



Department  
for Education

# **Family Routes: methodological paper**

**Research report**

**September 2024**

**Ecorys UK, the Rees Centre University  
of Oxford, Ipsos**



**Government  
Social Research**

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## Executive summary

In September 2021, the Department for Education (DfE) commissioned Ecorys UK, in partnership with Professor Julie Selwyn at the Rees Centre, University of Oxford, and Ipsos to deliver the Family Routes study; a longitudinal study intended to track the needs, experiences and outcomes of children leaving care on an Adoption Order (AO) or Special Guardianship Order (SGO), in England. The overall aim is to improve the sectors' understanding of the long-term outcomes of different routes to permanence. The ambition is to establish a large and diverse sample of young people and their parents/special guardians across England and follow their lives through adolescence and into early adulthood. Whilst a study of this kind is needed, it is technically difficult to do. One of the reasons is not being able to easily identify and contact eligible families, therefore, our method needed to be tested. This report documents the development of the Family Routes Study and provides some early findings from the pilot interviews.

## Feasibility study

A feasibility study was carried out between November 2021 and April 2022 and found there was **widespread support for the study from the sector and eligible families**. Notably, it highlighted the importance of ensuring that the research adds to the evidence base through **strong engagement with families**, valuing families' voices in transparent reporting, and supporting stakeholders to put research into practice. Overall, a mixed-model approach to interview and survey data collection was favoured.

However, the feasibility study confirmed **key challenges** namely: **data access and quality issues** with available data making it difficult to ensure a broad sample of families taking part in the research. Agencies confirmed that they did not always hold up-to-date contact details for adoptive and special guardianship families unless they were receiving a service and outlined difficulties of getting in touch with **families** who were not in contact with formal services. It was confirmed that sufficient **resources will be needed to promote the study and recruit a sample** via (social) media, alongside extensive face-to-face work with relevant national and local agencies, charities, and support groups. In addition, the feasibility stage recommended that young people and adoptive parent/special guardian lived experience groups should be established to advise the research team. We extend grateful thanks to PAC UK and Kinship for their support in setting up these groups.

## Pilot study

Planning for the pilot started in May 2022, and the research activities were delivered from July 2022 to August 2023. Given the complexity and sensitivity of the study, the initial approach was piloted in one region of England comprising five neighbouring local authorities (LAs) It involved: finding out if research governance approval from the five LAs would be required; testing wide-ranging promotion and recruitment activity; testing whether

a survey with an open link to help ensure ease of participation would work; designing research materials with lived experience groups; testing the opt-in processes and all materials; and testing the feasibility of linking different de-identified data sets to examine long-term outcomes (into early adulthood) for children who left care on a permanence order.

The pilot tested the following methodology:

- (i) an online survey using an open link.
- (ii) qualitative interviews with a sample of 10 families; and
- (iii) scoping the potential of linking national administrative datasets to provide information on longer-term outcomes.

## Challenges and mitigations

The **pilot ran in two phases**, due to an issue with survey responses from survey bots. The study was paused following the detection of non-genuine responses and then relaunched with a screening call to confirm eligibility at the registration stage. Additionally, it proved difficult to engage special guardians. Attending a support group meeting in person led to more study sign-ups, emphasising the importance of being able to chat face-to-face with special guardians to support recruitment. Also, special guardians and adoptive parents often had concerns about their young people taking part limiting young people's engagement in the pilot study. The screening calls provided an extra opportunity to discuss any concerns adoptive parents and special guardians had first, which helped to build trust. As social media was one of the most successful recruitment methods, many parents had seen the call, so recruitment was expanded to include all LAs across England during the pilot study.

A key challenge for the administrative data analysis was that the different datasets are linked by the Department for Education using mainly the child's unique pupil number (UPN)<sup>1</sup>. However, a **UPN is allocated only when a child starts school**, and many children leave care (especially those adopted) before they start school. Therefore, in the pilot to understand whether sufficient numbers of children could be linked across the datasets, social care data were requested on a) children who left care on an Adoption Order, Special Guardianship Order or Child Arrangement Order between 2004 and 2021 b) National Pupil education data on children who left on these orders and who had been matched in the education and social care datasets by the Department for Education using the UPN.

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<sup>1</sup> <https://explore-education-statistics.service.gov.uk/methodology/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england-methodology#content-section-2-content-1>

## Research topics and methods

Together with the Research Advisory Group<sup>2</sup> and the lived experience groups, survey and interview topics were decided on for the pilot research which included: family life; support services for parents/ carers and young people, education (secondary, FE, HE), training/work, health and wellbeing, financial coping, hopes and concerns for the future. Based on previous research findings, the literature on resilience and the views of stakeholders involved in the feasibility stage, a theoretical model was developed that the research will test (Figure 2 in the main report),

**Survey versions:** six complementary, but tailored surveys for adoptive parents, special guardians, and young people (aged 12-17 and 18-25 years) were developed and tested. Everyone who completed a survey received a £10 shopping voucher.

**Table 1: Pilot questionnaire versions**

<b>Adoptive family surveys</b>	<b>Special Guardianship family surveys</b>
1. Adoptive parents	4. Special guardian carers
2. Young people, aged 12-17	5. Young people, aged 12-17
3. Young people, aged 18-25	6. Young people, aged 18-25

For the qualitative interviews, three **topic guides** were developed and tailored by the researchers in the interviews to the specific context of the participant. Two activity booklets (one for 12-17 years old, one for those aged 18-25 years old) were designed to support and guide the young person interviews.

The pilot study achieved 233 survey responses, and 10 qualitative interviews. Too few surveys were completed by special guardians and young people for analysis to be undertaken and included in this report. 128 adoptive parents completed the survey, of which just 21 adoptive parents were from the pilot area (based on the administrative data 1,410 children had been adopted in the area). Despite the RAA, LAs and support organisations helping with study communications, the survey did not engage most adoptive families in the pilot area. To have an acceptable margin of error of 5%, the sample size in the pilot area needed to be 303.

## Pilot interview findings

The pilot study interviews with 10 families were sampled from those who opted into an interview when they completed the online survey (six adoptive families and four special guardianship families). A diverse mix of families was purposively sampled. One parent or

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<sup>2</sup> The Research Advisory Group includes experts in adoptive and special guardianship family research and policy. It meets regularly to support the research process and group members provide feedback on the data collection tools, analysis plans and reporting outputs.

special guardian was interviewed from each family and two young people who were living with special guardians took part. Two more young people who did not want to be interviewed shared their views by completing the activity booklets.

All families interviewed said times were tough for at least one of their children. The interviews asked about family life to get a sense of what was going well and less well for families and how parents and special guardians were feeling about their roles. Few families interviewed were experiencing a settled family life at the time. Those families who were, described positive and supportive relationships. More commonly, adults interviewed, used words like “chaotic” and “unpredictable” when asked about their family life, and how it had changed over time.

### **Families’ support needs**

When families were asked about what support was needed when their children were aged 12-25, they identified a **range of needs**, including **behavioural, emotional, relational, learning/educational and health needs**, which interviewees linked to early adversity and trauma. They reported that some needs were apparent in early childhood which they felt were linked to pre- and post-birth risk factors, whilst for others needs worsened and became more problematic during the teenage years.

**School was often a challenge.** Both parents, special guardians, and young people said that because of young people’s experience of developmental trauma, they **often found aspects of mainstream education difficult from primary school onwards**. Young people described learning and social challenges due to different learning styles, sensory sensitivities, falling behind after time out of school, finding it hard to get on with their classmates and/or teachers, and bullying. Diagnosed and undiagnosed Special Educational Needs and Disabilities (SEND); socialising; behaviour and social, emotional, and mental health needs were common.

When explaining what they as adoptive parents and special guardians needed support with, almost everyone shared their experiences of **social isolation after taking on the caring responsibilities**. The parents and special guardians interviewed **recognised that they needed help** whether that was help with parenting, talking to people in similar situations or family therapy to help them work through any challenges they faced together. During the interviews, the extra costs of being an adoptive parent or special guardian were discussed which were said to be more than the usual costs of raising children.

### **Helpful support**

When asked, parents and special guardians said that **having a professional whom they felt able to talk to** was one of the most useful types of support because they listened, did not judge, and understood the needs of care experienced young people, which was so important to them.

**Special educational needs coordinators (SENCOs) and pastoral staff** were often (but not always) described as being understanding, supportive of the child/young person, and well-versed in trauma-informed approaches. However, in their experience parents and special guardians felt that this did not always apply to teaching staff or school leadership. A common theme amongst all interviewees was that **individualised support plans** worked well because they could help young people manage their experiences and feelings, e.g. time out passes, changes to start and end times, access to a laptop to make note taking quicker and help with learning.

The **Adoption Support Fund (ASF – now Adoption and Special Guardianship Support Fund (ASGSF))** was a key source of funding for therapy and had improved the capacity of several interviewees to parent/care for their young people. However, the special guardians interviewed were often unaware of it.<sup>3</sup> A common theme across the interviews was the lack of tailored training and support available for special guardians. Where the ASGSF was provided, families valued having access to funded therapy and identified a need for more therapy for whole families.

Interviewees reported mixed experiences of guidance from **post-adoption support workers** or delivered in their **agency parent and carer support groups**. Certain parents and special guardians recalled having had useful **practical and issue-specific training/guidance designed for adoptive parents and carers of care-experienced children**, e.g., understanding childhood trauma, SafeBase<sup>4</sup>, Non-Violent Resistance<sup>5</sup>, which they felt helped to equip them with knowledge and strategies, both pre-emptively and following a crisis.

The value of **specialist peer support groups** was discussed across the interviews, for informal emotional and practical support. The people interviewed said that peer support groups helped to normalise issues their families faced, raise awareness of available services and support, and give them information about how to access these but they were keen to stress that peer support was not a replacement for effective personalised therapeutic support.

