

Providing long-term substitute care for young children Clearing a path through an academic minefield

A summary of discussions at various meetings, compiled by Roger Bullock and drawing on contributions from: Margaret Adcock, Sarah Blower, Judith Masson, Elizabeth Monck, Roy Parker, Michael Rutter and John Simmonds.

Providing substitute care for children of any age is difficult (Bullock et al, 2006) but it is especially so for very young children who are unlikely to be able to live with their birth families for the foreseeable future because of fears that if they did, they would suffer significant harm.

Several solutions to these problems are available – adoption, long-term fostering and kinship care, with various methods, such as concurrent planning and family support, to facilitate them. Each of these has some evidence to back up claims of effectiveness; but likewise few of these options run smoothly and each has been shown to face difficulties.

As a result, views on what is best for young children needing long-term care can become polarised into pro- and anti- camps with the numbers of children requiring each type of placement somewhat exaggerated. So what is the situation and can a distanced analysis indicate a path through the arguments?

Question 1: What is the nature of the problem and how big is it?

The main concern with very young children, say under the age of three, is whether they can live safely at home or need to be cared for elsewhere; and if so, under what legal and social arrangements?

The first observation to make is that national statistics need disaggregating to avoid unsupported generalisations. In England, the proportion of children entering care under the age of one in 2010-11 was 19%, a percentage that has almost doubled since 1980 when it was 11%. However the fall in annual admissions to care for all children during that period, from 43,500 to 27,310, means that the actual number is only 11% higher. But this increase is offset by a fall in the figures for admissions of children in the 1-4 age group where there has been a decline of 38%, from 9,135 to 5,670, contributing to an overall drop of 21% for the 0-4s as a whole. So it is not true that local authorities have been ‘swamped’ with young children in terms of numbers, as is sometimes reported in the press; but it is the case that because of the development of alternatives to deal with family breakdown, homelessness and mothers’ hospitalisation, those they do care for are more likely to be victims of serious abuse and neglect. Indeed, in 1967, for instance, ‘mother’s confinement’ was the second most significant reason for admission, forming 17% of the total.

The national statistics also highlight the variety of children’s circumstances. For example, two thirds of the 27,310 entries to care in England in 2010-11 were voluntary admissions, which suggests that although the situation was serious, shared care with birth families was feasible. In contrast, Masson’s study of children involved in care proceedings found that nearly 29% of them were less than one year old. As

children on care orders tend to stay longer in care, they apply to 60% of children in care at any one time, indicating a high risk of serious neglect and/or abuse among those who stay for several years.

The need for firm action to help young children has been emphasised not only by the widely reported death tragedies that have revealed the dangers facing young children left in abusive situations but also by researchers such as Ward, Farmer and Selwyn who have shown that many young children returned home from care tend to be readmitted following further abuse and neglect; or if they do stay, show poor development compared with those remaining in care. A typical example is a Loughborough University study (Ward and Munro, 2006) that followed up until the age of three 57 babies admitted to care because of actual or likely significant harm. It found that a third of the mothers had already been separated from an older child and that the risk of neglect of the new baby was often apparent before or soon after birth. At the age of three, 15 (26%) of the 57 children were permanently separated from their birth families but especially worrying was the fact that 60% of them had faced a double jeopardy in that they had been kept at home until things became impossible and had then formed a close attachment to a carer before they moved to a long-term placement. Nearly half (28 or 49%) were living with their birth families at the age of three, but 43% of them were considered to be at risk of significant harm because their parents' behaviour had not changed, although this does mean that in 57% of cases the situation had improved, mostly in the first six months. This situation illustrates the dilemma facing social workers; some families do improve but there is uncertainty about which.

