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# Understanding Permanence for Looked After Children

a review of research for the Care Inquiry

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**The Care  
Inquiry**



April 2013

# Understanding permanence for looked after children: *A review of research for the Care Inquiry*

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## **Acknowledgements**

*This paper has been written with the benefit of advice from a working group coordinated by David Holmes (BAAF), Robert Tapsfield (Fostering Network), and Jo Tunnard and Mary Ryan (Ryan Tunnard Brown). The working group included: Bruce Clark (CAFCASS); Ian Sinclair (Emeritus Professor, Social Policy Research Unit, University of York); June Statham (Professor Emerita of Education and Family Support, Thomas Coram Research Unit, University of London); June Thoburn (Emeritus Professor, Centre for Research on the Child and Family, University of East Anglia); and Caroline Thomas (Honorary Research Fellow, University of Stirling and co-ordinator of the Adoption Research Initiative). These colleagues have provided invaluable insights to support the preparation of the paper, but the views expressed are my own.*

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## **Summary of key messages**

This briefing paper reviews research relevant to understanding permanence for children who are ‘looked after’ under the auspices of the Children Act 1989. It aims to inform the objectives of the Care Inquiry, a collaboration between eight specialist charities<sup>1</sup> which was established in 2012 to investigate how best to provide stable and permanent homes for children in England who cannot live with their birth parents (whether temporarily or permanently).

Government policy for many years has highlighted the importance for children of ‘*a sense of security, continuity, commitment and identity*’ through childhood and beyond (Department for Education 2010a, p12). But how can we ensure this sense of permanence and belonging for *all* children who become looked after? Key messages from the review are summarised below.

### ***Meanings of permanence***

- A meaningful definition of permanence must recognise the key qualities of family relationships for children and adults across generations – including a sense of belonging and mutual connectedness and of continuity between past, present and future.

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<sup>1</sup> Adoption UK, the British Association of Adoption and Fostering (BAAF), Family Rights Group, The Fostering Network, Research in Practice, TACT, The Who Cares? Trust, and the Together Trust.

- The conceptualisations of permanence that have led policy makers to prioritise *legal* permanence must be made relevant to the wide variety of needs and circumstances of children who are looked after under the auspices of the Children Act 1989.
- It should be possible to conceive of permanence as a common objective for work with children and young people across services, but this positive conception is likely to depend on addressing low expectations of success for public care as an intervention to support children's upbringing.
- Both long- and short-term placements should be made with a long-term view to what the right permanence solution is for the child, and with the aim of providing a high-quality experience of 'upbringing' throughout the child's stay.

### ***Meeting the needs of a diverse population***

- Looked after children are children first and foremost: becoming 'looked after' is just one aspect of complex identity and experience. There is a need to recognise the diversity and individuality of children who become looked after, and to take account of their characteristics and needs, and their varied pathways and experiences within the system, from the point of entry, through childhood, and into adult life.
- Permanence depends on securing the right placement for the right child at the right time. Children's experiences within the system vary considerably, depending on factors including age, ethnicity and reasons for placement.
- The variable experiences of black and minority ethnic children in the looked after system indicate a critical need to develop social work understandings of evolving identities and their intersection with ethnicity – including mixed ethnicity – in order to meet the permanence needs of children without being trapped into indecision, lack of timeliness and an adult, rather than child, focus.
- Age at joining a placement should be recorded, across placement types, in the Department for Education statistical return (SSDA903), to address potential confusion over the relative influence of age and placement type on placement stability.
- Older children entering the care system have distinct and often more challenging needs, with implications for their experiences of permanence. They have particular needs for stability and support as they move towards adulthood, but do not necessarily need or want a permanent alternative family.

### ***Beyond legal permanence***

- Research shows clearly the importance of thinking beyond legal permanence in finding solutions to match individual children's needs. Understandings of permanence must be differentiated, with a variety of possible pathways to permanence that are equally valued and that share common principles in planning to meet children's lifetime needs. Such

differentiation is essential to respond to children's diverse needs and circumstances, ensuring the best solution for each child.

- A small minority of children who become looked after will follow pathways to *legal* permanence, through adoption, special guardianship orders or residence orders. The growth of special guardianship orders and residence orders indicates the potential value of these arrangements, but uptake of special guardianship orders by unrelated carers has been low – reflecting concerns about the implications in terms of the loss of financial and social work support.
- Quality and continuity must go together, if services for looked after children are to establish and ensure children's developing sense of identity and belonging.
- Routes to permanence include:
  - permanent return to birth parents;
  - shared care arrangements, including regular short-break care;
  - permanence within the looked after system, whether in residential placement, unrelated foster care *or* family and friends care; and
  - legal permanence, through adoption, special guardianship orders and residence orders.

### ***Permanence through return home***

- For the majority of children who become looked after, return home will be the preferred pathway to permanence. However, the research reviewed here shows that reunification is not always a stable solution, raising critical questions about stability, safety and well-being for some children who return home from care, and about how best to ensure that return home can be a successful route to permanence.
- Just because the likelihood of return home declines when children are in care for longer, we cannot assume that something is happening in placement that makes it less likely that children will be able to go home; nor should we assume that swift return home is always better for the child.
- To secure permanence through return to birth parents, there is a clear need to develop child- *and* family-centred approaches to placement, in order to:
  - achieve secure change in the issues that led to the child's placement; and
  - support relationships between children and their birth parents and wider kin networks during placement and after return home.

### ***Permanence in unrelated foster care and family and friends care***

- Looked after children must be able to achieve permanence *within the system*, without having to follow a pathway to *legal* permanence. There is powerful evidence that both unrelated foster care *and* family and friends care can provide permanence and high-quality care through childhood and beyond.

- Permanence in unrelated or family and friends foster care is not recorded in the DfE statistical return, and so the proportion of looked after children achieving such permanence is unknown. Better monitoring would help us understand the potential of these pathways to permanence for children who cannot live with their birth parents.
- Understandings of permanence are further obscured because most children living away from their birth parents with friends and relatives are not looked after and so are not counted within local authority statistics.
- Studies of both unrelated foster care *and* family and friends care show that permanence can be undermined – or inadequately supported – when it is not formally recognised. There is a need for clear permanence planning within both unrelated *and* family and friends foster care, with associated packages of support.
- Looked after children who live with family and friends carers can do at least as well as children placed with unrelated foster carers, in terms of outcomes including emotional and behavioural development and placement stability.
- Children going into unrelated foster care and those placed with family and friends have similar levels of need, but family and friends carers live in significantly more disadvantaged circumstances than unrelated foster carers. Family and friends care is not a cheap and easy solution: it needs support and resourcing to work well and to ensure the characteristics of permanence that we want for every child.

### ***Permanence in residential care?***

- Young people in residential care are at highest risk of the poorest outcomes. There is a critical need to create pathways to permanence for young people who cannot (or do not wish to) live with an alternative family, and to support the development of residential care as a specialist service for young people with the most significant needs.

### ***Conclusion: Individual solutions for individual children***

The research reviewed here suggests the need for a broader and better differentiated understanding of permanence, spanning the diversity of children's needs and circumstances. There are constraints on the supply of placements that can offer legal permanence, and legally permanent solutions are not appropriate for all children. Some will remain formally 'looked after' throughout the remainder of their childhood, others will return to their birth parents, either in childhood, or in early adulthood when leaving care. Whichever route to permanence is appropriate for a child, it is essential that planning takes account of children's wishes, to ensure a sense of belonging and the best possible care.

What matters is quality and relationships. To provide individual solutions for individual children, we not only need to support routes to legal permanence, but to place *equal* value on other ways of achieving permanence, including support for children and families at the 'edges of care', as

well as through permanent return to birth parents and permanence in shared or full-time care. *All* options for the child need to be conceptualised with a common understanding and an objective of permanence:

- aiming to provide high-quality and stable care;
- supporting children's sense of identity and belonging; and
- connecting past, present and future through childhood and transitions out of care, and on into adult life.

# Understanding permanence for looked after children: *A review of research for the Care Inquiry*

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## Background

The Care Inquiry was established in 2012 to investigate how best to provide stable and permanent homes for children in England who cannot live with their birth parents (whether temporarily or permanently). It comprises a collaboration between eight specialist charities in the field: Adoption UK, the British Association of Adoption and Fostering (BAAF), Family Rights Group, The Fostering Network, Research in Practice, TACT, The Who Cares? Trust, and the Together Trust. The Inquiry held five evidence collating sessions in November, December and January, with a final report in spring 2013. This briefing paper is based on a presentation to Session 1 of the Care Inquiry (<http://www.fostering.net/care-inquiry>) by Janet Boddy and Bruce Clark (CAFCASS), concerned with messages from research. The paper does not seek systematically to review research evidence concerned with all children who live away from their birth parents, whether permanently or temporarily. Rather, it offers a reflective discussion of key research evidence relevant to understanding permanence for children who are ‘looked after’ under the aegis of the Children Act 1989<sup>2</sup>, to inform the overarching objectives of the Inquiry. In setting out this discussion, it is important to note that most children who live apart from their birth parents are not within the looked after system. Many are living with family and friends but are not looked after, while others have left the looked after system through pathways to legal permanence including adoption, special guardianship and residence orders; almost 2000 others live in youth custody settings<sup>3</sup>. Within the scope of this briefing paper, I shall not attempt to capture the broader literature encompassing *all* children who live away from their birth parents but, rather, will focus for the most part on what we can learn about permanence from research involving children who are looked after.

