompter permanence planning (Anthony et al., 2016; Department for Education, 2015; McSherry et al., 2010; Scottish Government, 2015a, 2015b). Thus we predicted that rates of permanence planning by three years of age would be significantly greater for children born in 2013 than for children born in 2003 (H4).

As well as testing these hypotheses about early intervention and permanence planning, we explored the trajectories taken by those children who were placed in out of home care at birth. In particular, we were interested in whether they were returned to their parent(s) during the first three years of life, whether they experienced separation from siblings, and whether they had a plan for permanence by age three years.

Methods

This research was part of a larger project on changes in complexity in the lives of looked after children and their families (Woods et al., 2018). This project examined changes in different aspects of complexity in child protection, including the lives of looked after children and their parents, the extent of family fragmentation (separation from parents and siblings), interagency working, and legislation and practice.

Sample

A total of 240 children from different families, who were placed on a CSO on or prior to their third birthdays, were selected randomly from six local authority areas geographically distributed across Scotland, representing both urban and rural areas. We sought to draw ten boys and ten girls from each area who were born between April 2003 and January 2004 (inclusive) and another ten boys and ten girls from each of these areas born between April 2013 and January 2014 (inclusive); henceforth referred to as the 2003 and 2013 cohorts. In some cases, there were fewer



than ten girls and/or boys for specific areas and time points, in which case additional gender-matched cases were randomly selected from other areas included in the study. There were a number of missing cases in the 2003 cohort, and one further case was removed because it was a sibling of another child in the sample. Three cases in the 2013 cohort had to be removed because incomplete data were available. Therefore the final sample comprised 110 children in the 2003 cohort (55 girls, 55 boys), and 117 in the 2013 cohort (58 girls, 59 boys).

Overall, 116 children were recorded as being white/Scottish/British/English and 11 as having other ethnicities or mixed ethnicity. The ethnicities of the 100 remaining children were not noted in social work records. Given the large amount of missing data, analyses relating to ethnicity were regrettably not possible.

Children's families faced multiple adversities with each of the following problems being present in over a half of the children's parents' lives: victim of abuse; perpetrator of abuse; drug misuse; committed an offence; mental illness; inappropriate relationships; experienced a difficult childhood; unemployed; and/or volatile relationship(s).¹ Many of the children's birth parents lived in very deprived areas (Woods et al., 2018).

Data were collected from case files held by the Scottish Children's Reporter Administration (SCRA) in either paper files (for the 2003 cohort) or in its Case Management System (CMS) (for the 2013 cohort). These case files include statutory documentation from Children's Hearings and courts, and reports from social work, police and other agencies. Evidence of permanence planning was obtained from a variety of sources within the case files, including Child Plans, Children's Hearings Reports of Proceedings, and Children's Hearings advice to courts on Permanence or Adoption Order applications. For the purposes of this analysis permanence was defined as residence with foster carers, kinship carers or adopters secured by a Permanence, Residence, Kinship Care or Adoption Order.

The following data were collected for both the 2003 and 2013 cohorts:

1. Child's first place of residence following birth (excluding hospital).
2. Child's place of residence at three years old.

¹ Each of these problems was present in more than half of the families in the sample. However, the families affected were not necessarily the same from one problem to the next. Only 5% of birth parents in the sample experienced all of the problems listed here.



3. Whether the child lived with their parent(s) for at least one continuous month during their first three years of life (including children on CSOs who resided with their parent(s)).
4. Whether permanence plans were in place by three years old (i.e. evidence of planning for a legal order to secure permanence with adoptive parents, foster carers or kinship carers).
5. Whether child resided separately from one or more sibling (biological full sibling, biological half sibling, or legal step sibling) for at least one continuous month during the first three years of life.