Thus, this study identifies a highly vulnerable group of 12 (21%) out of the 57 babies studied who at the age of three were living in very unstable situations in that they were displaying behavioural and developmental difficulties and living with adults who had maltreated them in the past and who seemed unable or unwilling to change. For children in these situations a long-term, stable placement seems a sensible option and the firmer the foundation on which it rests, the better. But the important variable in reaching this conclusion is the quality of social work support offered to the families following their child's return from care or while their babies were not with them. Does poor quality social work or parent intractability explain the results? Ward considers this but emphasises that social workers did everything possible to keep families together and parents' rights were respected; so it is hard to envisage how much the outcomes would have been different if other services had been provided.

Question 2: What is needed for young children deemed to need long-term care outside their birth family?

The answer to this question will have changed over the years in response to social attitudes and as a result of other social circumstances, such as poor housing, inter-generational unemployment and increasing substance misuse in some communities. The development of ideas also reflects increasingly sophisticated knowledge about child development, revisions to attachment theory, greater understanding of developmental stages and brain development, empirical findings about risk factors and follow-up evidence on children's progress. In addition, service provision is relevant as those sceptical about the benefits of removal from home stress that few resources are devoted to reunification compared with entry to care, even though both

tasks have similarities in terms of their aims for the child. As a result, specialist skills with regard to children's return home from care are rarely available with the few initiatives that have been set up soon fizzling out.

A division in professional opinion exists with regard to what is best for children at continuous risk of harm from their birth relatives, centring on the alleged strengths and weaknesses of different options. As in any debate about professional action, there will be cases where the situation makes the decision virtually clear-cut causing the arguments to focus on the groups falling between extremes. Taking discussions about foster care in these situations as an example, critics stress that it does not offer the child long-term security as carers can and do give up at short notice. The arrangements are also under continual scrutiny and maintain the stigma of being in care felt by the child. But its supporters point out that it is just as effective as adoption (which can also break down) and is ethically more desirable where a young child has a close emotional, even if unhealthy, bond with a parent who is unable to care for him or her, perhaps due to alcohol or drug abuse or long-term mental illness. Long-term fostering is seen as providing the necessary physical and emotional care for the child while holding the parental relationship 'in trust' until the child is old enough to manage the situation or make their own choice. While there is a growing recognition that such placements are perfectly capable of providing the security and commitment children need (Biehal et al, 2010; Schofield and Beek 2009), there is less clarity about what brings this about and the care arrangements are often counterproductive by ending at age 18, despite statutory leaving care requirements. Of course, it is the case that the increasingly open arrangements in adoption and special guardianship also hold birth family relationships 'in trust', but in all cases there should be some recognition that contact can be painful as well as rewarding for the children and adults whatever setting they are in.

Several publications have helped to formulate criteria on which placement decisions should be made. The Dartington Practice Tool *Going Home* lays out factors that predict the likelihood of a child returning home from care and its success. These indicators are robust as they have been derived from prospective follow-up studies of looked-after children. David Jones has charted the conditions for successful rehabilitation, looking at the situation of parents and children, the risks of harm, family interaction and characteristics, professional activity and social settings. With regard to care placements, Schofield and Simmonds have reviewed the effectiveness of different settings while Thoburn and Courtney have discussed the options open to social workers seeking to help children in need of long-term substitute care, all of them seeking to encourage a more sensitive perspective than an either-or view of options.

All of these reviews urge caution about being unduly categorical about which settings will meet the needs of which child because of the significance of the background characteristics of the different groups concerned, especially the age at joining the new family, the extent of adversity early in life and the likelihood that the adults will change. When options are well matched to the needs of children and families, the outcomes assessed in numerous research studies are encouraging with regard to placement stability, parent-child bonding and attachments, as well as physical and cognitive development, although children placed when older can face problems in some of these areas.

Thus the debate about the most appropriate option is not so much one of ‘what works’, as all options can be effective if well delivered to the right children and all can fail; it is about the arrangements which ensure optimal child development in a context where predictions have to be made in the midst of uncertainty.

Question 4: What is the reality?