### **Unmet needs and ongoing challenges for families**

A main theme across the interviews was the **considerable time and energy many parents and special guardians have had to spend advocating** for their child/young person to get access to support services they much needed. They described how this could

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<sup>3</sup> Since the interviews DfE have announced the change of name from the Adoption Support Fund to the Adoption and Special Guardianship Support Fund (ASGSF). For more information: <https://www.gov.uk/guidance/adoption-support-fund-asf>

<sup>4</sup> SafeBase is a therapeutic parenting programme for adoptive parents. It explores the impact of loss and trauma on a child's attachment and uses Theraplay principles and activities to provide a framework for parents to engage with their child in a fun way. It also helps parents to become more sensitively attuned when responding to their child.

<sup>5</sup> Non-violent resistance aims to strengthen family relationships, by providing strategies to reduce child to parent violence, aggressive behaviour and 'power struggles', while increasing parental confidence.

be highly exhausting for the parents, carers, and wider family, at times escalating everyone's needs.

A **lack of awareness and understanding across services** about how best to engage and support care-experienced, traumatised children, young people and families was reported. A common theme among the families interviewed was that this delayed the early identification and recognition of needs and led to missed opportunities to support children and young people, further compounded by the **siloed working** across services they frequently encountered.

It was common for families' stories about schools and services to focus on **professionals not recognising or misunderstanding young people's behaviours**, taking a long time to formally assess needs (if at all), long waitlists, high and rising thresholds for support, and insufficient public or personal funds to pay for help. Because of these ongoing challenges, both the parents, carers and two young people interviewed told us that they were experiencing ongoing mental and emotional distress. **Lengthy Education and Health Care Plan (EHCP)** processes and the ineffective implementation of plans were said by many families to result in children/young people's needs not being met. Interviewees **advocated for all care-experienced children to have an EHCP assessment** as a matter of course because of the level of trauma and educational disruptions they had likely experienced.

Across adoptive and special guardianship families, gaps were reported **in support around transitions** from childhood to teenage, and teenage to early adulthood, through education (and health). **Special guardians highlighted a gap in support groups for their teens** and suggested a need to consult teens about what informal peer support they would like. The pilot interviews indicated that many children found (or would find) it **hard to sustain education post-16**, particularly if they found school challenging.

## The future

Having made financial and professional sacrifices to care for children and young people, adoptive parents' and special guardians' **expectations for the future were uncertain**, or misaligned with their plans, before taking on their caring responsibilities. They frequently worried about their ability to cope financially, whether and when they would be able to retire, and how their family would fare over time, in anticipation that children/young people may require life-long care/support.

Interviewees hoped that their children / young people would **live independently as adults and have positive activities and possibly even families of their own**, but they believed unresolved trauma and a lack of supported living options would hold them back. However, despite the varied and complex challenges which the families who were interviewed described facing, interviewees were also hopeful for the future.



## Mainstage Study

Informed by learning from the pilot (see Chapter 2) and the advice of the Research Advisory Group and other research and policy stakeholders, the following design offering two ways for eligible families to take part has been agreed for the national mainstage study:

- **A family interview**, with parents, special guardians, and young people. This will last up to 2 hours with parents/carers, and around one hour with young people. Families can choose to be interviewed in person, via a video call or on the phone.
- **An online survey only** which will take around 30 minutes for parents/special guardians and up to 20 minutes for young people.

The mainstage research will lead with recruitment (with screening calls) to **longitudinal qualitative interviews**, with a short survey to capture key questions embedded within. The project will offer an option for participants to complete an **online survey only** to grow a longitudinal quantitative survey element. This is for those who prefer a survey option and will involve people who sign up after interview quotas are achieved.

The mainstage study will also include the **linking and analysis of administrative datasets** including the Children looked after in England including adoptions data (social care); National Pupil Database; (NPD); Individualised Learner Record (ILR) and Higher Education Statistics Authority (HESA) datasets. There are four cohorts for analysis.

- **Cohort 1: Young people who left care on an adoption or Special Guardianship order (SGO) and who can be identified in the social care and education datasets and who have not returned to care.** The cohort selected are those who completed Key Stage 4 or Key Stage 5 between 2015/16 and 2018/19.
- **Cohort 2: Young people who left care on an adoption order or left to live with a special guardian and their previous looked after status can *only* be identified in the education datasets and who have not returned to care.** As with Cohort 1, these are young people who completed Key Stage 4 or Key Stage 5 between 2015/16 and 2018/19. This cohort can only be followed from when they first appear in the education datasets to the most recent data available (social care history will be unavailable).
- **Cohort 3: Young people who left care on an adoption order or to live with a special guardian and whose placements disrupted and re-entered care between 2014 and 2021.** Social care history and education data should be available to be linked.
- **Cohort 4: Long-term foster children.** Young people who entered care under the age of seven and who had long term foster care as their plan for permanence and who had not previously left care on an adoption order, child arrangement

order or left to live with a special guardian. Since 2015<sup>6</sup>, long term foster care has been legally defined and is an option for providing a permanent placement for a child within the care system. Social care history and education data should be available to be linked.

## Timelines

The mainstage will run over two fieldwork periods:

- Wave 1 fieldwork: January – July 2024.
- Wave 2 fieldwork: Timing to be confirmed but likely to be around 2 years after wave 1 fieldwork.
- Analysis of administrative data: January to December 2024.
- Final reporting is expected to be in September 2028.

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<sup>6</sup> The Care Planning and Fostering (Miscellaneous Amendments) England Regulations 2015

# 1. Introduction to the Family Routes Study

In September 2021, the Department for Education (DfE) commissioned Ecorys UK, in partnership with Professor Julie Selwyn at the Rees Centre, University of Oxford, and Ipsos to deliver the Family Routes study; a longitudinal study intended to track the needs, experiences and outcomes of children leaving care on an Adoption Order (AO) or Special Guardianship Order (SGO), in England.

The overall aim is to improve the sectors' understanding of the long-term outcomes of different routes to permanence, and specifically:

- Assess the long-term outcomes for young people aged 12-25 growing up in adoptive and special guardianship families. If possible, to follow families over time.
- Support improved outcomes for children by enhancing our understanding of what influences the support needs and outcomes for adoptive families and special guardianship families.
- Understand the role of key stakeholders in supporting better outcomes for previously looked after children.
- Understand the long-term outcomes, using administrative data, of young people in other types of permanent placements: long-term foster care and child arrangement orders.
- Support improved decision-making by LAs and courts on permanency options for children who cannot return home to live with their birth parents.

The ambition is to establish a large and diverse sample of young people and their parents/special guardians across England and follow their lives over five years through adolescence and into early adulthood. Whilst a study of this kind is needed, it is technically difficult to do. One of the reasons is being able to identify and contact eligible families, therefore, our method needed to be tested. This report documents the development of the methodology for the Family Routes Study:

- Chapter Two covers designing the study from the feasibility stage, through the piloting phase, and outlines the main learning points for the mainstage.
- Chapter Three presents a summary of the pilot findings from interviews with 10 families.
- Chapter Four provides an overview of the method established for the mainstage, the rationale for changes made, and sets out the timescales.

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## 2. Designing the Study

### Feasibility study

As a longitudinal study of this scale has not been attempted previously with this cohort of young people and their parents/special guardians, a feasibility study was carried out between November 2021 and April 2022. The feasibility study aimed to determine the viability of the study and the best design to meet DfE's evidence needs within the available resources. It explored whether the study was possible, what topics the study should cover, and which methods would be most practical to achieve the study's aims. A diverse range of stakeholders were consulted, including sector professionals, families, and young people through interviews, surveys, and meetings.

The feasibility stage found there was widespread support for the study. Notably, it highlighted the importance of ensuring this research adds to the evidence base through strong engagement with families (building on how previous studies had made a difference), valuing families' voices in transparent reporting (particularly where findings are challenging) and supporting stakeholders to put research into practice (by providing insightful and actionable recommendations).

Overall, a mixed-model approach to interview and survey data collection was favoured. Feedback from those interviewed showed that adoptive parents tended to prefer online methods whereas special guardians may prefer the option for other methods including face-to-face. However, the feasibility study confirmed key challenges:

- **Data access and quality issues:** agencies did not hold up-to-date contact details for adoptive and special guardianship families unless they were receiving a service, and they did not have information about the number and age of children in a family. This made it challenging to reach a diverse (and broadly representative) sample of adoptive and specific guardianship families, with teenage children.
- Difficulties contacting **families** who were not in contact with formal services. Lists of families who did not access services/support, who were not in receipt of financial support or who had moved in or out of the area were not available, also making it hard to engage a diverse sample of families.
- Therefore, sufficient **resources will be needed to promote the study and recruit a sample** via (social) media, alongside extensive face-to-face work with relevant national and local agencies, charities, and support groups.

In addition, the feasibility stage recommended that young people and adoptive parent/special guardian lived experience groups should be established to advise the research team at the start and key points throughout the study. We extend thanks to PAC UK and Kinship for their support in setting up these groups.

## Pilot study

### Overview

Planning for the pilot started in May 2022, and the research activities were delivered from July 2022 to August 2023. The study design was initially piloted in one pilot region comprising five neighbouring local authorities (LAs). The region was selected as the pilot area for several reasons. This area has an average number of LAs within the RAA (5), an ethnically diverse population, urban and rural areas, areas of high and low deprivation, and the performance of LAs' children's services is stronger in some LAs and weaker in others. Together this variability and connections were thought to provide an ideal pilot site.

The pilot study involved:

- **Finding out if research governance** approval from the five LAs would be required.
- **Testing wide-ranging promotion and recruitment activity** with multiple agencies and support groups.
- **Testing whether a survey with an open link** (because a sample frame does not exist) would work.
- **Designing research materials with lived experience groups and testing the opt-in processes and all materials**, including the survey (questions, standardised measures mode and length), interview study topic guides and young person's participatory activity book, with families.
- **Testing the possibility that various national de-identified data sets could be linked** to examine long-term outcomes (into early adulthood) for children who left care on each of the three permanence orders (Adoption, Special Guardianship or Child Arrangement orders) and outcomes for those who remained in care in permanent long-term foster care. This sought to establish whether there were sufficient numbers of children who left care on a permanence order who were over the age of 18 in 2022 and where data could be linked from the Children Looked After in England including adoptions (children's social care) datasets and the National Pupil Database (education data). If there were sufficient numbers, the mainstage would then be able to link additional de-identified datasets to examine outcomes in early adulthood.