Confidentiality

Unique linkage identifiers for cases in the sample were used for the purpose of data collection, and these were destroyed when this was complete. No identifiers (names, dates of birth, post codes, etc.) were collected and used in any data analysis or reporting. Data were extracted by trained SCRA staff and entered into Microsoft Excel for checking, cleaning and initial analysis. Individual cases were linked by the children's SCRA CMS IDs; no names or other identifiers were recorded, and CMS IDs were not stored in or with the main datasheet. The data were held on encrypted systems to which only the researchers had access.

Results

All hypotheses concerned nominal data and so were assessed with chi square tests of association. One-tailed p values are reported throughout (since the direction of difference was included in the hypotheses). See Table 1 for rates of removal at birth, residing with parent(s) at some point, residing with parent(s) at three years, and permanence planning by three years, for each cohort. Figure 1 provides a visual comparison of children's carers at birth and three years for each cohort.

All hypotheses were supported. Firstly, **significantly more 2013-born than 2003-born children were placed in out of home care at birth** (H1), $\chi^2(1)=19.685, p<.001$. Only 9% of the 2003 cohort was placed into out of home care at birth, compared to 33% of the 2013 cohort. Secondly, **significantly fewer children born in 2013 resided with their parents at three years of age than did the children born in 2003** (H2), $\chi^2(1)=3.519, p=.031$. Table 1 indicates that 40% of the 2003 cohort living with their parents at this point, compared with 28% of the 2013 cohort. Table



1 and Figure 1 indicate that this occurred through a shift towards increased use of foster and/or adoptive care, which rose from 33% for the earlier cohort to 48% for the later cohort.

Thirdly, **the proportion of children who lived with their parent(s) for at least one month continuously during the first three years of life was significantly lower for the 2013 than the 2003 cohort** (H3), $\chi^2(1)=14.172, p<.001$. Almost all (94%) of the 2003-born children lived with their parent(s) at some point, compared with 77% of the 2013-born children. Note however that although most children in both cohorts did reside with their parents at some point in the first three years of life, only a minority did so by the time they were three years of age.

Finally, **permanence planning was underway prior to three years of age for significantly more of the 2013-born than the 2003-born children** (H4), $\chi^2(1)= 9.660, p=.001$, with 41% of the 2003 cohort, and 62% of the 2013 cohort having permanence plans by three years of age. To check whether this effect arose simply because fewer of the 2013 cohort resided with their parents by three years, the test was repeated including only those 150 children who did not reside with parents at three years. The hypothesis was still supported, $\chi^2(1)= 5.629, p=.009$. Among those children in out of home care at three years, 67% of the earlier cohort had permanence plans in place, compared to 83% of the later cohort.

As well as hypothesis testing, this study also sought to throw light on the trajectories taken by children of both cohorts who entered out of home care at birth. Table 2 outlines the proportion of those children placed into out of home care at birth who went on to experience separation from siblings, being returned to their parents, and permanence planning, in the first three years of life. It is notable that only a minority of these children (33%) were returned to their parents at all during their first three years, and even fewer (12%) lived with a parent at age three, by which time most (84%) had plans for permanence not with their birth parents. Forty-two of these 49 children were separated from at least one sibling. Discounting the five children who were singletons at the time of the research, almost all (42 of 44, or 95%) of the children entering out of home care at birth were separated from siblings. However, note that this separation was not necessarily always the result of admission into care.

Residence and permanence planning key events		Number and (%) of children	
		Born in 2003 (N=110)	Born in 2013 (N=117)
First place of residence	Birth parent(s)*	100 (90.9)	78 (66.7)



	Foster carer(s), prospective adopter(s) or adoptive parent(s)	9 (8.2)	36 (30.8)
	Kinship care	1 (0.9)	3 (2.6)
Residence at 3 years	Birth parent(s)*	44 (40.0)	33 (28.2)
	Foster carer(s), prospective adopter(s) or adoptive parent(s)	36 (32.7)	56 (47.9)
	Kinship care	30 (27.3)	28 (23.9)
Residence with birth parents at some point during first 3 years		104 (94.5)	90 (76.9)
Permanence planning by 3 years		45 (40.9)	72 (61.5)

*Includes children on CSOs and resident with their parent(s)

Table 1. First place of residence, residence at three years, residence with birth parent(s) and permanence planning rates among children born in 2003 and 2013 who had CSOs by 3 years.