There is a danger that these somewhat abstract discussions about welfare do not ring true for practitioners working with children and families. In order to resolve this, an analysis of the needs and background characteristics of children entering care is necessary but there is a problem in comparing studies because of differences in the composition of samples, the categorisations used and variables such as non-response rates. But if global statements are being made about looked after children, they have to be based on all-inclusive samples so that any sub-groups can be considered in the context of the total population. Two such studies are relevant in this respect.

The first involves a scrutiny of 99 sequential admissions to care in an English metropolitan borough in 2004. It showed that the children fell into four groups in terms of their needs. One group comprised 14 children of school age who presented challenging behaviour. This might well have been the result of abuse and neglect and their behaviour often exposed them to danger; but for them the placement issues were different from those of younger children as they were older and had an established network of family and friends, and so they can be omitted from this discussion.

Of the 85 remaining children, 31 (Group 1 in Table 1) came from families under stress due to illness or poverty and although parenting was perceived as poor, the risk of harm to the child aroused concern but was adjudged to be relatively small compared with other children. This means that for just over half (53) of the 99 admissions, there were clear protection issues. In 33 cases, these arose from family discord and violence, and in 21 from actual abuse and its effects.

The background and usually overlapping characteristics of the children in these three groups are laid out in the following table (figures are percentages):

Table 1: Background characteristics of three groups of children entering care in a metropolitan borough, and in a later study of three local authorities

	STUDY ONE METROPOLITAN BOROUGH 2004				STUDY TWO THREE LAs 2011
	Group 1 N= 31	Group 2 N=32	Group 3 N=21		(N=65)
Male	45%	58%	52%		58%
Aged 0-1	39	30	24		100
2-3	17	15	10		0
4-5	3	15	15		0
On cp register	39	36	33		56

now					
On cp register in past	10	15	40		40
Looked after before	19	18	19		2
Currently placed with sibling	26	45	48		8
Recently ill-treated	42	79	67		37
Sexually abused	0	6	29		2
Emotionally abused	10	12	43		5
Physically abused	29	18	14		10
Neglect	32	49	57		38
Domestic violence	26	76	19		46
Parent mental health problems	16	27	29		34
Parent alcohol abuse	10	33	38		26
Parent drug abuse	16	9	19		25
Plan for return home	39	21	0		n/a
Likely to be in care for >5 yrs	10	39	38		n/a

The figures from the metropolitan borough suggest that about a fifth of admissions to care (the 21 children in Group Three) followed concerns about actual abuse and neglect. A quarter of these children are aged less than two and half are under six. A further third of admissions (the 32 in Group Two) result from the effects of serious family discord and violence. One third of these children were aged under two and two-thirds younger than six. Just under 40% of the children in both groups were expected to remain in care for at least five years.

Although extrapolation from one local authority to a whole nation is dangerous, it may be possible from this information to estimate the number of very young children entering care for whom a long-term placement is likely to be needed, offering an indication of the size of the problem, although it must be emphasised that a single local authority may be unrepresentative of the country as a whole.

If extrapolation is undertaken, the results from the metropolitan borough indicate that 21% of admissions would be expected to fall into Group 3, where the overriding feature is serious abuse and neglect, and that 24% of these children would be under

the age of two. On the basis that 24% of 21% of care admissions are grossly abused or neglected infants under the age of two needing a long-term stable placement, a proportion of 5% emerges (24% of 21%). When this rate is applied to the 27,310 annual entries to care in England in 2010-11, a figure of 1,376 children is produced. In the Loughborough research, it was found that by the age of three, 26% of baby admissions were permanently separated from their families and 21% were living at home in risky situations. Application of these two sets of figures to the whole of England indicates that out of the vulnerable group of 1,376 children just identified, by the age of three 26% of them will have been permanently separated from their birth families and for a further 21% this could well happen, figures of 362 and 289 respectively.

If we accept the figure of 362 permanently placed children, it can reasonably be assumed that most will have been through the court system and the evidence supporting separation will have been tested very carefully. It is, therefore, the other 289 who are the subject of arguments about living away from home and reunification, and the various legal and placement options underpinning such decisions.