### Challenges and mitigations

The **pilot ran in two phases**, due to an issue with survey responses from survey bots. The study was paused following the detection of non-genuine responses and then relaunched with a screening call to confirm eligibility at the registration stage. Additionally, it proved difficult to engage special guardians. Attending a support group meeting in person led to more study sign ups, emphasising the importance of being able to chat face-to-face

with special guardians to support recruitment. Also, special guardians and adoptive parents often had concerns about their young people taking part limiting young people's engagement in the pilot study. The screening calls provided an extra opportunity to discuss any concerns adoptive parents and special guardians had first, which helped to build trust. As social media was one of the most successful recruitment methods, many parents had seen the call, so recruitment was expanded to include all LAs across England during the pilot study.

Figure 1 below shows the timeline of key pilot study activities and events.

- The study was **commissioned** in September 2021.
- The **feasibility study** was delivered between November 2021 to April 2022, and determined the study design to pilot,
- The **pilot study** ran from May 2022 to August 2023, which tested the study design.
- The **mainstage study** will run in two waves. Wave 1 will run from February to July 2024, and Wave 2 around two years later.

Although there are now many studies that have linked de-identified children's social care and education data, there are particular challenges for the Family Routes study because of the populations being studied.

The main matching key used by the Department for Education to link datasets is the child's Unique Pupil Number (UPN).<sup>7</sup> The number is allocated to pupils when they start school. Since 2013, local authorities have to submit (as part of the Children Looked after SSSDA903 return) a valid UPN for all children looked after aged 4 or over on 31<sup>st</sup> August within the collection year (except for children who are only receiving respite care). The record from the social care datasets is matched into the National Pupil Database mainly through the UPN but also through other information such as date of birth, sex, ethnicity and the local authority caring for the child. If a child can be matched, the child is given a pupil matching reference (PMR) number, and it is this de-identified number that can be made available for researchers to use.

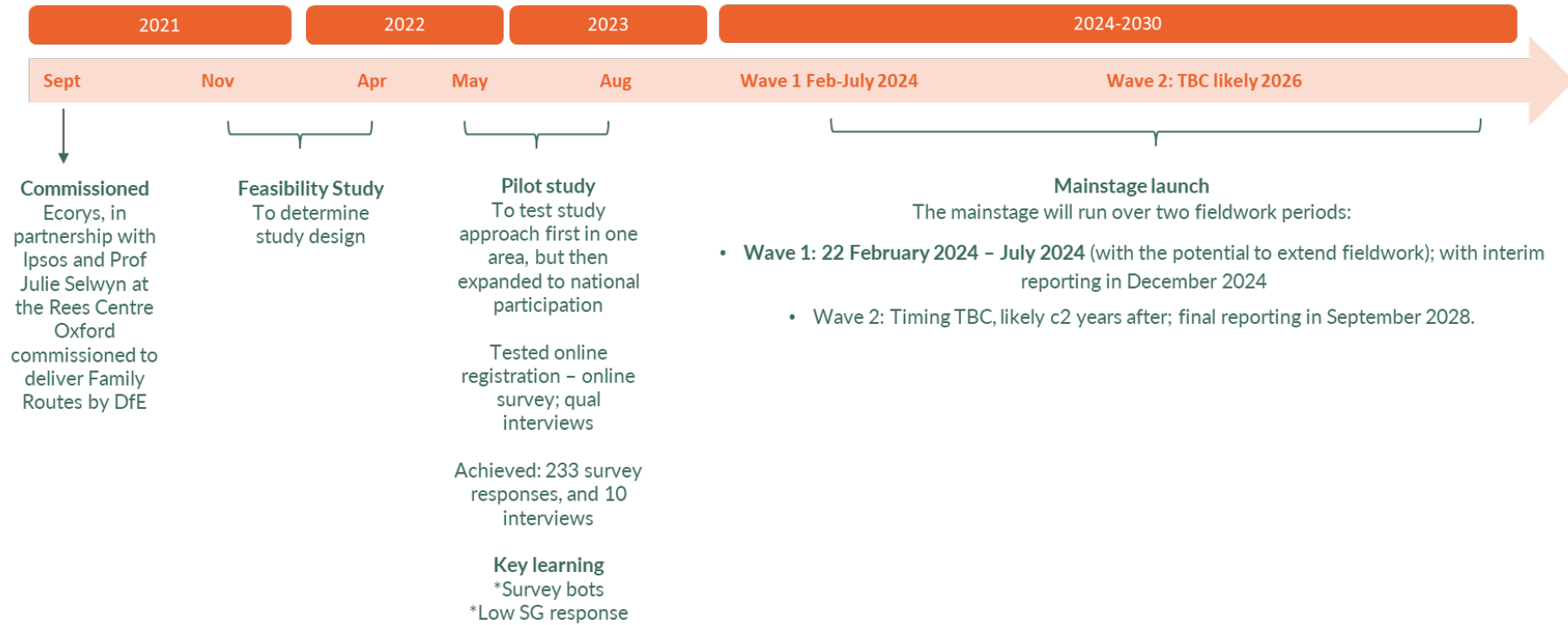
However, the majority of children adopted from care and a substantial number of children living with a special guardian leave care before they start school<sup>8</sup> and therefore they are allocated a UPN after joining their new families. Therefore, their social care history and educational progress cannot be linked. The analysis focused on understanding the proportion that could be linked.

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<sup>7</sup> <https://explore-education-statistics.service.gov.uk/methodology/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england-methodology>

<sup>8</sup> <https://explore-education-statistics.service.gov.uk/data-tables/fast-track/b07d7ac4-5b2f-4a61-bda5-d48026f98f1e>

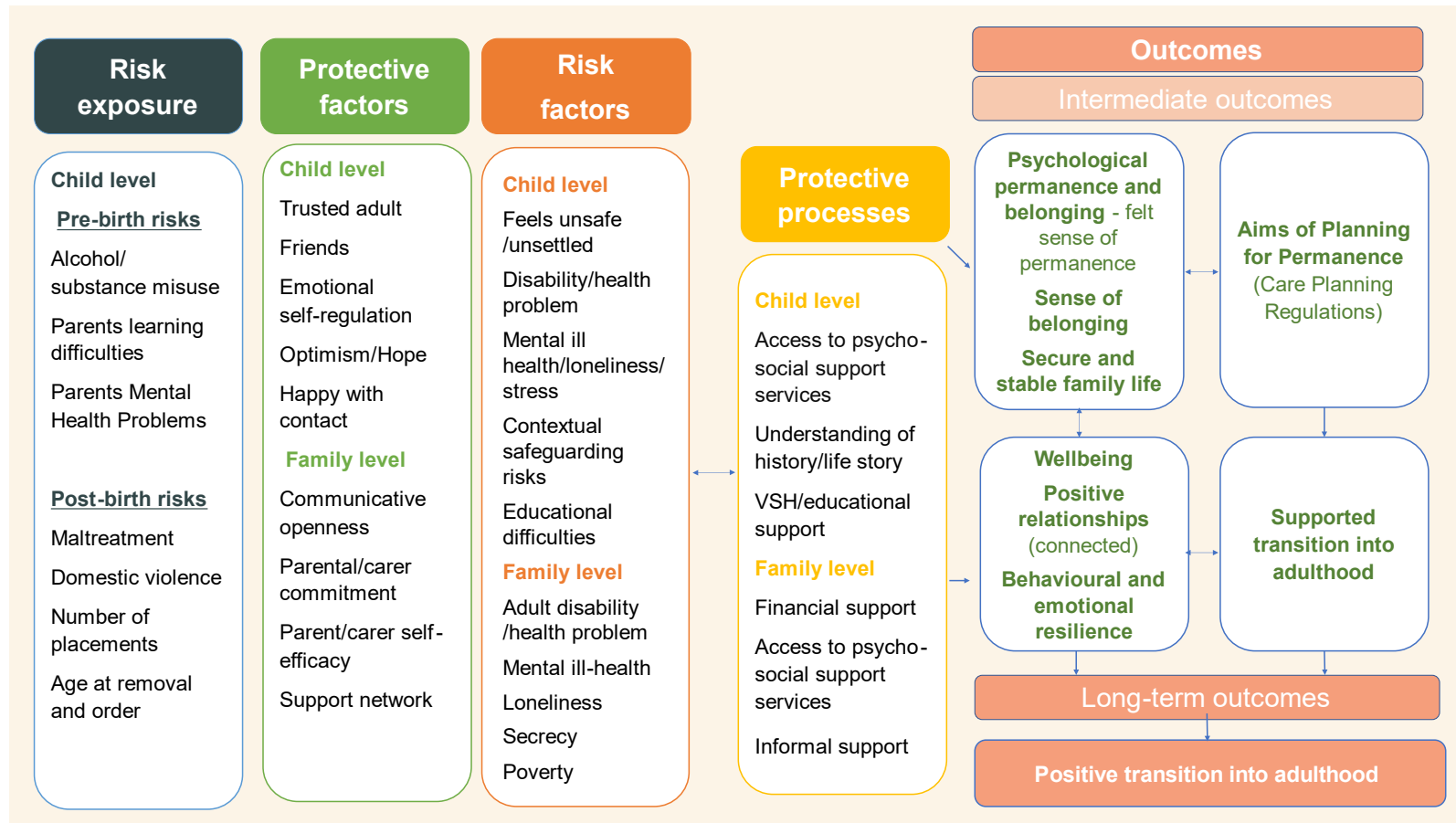
**Figure 1: Study timeline**



## Research topics

Based on previous research findings, the literature on resilience and the views of stakeholders involved in the feasibility stage, a theoretical model was developed (Figure 2), which provides a high-level overview for testing during the future mainstage study.