## Understanding permanence

So how do we understand permanence? Is it possible to conceive of permanence as a common objective for work with children and young people across services – spanning preventative work, return home from placement, and long-term placement options including, but not only, adoption? Department for Education (DfE) guidance on the Children Act 1989 (2010a, p12) sets out a broader definition of what permanence should offer a child:

*‘a sense of security, continuity, commitment and identity [...] a secure, stable and loving family to support them through childhood and beyond’.*

Moreover, the guidance is clear that this understanding of permanence should provide an underpinning framework for *all* social work with children and families, from family support

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<sup>2</sup> Children looked after by a local authority, as defined under Section 22 of the 1989 Children Act. Source (accessed 28 February 2013): <http://www.legislation.gov.uk/ukpga/1989/41/part/III/crossheading/duties-of-local-authorities-in-relation-to-children-looked-after-by-them>

<sup>3</sup> Source (accessed 28 February 2013): <http://www.justice.gov.uk/downloads/statistics/youth-justice/yjb-stats-2011-12.pdf>

through to adoption. This conceptualisation of permanence, of ‘a secure, stable and loving family ... through childhood and beyond’, has its roots in understandings of family relationships, and this raises a fundamental question for the Inquiry: what are the connections – and disconnections – between the ways we bring up children as *parents*, and the ways we bring up children looked after away from home?

This question is, of course, not new. Writing about corporate parenting in 2006, Bullock and colleagues traced an historic – and unsurprising – emphasis in discussions of public care on how to achieve ‘the healthy psycho-social development that sound parenting produces’ (Bullock et al. 2006, p1347). But, in understanding how parenting relates to the upbringing of children who are looked after under the aegis of the Children Act 1989, we also need to recognise what Ramaekers and Suissa (2012, p126) have described as the ‘possibly limitless depth of the enormity of the reality of ‘being a parent’. Ramaekers and Suissa highlighted the need to think broadly about upbringing within families and relationships, and Edwards and colleagues (2012, p741) similarly warned against reconfiguring parenting ‘as a ‘job’ that is consequent in ‘outcomes’ for children and society as a whole’. Rather, they argued for the need to attend to the sense of connected ‘close-knit selves’ and the ‘collective fusions within and across generations’ that characterise the concept of ‘family’ (p743). As this analysis implies, permanence and a sense of belonging are not only about present and future, but about the past too – the child’s existing connections within his or her family of origin.

Theoretical perspectives from the parenting and family literature highlight a key challenge for the Care Inquiry, and for legislature: to establish an understanding of permanence that is meaningful for *all* children who come under the ambit of the Children Act 1989. The understandings set out above have also been highlighted in analyses of long-term care and upbringing for looked after children, which emphasise the importance of a sense of *belonging* and mutual connectedness as ‘part of the family’ (e.g., Biehal et al. 2010; Schofield et al. 2012). Such understandings *must* be central to a meaningful definition of permanence, wherever (and by whomever) children are looked after.

These arguments raise a related question. Can the conceptualisations of permanence that have led policy makers over the years to prioritise *legal* permanence (including adoptive placements) reach more widely, and be made relevant to the variety of needs and circumstances of children who come within the Children Act? The DfE Action Plan for Adoption sets out a definition of ‘the best possible care’ which embeds permanence in its emphasis on the child’s present *and* future:

*‘The best possible care involves giving children security, stability and love through their childhood and beyond.’*

(Department for Education, 2011a, p6)

But looked after children comprise a diverse and dynamic population, part of a larger, even more diverse population of Children in Need (almost 370,000 recorded on the census day of 31 March 2012<sup>4</sup>). Children placed for adoption differ from others who encounter the system in key

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<sup>4</sup> Children in Need defined under Section 17 of the 1989 Children Act. Source: Characteristics of children in need in England, DfE: <http://www.education.gov.uk/researchandstatistics/datasets/a00215043/characteristics-children-in-need>

respects, and the very diversity of looked after children means that no one route to permanence could be appropriate for all their needs.

This briefing paper examines what the research tells us about how the qualities of permanence as defined in the DfE Children Act Guidance and in the Action Plan for Adoption – security, stability and love through childhood and beyond – might be achieved for *all* children who become looked after. At the same time, it highlights key gaps in our knowledge and areas for future research.

Concerns about how best to achieve permanence for looked after children are long established. In 1986, Thoburn and colleagues wrote of the need for children in care to have a ‘sense of permanence’ within their lives. The current Children and Families Bill follows from a large body of policy and legislative material which led to and followed from the 1989 Act, and which has highlighted the need to address stability and quality of care for children who are looked after (e.g., Department of Health and Social Security 1984; Adoption and Children Act 2002; Department of Health 2002; DfES 2006). Is it possible to conceive of permanence as a common objective for work with children and young people *across* services? It should be. Department for Education guidance on the Children Act 1989 (DfE 2010) states that permanence should provide an underpinning framework for *all* social work with children and families, from family support through to adoption. The central question for the Care Inquiry to consider is how this policy aspiration can be achieved, such that *all* children who encounter the looked after system can achieve a sense of permanence and belonging: a secure base, through childhood and beyond.

### **The purpose of ‘care’?**

Within the terms of the Children Act 1989 (and subsequent guidance), the purpose of placement (whether voluntary or court ordered) is clear: it is an intervention intended to fulfil the local authority duty to *safeguard or promote the child’s welfare*<sup>5</sup>. But research within the UK and cross-nationally raises questions about the extent to which placement is seen as a positive intervention for children. Writing in 1989, Aldgate (p32) observed that:

*‘perhaps the most serious problem [facing the care system] has been the low expectation of success’.*

Have such negative perceptions changed in recent years? Certainly, placement numbers – and care orders – have increased significantly following the death of Peter Connelly (see McLeod et al. 2010). But the DfE *Safeguarding Research Initiative* (Davies and Ward 2012) strongly criticised delays in care planning and over-optimism about parents’ capacity to change, practices which indicate continuing reservations about the value of placement as an intervention to promote and safeguard child welfare.

In a cross-European study of work with young people at the so-called ‘edges of care’, and their families, we conducted over 100 interviews with service managers, policy makers and practitioners in England, Denmark, France and Germany (Boddy et al. 2008, 2009). One consistent theme to emerge from that research was a difference between England and other

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<sup>5</sup> Part 3, Section 17.1.a. Accessed 20 December 2012: <http://www.legislation.gov.uk/ukpga/1989/41/part/III>

countries in perceptions of the purpose of care, as illustrated by the respondent quotes presented in Box 1.

**Box 1. European perspectives on the purpose of care (from Boddy et al. 2008)**

*'If placed at this age [10-15 years of age] we'd see that as a failure. We try to keep them out, once in we try to get them out of care, [and] if we can't, then we try for permanency.'*

(Senior local authority manager, England)

*'The law doesn't say that placement should be the last option [...] it can be a good option for older young people.'* (Senior policy advisor, Germany)

*'When things go so wrong in a home that a child has to be placed, you can't make changes so quickly at home that the child could go home in a few months.'* (Social worker, Denmark)

*'It's very important to give them back an environment for life ['cadre de vie'], to give education through sport, art, culture and so on, to give them back their confidence and an aim for their lives, as these children are not always responsible for their actions because of their family backgrounds and their environment.'* (Secure residential unit manager, France)

In sharing these examples, I do not seek to imply that one system is better than another, or that short-term placement and return home is never appropriate. Moreover, this was a study of good practice, not a representative study of work with looked after children in these countries. However, the professional perspectives illustrate a consistent theme in the research, in understandings of the purpose of placement. In considering how objectives for placement relate to aspirations for 'the best possible care', it is also striking that the English respondent frames permanence as a third option, and further implies that permanency is only about placement away from the child's birth family. Is it possible to conceive of permanence as a common objective for work with children and young people *across* services – spanning preventive work, return home from placement, shared care, and long-term placement options (including, but not only, legal permanence options)?