Obviously, calculations of this kind can only be tentative, but a safe conclusion is that very young children at risk of harm and needing a long-term substitute placement are a clearly identifiable group and form a minority of children entering care, although a very important one, and a larger proportion of those in care at any one time. They are never a majority of all looked-after children but their needs are pressing and salient.

In case practice has changed since the death of Peter Connelly in 2007, a further analysis is offered of recent information, as yet unpublished, on 100 children entering care sequentially in each of three English local authorities in 2010. The sample comprises the 65 children who were under the age of one, extracted from the larger sample of 300¹ and their characteristics are laid out in Table 1.

These 65 infants represent 17% of all children becoming looked after over the course of the year in the three authorities. Approximately a fifth of them became looked after due to short-term difficulties, such as a parental illness and there being no friends or family to care for the child. This leaves the majority facing a risk of harm and a potential long-term placement. The background characteristics of the children are presented in Table 1, alongside those from the earlier metropolitan borough study. As would be expected in an all inclusive care sample, levels of abuse and neglect are lower than for the sub-groups 2 and 3 in the metropolitan borough but there are still relatively high levels of domestic violence and alcohol/substance abuse.

These data appear to confirm that for 80% of children entering care under the age of one, there are serious and enduring child protection concerns. If this proportion were applied to the 5,330 under ones entering care in England in 2010-11, it would have represented 4,260 such children entering care annually. But returning to the earlier

¹ For research reasons, the sample randomly selected admissions, excluded siblings, asylum seekers, remands and babies relinquished for adoption at birth (very few such children and none at all in one of the local authorities). But these exclusions do not detract from the fact that the 65 children discussed are fully representative of admissions to care.

figures of 362 and 289, we have seen that the proportions of children out of this 4,260 who might have been permanently placed away from their birth family or living in potentially risky contexts are relatively small, about 8% and 7% respectively, suggesting that these two scenarios are not the most common reasons for providing services to looked-after children. Nevertheless, they form an important sub-group of them.

But putting statistical manipulations aside, other observations are illuminating. Reading through the case files for the 65 children in the three local authorities, it is noticeable that the question of permanence and the possibility of adoption do not figure prominently in the early stages where support to parents, placement with the birth family or the immediate issues of foster care are more urgent, even though guidance requires that a plan for permanency is agreed by the four months review. Much of the social work at this stage involves securing foster placements sometimes with an element of twin tracking. This primarily involves assessing the capabilities of parents and/or extended family members to look after the child. Efforts appear to be focused on returning the child home or to other relatives, whereas the other dimension of twin tracking, namely considering a permanent placement, was only marginally pursued in the first 18 months.

Services provided to the family early on tend to focus on contact, making sure that parents and children turn up and monitoring the quality of their interaction. Very few evidence-based programmes (such as Incredible Years or Nurse Family Partnership) are offered to families and it is sometimes difficult to ascertain from the case notes how the support they receive is intended to improve their circumstances, even when residential assessments, mother and baby foster care and parenting programmes are used. An important caveat here is that the case files contain very poor recording of service information; for example, there are references to the support that has been offered but little recording of engagement and attendance.

At follow-up (between six and 18 months depending on the date that the child became looked after), 15 (23%) of the 65 infants had returned home to parents or other relatives and eight others (12%) had never been separated from their parents although they were legally designated as being looked after. These arrangements were deemed sufficient by professionals and courts to keep the family together, often involving spending time in a mother and baby foster placement or living at home with parents under specified conditions, such as the removal of a violent or abusive adult from the home.

The majority of children (42 or 65%), however, did remain in care. In these cases the enduring problems echoed those of other research studies; namely domestic violence, drug abuse, parental mental health and criminal activity that are deemed to place the child at risk of significant harm should he or she return home.