**Figure 2 Factors and outcomes to be measured through the study**





The broad model coverage supported the considerations on which topics to focus on during the first wave of research. Outlined below are the overarching topics chosen with the help of the research advisory group. Other topics, for example, contact with important people and identity will be explored in depth in the second wave of research.

### Topic coverage

- **Family life** - who is in family/relationships, overall coping/ issues
- **Support networks** - who is around and how they help
- **Support services for parents/ carers** - what's been helpful/less helpful and why, and support gaps
- **Support services for young people** - general, education (secondary, FE, HE), training/work
- **Health and wellbeing** – of the parent/special guardian and the young person
- **Financial coping** - costs of adoption / being a carer
- **The future** – hopes and concerns for the young person and family

### Surveys

Online surveys were created to learn more about the development and progress of young people during their adolescence and early adulthood. To be eligible, the young people had to have left care through an Adoption or Special Guardianship Order and are now aged between 12-25 years old.

Three surveys were developed (see Table 2).

**Survey versions:** six complementary, but tailored versions of the three surveys for adoptive parents, special guardians and young people were developed and tested (see Table 2). Everyone who completed a survey received a £10 shopping voucher after the lived experience groups confirmed how important it was to include thank you vouchers at the feasibility stage.

**Table 2: Pilot questionnaire versions**

<b>Adoptive family surveys</b>	<b>Special Guardianship family surveys</b>
1. Adoptive parents	4. Special Guardian carers
2. Young people, aged 12-17	5. Young people, aged 12-17
3. Young people, aged 18-25	6. Young people, aged 18-25

The **survey questions** considered the risk and protective factors within the young people's care histories, their families, schooling, and the support that they and their parents/carers

received from agencies and informal networks. The development of questions was also guided by previous research findings<sup>9</sup> and from research on resilience<sup>10</sup> (e.g., Ungar 2013). Questions were included that tapped into the identified protective and risk factors and that had comparison data to the general population or our specific population. A review of national surveys was undertaken (Table 5, Annex 1) and appropriate questions and measures were identified that could also be used in the Family Routes surveys. All questions were optional, and the survey questions generally worked well. Changes made for the mainstage are outlined in Chapter Four; Tables 4 and 5.

## Interviews

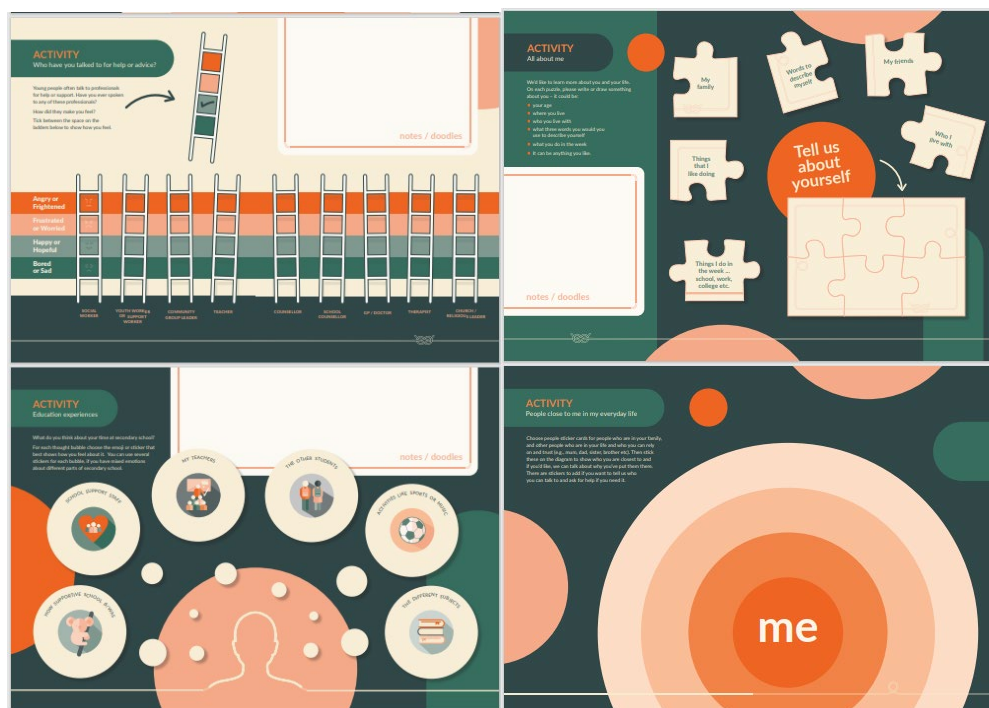
Three **topic guides** were developed with the support of lived experience groups of young people and parents/carers and the research advisory group and tailored by the researcher in the interviews to the specific context of the participant. **Two activity booklets** (one for 12-17 years old; and one for 18-25 years old) were developed to support and guide the young person interviews. The activity booklets cover the same content as the interview topic guides and offer an additional or alternative way for young people to share their views and experiences. The pilot found that instead of using the activity booklet alongside the interview, two young people had a preference to complete it, alone, independently of the researcher. Figure 3 below shows some pages of the booklets.

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<sup>9</sup> Simmonds J. & Harwin J. (2019) *Rapid Evidence review of Special Guardianship*, Centre for Child and Family Justice Research <https://www.cfj-lancaster.org.uk/projects/rapid-evidence-review-on-special-guardianship> Palacios, J., Adroher, S., Brodzinsky, D. M., Grotevant, H. D., Johnson, D. E., Juffer, F., Martínez-Mora, L., Muhamedrahimov, R. J., Selwyn, J., Simmonds, J., & Tarren-Sweeney, M. (2019) Adoption in the service of child protection: An international interdisciplinary perspective. *Psychology, Public Policy, and Law*, 25(2), 57-72.

<sup>10</sup> Ungar M. (2013) Resilience after maltreatment: the importance of social services as facilitators of positive adaptation. *Child Abuse Negl.* Feb-Mar;37(2-3),110-5.

**Figure: 3. Activity booklets for young people**



## Achieved sample

The pilot study achieved 233 survey responses, and 10 interviews, as detailed in Table 3.

**Table 3: Pilot sample**

Participant group	Survey (n)	Interviews (n)
<b>Adoptive families</b>		
Adoptive parents	128	6
Young people, aged 12-17	52	-
Young people, aged 18-25	19	-
<b>Special Guardianship families</b>		
Special Guardians	19	4
Young people, aged 12-17	9	2
Young people, aged 18-25	6	-
<b>Total</b>	<b>233</b>	<b>12</b>

Source: Pilot online survey responses and number of qualitative interviews undertaken

Too few surveys were completed by special guardians and young people for analysis to be undertaken and included in this report. 128 adoptive parents completed the survey, of which just 21 adoptive parents were from the pilot area (based on the administrative data out of a possible 1,410). Despite the RAA, LAs and support organisations helping with study communications, the survey did not engage most adoptive families in the pilot area. To have an acceptable margin of error of 5%, the sample size in the pilot area needed to be 303. Chapter Three therefore focuses on the pilot interview findings.

Chapter Four then sets out the changes made to the method for the mainstage based on our learning from the pilot.

### 3. Pilot interview findings

This section presents the results from the pilot study interviews with 10 families sampled from those who opted into an interview when they completed the pilot survey (six adoptive families and four special guardianship families). One parent or special guardian was interviewed from each family and two young people who were living with special guardians took part. Two more young people did not want to be interviewed and instead shared their views by completing the activity booklets.

#### The families

A diverse mix of families was purposively sampled from those families who completed a survey and said they were happy to be interviewed. The families interviewed were mostly included heterosexual couples; there was one single parent; eight of the families were White, with one black and minority ethnic household and one household of mixed ethnicities. There were 1-2 children in each adoptive family and 1-3 children in each special guardianship family, including eligible children in the 12-25 age range for this study. All families interviewed said times were tough for at least one of their children. It was common for families to report that life was better for one child than another. Whilst many of the young people were living at home, one young adult only lived at home some of the time, other young people were in supported living, staying in a health unit, and one young person was in prison.

The interviews asked about family life to get a sense of what was going well and less well for families and how parents and special guardians were feeling about their roles. Few families interviewed were experiencing a settled family life at the time. Those families who were, described positive and supportive relationships. Family time involved games, sports, film nights, arts, and crafts, and breaks away or holidays when possible. More commonly, adults interviewed, used words like “chaotic” and “unpredictable” when asked about their family life, and how it had changed over time. They tended to talk about the challenges they continued to face raising their children with diverse and/or significant needs.

#### Families’ support needs

When families were asked about what they needed help for when their children were aged 12-25, they identified a **range of needs**, including **behavioural, emotional, relational, learning/educational and health needs**, which interviewees linked to early adversity and trauma. Parents and special guardians explained that all the young people in their care had some level of need. Some needs were apparent in early childhood which they described as being linked to pre- and post-birth risk factors, whilst for others needs worsened and became more problematic during the teenage years. In several cases, parents and carers said there was (or had been) a risk of harm to the young person, family and/or wider public.

There was a lot of discussion about foetal alcohol spectrum disorder (FASD), which is caused by mothers consuming alcohol during pregnancy and can result in a wide range of physical, behavioural, and cognitive impairments for children that last a lifetime. Amongst those families whose children had a FASD diagnosis, a common theme was that parents and special guardians were not always made aware that the child had this condition when they took on their care, which might be because professionals did not know at the time of placement. Based on their own experiences, interviewees raised concerns about the late recognition and diagnosis of FASD and a lack of wider support available to meet children's needs.

**School was often described as a challenge** for young people who were adopted or living with a special guardian. Parents, special guardians, and young people interviewed explained that poor education experiences regularly started at primary school, continued, and were linked to one or more of the following:

- **Learning:** diagnosed and undiagnosed Special Educational Needs and Disabilities (SEND)
- **Socialising:** bullying, peer interaction/friendships, social isolation
- **Behaviour:** criminal activity (e.g. carrying a knife)
- **Social, emotional, and mental health needs:** emotional-based school avoidance including selective muteness, and dissociative sleep disorder (which caused young people to be late to school).