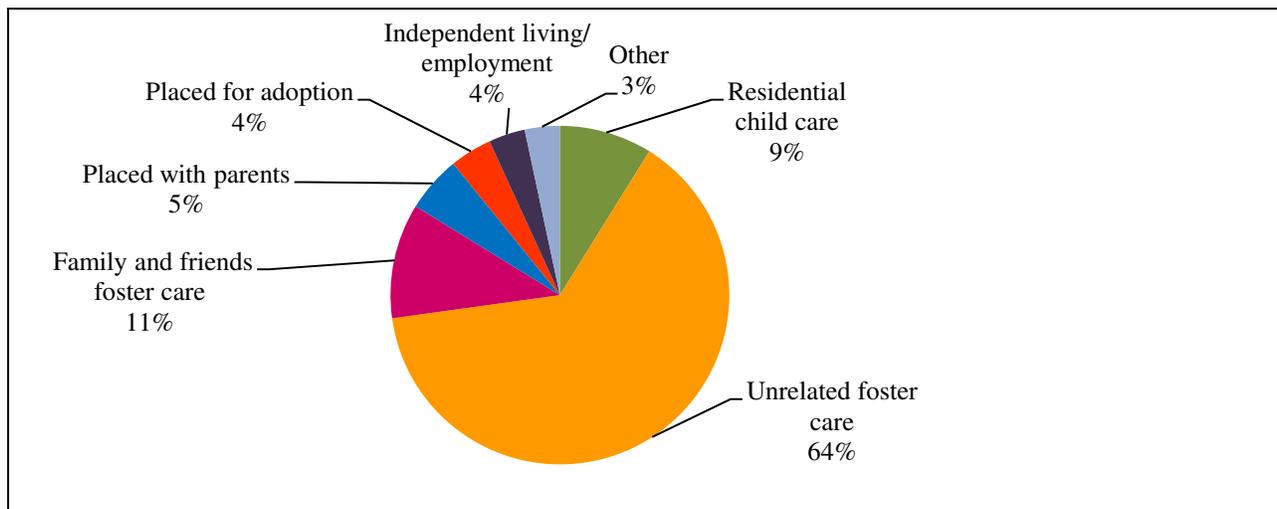
Cross-European research (e.g., Petrie et al. 2006; Boddy et al. 2008; Thoburn 2010) also indicates that countries with larger care populations – including the three presented in Box 1 – have tended to have more differentiated models of placement, variety that is intended to support different conceptualisations of permanence. A recently-published position statement from the Association of Directors of Children's Services (2012) centred on understandings of the purpose of care, and argued for differentiation – and in particular, the need to realise the right placement, for the right child, at the right time. So what does this entail?

**Placements and permanence**

Children and young people who are 'looked after' away from home under the terms of the Children Act comprise a diverse population and live in a variety of different settings and

circumstances (see Figure 1). The most recent available DfE statistics, on the 67,000 children who were in the looked after system on 31 March 2012, showed that three-quarters were living with foster carers. Almost two-thirds of all looked after children were living with unrelated carers, whilst 11 per cent lived with family and friends foster carers. Of the remainder, almost 10 per cent of children were living in residential childcare settings, and five per cent were living with parents, a form of placement that is usually used as part of the process of return home. Four per cent were placed for adoption. However, different children experience different forms of placement, and the diversity of placement relates to the diversity of child characteristics.

**Figure 1. Where looked after children live<sup>6</sup>**



### Age and experiences of placement and permanence

Discussions of *legal* permanence – and especially discussions centred on adoption – often focus on younger children, and so the question of how children’s experiences vary by age is a critical concern for the Care Inquiry. Neither adoption nor residential care is used equally for all children placed away from home: adoption is most used for young children, and residential care for older children. The proportion of children accommodated in friends and family or unrelated foster care is, by contrast, more evenly distributed by age. These patterns indicate a particular need for discussions of permanence – and hence for the Care Inquiry – to attend to the needs of older children in the system. Older children comprise the majority of children in the system: ten to 15 year olds are the largest single group *becoming* looked after (30%), and the largest group *living within* the looked after system (36%)<sup>2</sup>. This pattern has remained consistent over the last decade or more, although the overall proportion of children starting to be looked after when aged less than one year has increased since 2000, and the proportion entering aged 10-15 years has dropped.

<sup>6</sup> Note: ‘Independent living/employment’ refers to young people living independently or in residential employment. Source: DfE statistics, Children Looked After by Local Authorities in England, 31 March 2012. Accessed 20 December 2012: <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/index.shtml>

## *Age and adoption*

Adoption is not used equally for all children placed away from home, and nor should it be. As Figure 2 shows, three-quarters of all looked after children who are adopted are aged between one and four years at adoption. Children are more likely to be placed for adoption if they *enter* care at a young age; Biehal and colleagues' (2009) analysis of local authority data on 374 children found that nearly two-thirds of those adopted by strangers had last entered care before they were one year old, as had half of those adopted by their foster carers. Adoption was also more likely if children had never been placed with relatives and if face-to-face contact with birth parents had been discontinued. Of course, these patterns do not show cause and effect; for example, contact with birth parents may be discontinued as part of the adoptive process. Nor are these patterns surprising. Relationships with birth parents, siblings and other family members have to be considered: planning for permanence must attend to past and present as well as future. Adoption may not be an appropriate option for children who have strong established relationships within their birth family at the time of entering care (as is more likely to be the case for those entering care at older ages).

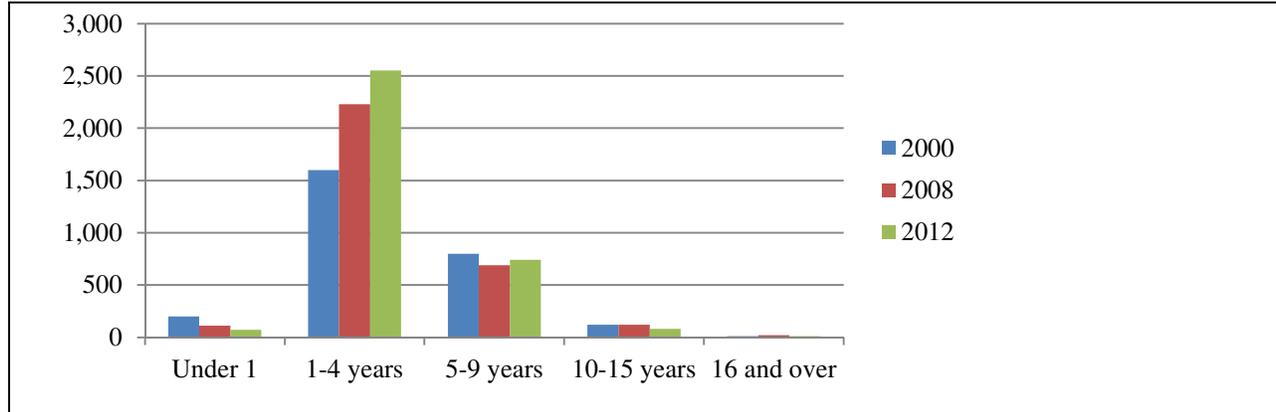
At the same time, research consistently shows that age at joining the new family (not age when entering care) is the variable that has most impact on adoption outcomes, including placement disruption (e.g., Triseliotis 2002; Quinton and Selwyn 2009; Rushton and Dance 2006; Rushton 2010). Age at joining the placement is a variable that might usefully be recorded in DfE statistics *across* placement types, to address the potential for confusion over the relative influence of age and placement type on placement stability.

Age is, of course, not the only influence on the probability that a child will be adopted. Rates of adoption vary by ethnicity, as noted above (Frazer and Selwyn 2005; Selwyn et al. 2008), but they also vary considerably across local authorities. Performance tables published by the Department for Education in November 2012<sup>7</sup> show rates of adoption for children who ceased to be looked after as a three-year average (2010-2012): the average for England was 12 per cent, but rates varied from less than two per cent to 27 per cent across local authorities. The reasons for this variation are, of course, complex. But, even for younger children, a shortage of prospective approved adopters means a growing number of children with adoption plans for whom adoptive families are not available. Figure 2 shows that the proportion of children adopted below one year of age has fallen. Together, these statistics indicate a need to address permanence other than adoption, to meet the needs of: (a) children for whom an adoptive placement is not available, even if adoption might be the first choice route to permanence; and (b) those children – who are in the majority of looked after children – for whom adoptive placements are not appropriate to meet their permanence needs.

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<sup>7</sup> Accessed 20 December 2012: <http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00199753/children-in-care-and-adoption-performance-tables>

**Figure 2. Age at adoption<sup>8</sup>**



### *Older children and permanence*

Much of what we know about older children who are looked after comes from Sinclair and colleagues' (2007) landmark *Pursuit of Permanence* study. These researchers analysed placement data on approximately 7,400 children from the care records of 13 English councils, and described age – both current age (at the time of the research) and age at care entry – as the most crucial variable in terms of young people's experiences. Forty-three per cent of their sample were defined as 'young entrants', below 11 years of age. This group experienced greater stability and continuity than those who entered the system later: 60% of their placements led to adoption or were aimed at long-term care and upbringing (with friends and family or unrelated foster carers). There was much less evidence of stability for older children, and more variation in their experiences and characteristics. Sinclair et al. distinguished between three groups of older entrants<sup>9</sup>:

- **adolescent graduates**, who became looked after under the age of 11 and stayed within the looked after system;
- **abused adolescents**, who were first admitted over the age of 11 because of abuse or neglect; and
- **adolescent entrants**, who were first admitted over the age of 11, usually because relationships at home had broken down.