	Number and (%) of children (N=49)
Separation from one or more sibling	42 (86%)
Residence with birth parent(s) at some point	16 (33%)
Residence with birth parent(s) at age 3	6 (12%)
Permanence planning	41 (84%)

Table 2. Proportion of children placed into out of home care at birth who went on to experience separation from siblings, returning to birth parents, and permanence planning, in the first three years of life.

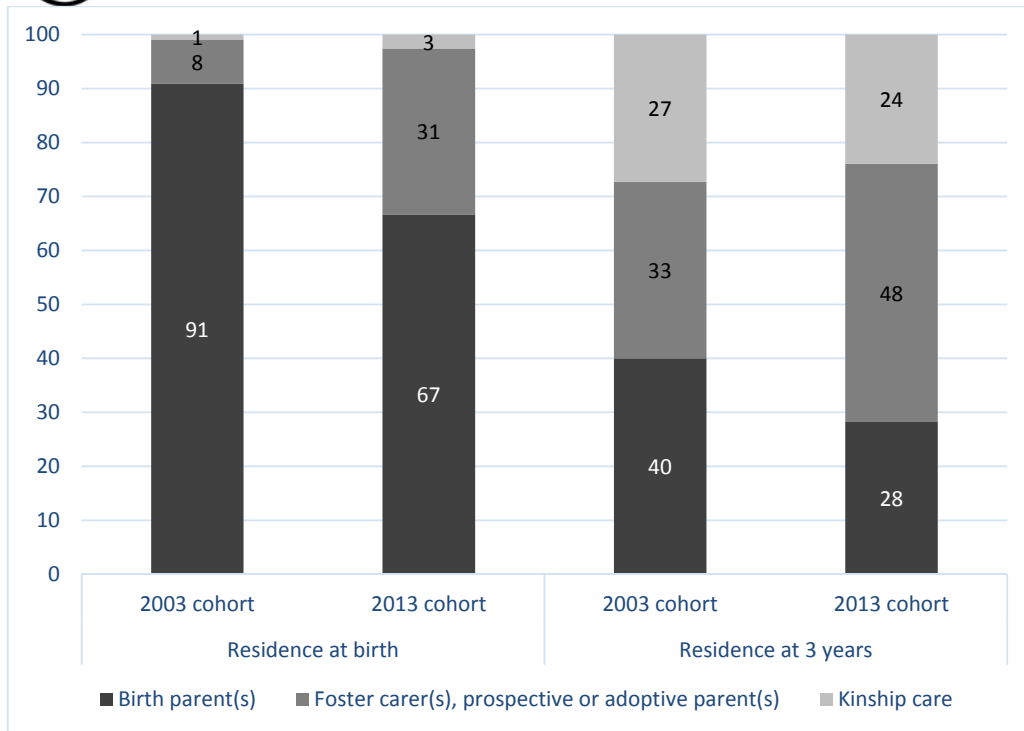


Figure 1. Percentage of children born in 2003 and 2013 who had CSOs by 3 years experiencing each residence type at birth and three years.

Discussion

In recent years, the UK has seen an increased policy focus on early intervention and early permanence for children deemed unable to remain in the care of their parents (Anthony et al., 2016; Cabinet Office, 2011; Department for Education, 2012, 2015; McSherry et al., 2010; Scottish Government, 2015a, 2015b; Scottish Parliament, 2013; Wilkinson and Bowyer, 2017). This study has shown that this policy shift has been accompanied by a substantial change in practice, with significant increases from the period 2003--2007 to the period 2013--2017 in out of home care for the under threes and in permanence planning by age three. One plausible explanation of these findings is that policies for early intervention and permanence planning for looked after children are making a difference to practice and consequently to the lives of children and their families. However, this study was unable to directly test for a causal relationship between policy and practice



and so it is possible that these changes over time in practice originate from other sources instead of, or as well as, policy changes.