When explaining what they as adoptive parents and special guardians needed support with, almost everyone shared their experiences of **social isolation after taking on the caring responsibilities**. This was partly because they said they had less leisure time and disposable income, but also because their social networks fell away, especially if their young people presented with challenging behaviours, including verbal and physical aggression, or social anxiety.

The parents and special guardians interviewed **recognised that they needed help**, whether that was help with parenting, talking to people in similar situations (e.g. via peer support groups which made them feel less alone) or family therapy to help them work through any challenges they faced together. During the interviews, the extra costs of being an adoptive parent or special guardian were discussed. These families experienced **extra expenses**. They stated that these costs were more than the usual costs of raising children. The types of extra financial costs they encountered, included:

- **Housing repairs** to fix damages caused by a child/young person in anger, such as replacing or repairing doors, windows, walls, and furniture, after they had been punched, kicked, or damaged in another way.
- **Replacing items** that had been lost or damaged, such as school equipment/uniforms and clothing. For example, one adopter explained that they

needed to replace the child's shoes frequently, as they would quickly 'wear out' the sole of the shoes through constant rubbing of their feet into the floor to calm their anxieties.

- **Funding extracurricular activities** which they and the child/young person highly valued and benefited from, in terms of a sense of belonging and emotional regulation, for example, football, horse riding, etc. The costs included equipment, attendance, and transport.
- **Money was** taken by children and young people without permission.
- A **reduced ability to earn**, linked to having to reduce working hours, ending employment, or having to take early retirement, to meet the additional caring responsibilities for a child/young person. Parents and special guardians explained that children and young people, especially those with social and emotional or learning needs, needed constant supervision even in their teenage years.

## Helpful support

This section outlines what support interviewees found helpful; these are examples of protective processes in our theoretical model (Figure 1).

### Sources and types of helpful support

When asked, parents and special guardians said that **having a professional who they felt able to talk to** was one of the most useful types of support because they listened, did not judge, and understood the needs of care experienced young people, which was so important to them. For these families, a listening ear came from different professionals including social workers, pastoral school staff and the police, showing that what mattered was having a reliable relationship with a professional who could help them reach help and if needed, get services to talk to each other.

[SG support group] helped me to feel less alone, less isolated. It's helped me to realise that we're not the only people in the world going through this dreadful time. It's given me ideas of how to deal with things, you know, difficult situations and what to do. It's reinforced me when felt I've doing the wrong thing. And even if I have been doing the wrong thing, you know, I've been made to feel, well you can only do your best. Supported is how I felt. - Special guardian

Having a **trusted 'designated person' in school** to help the child/young person and parent/special guardian was often a very important source of support for families.

He [headteacher] kind of gave her a safe space to check in of a morning. He was always available for her, if she was struggling through the day she could go to his office. - Adoptive parent

Parents and special guardians who could have **open and direct conversations** with a trusted member of school staff about the child's needs and presenting issues found these helped to facilitate personalised interventions and support positive school relationships and experiences for the family. The two young people interviewed were living with special guardians also reported that having a trusted person to talk to in school was essential for them to engage well and happily. If this was lacking, they said they struggled to attend school or to engage and achieve well and happily at school.

**Where parents and special guardians had experience of support from Special educational needs coordinators (SENCOs) and pastoral staff** they were often (but not always) described as being understanding, supportive of the child/young person, and well-versed in trauma-informed approaches. However, in their experience, this did not always apply to teaching staff or school leadership. Importantly SENCOs and pastoral staff provided tailored support or interventions to meet the child's needs, in consultation with the parent, carer and child. These professionals stood out to these families, even when the child's needs were not fully met. Importantly, they were seen to care and to be trying to help and connect the family with available services/ support.

A common theme amongst all interviewees was that **individualised support plans** worked well because they could help young people manage their experiences and feelings, e.g. time out passes, changes to start and end times, access to a laptop to make note taking quicker and help with learning. All interviewees explained how important, seemingly small adjustments were for young people – changes which when put into practice could help to improve their experiences of education and increase the likelihood of them achieving well. However personalised adjustments were not consistently in place.

Importantly, parents and special guardians reported that GPs were gatekeepers to accessing health support, including mental health support. In their experience, not all GPs were thought to be responsive to making referrals to special health support. Some families also experienced delays in getting the right health help, which they felt was due to the high demand for children and young people's mental health services (CYPMHS) and long waiting lists.



## Adoption and Special Guardianship Support Fund

The **Adoption Support Fund (ASF – now Adoption and Special Guardianship Support Fund<sup>11</sup> (ASGSF))** was a key source of funding for therapy – a protective process in our model that this study will test (Figure 1). However, special guardians interviewed were often unaware of it. Those interviewees who had accessed the Fund valued having access to funded therapy and told us there was a need for further funding to improve the accessibility of therapy for whole families. Several parents/carers who had received funding for family therapy, and/or separate but complementary therapy for parents/carers and adoptive/special guardianship children described positive wellbeing outcomes, which improved their capacity to parent/care for their young people.

It [therapy for parent or carer] just gives me space to think about what has happened or what is happening and how I can make sense of that, and that allows me to continue to parent. - Adoptive parent

Whilst the ASGSF was said to have been very helpful, parents and special guardians found that it **did not always cover the full cost of therapy** or was not always in place for long enough in their view. They thought that the criteria for receiving funded therapeutic support was too high. In several cases, parents and special guardians explained that when the AO or SGO was at risk of disruption or breakdown, the local authority agreed to fund therapy (e.g., with matched ASF funding from the local authority), but then stopped funding when the placement was no longer deemed at risk. In their experience, when children started therapy and funding was removed or in their view discontinued too early, this had a detrimental effect on the child/young person's mental health and had negative implications for family life. For many of the families interviewed, self-funding therapy was not a financially viable option although some had considered this.

## Parent/special guardian training and support

Interviewees reported mixed experiences of guidance from **post-adoption support workers** or delivered in their **agency parent and carer support groups**. Experiences ranged from being 'helpful' to being 'patronising', too basic, and lacking practical advice and guidance, although negative perceptions of support were uncommon amongst those interviewed. One suggestion was that the quality of the training they received could have been improved if it were delivered by subject matter experts or peers with lived experience of adoption and special guardianship, rather than by social workers, who they perceived to have learnt the training script.

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<sup>11</sup> Since the interviews DfE have announced the change of name from the Adoption Support Fund to the Adoption and Special Guardianship Support Fund (ASGSF). For more information: <https://www.gov.uk/guidance/adoption-support-fund-asf>.

Certain parents and special guardians recalled having had useful **practical and issue-specific training/guidance designed for adoptive parents and carers of care-experienced children**, e.g., understanding childhood trauma, SafeBase<sup>12</sup>, Non-Violent Resistance<sup>13</sup>, which they felt helped to equip them with knowledge and strategies, both pre-emptively and following a crisis. One suggestion was to make refresher courses available as additional support when issues arose or worsened. Commonly, families who were offered help felt strongly it was rarely in place for as long as they felt they needed it.

## Peer support

The value of **specialist peer support groups** was discussed across the interviews, for informal emotional and practical support. All adoptive parents interviewed had had some form of peer support, as had most special guardians although for some this was some time ago. Those with experience of peer support groups said they helped to normalise issues their families faced, raise awareness of available services and support, and give them information about how to access these. They also provided opportunities for social connection with people who they felt understood their circumstances. When asked about anything that made it difficult for their families to access peer support groups, interviewees spoke of several barriers to attendance, which included:

- Sessions running during working hours
- Lack of provision in locality (and poor public transport links)
- Different issues affect families with young children, teenagers, and young adults. Therefore, there was a suggestion to host separate groups for parents/carers of children across different ages (and different issues)
- A lack of dad/male carer groups (or strategies to engage men)

While peer support offered the families who were interviewed an important source of support, the parents and special guardians were keen to stress that peer support was **not a replacement** for effective statutory support.

## Unmet needs and ongoing challenges for families

A main theme across the interviews was the **considerable time and energy many parents and special guardians have had to spend advocating** for their child/young person to get access to support services they much needed. They described how this could

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<sup>12</sup> SafeBase is a therapeutic parenting programme for adoptive parents. It explores the impact of loss and trauma on a child's attachment and uses Theraplay principles and activities to provide a framework for parents to engage with their child in a fun way. It also helps parents to become more sensitively attuned when responding to their child.

<sup>13</sup> Non-violent resistance aims to strengthen family relationships, by providing strategies to reduce child to parent violence, aggressive behaviour and 'power struggles', while increasing parental confidence.

be highly exhausting for them as parents/carers but also for the wider family, at times escalating everyone's needs.

I feel broken...completely broken. I don't feel that I have any support to help...I'm constantly asking for help [for three children] and not getting it.  
- Special guardian

The interviewees often said that not enough people – at school – working in support services – or the wider public – understood the experiences of young people who used to be in care.

A **lack of awareness and understanding across services** about how best to engage and support care-experienced, traumatised children, young people and families was reported. A common theme among the families interviewed was that this delayed the early identification and recognition of needs and led to missed opportunities to support children and young people. Furthermore, parents and special guardians commonly encountered **siloed working** across services, including health, social care, LA teams, housing, education, the criminal justice system, and probation services, which further compounded issues with gaining access to the right support at the right time for children and young people.

One of the main messages from the pilot interviews was that **families need professionals to listen to them**, and to **support them to access the help** that they felt their young people needed. The special guardians interviewed were generally unsure of their entitlements or how to get therapeutic support. They described any help they accessed as "...infrequent and insufficient...".

What you get sometimes is the signpost, when really what you need is a bit more than that. You need something more specific to you. You get general guidance, and that's what most of the things are. - Special guardian.

## Gaps in education support

Both parents, special guardians, and young people said that because of young people's experience of developmental trauma, they **often found aspects of mainstream education difficult**. The two young people interviewed described learning and social challenges due to different learning styles, sensory sensitivities, falling behind after time out of school, finding it hard to get on with their classmates and/or teachers, and bullying.