<sup>8</sup> Source: DfE statistics, Children Looked After by Local Authorities in England, 31 March 2012, 2008 and 2000. Accessed 20 December 2012:

<http://www.education.gov.uk/rsgateway/DB/SFR/s001084/index.shtml> (2008; 2012)

<http://www.education.gov.uk/researchandstatistics/statistics/allstatistics/a00194491/children-looked-after-by-local-authorities-year-en> (2000)

<sup>9</sup> The study also highlighted the distinct needs of asylum seekers, most of whom entered the system over the age of 11 years.

The last two groups of older entrants experienced the least stability in Sinclair and colleagues' sample. Many had placements that lasted less than six months: almost half of 'abused adolescents' and 60 per cent of 'adolescent entrants' were in placements that had lasted less than six months. In considering the relative instability of placements for older children, Sinclair and colleagues noted two key points. First, young people entering the system over the age of 11 could be more challenging to look after – on average their behaviour was significantly more challenging than that of the adolescent graduates and they were doing worse at school. Moreover, long-term placement was not always the plan for these children. Only a fifth of 'adolescent entrants' had a last or latest placement that was meant to lead to adoption or to give 'care and upbringing'. These young people were also more likely to view their own family home as their base, and were not looking for an alternative family. The study also identified that some young people seemed unable to settle either at home or in care.

What does this mean for permanence? For some young people, a short-term placement followed by return home is an appropriate response to a short-term crisis. For others, Sinclair and colleagues' research showed that it was unclear how the placement would contribute to their finding a secure base, either in care or in the community. The research indicated the need for a more differentiated response to children's needs. This is not a new message: it carries echoes of earlier research, notably Packman and Hall's (1998) analysis of Section 20 (voluntary) placements, which also highlighted the need to take account of age and reasons for being accommodated.

In considering why such a large proportion of young people become looked after when aged 10 years or more – and what this might mean for understanding their permanence needs – it is important to recognise what Rees and colleagues (e.g., 2011) have termed the 'neglect of neglect' among older children. Signs of maltreatment can be masked by other presenting difficulties, such as emotional or behavioural problems, and placement planning needs to be alert to this possibility. Brandon and colleagues (2008) analysed serious case reviews, carried out when abuse and neglect are known or suspected factors when a child dies (or is seriously injured or harmed). One quarter of cases involved young people aged 11 or older, and Brandon and her colleagues characterised these young people as 'hard to help', despite extensive agency involvement, commenting that young people who had 'lived with significant harm for many years carry the effects of abuse with them' (p104). Brandon and colleagues' observations are equally relevant in highlighting the challenges that we face in finding stable solutions to support older young people within the looked after system. One size does not fit all: diverse permanence solutions are necessary to meet the needs of the diverse children in the system. For some, permanence means support for return home; for others, it entails placement that provides a secure base for transition to independent living.

### **Ethnicity and experiences of placement and permanence**

Several studies have highlighted variations in children's experience of the looked after system in relation to ethnicity. As Chand and Thoburn (2005) and Owen and Statham (2009) have observed, children from some (not all) minority ethnic backgrounds are over-represented among children in need, under child protection plans, and among looked after children. This patterning belies a complex picture. Owen and Statham (2009, p18) warned that the over-representation of

black and minority ethnic (BME) children in child welfare services needs to be understood with regard to ethnic variations in experience of poverty:

*'It is known that being in contact with the child welfare system is associated with poverty, so children who live in poorer areas might be expected to be over-represented in the datasets. It is also known that minority ethnic children are more likely to live in poorer areas .... Consequently, their overrepresentation could be more to do with poverty and where they live than with ethnicity itself.'*

There is also evidence that children's experience of looked after services may vary depending on their ethnicity. Owen and Statham (2009) analysed care histories using DfE SSDA903 statistics on children looked after in the years 2004 to 2006<sup>10</sup>. Fostering was by far the most common type of placement for all ethnic groups, but the authors reported that black Caribbean children were more likely to have experienced residential care than children from other ethnic groups. The over-representation of black Caribbean children in residential care could not simply be attributed to being older at the time of care entry, although there is evidence that children from black ethnic groups enter the care system at a later age than children from white or mixed ethnic backgrounds (e.g. Selwyn et al. 2008). However, Owen and Statham's analysis showed that black Caribbean children were almost twice as likely to experience a placement in residential care compared with Bangladeshi children, whilst the mean age at first entering care was lower for black Caribbean than for Bangladeshi children. Chand and Thoburn (2005) cautioned that statistics on the proportion of BME families in receipt of welfare services can tell us little about how the *quality* of the services relates to child or family ethnic background, but Owen and Statham's analysis highlights a complex relationship between ethnicity and experiences in the looked after system.

Selwyn and colleagues (2008) looked in detail at pathways to permanence for white and minority ethnic children, in a study of three local authorities. Their sample included a high proportion of children of 'mixed ethnicity', but the authors cautioned that 'it is unhelpful to refer to 'mixed ethnicity' children as if they comprised a meaningful group or community' (p3). Children of mixed ethnicity come from a wide variety of ethnic heritages, and the mixed ethnicity children in Selwyn and colleagues' sample differed from those in the general population in a number of key respects, comprising a small and very disadvantaged sub-group, untypical of mixed ethnicity children in general. This study found no evidence of any systematic bias against, or mishandling of, cases involving black and minority ethnic children, but critically, it reported that social workers 'were struggling with how to think about mixed ethnicity children' (p3), and tended to view these children as 'black', even when a child had been brought up entirely within a white culture. There were no statistical differences by the child's ethnicity in plans for placement, but there were differences in children's experiences *after* placement. Amongst cases referred to adoption panels, black and Asian children spent longer being looked after before the recommendation for adoption was made. White and mixed ethnicity children were more likely to be adopted and to be adopted at older ages (up to 10 years old). Children from minority ethnic backgrounds were also more likely to have their plan changed away from adoption if no adopters had been found within six months, whilst efforts to place white children continued for longer.

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<sup>10</sup> Excluding children recorded as unaccompanied asylum seekers, all episodes of care representing a series of short breaks, and all children with a gap in their care history (due to a period of time when information was only collected on a one-third sample).

As the examples given above illustrate, the relationship between ethnicity, age at entry to care, and experience within the looked after system is complex, although there is clear evidence that ethnicity – or rather ‘visible’ ethnicity (Chand and Thoburn, 2005, p170) – affects the type of placements that children experience, including the likelihood of adoptive placement. Phoenix and Simmonds (2012, p7) highlighted the importance of understanding the construction and evolution of identities, racialisation and ethnicisation over time, and cautioned that:

*‘It is important that those making decisions about children’s placement take these issues seriously without being trapped into indecision, a lack of timeliness and an adult, rather than a child, focus.’*

## **Pathways to permanence?**

### ***Legal permanence***

In 2006, Bullock and colleagues cautioned against hierarchies of permanence that prioritise adoption, warning that adoption needs to be ‘fully integrated in the general child welfare provision’ rather than being positioned with ‘pride of place at the head of the available options for permanent placement’ (p722). Their analysis is no less relevant today, and researchers have consistently emphasised the need to recognise the complexity of adoptive placement, and to recognise that adoption is not an appropriate pathway to permanence for all children in the system (e.g., Hodges et al. 2005; Rushton and Dance 2006; Rees and Selwyn 2009; Miller, Wrobel and Neil 2009; Neil 2012). Neil’s interviews with children who have been adopted (e.g., 2012) provide vivid evidence of the need to ensure that adoption is in children’s best interests, and so ‘to understand from children’s point of view what impact adoption makes in terms of their experience of family membership and their sense of personal and family identity’ (Neil 2012, p409).

Given this evidence, it is perhaps not surprising that DfE statistics show that the overall percentage of children being adopted has remained fairly constant at around five per cent of all looked after children. Adoption has increased in the last year, but residence orders and special guardianship orders are accounting for a much greater proportion of those who ceased to be looked after in the year. The number of children in England who ceased to be looked after because of a special guardianship order has almost doubled from 2010 to 2012 (from 1,290 to 2,130 children)<sup>5</sup>. Relatively little is known about the outcomes from these new orders although, at the time of writing, research by Wade and colleagues at York is addressing this key gap in the research evidence<sup>11</sup>. Earlier research by this team (Wade et al. 2010) demonstrated that the great majority (86%) of special guardianship orders were used by relatives, usually grandparents. These orders had originally been intended to be used for unrelated foster carers as well, but Wade and colleagues reported that uptake by non-kin foster carers was low. This reflected carers’ concerns about the financial impact of a shift to special guardianship, alongside loss of social work support for carers and children.

