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Short Article

Shoring up families: Using a self-directed approach to sustain adoption and kinship

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Abstract

Families formed through adoption and kinship care often demonstrate remarkable resilience; however, the impact of trauma, loss, disrupted attachment, and adverse childhood experiences can create challenges that place significant strain on family relationships over time. Traditional support services do not always offer the flexibility, timeliness, or individualisation required to respond effectively to the changing needs of these families. This article describes the development and implementation of a self-directed support (SDS) approach within a Scottish local authority adoption and kinship service. Grounded in the principles of personalisation, co-production, and relational practice, the model enables families and practitioners to work together to identify outcomes and access tailored supports that reflect their unique circumstances, strengths, and needs. The article outlines the rationale for developing the approach, the practice framework underpinning decision-making, and the range of supports utilised, including therapeutic interventions, community activities, practical assistance, and opportunities that strengthen family relationships. A practice vignette illustrates how flexible, outcome-focused support can help families navigate periods of crisis and reduce the risk of family instability. Early learning suggests that providing timely and personalised support can enhance family wellbeing, strengthen relationships, and increase resilience. The approach offers a practical example of how self-directed support principles can be applied creatively

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to promote permanence, stability, and positive outcomes for children and families.

Introduction

Adoption and kinship care offer children the opportunity for safety, belonging, and permanence following experiences of early adversity. However, even well-prepared and highly committed families can face periods of acute strain. Children who have experienced abuse, neglect, separation, loss, and disrupted attachment may present with complex emotional, behavioural, and relational needs that evolve over time and can place significant pressure on family relationships (Cairns, 2002; Selwyn et al., 2014).

These challenges often resurface during key developmental stages or periods of change, testing family resilience and stability. When timely and appropriate support is unavailable or delayed, family arrangements can become increasingly fragile, sometimes resulting in disruption or breakdown (Selwyn et al., 2014). The emotional, relational, and financial costs of such outcomes are significant for children, carers, and services alike.

This article describes promising practice in the use of a self-directed support (SDS) informed approach to strengthen adoption and kinship care arrangements at times of heightened need. By placing families at the centre of decision-making and enabling flexible, targeted support, this approach has helped prevent early or unplanned changes to children's living arrangements, restore family stability, and support both children and adults through periods of crisis. While developed within a Scottish local authority context, the principles and learning are transferable and relevant to child and youth care practitioners internationally.

What is a self-directed support approach?

Self-directed support (SDS) is an approach to funding and delivering care that prioritises choice, control, and personalisation. In Scotland, it is underpinned by the Social Care (Self-directed Support) (Scotland) Act 2013, which established a legal framework to promote individual participation in decisions about care and support.

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The legislation reflects a broader policy shift towards the individualisation of funding, whereby resources are aligned to the person rather than tied to services. In practice, this means that funding 'follows the person', enabling individuals and families to shape how support is organised and delivered, within agreed outcomes and governance arrangements.

Unlike in some parts of the UK, Scotland does not currently operate an equivalent national adoption and special guardianship support fund. Adoption and kinship families may access a range of universal and targeted financial supports, including child disability payment and the Scottish child payment where eligibility criteria are met. The SDS approach described here is not means-tested. Rather, support is considered by assessed need, agreed outcomes, and the potential to sustain family stability.

In this context, SDS represents a fundamental shift in orientation, from asking 'What services are available?' to 'What does this family need right now to stay together and thrive?' For adoption and kinship families, this creates opportunities for more personalised, responsive, and creative forms of support that are tailored to individual circumstances rather than constrained by traditional service models. This flexibility can be particularly valuable during periods of instability or crisis, when standard service responses may not align with the immediacy or nature of a family's needs. The approach described in this article enables timely, outcome-focused support that strengthens family relationships and helps sustain stable family arrangements.

The following section outlines how these SDS principles have been applied within a local authority adoption and kinship service to develop a flexible and family-led approach to support.

Practice context and rationale

Families who adopt or provide kinship care often manage complex needs over extended periods. Children may experience developmental trauma, emotional regulation difficulties, sensory processing challenges, or disrupted attachment patterns that evolve over time. Crises are frequently triggered by transitions such as starting school, entering adolescence, or significant anniversaries linked to loss and trauma. Research highlights that the impact of developmental trauma and disrupted attachment is often revisited at key developmental stages,

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including transitions into school, adolescence, and emerging adulthood, creating new challenges for children and carers (Cairns, 2002; Howe, 2005).

Families and practitioners frequently report that universal and specialist services do not always align with the timing, intensity, or nature of support required during periods of escalation. Waiting times and eligibility thresholds may limit access to timely intervention, increasing pressure on family systems.