It was common for families' stories about schools and services to focus on **professionals not recognising or misunderstanding young people's behaviours**, taking a long time to formally assess needs (if at all), long waitlists for SEND assessments and help with mental health challenges, high and rising thresholds for support, and insufficient public or personal funds to pay for help. Because of these ongoing challenges, both the

parents/carers and young people interviewed told us that they were experiencing ongoing mental and emotional distress.

The school, they're not supportive. They don't help at all with me personally, they don't help. I struggle with being around people a lot and noise. They've said that they'll be giving me this safe environment and they haven't. It's as though they've lied. So, I end up making myself sick and going home. - Young person, living with a special guardian

A lot of teachers didn't know how to handle what I'd been going through. A lot of teachers just kind of mislabelled a lot of the traits of autism and the troubling things I've had through special guardianship and through other situations.- Young person, living with a special guardian.

**Lengthy Education and Health Care Plan (EHCP)** processes and the ineffective implementation of plans were said by many families to result in children/young people's needs not being met, Examples given were:

- Schools not supporting an application for an EHCP needs assessment.
- EHCPs were not being implemented accurately, effectively, or consistently by staff.
- EHCPs had not been updated for many years and thus represented outdated needs and were left open to interpretation.

He's had so many caseworkers allocated to his EHCP and there's nobody who's seen it through ... there's ... lack of anybody who knows what needs to be put in place and put it in place ... You're just left not knowing what's out there. - Adoptive parent

The special guardians and parents interviewed believed the disruption the COVID-19 pandemic had caused to transitions had compounded the EHCP difficulties they experienced, for example from primary to secondary school. As a result, they **advocated for all care-experienced children to have an EHCP assessment** as a matter of course because of the level of trauma and educational disruptions they had likely experienced.

Where young people appeared to be coping in schools, interviewees thought that their children were overlooked unless they were disruptive or underachieving academically. If adoptive parents and special guardians felt the school was not supporting the child effectively, they told us they had considered changing schools, had changed schools, or during the COVID-19 pandemic, opted for home education. A common theme among everyone interviewed was that children were better supported and felt safer in smaller settings, with fewer sensory triggers (e.g., large, busy, loud schools) which then created the right environment for academic learning. The challenges families reported had led to

some of their young people feeling unable to cope and refusing to attend school, education, or training.

Notably, parents and special guardians interviewed were **generally unaware or unclear on the role of Virtual School Heads**<sup>14</sup> and were unable to provide clear examples of how they supported their children at school.

Across adoptive and special guardianship families, gaps were reported **in support around transitions** from childhood to teenage, and teenage to early adulthood, through education (and health). **Special guardians highlighted a gap in support groups for their teens** and suggested a need to consult teens about what informal peer support they would like. Both they and adoptive parents believed that these service gaps meant that support needs were missed or exacerbated at pivotal life stages.

The pilot interviews indicated that many children found (or would find) it **hard to sustain education post-16**, particularly if they found school challenging. In addition, there was a view amongst those with relevant experience, that post-16 settings did not always involve parents or carers in understanding the young person's needs and putting interventions in place. Special guardians and adoptive parents believed that their young people's education would be more stable if further and higher education settings involved them in discussions around transitions and studies more.

## Other support gaps

A common theme across the interviews was the **lack of tailored training and support available for special guardians**. Interviewees either accessed (in-person) groups intermittently or not at all. However, individuals had found local issue-based support helpful (although it was not specific to special guardians) e.g. Special Educational Needs and Disabilities support group. As mentioned, earlier, not all the special guardians interviewed were accessing funded therapy except where funding had been secured through COVID-19 pandemic resources<sup>15</sup>. Compared with adoptive parents, the special guardians interviewed were unsure of their entitlements or how to secure therapeutic support.

To support **mental health needs**, adoptive parents, and special guardians said they would like more **long-term and consistent therapy** for children and young people. The two main barriers they felt they faced in getting this support, related to **insufficient funding and a lack of quality mental health support**, to address (complex) trauma among care-experienced children.

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<sup>14</sup> Virtual Schools Heads (VSHs) oversee promoting the educational achievement of all the children looked after (or previously looked after) by the local authority they work for.

<sup>15</sup> The Adoption Support Fund Covid-19 scheme ran between April and December 2020 and provided £8m to local authorities and Regional Adoption Agencies to provide flexible support for adoptive and special guardianship order children and families.'

As reported earlier, the pilot interviews highlighted that more funded therapeutic support for whole families would be very welcome. Relatedly, there was a specific suggestion from an adoptive parent that more help for the **birth children of adoptive parents would be useful** so they too could access funded therapy. Interviewees spoke of birth children having to witness and experience traumatic family situations relating to their adopted child /child in their care, which could have a knock-on effect on their wellbeing. Interviewees wanted to raise a point that currently the ASGSF does not cover birth children.

When asked about what would help with family finances, the special guardians and adoptive parents interviewed suggested the following:

- **More flexibility and support from employers**, to help maintain employment while they meet their caring responsibilities. For example, parents and carers needed to be available for children and young people on 'bad' days, were not able to go to school or went to school late. These all had an impact on parents' and carers' ability to work.
- One special guardian had taken early retirement and felt penalised by **means-tested support**, which considered their pension to be income for the family. Their retirement was not as they had envisioned financially, because their **pension was spent on caring for their grandchildren**.

Why am I being punished now? These aren't my children. It's the means testing that gets me and I know we're lucky and that we've got an allowance until they're 18, there are some local authorities that only pay for two years, so in the scheme of things we're lucky because we do have money. But that money was earmarked for other things. It wasn't earmarked to support [number of] teenagers. - Special guardian

- Not everyone interviewed was aware of how **Pupil Premium Plus** funding was used and said they would like to know how the funding was supporting their child/young person. Those who knew how the money was being spent said it paid for laptops to use in lessons and exams, subsidised school trips, revision books, and breakfast clubs.
- Adoptive parents and special guardians interviewed wanted clear and easy access to **guidance and information** about funding and grant entitlements (for them and their children and young people).

## The future

Having made financial and professional sacrifices to care for children and young people, adoptive parents, and special guardians reported that **expectations for the future were uncertain**, or misaligned with their plans, before taking on their caring responsibilities. They frequently worried about their ability to cope financially, whether and when they would

be able to retire, and how their family would fare over time, in anticipation that children/young people may require life-long care/support.

I want my life back. I'm looking forward to it, sadly though I'm six years older than I was and not as healthy. Travel insurance is more expensive now. We used to caravan, we used to love going away in our caravan, but we had to sell the caravan when we got the [children] because it didn't suit them. So, I'm looking forward to doing that again but we're not as physically able as we were, so we won't be getting the caravan again.  
- Special Guardian

I can't see and plan a future for me and my husband. - Adoptive parent

Interviewees hoped that their children and young people would **live independently as adults and have positive activities and possibly even families of their own**, but they believed unresolved trauma and a lack of supported living options would hold them back. Special guardians and adoptive parents **anticipated challenges in transitions to adulthood**, particularly:

- **Finding appropriate training and employment opportunities**, especially for children and young people with special educational needs and disabilities, social, emotional and health needs.
- One young person was **concerned that (financial) support for those with disabilities could be stopped** through Government policy changes at any time. They had experienced this in the past; on a reassessment, they no longer qualified for a Blue Badge<sup>16</sup> for their 'hidden' disability.

Invisible disabilities really need a lot more recognition than they get. –  
Young person living with a special guardian.

- Adoptive parents and special guardians were also concerned about children and young people leaving home and **(re)contacting birth families**, which they thought might not be in their best interests (contact with birth families/important people will be explored in more detail in the second wave of this research study).

Despite the varied and complex challenges, the families interviewed described facing, interviewees were also hopeful.

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<sup>16</sup> A Blue Badge is issued to eligibility people, with a disability, so they can park a vehicle close to a destination, either as a passenger or driver.

They've come so far and there's so many positive amazing things ... when I see my daughter going to school, and doing her exams, and managing the unmanageable; and looking to the future and really excited about the course she's going to be on, they've come so far. – Adoptive parent.

The aim for the research is to talk to these families again in 1-2 years to see what life is like then, how any support and life events as the young people grow affect interviewees and find out what else can be learnt from their experiences. More information about how the mainstage of this study will be run is provided in Chapter Four.



## 4. Mainstage study

This section highlights important learning from the pilot for the mainstage study design before outlining our revised approach to the research.

### Study promotion and recruitment

- **The pilot found that LA research governance procedures are not needed**, as no personal information is shared, meaning that LAs and other organisations can promote the study to families via their support services mailing lists, newsletters, and any wider communications.
- **As explained in Chapter One**, whilst a study of this kind is needed, it is technically difficult to do. One of the reasons is not being able to easily identify and contact eligible families therefore a practical approach is needed, using an opt-in census approach. Our promotional methods reached certain adoptive families (mainly those experiencing many challenges), but they did not reach sufficient special guardianship families or young adults. Therefore, the aim at mainstage is to reach as diverse a sample as possible through various means these include, broadening the study communication channels to include more universal as well as specialist services (e.g., via Family Hubs), attending more local meetings (both specialist and non-specialist), and working with social media influencers (as social media was one of the main ways participants heard about the study).
- **Dedicated resources will be needed for the (face-to-face) recruitment of special guardianship families.** In the pilot, attending social work and support group meetings face-to-face offered an effective additional engagement route that will be an option if organisations are willing to help with arranging meeting slots for the study team at mainstage.
- **Social media** was one of the main ways that participants heard about the study (and why respondents also came from outside the pilot area). Also important was wide promotion by RAAs, LAs, VAAs, and local family support groups. All of these methods will continue.
- **The study has developed a suite of branded promotional materials, which will all be needed for the mainstage study:** posters, information leaflets, emails, social media content, and media adverts to give stakeholders a range of available options they can use to support promotional activities.