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<sup>11</sup> Accessed 20 December 2012: <http://php.york.ac.uk/inst/spru/research/summs/special.php>

Even with increases in special guardianship and residence orders, pathways to legal permanence still account for a small proportion of children within the looked after system, again raising the critical question of how the qualities of ‘the best possible care’ that lead us to prioritise *legal* permanence can be ensured for all children who become looked after.

### *Unrelated foster care*

Unrelated foster care is the most common placement option for children within the looked after system, accommodating two-thirds of children who are ‘looked after’. But not all foster placements are alike, and most are not intended to offer permanence (Sinclair et al. 2005). Thoburn and Courtney (2011) noted that most foster care relationships are not focused on long-term care and upbringing. Rather, they concluded from a review of the research on children entering care in developed countries that, for most children and young people in foster care, the carer is task- or role-oriented. These authors distinguished between foster care that lasts ‘days or weeks, but usually less than two or three years’ and ‘de facto parents’ who care for a single child or sibling group from early childhood through to adulthood. Both groups may include friends or relatives providing foster care.

Schofield and colleagues (2012) observed that understandings of planned permanence in foster care have developed since the 1980s (although long-term foster care has, of course, a much longer history). They cite a body of policy and guidance since the Adoption and Children Act 2002, which suggests equal value for adoption and long-term foster care as permanence options. However, they cautioned:

*‘in spite of the inclusion in policy of long-term foster care as a permanence option, there has been no government guidance, unlike for adoption, on how this pathway can be achieved procedurally or whether a long-term foster care placement with a plan for permanence is to be treated any differently in practice from a short-term foster placement.’*

(Schofield et al. 2012, p245)

The elusiveness of permanence as an explicit concept within government guidance on foster care is also reflected in the lack of government statistics on permanent foster care. The Department for Education’s SSSDA903 statistical return on looked after children reports numbers of children achieving *legal* permanence – through adoption, special guardianship and residence orders – but there is no monitoring of the extent to which other placements provide permanence for the child. The absence of such data means it is not possible to gauge how outcomes from permanent foster care compare to legally permanent arrangements. This issue remains a focus for critical concern within the research literature (e.g., Quinton and Selwyn 2009; Biehal et al. 2009; Biehal et al. 2010). Routine data collection on permanent/long-term foster placements could help to address an important gap in our knowledge<sup>12</sup>.

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<sup>12</sup> Data are collected by DfE on ‘placement stability’ – defined as the number of placement changes in a given year – but there is no capacity to relate this information to the intended purpose of placements, whether they are intended to be temporary or to provide a long term home. Equally, post-18, data are provided on where a young person is living, but this does not provide an indicator of how many young people may still be in contact with and supported by the foster family, even though living, working and/or studying away.

Much of our knowledge about unrelated foster care comes from *Fostering Now* (Sinclair 2005), an overview of a series of studies that remain very relevant today. Taken together, the studies in the overview provided evidence that outcomes related to a number of key factors. The research highlighted the need to take account of the child's wishes and the 'chemistry and fit' between children and carers, and reported correlational evidence that placements where the carer had been given inadequate information were less likely to work. Child factors such as age, behaviour and schooling were also linked to outcomes in foster placements. Researchers such as Biehal et al. (2009) have shown that greater placement instability is associated with later care entry and with more challenging needs (e.g., behavioural needs, problems in schooling). Evidence of the link between child needs and risk of placement disruption raises another critical question for the Care Inquiry – of how we achieve permanence for our most vulnerable children.

The *Fostering Now* studies highlighted the importance of quality of care, a finding reinforced in Schofield and colleagues' long-term follow up of children in long-term foster care (Schofield and Beek 2005, 2009; Schofield et al. 2012). These researchers analysed 230 cases in six local authorities where permanence in foster care was the care plan, alongside qualitative data from sub-samples of foster carers, children and social workers. The children studied by Schofield and colleagues were described as a high-risk group in almost every respect, with almost universal experience of abuse or neglect, and high rates of emotional, behavioural and educational difficulties. The 'sense of permanence' highlighted by Thoburn et al. (1986) was clearly evident in children's responses, defining their current identity as part of the family with 'the same rights and expectations that biological children have to a safe haven in adulthood' (Schofield et al. 2012, p247). Foster carers themselves reinforced this perspective, summed up by one carer who observed: 'She is never going to leave us and she is always going to be part of our family' (op.cit., p247).

Schofield and colleagues' research illustrates the capacity of unrelated foster care to offer the qualities of permanence, and of the 'best possible care', conceptualised in the 2011 DfE Action Plan for Adoption. However, the research also highlights the complexity and challenges of achieving this sense of permanence, noting the key role of the permanence plan in supporting mutual commitment between carers and children. In line with messages from *Fostering Now* and later research about the 'chemistry and fit' between children and carers, the study also highlighted the importance of the 'match' between carer and child. Other studies have also highlighted carer qualities in relation to 'mutual commitment'. Schofield and Beek's (2005) study reported that children who were doing well at follow-up had in common an increased capacity to use their carer as a secure base. This reduced anxiety, liberating them to explore and to learn – and so benefited their progress outside the family, for example at school. Schofield and Beek argued that quality of carers was key, highlighting their capacity to reflect and to put themselves in the child's shoes. Biehal and colleagues' (2009) study similarly showed that carers' acceptance of the child predicted placement stability, whilst noting that children's emotional and behavioural difficulties could trigger, or reinforce, rejection by carers.

This literature indicates the potential of unrelated foster care to offer a sense of permanence to children within the looked after system, through long-term placements with substitute families. Schofield and colleagues' studies show clearly that the lack of legal or biological ties is not a

barrier to a sense of permanence. But the research also indicates the need for clear permanence planning within foster care, with associated packages of support. Moreover, whilst we lack national data, there is evidence that a minority of children will achieve such permanence within unrelated foster care.

### *Family and friends placements*

As with unrelated foster care, family and friends care includes a variety of arrangements, including those approved as foster carers; those in legally permanent arrangements through special guardianship orders, residence orders and adoption; and other informal arrangements. Just over 10 per cent of looked after children live with friends and family carers (see Figure 1), a proportion that continues to increase (Farmer 2010). However, most family and friends arrangements are outside the looked after system. Nandy and Selwyn (2012) analysed 2001 UK census data and estimated that, in the UK as a whole, only five per cent of children living with family and friends were counted in the looked after system. And, as with other forms of placement, there is substantial local authority variation in both formal and informal family and friends care, with higher rates in areas of greater social deprivation.

Informal or privately arranged family and friends care has been relatively little researched until now, although there is ongoing research by Farmer and colleagues at the University of Bristol<sup>13</sup>. To date, much of what is known about family and friends care is based on research with formally approved carers within the looked after system, or with care for children who are not looked after but have had some local authority involvement (Hunt and Waterhouse 2012). Given Nandy and Selwyn's (op.cit.) evidence, it would be imprudent to extrapolate from this literature to informal family and friends care where local authority services are not involved. Nonetheless, there are clear messages from research with formally approved carers which are highly relevant to the current discussion of permanence.

Children going into unrelated foster care and those going into family/friends placements have similar levels of need, and both groups have much higher levels of need than children in the general population (e.g., Farmer and Moyers 2005; Hunt et al. 2008; Farmer 2010). Family and friends carers are not dealing with less challenging needs in the children they care for; as Farmer (2010, p333) observed, children placed in unrelated foster care and those living with family and friends are 'remarkably similar', in both their history of previous adversity (including abuse and neglect) and in their current presenting difficulties, such as emotional and behavioural problems. The pressures highlighted in relation to placement disruption for unrelated carers are equally relevant for family and friends carers.

At the same time, there are differences between kinship carers and unrelated carers: kinship carers comprise a relatively more disadvantaged group (e.g., Farmer and Moyers 2005; Hunt et al. 2008; Farmer 2010; Nandy and Selwyn 2012). Family and friends carers tend to be older than unrelated carers; in Aziz and colleagues' (2012) survey of almost 500 family and friends carers, 70 per cent were grandparents. Farmer's research (Farmer and Moyers 2005, 2008; Farmer 2010) has demonstrated that family and friends carers are significantly more disadvantaged than unrelated foster carers in their study. Significantly more are lone carers, mostly lone women, and

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<sup>13</sup> Accessed 20 December 2012: <http://www.bristol.ac.uk/sps/research/projects/current/rj5314>

they are more likely to live in overcrowded conditions and to have a disability or chronic illness. Family and friends carers are also more likely than unrelated carers to experience financial hardship. In Hunt and Waterhouse's (2012) study, more than three-quarters of interviewees reported that their financial situation had worsened after becoming a kinship carer.