Taking early intervention first, our findings show that since 2003, there has been a significant increase in the proportion of young children on CSOs in Scotland who enter out of home care at birth. Over the same period, the proportion of young children on CSOs who resided with their parent(s) at any point and at three years of age has decreased significantly. Similar trends of early removal from parents and increased use of out of home placements have been observed in some other countries (Gilbert, 2012), including England (McGrath-Lone et al., 2016; Ubbesen et al., 2015), Australia and Canada (Marsh et al., 2017; O'Donnell et al., 2016). We found that at both time periods, most children who were removed from parental care had not been returned by the age of three years, and that the proportion who remained away from parents increased between cohorts. In other words, as was also noted in Australia, these early removals are not usually brief interventions to enable rapid resolution of family problems; they are generally long term (Marsh et al., 2017; O'Donnell et al., 2017).

This study also found that the proportion of under threes on CSOs who have permanence plans in place has increased significantly from 2003 to 2017. To our knowledge, this is the first study to find such changes in permanence planning in the UK, and suggests that Scotland's efforts in this regard are yielding results (although again bearing in mind that this study cannot demonstrate causality). It is an encouraging result in light of evidence that placement instability is harmful to children (Rubin et al., 2007; Ryan & Testa, 2005), and that the younger the child, the more chance of a permanent placement being successful (Boddy, 2013; Biehal et al., 2009). Only a minority of children were in adoptive placements by age three at both time points, but this may not be a cause for concern as the majority were in what were intended to be permanent placements and there is evidence that it is placement stability and longevity, rather than placement type, that predicts positive long-term outcomes for children (McSherry et al., 2016).

Overall, the findings suggest a system which is increasingly reluctant to leave young children with child protection concerns with their birth families. Children are increasingly likely to be removed at birth, and most of these were not returned to their parents at all in their first three years (although note that even in the most recent cohort, still only a minority of children with CSOs by age three were removed at birth). Indeed, reunification was unlikely beyond three years as most had permanence plans in place. This increased use of out of home care suggests that child



protection systems in the UK and elsewhere have become more risk averse over the time period studied. This change is unsurprising in the sense that UK society, and indeed many Western countries, have shown a growing preoccupation with protecting children from harm and risk of harm over the last two or three decades (Woods, 2013; Gill, 2007). This change has likely been fueled by high profile media attention to cases of serious child abuse (Gupta & Blumhardt, 2016). Within child protection, increased risk aversion has manifested in several ways including decreased tolerance of child maltreatment, a greater onus on professionals to detect and act on child maltreatment, and an expansion of definitions of maltreatment (for instance, to include witnessing domestic violence) (Gilbert et al., 2012).

In the UK context, this elevated unwillingness to take risks occurs alongside a high pressure situation in which child protection professionals have large caseloads and local authorities have limited funding for resources (Gupta & Blumhardt, 2016). The combination of risk aversion and limited resources may force professionals to act primarily in a policing capacity, focused on harm prevention and child rescue (Gupta & Blumhardt, 2016). This raises the question of whether children are removed as a last resort, or because the resources that would enable them to stay are lacking (Gilbert et al., 2012; O'Donnell et al., 2017). Addressing this question must however take into account Scotland's particular problems with substance misuse. Scotland's drug death rate is higher than those reported in all other EU countries and is considerably higher than other UK countries (National Records of Scotland, 2017). Substance misuse represents substantial resource challenges and may mitigate against keeping children with their parents in some cases.