### Online survey administration learning points

- **A clear need for unique survey links.**

- Given the lack of sample frame and contact details for families, the pilot tested an open survey link to allow respondents to access the survey. **However, the pilot identified that the open link increased the risk of survey bots<sup>17</sup>.** To mitigate this, and so as not to disrupt the pilot, a registration survey was introduced. A short, in-person screening telephone call aimed to remove the risk of bots completing the survey, by allowing contact details to be collected and from which unique survey links could be sent to eligible families.
- Screening **calls to check for eligibility will again be necessary to safeguard against bots.** The introduction of the registration call to the pilot and the issuing of unique survey links for each survey participant reduced the risk of bots and false responses. Whilst screening was effective at protecting the survey from bots, it did not stop bots from contacting the research team asking to participate. The screening process resulted in the research team using additional resources as there were extra steps for potential participants wanting to register and take part. There was some dropout from registration to survey completion.
- **Survey length:** On average the survey took 21 minutes to complete, taking longer for parents/special guardians where completion times were frequently lengthy, especially for those with more than one eligible child. Once people started the survey, they generally completed it. Most respondents completed the survey in one sitting, with others completing it over multiple sittings (up to 10 sittings). To make the survey shorter, the recommendation was to limit the survey to one adult and one child (the eldest eligible) per family.
- **Survey questions:** Most survey questions worked well. Several survey questions were identified for removal to reduce the overall survey length or because they did not work for this population. One new question was added based on families' feedback and a clarification question was added so that in addition to asking whether there is an adult in the household who works, the survey will also ask if they work full or part-time. Questions about education were moved further upfront in the questionnaires before some of the more sensitive questions about family relationships.

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<sup>17</sup> Survey bots are digital imposters that respond to online surveys as regular users. They infiltrate surveys with irregular and false responses.

**Table 4: Pilot survey questions to be removed from the mainstage survey**

Surveys type	Question	Rationale for removal
All surveys	Children and Youth Resilience	Respondents did/could not answer all questions. If all items are not completed, a score cannot be generated
Parent/special guardian surveys	Food bank use	Duplication, there is an alternative question on the cost of food in the survey
All surveys	Internet connection	Insufficient variation in responses
12-17 surveys	Own bedroom	Duplication, there is an alternative question on whether they like their bedroom

**Table 5: New question to be added to the mainstage survey**

Surveys type	Question	Question to be amended
Parent/special guardian, and 12-17 surveys	Currently being home schooled	This was in the pilot survey, feedback from families highlighted that subsequent questions that were not applicable were not filtered out.

## Interview fieldwork reflections

- **Recruitment for interview:** Consent to recontact families for an interview follow-up via the survey worked well for sampling and recruitment. Families were generally open to talking about their experiences and views in detail. They welcomed the opportunity to contribute to research which they felt is so important and necessary to improve family support and outcomes for young people in families like theirs. This was a key motivating factor in participation. Email communications worked better for adoptive parents, whereas telephone calls were more effective for recontacting special guardians.
- Adoptive parents and special guardians were happy to do an interview but **often reluctant for their young people to take part**. Parents and special guardians' concerns related to:
  - The interview timeline, which for some clashed with the exam period/summer holidays.
  - The young person's cognitive ability to take part in an interview.
  - Adoptive young people living elsewhere and parents not in contact with them.
  - The interview covered sensitive topics that could cause upset/distress.

- **Adoptive parents and special guardians** were more open to young people providing their voice and feedback through the completion of the **activity booklet** without a researcher present.
- **Interview mode:** Adoptive parents preferred online interviews, whereas special guardians preferred the option of online, in-person home or telephone interviews.
- **Interview delivery:** Interviews with parents/special guardians took an average of 90 – 120 minutes, in one sitting. One interview took much longer and had to be done in two separate sittings, due to the complexity of the family’s needs and experiences. Parents and special guardians did become upset during interviews; however, they reported that they were upset about many of the issues discussed, rather than the interview itself causing distress and appreciated the chance to share their experiences. Everyone who completed an interview received a £10 shopping voucher.
- **Safeguarding participants:** To safeguard participants from potential distress, informed consent was sought in a pre-call with the interviewee to check they understood what they would be asked about. Immediately before the interview, the researcher detailed the topics of discussion, providing interviewees with the opportunity to state any aspects of family life that they were not willing to discuss. Informed consent was monitored throughout the interview, particularly if the interviewee became upset/distressed. Breaks were offered at times. Following each interview, participants were given a leaflet listing national support organisations, which will be reviewed and updated for the mainstage. Support organisations that help with financial matters, offer a listening ear, help with special educational needs and disabilities, and challenges including child and adolescent to parent violence should be considered.
- **Safeguarding researchers:** Before the interview fieldwork started, the research team received a detailed fieldwork briefing and participated in trauma-informed research training. The interviews pose a risk of secondary trauma for researchers. As such the following actions were recommended for the mainstage: appointing experienced researchers, who feel willing and able to deliver interviews on this topic; a detailed fieldwork briefing, with trauma-informed principles included, mandatory 1-2-1 debriefs with another member of the research team following initial interviews, and then ad-hoc as needed; team debriefings to share common issues and good practice; and minimising the number of interviews to one per day for each researcher. All researchers will have access to project management support, line management support, and wider wellbeing supports, e.g. free 24/7 employee assistance helpline, and access to wellbeing ambassadors.

## Findings from the exploratory administrative data analysis

Data (2004-2022) were requested from the Department for Education on Children Looked After and Adopted (SSDA903) and the National Pupil Database. The analysis was carried out in the Secure Research Service, part of the Office for National Statistics. It covered:

- **Child Arrangement Orders** Child Arrangement orders (CAO) came into force on April 22<sup>nd</sup>, 2014, and replaced Residence and Contact Orders. The order regulates whom the child lives with and who has contact. While there were more than 7,000 children who had left care on a CAO in the datasets, the vast majority were still very young (< 10 years old) and therefore it was too soon to consider their longer-term outcomes.<sup>18</sup> It was agreed with the DfE and the Research Advisory Group that CAOs will not form part of the analysis.
- **Special Guardianship Orders** - Special Guardianship Orders were introduced in 2005 and enable the child to leave care and live with adults who are not their parents and who are often relatives. There were more than 40,000 children who left care since 2005 to live with a Special Guardian of whom about 8,500 were old enough to have completed Key Stage 4. The vast majority of the older children could be linked in the social care and education datasets.<sup>19</sup>
- **Adoption Orders** - Unlike the other permanence orders, adoption orders have a much longer history and have been available since 1926. There were more than 64,000 children in the social care dataset who had left care on an adoption order between 2004 and 2021. However, 65% of adopted children were under 4 years old when they left care and had not started school. More than 16,000 were old enough to have completed their Key Stage 4 exams but only about 37% had a PMR that could be linked in the social care and education datasets.<sup>20</sup>
- **Children who returned to care after the making of a permanence order** - A variable identifying children who returned to care after the making of a permanence order was introduced in the dataset in 2014. Virtually all of these children had a PMR that could be linked in the social care and education datasets and their longer-term outcomes could be followed.<sup>21</sup> Details of the four cohorts for analysis during the mainstage are provided on page 24.

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<sup>18</sup> Source: ONS

<sup>19</sup> Source: ONS

<sup>20</sup> Source: ONS

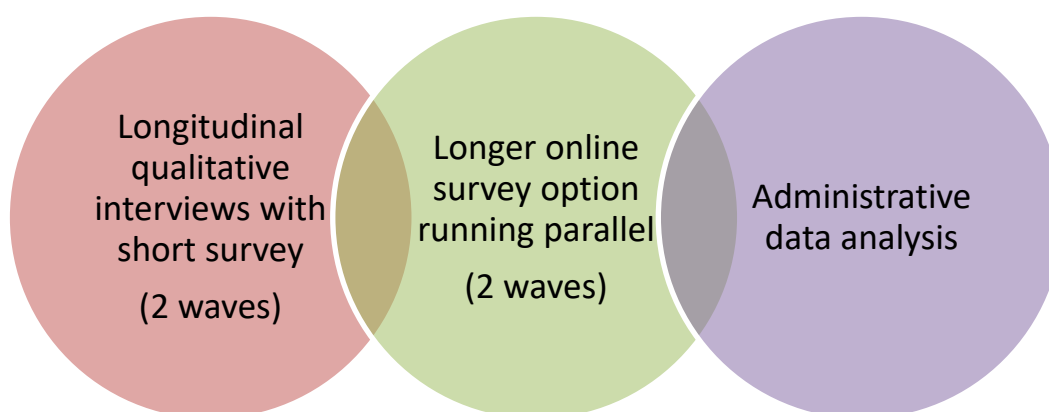
<sup>21</sup> Source: ONS

## Implications for the mainstage method and lessons learnt

Informed by learning from the pilot and the advice of the Research Advisory Group and other research and policy stakeholders, the following design offering two ways for eligible families to take part has been agreed for the national mainstage study:

- **Longitudinal qualitative family interviews**, (2 waves) with parents, special guardians, and young people. This will last up to 2 hours with parents and carers, and around one hour with young people. Families can choose to be interviewed in person, via a video call or on the phone.
- **An online survey only option** (2 waves) which will take around 30 minutes for parents/special guardians and around 20 minutes for young people.
- **Analysis of national departmental administrative datasets.**

**Figure 4: Mainstage method**



### Longitudinal qualitative interviews

The study will lead with recruitment (with screening calls) to **longitudinal qualitative family interviews**, with a short survey to capture key questions that link with the longitudinal online survey only option embedded within to provide some comparable quantitative data.

- The amended approach will encourage families' enthusiasm for the research and willingness to share and a swift follow-up registration call, interview set up, and integrated short survey questions will reduce the risk of dropout.
- Additionally, the increased focus on qualitative interviews provides the team with more control over recruitment to be able to understand a more diverse sample of families' needs and experiences in greater depth and over time.
- **Sample:** aim to achieve 80 families (up to two interviews per family with one parent or special guardian plus one young person), plus 20 young adults. The aim is to

engage an even split of adoptive (n=40) and special guardianship (n=40) families and cover a diverse sample quota (age of young person, how adoption/special guardianship is faring, with and without a SEND, family make-up etc).