Despite these disadvantages, children in kinship care can do at least as well as children placed with unrelated foster carers, with regard to outcomes including emotional and behavioural development and placement stability. Family and friends placements can have particular benefits for continuity of care, and Farmer noted that kinship carers were more likely to persist with very challenging children, despite receiving fewer services than unrelated foster carers. Her comments are particularly relevant to the present discussion of permanence:

*'... children placed with family or friends progress as well as those with unrelated foster carers but have the important advantage that their placements last longer. These placements therefore make a major contribution to stability for children who cannot live with their parents. This is a real achievement given the disadvantages faced by kinship carers.'*

(Farmer 2010, p340)

Given this evidence of potential benefits, alongside the growth in family and friends care and the preponderance of informal arrangements, there is perhaps a risk that kinship placements could be seen to be a cheap and easy solution. However, there are significant challenges in terms of children's and carers' support needs. Farmer and Moyers (2008) reported that local authority approval of family and friends carers contributed directly to better outcomes and ongoing support. Children in the looked after system and their carers have a right to financial and practical support, and this is not the case for arrangements outside the looked after system. Conversely, Hunt and colleagues' (2008) research showed that the lack of monitoring of kinship placements could lead to children remaining in very unsatisfactory placements. Hunt and Waterhouse (2012) found that kinship carers who had been approved as foster carers (ever) reported lower levels of financial hardship and higher levels of non-financial support from children's services than those who were not formally foster carers. They concluded that:

*'Being accepted as a foster carer, therefore, unlocks the door to support [for kinship carers], even if it may not open it very far.'*

Hunt and Waterhouse (2012, p88)

The Department for Education's (2011b) statutory guidance to local authorities on family and friends care emphasises provision of support based on child needs, whether or not children are formally looked after. The research summarised above highlights the potential of family and friends care, indicating scope for increasing the use of such placements – but, crucially, of also providing better support for family and friends carers. To work well, and ensure the characteristics of permanence that we want for every child, family and friends care needs attention and resourcing.

### ***Residential care***

Residential child care accommodates almost one in ten young people within the looked after system – almost 6,000 children – but it continues to be a neglected and a challenging field, particularly in relation to discussions of permanence. The residential care population more than halved since 1990, a decline that dates back to the 1970s. It reflects changes in policy and professional perceptions – concerns about quality and cost alongside scandals about residential provision. So is this decline a good thing for children’s permanence needs? Back in 1991, Utting’s report *Children in the Public Care* warned of the problems of philosophy and management that would arise from a shrinking care population – a warning that is highly relevant to the experiences of children in residential care today.

Given the small population in residential care, one would expect it to be a specialist service for young people with the most significant needs. Young people in residential care certainly have high levels of need. More than half of those involved in Berridge and colleagues’ (2012) study had special educational needs, and their level of mental health difficulties was assessed at nearly six times the rate of the wider child population. They also posed very significant behavioural problems, and two-thirds had been in trouble with the police in the last six months. Were these young people receiving a specialist service? Berridge and colleagues concluded that they were not. Most homes in this study fulfilled a variety of functions, combining short- as well as long-term admissions, and were described as ‘turbulent environments with rapid turnover’ (Berridge et al. 2012, p93). Moreover, just as the characteristics of the carers in unrelated foster care are important in determining outcomes, young people’s experiences of residential placements are also highly variable, and the quality of care in residential homes depends on their managers and the way they interact with the staff (e.g. Hicks et al. 2009; Sinclair and Gibbs 1998).

Turbulence in residential care is further documented in DfE data on the number of children who spend time in residential care in any one year. In 2012, almost twice as many young people spent time in residential care at some point during the year than were resident on a single day (11,050 in the year versus 5,900 on 31 March 2012)<sup>2</sup>. To note this turnover is not to argue that children should spend long periods in residential care. Rather, as Berridge and colleagues’ study showed, the framing of residential care as a minimised and marginalised sector forces together young people for whom placement is meant to be a long-term solution with those who arrive for short periods and often in crisis. This mix is problematic, but is difficult to address within existing approaches to residential care. Given (a) the variety of young people who are placed in residential care, (b) the small numbers deemed suitable for residential placement, and (c) a policy preference for placement close to the child’s family of origin, it is perhaps unsurprising that it is difficult to establish specialist residential care provision to match young people’s needs.

Turbulence in residential care is also costly. Hicks and colleagues (2009) reported that increased lengths of stay in the homes were associated with marginally lower costs (of care packages per resident per week). Longer stays were also associated with better outcomes, although the study did not show causality, and it may be that – as is the case with unrelated foster care, for example – more challenging needs are associated with higher risk of placement breakdown.

How do such patterns compare with other countries? European research (e.g., Petrie et al. 2006; Boddy et al. 2009) shows a clear contrast between England and other European countries in the

extent of residential care – more widely used in many other countries than in England – and the extent to which residential placement is seen as a specialist solution. Residential care in those countries could be short-term *or* long-term – but it is seen as a specialist and child-needs led solution for young people whose needs could not be met in foster care, and delivered by a workforce with a common theoretical base (social pedagogy or analogous disciplines such as *éducation spécialisée*). In Boddy and colleagues' (2008, 2009) study of France, Denmark and Germany, respondents in those countries consistently framed residential care as a first choice placement for young people with complex and challenging needs that required greater professional expertise than could be offered by foster care.

Because residential provision has, at least since the 1970s, been seen as a last resort in England, it has – as in the other countries – tended to be used by young people with more challenging needs and behaviour, including those whose previous foster care placements have broken down. Thus, residential care remains a necessity for a significant minority of children in the care system (15% of all 10-15 year-olds, but a third of those in this age group who are entering care for the first time; Boddy et al. 2008). It thus also remains a costly option, relative to foster care. Clough (2006) argued for a re-conceptualisation of residential care for children as a positive resource for intervention, within provision differentiated by levels of need. Whilst residential care in England is a last resort short-term option, it does not fit within a discussion of permanency, or even stability. In November 2012, the Education Select Committee's *Children First* report (House of Commons 2012) highlighted the particular needs of older children in the system. To meet the permanence needs of these children – those who are also at highest risk of the poorest outcomes – it is necessary to address residential care.

### **A sense of permanence? Quality and continuity**

Munro and Hardy noted: 'Placement instability ... may compound existing difficulties and further reinforcement of insecure patterns of attachment' (2006, p 2). In considering how to achieve meaningful permanence for children *across* the looked after system (as well as those who leave the system because they are adopted, return to parents or follow other legal options), issues of continuity and stability of care are, of course, paramount. An understanding of permanence that is informed by parent-child relationships necessitates recognition that parents do not bring children up just for childhood, but for life. In setting out his attachment theory, Bowlby (1958/2003, p 237) quoted Winnicott's (1948) analysis of the 'vitally important' qualities of the mother. The first quality he cited is that 'she exists, continues to exist...'

The development of meaningful relationships takes time, perhaps especially for young people for whom earlier relationship experiences are characterised by adversity. Howe (2005, p 218) commented on the need to 'proceed very gently' in establishing relationships with children who have experienced trauma, and Holland and colleagues (2009), studying the everyday lives of young people in care, observed that 'sustained relationships are needed in order to communicate successfully' (op.cit., p 19). Studies of adoptive placements have also demonstrated that relationship development can be a slow and complex process (e.g., Rushton 2007). Do these findings mean that all placement disruption is bad? Thoburn and colleagues (1986) noted that stability and continuity are not in themselves sufficient to offer a true sense of permanence to the

child. Moreover, it is important to distinguish between forms of placement, and between different reasons for movement within the system.

As detailed earlier, Sinclair and colleagues' (2007) *Pursuit of Permanence* study distinguished between different groups of children and young people, noting corresponding differences in their pathways through the looked after system. Most do not become looked after with a plan for permanence: the great majority of placements are made with the intention that they come to an end in the foreseeable future. These placements do not need to offer a family for life, but they do need to be a good place to stay in the short term. To argue that an understanding of permanence should span placement planning for *all* children who encounter the looked after system, is not to suggest that different sorts of placements should have the same permanence aims, nor that all placements should be long term. But both long- and short-term placements should be made with a long-term view to what the right permanence solution is for the child, and with the aim of providing a high-quality experience of 'upbringing' throughout the child's stay.

DfE SSDA903 statistics for looked after children record the proportion who have experienced three or more moves in a year; this figure has declined from 18% in 2000 to 11% of children in 2012. However, as an indicator, this measure tells us little about how many children in the system are experiencing permanence within their placements. Whilst distinctions are made between planned and unplanned moves, it is also important to consider the impact of moves from the child's perspective. Munro and Hardy (2006) reported that children in the general population move home on average three times before reaching adulthood. By contrast, they cited research with very young children in care which revealed that over a quarter of babies in the sample had experienced at least three moves before their first birthday (Ward et al. 2006). If counting 'hidden changes', such as short-term alternative care while carers were on holiday, nearly half of the children in Ward and colleagues' sample had four or more carers in the first year of life.