Four questions arise from this evidence. The first is what are the options for these children and what is the right thing to do – adoption, open adoption, special guardianship, long term fostering, continuation of what is being done in the hope of rehabilitation and restoration/return to the family? A second that follows asks, is it possible to generalise or argue for a standardised response? Looked-after children are not a homogenous group, even those under the age of one year have different family

circumstances, are exposed to different risks and have different ethnic and cultural backgrounds. Third is the question of what is most important - is it the legal security underpinning commitment by adults to take responsibility for the child or is it caring by people committed to him/her? Finally, as many children became looked after with one or more of their siblings, how does this situation complicate matters?

It is significant for these discussions to note that in the three authority study, the possibility of adoption tended to come late in the process (unless the situation is clear-cut as in the case of parents who relinquish their babies at birth) and by the time that it was considered, numerous people and agencies were involved, making the process potentially cumbersome and sometimes contentious.

Question 5: What would help?

So what would help clarify the situation and focus the discussion on the needs of children? Three proposals are offered, one requesting better availability and use of background information, another suggesting reforms to the legal process and a final one requesting clearer wording to describe what children need.

Better availability and use of information

One contribution to a better understanding of children's needs would be more accurate, balanced, continuous and sensitive background information and avoidance of selective evidence. Quite often the use of available statistics and research findings seems hasty, and therefore too superficial to interpret adequately what they have to tell us. This equally applies to references to the theories of child development that are cited to justify decisions.

A good example of different ways of analysing information occurred recently with regard to the statistics on looked-after children in England. They lay out the percentage of looked-after children who were adopted during the year in each local authority and it was on the basis of these figures that the 'best' and the 'worst' performers were reported in the media and referred to by the politicians. Two were singled out as the 'bottom' two whereas in fact several others had lower proportions than either of them. Admittedly the differences were not great but why pick out them? Then there is the question of what the trend looked like in the 'high' and 'low' performing authorities. Had one taken an average of, say, the last five years the 'percentage of looked-after children adopted' would, in many cases, have looked rather different. Likewise, where there had been a 'backlog' of children needing adoption, that had then been dealt with, a subsequent reduction in the number of adoptions might not have been unexpected.

It also needs to be explained that in England in the last year, although 3,040 children left care through adoption, 1,740 left through special guardianship and 10,350 returned to their parents or other family members. Taking adoption and special guardianship together produces a figure of 4,780 which is the largest number of children ever that have left care through these two orders. This is not the oft-quoted 60 babies under one or a 5 per cent reduction in adoption, but a 6.5 per cent increase in children being placed. If these figures are compared with the height of adoption

figures of 3,800 in 2005, then that is a 22 per cent increase since then. This is not the kind of evidence that usually points to a system in crisis.

Despite the overarching responsibility to ensure that we minimise delay in every part of the process and maximise the number of children placed, local variation may not necessarily be an indictment. There are different local population characteristics and different looked after children profiles. Every local authority cannot be the same: that's why we have 'local' authorities. The heart of practice is the child and in the UK there is a fundamental commitment to the principle whereby meeting the child's needs is paramount, with adoption a very important part of the response. 'Naming and shaming' damages morale, makes workers feel resentful and misunderstood, reducing their confidence to act when the issues are complex.

A second example of the caution required when reviewing statistics on looked after children occurs when estimating the proportion of children in care eligible for adoption and the question of just how many children might be potential candidates, leaving aside whether or not this was the appropriate course of action. The total number of children being looked after (65,520 at 31st March, 2011) is often taken as the proper figure from which to calculate the percentage adopted or needing adoption. But this is misleading because a substantial proportion of children could not, or would not, have been considered for adoption as the following list shows.