This study adds to a growing body of evidence finding that looked after children are frequently separated from their biological siblings (Kosonen, 1996; Jones & Henderson, 2017). In our sample overall, 55% of the 2003 cohort and 69% of the 2013 cohort were separated from at least one sibling had at least one sibling residing elsewhere, and this was true of almost all of the children who entered out of home care at birth and who had siblings--although not all of these separations were a result of state intervention (Woods et al., 2018). These findings are noteworthy because previous research has demonstrated that many looked after children value their relationships with siblings highly (Sinclair et al. 2005). In the case of children removed as newborns, it may be that they never get an opportunity to develop a relationship with their biological siblings. This presumably means that separation is not traumatic (at least not for the



baby), but still entails family fragmentation and deprives the child of important relationships and a sense of identity within their birth family.

It is noteworthy that the fall over time in the numbers of children in their birth parents' care has been supplemented mainly by an increase in the use of foster care, rather than kinship care. This implies that it has become more common to remove children not only from their parents but also their extended family. This reflects the findings of Broadhurst and colleagues (2016) of a population of mothers in England who experience multiple removals of their children into care, with a sizeable percentage of their infants being 'born into care'. The increased use of out of home care for newborns has important repercussions for the child and their family. The removal of a baby is often highly traumatic for the mother (Marsh et al., 2017) and is likely to be so for other birth family members too. The increasing practice of placing children outwith their birth families leads to family fragmentation. As with separation from siblings, children's removal from their extended family may mean a loss of identity and connection with family members. The increasing reliance on foster care also has capacity and resource implications for government and services (Gilbert et al., 2012; McGrath et al., 2016). Moreover, removal of babies is usually involuntary, which entails substantial legal costs (McGrath et al., 2016).

The current study was unfortunately not able to analyse the data with respect to ethnicity, because of the large volume of missing data. This is problematic given that other countries with more complete records (including England) have found substantial disparities in the experiences of different ethnic groups with respect to child protection in general (Barn, 2006; Gilligan & Akhtar, 2006), and out of home care in particular (Marsh et al., 2017; McGrath-Lone et al., 2016). There is a huge need, then, for Scotland to improve its practices around recording ethnicity. This will enable research to assess whether inequities exist in the treatment of different ethnic groups. This is particularly important given that Scotland's diversity has increased substantially in recent years, with around 9% of children in Scotland now identified with ethnicities other than 'White Scottish' or 'White Other British' (Henderson, Woods & Kurlus, 2017).

The findings of the current study suggest several avenues for future research. Firstly, while early intervention and permanence offers vulnerable children greater stability, it does also often entail family fragmentation and separation of siblings. There is a need for more research investigating how children are impacted by early and long term separation from their birth families, and whether and how any adverse effects may be avoided or mitigated (see also discussion in



O'Donnell et al., 2016). Secondly, while our findings are consistent with the view that policy changes have led to changes in practice, we cannot demonstrate causality; indeed, this is difficult to establish in this field. However, detailed qualitative data on how practitioners make decisions regarding early out of home care and permanence planning should shed light on the factors which inform their decisions. Such research would offer insights into whether and how policy is informing decision making in practice. Research on decision making would also be valuable in better understanding the process by which children are removed from their birth families in Scotland. In particular, we need better understanding of how practitioners assemble evidence to make a case for both initial removal and for involuntary adoption. This is particularly important given that the dual trends of early removal and early permanence mean that early separation of the child from their birth family frequently becomes long term.

Conclusion

In conclusion, the study has found that out of home care for young children is increasing in Scotland, as it is in England, Australia and Canada (Marsh et al., 2017; McGrath-Lone et al., 2016; O'Donnell et al., 2016; Ubbesen et al., 2015). The study also documents increasing rates of early permanence in Scotland—the first evidence of such a trend in the UK. These trends may result from UK-wide policy shifts towards early intervention and permanence, which may themselves relate to wider societal concerns about protecting children from harm. While these trends will ensure a less disruptive path to permanence for many vulnerable children in Scotland, the dual emphasis on early removal and permanence planning can combine to cause enduring separation of young children not only from birth parents, but also from other birth family members, including siblings. In other words, the trends we have documented may involve substantial costs to the child, as well as important gains. Further research is therefore essential to extend our understanding of the process by which these far-reaching decisions are made, and their overall implications for children's lives.

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