This lack of stability is a critical concern, since we know the first year is crucial for children's attachment development. The neurological impact of stress on early development is well established (e.g., Lanius et al. 2010; Healey and Fisher 2012), raising serious questions about the potential long-term impact of planned *or* unplanned placement disruption in early life. Children who encounter the looked after system are likely to have already experienced very high levels of disruption and instability in their lives, and the impact of this history will be exacerbated by further instability.

Nevertheless, moves can be very positive for a child, and being in a long term placement is only a good thing if you are happy there. One of the key messages from *Fostering Now* (Sinclair 2005) was the need to listen to children's wishes. This message has been consistently reinforced by subsequent research with looked after children, including those adopted from care *and* permanently fostered children (e.g., Thoburn et al. 2000; Schofield et al. 2012; Neil 2012).

Sinclair and colleagues' (2007) *Pursuit of Permanence* study identified a number of children who said they had been acutely unhappy in some long-stay placements when they were young, and who said no one would listen to them and take them away. Placement breakdowns were mostly found among older children, and were said to be almost certainly affected by the quality of the placement as well as by the wishes and behaviour of the child. By contrast, placement

stability among younger children did not appear to correspond to placement quality, and some older children complained that when younger they spent far too long in placements where they were acutely unhappy. Case studies also indicated that some older children also wanted a move but were not assertive or difficult enough to get one or were just waiting out time with families they did not like. Other children had ‘no place to be’, moving frequently from placement to placement and unable to find a home with their own family or elsewhere. Quality and continuity must go together, if services for looked after children are to establish and ensure children’s developing sense of identity and belonging (e.g., Schofield et al. 2012).

### **Permanence and return home**

The instability highlighted by Sinclair and colleagues (2007) also demonstrates the need for discussions of permanence to recognise that most children return to live with their family of origin. Department for Education statistics<sup>1</sup> show that 37% of those who ceased to be looked after *as children* in 2012 returned to their parents – more will return as young adults on leaving care.

In 1986, Milham and colleagues published *Lost in Care*, one of a series of studies commissioned to inform the Children Act 1989 (Department of Health 1991). Biehal (2007) commented that this work had a profound effect on the professional consciousness of social workers, in highlighting the likelihood that children who remained in care for more than six weeks would stay in the system for long periods. Both research findings and official data consistently show that many children go home from placement within a relatively short time, less than six months or a year. As time goes by, however, their chance of return to their family of origin drops. This patterning is known as the ‘leaving care curve’, initially identified by Jane Rowe and colleagues in 1989. Sinclair and colleagues’ (2007) *Pursuit of Permanence* study similarly reported that the numbers remaining in care declined rapidly during the first 50 days of placement: just under two-thirds of children who did return home on leaving did so within six months. By contrast, only a fifth of those who left the system after spending a year in it returned home.

These patterns are striking, but as Biehal (2007) observed, the ‘leaving care curve’ shows correlation, not causality. The length of time a child is looked after does not, in itself, have a causal effect on the likelihood of return home. She warned against the erroneous assumption that it is particularly important for return to occur within the first six weeks of placement, if it is to occur at all. Stein (2009) also cautioned that, despite received wisdom, there is no research evidence that the passage of time *per se* does or does not increase the likelihood of reunification. Just because the likelihood of return home declines when children are in care for longer, we cannot assume that something is happening in placement that makes it less likely that children will be able to go home.

Nor should we assume that swift return home is always better for the child. Thoburn and colleagues (2012, p5) noted that researchers have consistently drawn attention to ‘children who ‘yo-yo’ in and out of care (usually to different carers)’, and a considerable body of research highlights the importance of addressing the permanence needs of these young people. For example, a detailed analysis of statistical data on children looked after in England showed that over 40 per cent of young people who re-entered care aged 10 to 15 years had already had three

or more previous periods in the care system (Boddy et al. 2008). Sinclair and colleagues (2007) noted that children returning to care after a failed return home were unlikely to return to previous carers; they also had very poor chances of being adopted and were highly likely to experience further movement. Studies such as these, along with more recent research with children placed for reasons of safeguarding, raise critical questions about stability, safety and well-being for some children who return home from care – and about how best to ensure that return home can be a successful route to permanence for the child.

Davies and Ward's (2012) *Safeguarding Children* research overview identified factors associated with the likelihood that children who return home will, or will not, require readmission. This analysis was focused on placements triggered by significant and chronic problems – not those aimed at providing respite or crisis accommodation – but the findings are highly relevant to the focus of the Care Inquiry. Notably, children who returned early to the same parent were unlikely to do as well as those who returned after sufficient time has elapsed for the problems that led to the original admission to have been addressed.

Wade and colleagues (2011) compared maltreated children who returned home with those who remained within the looked after system and found that, in general, return home tended to be an unstable arrangement. Only one third of children who went home from care were able to remain continuously at home over the next four years. Eighty-one per cent of children reunited with parents who were still misusing drugs subsequently re-entered care or accommodation. Moreover, children who returned home did less well (on a global measure of well-being at the time of the four-year follow up) than those who remained in care, even when reunification was stable. In Farmer and Lutman's (2010) longitudinal study of children placed because of emotional abuse and neglect, 65 per cent of those returning home were back in care by the five year follow-up. At the two year follow-up, 59 per cent of the children had been abused or neglected after reunification and, during the next three years, half of the reunified children whose cases were open had experienced further abuse or neglect.

Davies and Ward (2012) criticised professionals' over-optimism about return home, highlighting the need for careful planning and support around reunification. This is not to say that return home is *never* a good option but, rather, that reunification should be planned with a view to *permanence* – approached with caution and with concern to ensure the qualities of 'the best possible care' that we should seek for every child.

### ***Work with families***

Farmer and Lutman (2010) reported that one of the major influences on successful reunification was the local authority in which the child resides, noting that proactive case management and work with parents plays a major role in the success or failure of reunification. Biehal's (2006) review reported that children who are regularly visited by parents, and for whom this contact is a positive experience, were likely to remain in care for shorter periods, although she noted that it was not parental visiting *per se* that brought about early return home but, rather, a number of positive factors that were often associated with this, such as stronger attachment between parent and child, support to parents from social workers and purposeful, planned social work activity. Geurts and colleagues' (2012) review of family-centred residential care, which encompassed

English language and Dutch literature, concluded that family involvement – including involvement in decision making and in everyday life within the setting, as well as therapeutic parent and family intervention – could have benefits in terms of a range of child outcomes, including likelihood and stability of return home. However, the research in this review consistently showed that family-centred approaches were not easy to achieve, and the authors argued for such approaches to be explicitly prioritised in policy and practice.

Geurts and colleagues' (op.cit.) recommendation reflects a critical question highlighted by a body of literature: of whether sufficient attention is given by social workers and others to work with birth families, whether that work is focused on helping children to return home, or on supporting parents' involvement with children's lives in care, and maintaining relationships with siblings (e.g., Biehal 2006; Sinclair 2005; Schofield et al. 2012; Farmer and Lutman 2010; Davies and Ward 2012; Thoburn et al. 2012). For example, Farmer and colleagues (2008) found that almost half of returns were not planned, and older children who were accommodated voluntarily, rather than under a care order, were particularly likely to return home without services being provided or the problems which led to their placement having been addressed. The success rate for returns was better when the foster carer had developed a supportive relationship with parents, helping them to change, but this was not a common feature of work with families (Moyers et al. 2006). Taken together, this body of evidence indicates that work with parents must be central to a permanence agenda, to secure change and ensure that return home can meet the aspirations of the Department for Education's guidance (2010a, p12), and offer children 'a secure, stable and loving family to support them through childhood and beyond'.

It is also important to recognise that birth family relationships are likely to be *psychologically* present for children, *whether or not* they will return home. As Neil and colleagues (2003, p404) observed, both adopted and fostered children are likely to have similar needs for 'help to negotiate the psychologically hazardous territory' of attachment, loss and identity following separation. These authors also found that contact could be more straightforward, and less stressful, in adoptive families than in foster families; fostered children – not surprisingly – had more complex relationships with both birth parents and their new parents.

The growth of social media such as Facebook also means that contact with birth families may not be avoidable. Family members may continue to be present in the *virtual* world for children, even if no contact is authorised. Whilst there is a growing body of literature on the role of social media in children's everyday lives and relationships (e.g., Buckingham 2008; Lincoln 2012), there is a gap in our knowledge of the role of social media in children and young people's relationships within the looked after system, and the concomitant implications for understanding permanence and work with families.

The UK literature on work with families of children who are looked after has tended to focus on 'contact'. Most looked after children have contact with their birth family, and many have weekly contact with a parent: figures range from 40-80% across studies (e.g., Sinclair 2005; Farmer et al. 2008; Berridge et al. 2012). Contact also varies according to type of placement and age of child, and is much less in planned long-term foster care (Schofield 2009). Across studies, most children say they want contact, even though it is not always a positive experience. Particular

concerns have been raised about the potentially stressful effects of high levels of contact for young infants during care proceedings (e.g., Schofield and Simmonds 2011), but this does not mean that contact per se should be avoided. Rather, as Neil and colleagues (2003) observed, contact arrangements must always take account of the needs of the individual child. Schofield and Simmonds (2011, p74) argued for the need to ensure that contact can be a positive experience, by attending to the complex pressures on all those involved – including the child – in order to ‘create a stable, secure and sensitive set of arrangements’.