Table 2: The number of children for whom adoption is an unlikely option

Subject to special guardianship orders	1,760
Subject to an interim care order*	13,660
On remand or committed	160
Subject to protection orders	40
Allowed to be with parents or relatives*	3,970
Living independently	2,460
In secure units	160
In young offenders units	130
Missing	110
TOTAL	22,450

(*these are broad categories and may include some children who will subsequently be adopted)

This 22,450 represents 34% of the total looked-after population; but it must be a minimum number because there are also more who would have been unlikely to be considered for adoption. They include children admitted to care on a planned short-term basis; those over 16 (13,860 of them); most unaccompanied asylum seekers (2,680 of these) as well as those in settled long-term foster homes where there is no plan to move to adoption. And then there is the question of how 2,450 children already 'placed for adoption' (but awaiting the making of an order) should be taken into account in the calculations. It is impossible from the data available to know how many from these groups should be added to the 22,450 above; but there will certainly be some. Would an estimate of, say, 5,000 be reasonable? If so, it would boost the number of looked-after children who might have been excluded from the adoption

equation to about 27,500 or 42% of the total looked after, leaving the base figure for the calculation of percentages at about 38,000 rather than 65,520. The proportion adopted from care would then rise from 4.6% (or one in twenty-two) to 8.3% (or one in twelve): quite a difference and one that could lead to a somewhat different discourse about what is happening.

Reforming the legal process

A second change that would help improve decisions on looked-after children is reform of the legal process, especially the cumbersome process associated with care proceedings. In her scrutiny of 682 children involved in this process, Judith Masson concluded that there is no single cause for this complexity and hence no easy solution. She highlights areas where the situation might be improved but stresses that social workers and local authorities as well as lawyers have to change.

In explaining the reasons for the complexity, she identifies several inter-linked factors. These include: the ethos and culture surrounding the process, legal principles about rights, beliefs about the value of different interventions, practicalities associated with cost and diversionary tactics. In addition, some local authorities make things more difficult than necessary for themselves by poor quality work, disrespect for timetables, arguing the unarguable and failing to support their social workers through the court process.

There are two contributory factors in all of this. The first is the intrinsic 'drift', both before and during proceedings, that arises from professional insecurity and a lack of control and is one reason why so many experts are brought in. The second is the seemingly contradictory message from human rights legislation that there should be respect for both the birth family's position and the child's need for healthy development. There is no simple resolution to this conflict other than clarity of intent supported by robust evidence, along with an explanation of how what the local authority has done meets the requirements of the various conventions.

To improve the process, children's services need to look at the structures they adopt with regard to finding satisfactory placements with the aim of reducing delays early on in the process. They also need to be aware of the significance of 'out of court' negotiations and to examine how the plethora of various reviews, such as routine assessments, case conferences and child protection meetings, fit together and influence the decision to take court proceedings in the first place. In addition, as mentioned earlier, there needs to be clarity in situations where one child in a sibling group, often a newly born baby, is the focus of concern as this raises a new set of issues that needs to be disentangled early on, otherwise they complicate discussions later.

The ownership of plans, the beliefs, values and perspectives that underpin and maintain them and the loss of a 'continuity' dimension are the important factors in explaining how the needs of children get subsumed by an overwhelming concern with process.

Clearer wording to describe what children need

Finally, it is important to note that over the past thirty years, a set of concepts has developed to underpin decisions about the long-term placement of children in care. Some of them, such as ‘attachment’ and ‘identity’ emerged from psychological research but others, such as ‘matching’ and ‘permanency’, are more recent and are specific to child placement.

There have also been changes in understanding child development. These include: unequivocal evidence about the importance of early relationships, awareness of the possibility of diverse relationships, the importance of the child’s voice, a perception that he or she is no longer the passive recipient of other people’s decisions and the way needs differ across age groups. It is now recognised that in the second half of their first year of life, children make selective attachments which are multiple and vary in their nature and strength. Psychologists now understand that children are capable of more than one supportive, close and nurturing relationship at a time rather than the single attachment emphasised by Bowlby in his early work. He studied many children who had moved a lot in their first year and noted very poor developmental outcomes and while we are still uncertain about how much these are due to movement or to the poor quality of previous and substitute care, we can conclude that such children are a very high risk group in terms of developmental impairment. While this tranche of knowledge does not give precise answers, it acts as a backcloth to any discussion.