The SDS-informed approach described here aligns with wider national policy ambitions to rebalance power within social care systems by shifting decision-making towards children, families, and frontline practitioners. This is consistent with the aspirations of *The Promise* (The Promise Scotland, 2020), which emphasises the importance of relationships, listening to families, and providing support that is flexible, responsive, and tailored to individual needs rather than constrained by systems and services. Duffy (2015) highlights that SDS is rooted in principles of independence, inclusion, and citizenship, understood not simply as autonomy but as participation and interdependence within communities. Although Duffy's discussion relates primarily to residential childcare and broader social care reform, the underlying principles of citizenship, personalisation, and community-based support are highly relevant to adoption and kinship care. Both contexts involve sustaining relationships, preventing unnecessary escalation to more intensive interventions, and recognising the strengths and resources that exist within families and communities.

For adoption and kinship families, these principles reinforce the importance of building on existing relationships and natural support networks, rather than relying solely on formal or service-led responses.

The practice model described in this article was developed locally within an adoption and kinship service. While informed by the broader principles of self-directed support and personalisation described by Duffy (2015), the approach evolved from a growing recognition that families often required more flexible, creative, and responsive support than existing service pathways could routinely provide.

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How the approach works in practice

When a family shows signs of significant stress, practitioners work collaboratively with them to identify pressures and clarify desired outcomes. Together, they develop a support plan that enables resources to be directed in ways chosen by the family and agreed with professionals.

Support is outcome-focused, proportionate, and regularly reviewed to ensure effectiveness.

While SDS enables flexibility, it operates within robust systems of accountability. Effective implementation requires:

- transparent and equitable resource allocation
- proportionate assessment of need
- structured support planning
- regular review and monitoring

Duffy (2015) identifies four key system requirements for SDS to function effectively:

1. clarity about what funding can be individualised
2. fair and robust assessment processes
3. responsive services and community capacity
4. strong governance and quality assurance frameworks

These principles are reflected in this approach, ensuring that flexibility is balanced with accountability and that personalised does not mean unstructured. For practitioners, this requires a shift from service-led problem solving toward relational trust, shared decision-making, and confidence in using flexible, non-standard supports.

Practice vignette

An adoptive family caring for two siblings aged seven and nine experienced a period of escalating stress approximately three years after the children's arrival. The impact of the children's early experiences of neglect and multiple moves began to surface through increased anxiety, aggressive play, and difficulties with emotional regulation. School exclusions and disrupted sleep placed additional strain on the parents,

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who described feeling 'constantly on edge' and worried about their ability to continue.

Rather than initiating a single service referral, practitioners worked collaboratively with the family using a self-directed support approach to identify what would help them most at that moment. The family highlighted three priorities: therapeutic support for the children, physical release for heightened stress, and a short period of respite for the adults.

Through SDS funding, the children accessed weekly play therapy with a qualified play therapist, alongside private swimming lessons that supported sensory regulation and confidence. The parents identified a trusted adult already known to the children who could provide short breaks, allowing them time to rest and regroup. The cost of this support was covered as part of the agreed plan.

Support arrangements were reviewed regularly, with outcomes closely monitored. Within three months, the parents reported reduced conflict, improved emotional regulation in both children, and a renewed sense of confidence in their parenting. What had felt like an imminent placement breakdown became a period of consolidation, with the family describing feeling 'held, trusted, and supported through crisis.'[1]

Therapeutic supports for children

Many families identify the need for therapeutic intervention tailored to their child's interests, developmental stage, and sensory needs. Examples of supports funded through this approach include:

- play therapy
- equine Therapy
- music therapy
- physical or body-based therapies, such as cranial therapy, fitness instructors, or chiropractors

The flexibility of this model allows families to select approaches that resonate with their child, rather than waiting for a single intervention type

[1] The practice vignette has been anonymised and adapted to protect confidentiality.

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to become available. Practitioners report that children often engage more readily when support aligns with their interests and strengths.

Funding decisions are not based solely on family preference. Proposed supports are considered collaboratively, drawing on family views, practitioner assessment, available evidence, professional recommendations, and the likelihood that the intervention will contribute to agreed outcomes. The key question is whether a proposed intervention is likely to contribute to agreed outcomes. Approaches do not need to be clinically prescribed but must have a clear rationale and a mechanism for reviewing impact.

Creative and Individualised Interventions

Not all effective interventions fit traditional clinical models. Families have also used resources for:

- gym memberships (for the whole family)
- private swimming lessons
- structured extracurricular activities (gymnastics, dancing)

These interventions are carefully linked to agreed outcomes and monitored for impact, reinforcing that personalised does not mean unstructured.