## Longitudinal online survey option

Additionally, there will be an option for participants to complete an **online survey only** to grow a longitudinal quantitative survey element. This is for those who prefer a survey option and will capture people who sign up after interview quotas are achieved. The pilot online survey will be shortened slightly, lasting c.15-20 minutes for young people and c.30 minutes for parents and special guardians. To improve response rates, the recommendation was to ask parents and special guardians to answer questions about their eldest eligible child only.

Survey challenges might include a low survey response rate, responses predominantly from adoptive parents and those with difficulties or few responses from young people and special guardians. Our engagement approaches aim to mitigate these challenges.

**Sample:** There is no limit to the number that can complete this survey.

## Analysis of administrative data

The mainstage study will include the linking and analysis of the Department of Education's administrative datasets. The datasets to be linked are Children Looked After in England including adoptions (SSDA903 return), National Pupil Database (NPD), Individualised Learner Record, and Higher Education Statistics. The analysis will be undertaken in the Secure Research Service of the Office for National Statistics.

The analyses are intended to provide evidence of the long-term outcomes for young people who left care on an Adoption Order or Special Guardianship Order and those who grew up in care. The specific research questions the administrative analysis aims to answer for these three groups are:

- What are the long-term psycho-social outcomes of children who left care on an adoption or SGO or had a long term foster care placement and how do they differ by type of order?
- What risk and protective factors may explain any difference between the groups? Does the timing (critical periods) of when factors occur influence outcomes? Is there evidence of cumulative (dis) advantage in children's pathways to adulthood?
- Is there any evidence of 'catch up' in educational attainment by type of permanence or by other characteristics such as sex?

- What is the stability of the different orders and how do they differ by age at placement and age at return to care?
- What are the trajectories and outcomes for children who return to care after a permanence order disrupts?
- What new emotional and behavioural difficulties emerge during adolescence?
- Do children placed for permanence experience normative transitions at different times than peers in the general population? For example, do they enter FE or HEIs later than the general population?

The outcomes for analysis are still in discussion but the intention is to include a wide range such as placement stability, educational progress and attainment, health, social adjustment, adult self-sufficiency, and facilitators, and barriers to a successful transition to adulthood. Based on the pilot findings the administrative data analysis will examine the outcomes for:

- Children who left care to live with a special guardian. The exploratory analysis of the data identified that it is possible to link the majority's social care history and education data.
- Children who left care on an Adoption Order will be included at the mainstage but be divided into two cohorts: the minority (37%) of adopted children with a PMR that can be linked in the social care and education datasets and adopted children with a PMR only in the education datasets. Since 2014, the pupil premium plus has been available to schools for pupils who left care on a permanence order Parents/carers have to notify the school of the child's status. Previous analysis by the DfE <sup>22</sup> found that at Key Stage 4 attainment data were available for 62% of adopted children in 2022. The mainstage analysis of data will explore in more detail the characteristics of the adopted children in the two cohorts.
- Children who returned to care after the making of an Adoption or Special Guardianship Order will be included at the mainstage. Virtually all these children have a PMR that can be linked across the datasets. The analysis will consider whether disruption rates have increased/decreased, the pathways through care for these children and whether other forms of permanence were found.

## The cohorts

- **Cohort 1:** Young people who left care on an adoption or Special Guardianship order (SGO) and who can be identified in the social care *and* education datasets and who

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<sup>22</sup> <https://explore-education-statistics.service.gov.uk/methodology/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england-methodology#content-section-2-content-1>



have not returned to care. The cohort selected are those who completed Key Stage 4 or Key Stage 5 between 2015/16 and 2018/19.

- **Cohort 2:** Young people who left care on an adoption order or left to live with a special guardian and their previous looked after status can *only* be identified in the education datasets and who have not returned to care. As with Cohort 1, these are young people who completed Key Stage 4 or Key Stage 5 between 2015/16 and 2018/19. This cohort can only be followed from when they first appear in the education datasets to the most recent data available (social care history will be unavailable).
- **Cohort 3:** Young people who left care on an adoption or to live with a special guardian and whose placements disrupted and re-entered care between 2014 and 2021. Social care history and education data should be available to be linked.
- **Cohort 4:** Long-term foster children. The criteria are children who entered care under the age of seven, who had long-term foster care as their plan for permanence and were in a long term foster care placement, and had not previously left care on an adoption order, child arrangement order or left to live with a special guardian. This cohort is included as they offer a comparison group of children who were in LA care, and remained in foster care.

Expected challenges include inaccurate and missing data and difficulty in identifying adopted children in the datasets. There are challenges too in reporting educational attainment over the years because the subjects tested and the exam marking thresholds have changed over the years. These are challenges which the research is trying to overcome.

## Timelines

The mainstage will run over two fieldwork periods:

- Wave 1 fieldwork: January – July 2024.
- Wave 2 fieldwork: Timing to be confirmed, likely to be around 2 years after wave 1 fieldwork.
- Final reporting in September 2028.

## Annex one: Measures and scales for Family Routes study

Table 6 shows which measures and scales have been selected for the mainstage of the Family Routes study.

**Table 6: Measures and scales selected for the Family Routes study**

Domain	Measure	Completed by Young person aged 12-17 years	Completed by young adult aged 18-25 years	Completed by parent& carer
Young people's mental health	PHQ-2 and GAD-2 (Kroenke et al. 2003 and 2007). <sup>23</sup>	√	√	N/A
Young people's mental health	SDQ <sup>24</sup>	N/A	N/A	√
Young people's mental health	TEIQUE SF <sup>25</sup>	√	√	N/A
Young people's wellbeing	ONS life satisfaction scale. <sup>26</sup>	√	√	√
Young people's optimism/hope	Children's Hope scale <sup>27</sup>	√	N/A	N/A

<sup>23</sup> Kroenke, K., R. L. Spitzer, et al. (2003). "The Patient Health Questionnaire-2: validity of a two-item depression screener." *Med Care* 41(11): 1284-1292. Kroenke, K., R. L. Spitzer, et al. (2007). "Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection." *Annals of Internal Medicine*, 146(5): 317-325.

<sup>24</sup> <https://youthinmind.com/products-and-services/sdq/>

<sup>25</sup> [London Psychometric Laboratory](https://www.londonpsychometriclaboratory.com/)

<sup>26</sup> Personal well-being in the UK - Office for National Statistics (ons.gov.uk) [Personal well-being in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peopleandpopulation/healthandlife/wellbeing/articles/personalwellbeingintheuk)

<sup>27</sup> <https://educationendowmentfoundation.org.uk/measures-database/childrens-hope-scale>

Domain	Measure	Completed by Young person aged 12-17 years	Completed by young adult aged 18-25 years	Completed by parent& carer
Young people's optimism/hope	LOT-R <sup>28</sup>	N/A	√	N/A
Family functioning	Brief family functioning <sup>29</sup>	√	N/A	N/A
Family functioning	Parental bonding Instrument brief <sup>30</sup>	N/A	√	N/A
Family functioning	Communicative openness <sup>31</sup>	√	√	√
Parental/carer self-efficacy	The Brief parental self-efficacy scale BPSES <sup>32</sup>	N/A	N/A	√
Social support	Social Provisions scale <sup>33</sup>	N/A	N/A	√

<sup>28</sup> <https://positivepsychology.com/life-orientation-test->

<sup>29</sup> Abigail K. Mansfield, Gabor I. Keitner & Thomas Sheeran (2019) The Brief Assessment of Family Functioning Scale (BAFFS): a three-item version of the General Functioning Scale of the Family Assessment Device, *Psychotherapy Research*, 29:6, 824-831, DOI: [10.1080/10503307.2017.1422213](https://doi.org/10.1080/10503307.2017.1422213)

<sup>30</sup> Parker, G., Tupling, H., and Brown, L.B. (1979) A Parental Bonding Instrument. *British Journal of Medical Psychology*, 1979, 52, 1-10.

<sup>31</sup> Brodzinsky, D., (2006). Family structural openness and communication openness as predictors in the adjustment of adopted children. *Adoption quarterly*, 9(4), pp.1-18.

<sup>32</sup> <https://www.corc.uk.net/outcome-experience-measures/brief-parental-self-efficacy-scale-bpses>

<sup>33</sup> [Social Provisions Scale.pdf \(washington.edu\)](#)

Domain	Measure	Completed by Young person aged 12-17 years	Completed by young adult aged 18-25 years	Completed by parent& carer
<b>Social support</b>	Modified MOS-Social Support Survey <sup>34</sup>	N/A	N/A	√
<b>Parent and carer wellbeing</b>	ONS life satisfaction scale (op cit) <sup>35</sup>	N/A	N/A	√
<b>Parent and carer wellbeing</b>	Caregiver Strain Questionnaire Short Form <sup>36</sup>	N/A	N/A	√
<b>Parental/carers health</b>	EQ-5D-5L <sup>37</sup>	N/A	N/A	√

<sup>34</sup> Moser, A., Stuck, A. E., Silliman, R. A., Ganz, P. A., & Clough-Gorr, K. M. (2012). The eight-item modified Medical Outcomes Study Social Support Survey: Psychometric evaluation showed excellent performance. *Journal of Clinical Epidemiology*, 65(10), 1107-1116.

<sup>35</sup> Personal well-being in the UK - Office for National Statistics (ons.gov.uk) [Personal well-being in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/personal-well-being-in-the-uk)

<sup>36</sup> Brannan A.M., Athay M.M., de Andrade A.R.V. (2012) Measurement Quality of the Caregiver Strain Questionnaire-Short Form 7 (CGSQ-SF7). *Administration and Policy in Mental Health Services Research*, 39 (1-2): 51-9.

<sup>37</sup> EUROQOL EQ-5D-5L (euroqol.org)



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