It is also inevitable that thinking will change over time as a result of research findings, legal judgements and professional experience. But there is concern by some academics outside social work that the concepts adopted do not adequately express what is intended and may petrify discussions rather than facilitate the outcome professionals want. For example, in a review of the notion of ‘matching’, David Quinton suggests that in seeking placements, ‘We need to move from a situation in which we look for a match based on speculative information and then use services to address potential and emerging difficulties, to a process in which adopters and agencies are part of the ecology of parenting, through which we learn about the needs of children *and* adopters through an ongoing dialogue between all those who can help’ (Quinton, 2012, p.103).

Similarly, the concept of ‘permanence’, first developed in the US and elaborated by Maluccio and colleagues in Massachusetts, is now firmly entrenched in social work language throughout the world but despite this widespread take up, it is not always clear what it actually means, even if its intention as a response to the ‘drift’ identified in many studies in the 1970s is obvious to social workers. It is sobering to recall that Romanian orphanages claimed to offer permanency. As there is no established bank of research knowledge about permanency as such compared with the other psychological concepts mentioned, it is relatively easy for sceptics to raise fundamental questions about what is meant and subvert care plans.

It is generally agreed that parenting involves preparing children for change as no-one spends all their life in a single relationship and all families expect their children to move on. In this sense little else other than availability can be considered as ‘permanent’, although it is the availability of a secure base to which they can return that is often sought for children in care. Hence, although the concept does help link past, present and future aspects of children’s lives, it usually does so in an indirect

rather than a direct way. Then there is a question of whether permanency can only be provided in a family. Neglected children placed in institutions in England do not do well, despite good intentions, but why? Is it problems intrinsic to residential care, such as difficulties in providing unconditional love, or is it to do with the child's age? So, rather than make broad statements about what is good or bad for children, we need to consider the quality of what is offered, especially the relationships, and view this in the context of the child's needs, which for children who stay long in care will include commitment, stability, love and a secure base.

Permanency is enshrined as an ideal in social work practice and as a child's 'right' in law but the use of the concept in many official documents seems rigid and there is a danger that this inflexibility could act as a driver forcing agencies to adopt a particular approach that may not be in the interests of some children. For instance, what does permanency mean for older children, those who choose not to stay in their placements, and those whose parents' are loving but whose capacity fluctuates? Although it is something that should endure throughout a child's life, its content changes, as do the people and places involved; hence it is useful to think of how permanency applies in chunks of time during a child's life and not to view it as something static, acknowledging that within this fluidity, there are constants of 'commitment', 'availability', 'benevolence', 'predictability' and a 'secure base' that need to last for as long as necessary. A narrow view of permanency misses aspects of continuity, relationships and belonging; it underplays the possibility of having effective multiple families; and does not always recognise the seeming contradiction that permanency is impermanent.

Given the 'transience' experienced by many children, substitute care may merely exacerbate rather than create impermanency. For these children and those for whom social work involvement comes relatively late in life, permanency may have to be built up, perhaps by narrative work to help children understand their past or by conscious displays of family love to show them they are wanted. It is important that professionals do not turn away from this complexity because if it is not addressed, the child's future is undoubtedly grim. Considerations of permanency offer a framework for decisions, and this should not be undervalued; but the danger is that it can be seen as the only or the most important framework. It then ceases to be helpful and becomes something of a yoke. The danger is of picturing some 'ideal' family situation and trying to recreate it when the process should be to decide what we want for the child and make it actually happen.

It is likely that there is consensus among professionals and the general public about what society wants to achieve for children, whether in their own families or in substitute care, but permanency may not be the right word to describe it, at least not in every case; thus, we need to define what is needed for children and then think of suitable wording, rather than the reverse. In short, just as we need to disaggregate statistics, we need to disaggregate language.

A final comment

It is frustrating when discussing difficult issues that demand quick and effective action that the plethora of research studies and professional knowledge is unlikely ever to show conclusively that one option is better than another - there are too many

influential variables and too few rigorous studies to support such a claim; but, to paraphrase Albert Einstein, if they cannot provide the right answers, they can at least ensure that we ask the right questions.

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