Support beyond the child: Holding the whole family

A key strength of this practice is its recognition that supporting the stability of adoptive and kinship living arrangements requires attention to the entire family system.

In some cases, the most pressing need is not therapy for the child, but relief or restoration for the adults. SDS funding has enabled families to access:

- short breaks provided by trusted individuals who already know the children
- therapeutic, counselling, or wellbeing support for carers
- practical assistance during periods of overload

Where short breaks are provided by someone not usually part of the caregiving network costs are covered. This enables carers to rest and recover without guilt or additional financial strain.

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This reflects Duffy's (2015) emphasis that the most valuable resources available to families are not solely financial, but lie in their relationships, strengths, and community connections, which he terms their 'real wealth.'

Families report that feeling 'held' by services during moments of crisis makes a profound difference. Feedback is gathered through regular review meetings, outcome-focused conversations with families, and practitioner evaluation of agreed goals. While the approach has not yet been formally evaluated, routine feedback consistently informs decisions about continuing, adapting, or ending support.

Being listened to, trusted, and supported reduces isolation and reinforces a carer's capacity to continue.

Outcomes and impact

Early indications suggest positive outcomes from this approach. These observations are drawn from routine review processes, family feedback, and practitioner evaluation of agreed outcomes rather than formal research measures.

In several cases, targeted support has contributed to improved stability for families experiencing significant stress or approaching crisis. Families describe:

- reduced stress and conflict
- improved parent-child relationships
- increased confidence in managing future challenges
- renewed confidence in their ability to sustain family relationships

From a system perspective, the approach also appears to represent a cost-effective use of resources. The financial cost of providing flexible, preventative support is modest when compared with the potential costs associated with family breakdown, including residential care, repeated transitions, additional statutory intervention, and the longer-term emotional impact on children and families.

In practice, support packages commonly range from a few hundred to a few thousand pounds over a defined period, depending on the intensity and combination of supports required. While relatively small in financial terms, these interventions can help maintain family stability, strengthen

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relationships, and preserve the permanence of children's living arrangements.

Crucially, outcomes are not assumed. Support arrangements are regularly reviewed in partnership with families, progress towards agreed outcomes is monitored, and adjustments are made where interventions are not delivering the intended benefits. This ensures accountability while maintaining the flexibility that is central to the approach.

Challenges and considerations

SDS is not without complexity. Duffy (2015) highlights risks including:

- inconsistent interpretation
- overemphasis on budgets rather than relationships
- potential drift towards consumerist models of care

There are also broader concerns that personalisation could shift responsibility or risk onto families if not implemented carefully.

This model seeks to address these challenges by emphasising:

- relational practice and co-production
- ethical and proportionate use of resources
- shared decision-making and accountability

In doing so, it aims to ensure that SDS enhances, rather than replaces, professional support. Flexible funding is viewed as a tool to strengthen relationships and improve outcomes, not as an end in itself.

Why this matters beyond one system

While developed within a Scottish local authority context, the principles underpinning this approach have wider relevance for child and youth care practitioners internationally. Several key lessons emerge:

- **Personalisation matters:** Families are more likely to engage with support they have helped shape.
- **Timing is critical:** Support delivered at the point of escalation can prevent longer-term difficulties and reduce the need for more intensive intervention.
- **Supporting carers sustains children:** The wellbeing of carers is fundamental to family stability and children's outcomes.

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- **Creativity can coexist with accountability:** Flexible funding can be both outcome-focused and appropriately governed.

At its core, this approach reflects a relational ethic: trusting families, working alongside them through periods of difficulty, and responding with humanity as well as professional expertise.

Conclusion

Adoption and kinship care families are both resilient and vulnerable. They require not only preparation before and during a child's move to their care, but also ongoing, responsive support that evolves as children and families change over time. The SDS-informed approach described in this article provides a practical and policy-aligned mechanism for delivering support that is timely, individualised, and rooted in partnership.

By combining personalisation with accountability, and flexibility with professional oversight, this approach enables families to access support that recognises their specific circumstances and strengths. In doing so, it helps preserve family stability, strengthen relationships, and sustain permanence for children.

Ultimately, shoring up families when they need it most helps ensure that children can remain in safe, loving, and stable homes, not because families never encounter challenges, but because they are supported to navigate those challenges together.

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About the author

Robyn Elliot has worked in children and families social work for 26 years, with extensive experience in family placement, permanence, and assessment. Throughout her career, she has supported children, young people, and families across a wide range of statutory and specialist settings, with a particular focus on fostering, adoption, kinship care, and permanence planning. As a team leader in adoption and kinship care, Robyn is committed to promoting relationship-based practice and improving outcomes for children through reflective, evidence-informed practice.

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