Cossar and Neil’s (2013) discussion of post-adoption contact between siblings highlighted the need to go beyond a focus on ‘contact’, to address the complexity and dynamism of kin relationships and support the ‘everyday interactions [through which] kinship relations are maintained’ (op.cit., p74). Findings from our cross-European review of work with families when children are placed away from home (Boddy et al. forthcoming) illuminate this perspective, indicating the potential value of distinguishing between different aims and approaches to family involvement, in order to think about *how* and *why* parents and other family members are involved in children’s lives.

Concern with the permanence needs of the child requires a differentiated understanding of work with families, depending in part on the nature of plans for permanence. For children for whom the permanence plan is return home, work with families should be concerned with maintaining involvement and relationships in everyday life, as well as effectively addressing the problems that contributed to placement, in order to reduce the likelihood that a child will need to be accommodated again. For children who will not return home, there is nonetheless a need to recognise the importance of kin networks as part of their past, present and future identities – the sense of ‘close-knit selves’ that characterises family (Edwards et al. 2012). This entails recognising and supporting the connections between the ‘multiple families’ in children’s lives (Cossar and Neil 2013, p74), and so it will often be appropriate to maintain birth family involvement, including sibling, birth parent and extended kin relationships. Very occasionally contact with birth family members may not be appropriate, and work should focus on building alternative relationship networks for the child (Geurts 2010; Geurts et al. 2012). For all children looked after away from their birth parents, *whether or not* the permanence plan includes return home, there is a need to support children *and* their birth families in addressing separation, attachment and loss (e.g., Neil et al. 2003; Neil 2013). Meaningful permanence must ensure that children are supported to a sense of belonging and identity that addresses the complex and varied meanings of ‘family’ that they have experienced, whilst in care, and going on into adulthood.

## **Leaving care**

Permanence is not just about childhood. The underpinning concern of the Children Act 1989 – and so of provision for any child who is looked after – is to ensure the child’s welfare and upbringing, establishing a secure base for children and young people to support them through childhood and beyond (e.g., DfE 2010a).

Nationally and internationally, research with young people leaving care has consistently shown the challenges they face as they move out of placements and into adult life. Risks of disadvantage and instability, with concomitant needs for support and stability, extend into adult

lives (e.g., Stein 2005, 2006; Stein and Munro 2008; Jackson and Cameron 2011; Stein and Dumaret 2011; Ward 2011). Leaving care has been a matter of policy concern for some time (e.g., Children (Leaving Care) Act 2000; *Care Matters* (DfES 2006, DCSF 2008); Children and Young Persons Act 2008). Evaluations of initiatives such as *Right2BCared4* (Munro et al. 2011) have highlighted the potential of this policy emphasis to generate a culture that increases emphasis upon young people's entitlement to stay in care for longer, and DfE SSDA903 data trends show an increased proportion of young people staying in placements post-16<sup>2</sup>. The value of a stable base for young people growing into adulthood is reinforced by research reviewed by Stein (2012), which consistently reported better outcomes amongst young adults who had positive ties with previous carers.

Ward (2011) observed that research across countries has consistently highlighted the importance of a sense of belonging and connectedness in facilitating the move towards independence for young people leaving care. She highlights the many discontinuities experienced by young people – not just in access to services such as schools, but in terms of different living arrangements, different cultures, and disruption and loss of personal possessions. In a similar vein, Stein and Dumaret's (2011) discussion of the mental health needs of care leavers highlighted the potential impact into adulthood of the psychosocial adversity experienced prior to care entry, while living with birth families. These two sets of influence – adversity prior to care entry and disruption whilst in care – are of course inter-related. As discussed earlier, children who become looked after when older, and those with challenging emotional and behavioural needs and difficulties in education, are more likely to experience placement breakdown and further disruption and instability in their lives (e.g., Sinclair et al. 2007; Biehal et al. 2009).

Back in 2005, Sinclair's *Fostering Now* overview reported on how often care leavers said they had been lonely, short of money, unemployed or depressed. Only a minority described leaving for 'positive reasons' as opposed to a 'quarrel' or 'being pushed out', and very few had stayed in their placement beyond 18 years of age. Whilst policy and legislation have developed since the *Fostering Now* studies were carried out (e.g., Children and Young People Act 2008; Department for Education 2010), more recent research by Ward (2011) showed that young people leaving care early (at 16 or 17 years of age) had often done so because a placement broke down.

Just as research has shown variation in the experiences and pathways to permanence among different groups of young people who are looked after, Stein (2012) highlighted variations in the experiences of young people leaving care. Support for care leaving is not accessed equally by all young people, and some groups – including disabled young people, young parents, refugees and asylum seekers and young people from minority ethnic groups – are in need of additional support. In Ward's (2011) study, just 19 of the 49 young people she interviewed came under the aegis of the Children (Leaving Care) Act 2000 (England and Wales), which provides additional support over the transition period for those young people aged 16 and over who have been looked after for a period of at least 13 weeks since their fourteenth birthday (see Department for Education 2010). The other 30 young people in her sample did not meet this definition of care leavers. The extent of disruption and discontinuity they had experienced – preceding *and* during their time in the looked after system – clearly demonstrated that the need for support into adulthood extends more widely than the parameters of the Act.

Stein (2012) argued that young people who encounter the looked after system need comprehensive responses *across the life course* – while in care, at the time of leaving care *and* on their pathways to adulthood. This argument resonates with the definition of ‘best possible care’ in the Action Plan for Adoption (DfE 2011a) – through childhood and beyond. Similarly, the Department for Education’s (2010b, p4) guidance on *Planning Transition to Adulthood for Care Leavers* states that work on transition should be founded on the principle ‘*Is this good enough for my own child?*.’ Studies of family life across generations show how important parental and family responsibilities extend far beyond childhood or the period of transition around leaving home (e.g., Finch and Mason 1993; Bengtson 2001; Bucx et al. 2012; Nilsen et al. 2012). This is not simply a question of support, but of *continuity* in supportive relationships from childhood to adult life. Schofield and colleagues’ (2012) follow-up of children growing up in long-term foster care highlighted the potential of foster care to offer young people a sense of belonging and the mutual commitment between carer and child that is characteristic of a family for life. However, they warned that this potential for continuity was at risk of being undermined by the prioritisation of *legal* permanence, which could denigrate long-term foster care as a permanence option for young people, through childhood and into adulthood. For older teenagers in this study, Schofield and colleagues found that leaving care review processes could actively undermine their sense of belonging within the family:

*‘Leaving care social workers, who were introduced just prior to the child’s 16th birthday, saw themselves as the key advocates for the young people to help them into ‘independence’, which often cut across the young people’s own view of their long-term place in the foster family and their foster carers as parents.’*

(Schofield et al. 2012, p251)

A meaningful conceptualisation of permanence for looked after children requires thinking into adulthood. Permanence is not just for childhood or transition from care. A related issue, highlighted by Stein and Dumaret (2011), is that while there is a strong body of evidence on the disadvantages faced by care leavers – as indicated above – there has been little recent research (prospective or retrospective studies) with adults who have been in care, and this remains an important gap in our knowledge.

## **Conclusions**

This briefing paper has examined what research can tell us about how best to provide stable and permanent homes for children in England who are ‘looked after’ under the auspices of the Children Act 1989. The review has highlighted the diversity of children who become looked after, in terms of their characteristics on entry, their needs, and their pathways through the system. Despite this diversity, research consistently shows the importance for children and young people of achieving what Thoburn and colleagues (1986) termed a *sense of permanence* – whilst in care, and on into adult life. To achieve meaningful permanence for all children who become looked after requires a conceptualisation of permanence that spans the diversity of children’s characteristics, needs and pathways through the looked after system.

Writing in 1986, Thoburn and colleagues (p185) gave the following recommendation, equally relevant today:

*'The type of 'permanence' should depend on the needs of the child, and no one route should be seen as intrinsically preferable to another.'*

Whilst routes to permanence might vary, they should be underpinned by common principles and have equal value – ensuring the best solution for each child. The definition of 'security, stability and love through their childhood and beyond' which defines 'the best possible care' in the Adoption Action Plan (DfE 2011, p6) is highly relevant here, and could provide an underpinning objective for *all* routes to permanence for looked after children.

On the basis of the research reviewed here, it is possible to distinguish between a variety of routes to permanence for children and young people who are looked after under the aegis of the Children Act 1989, including:

- permanent return to birth parents;
- shared care arrangements, including regular short break care;
- permanence within the looked after system, whether in residential placement, unrelated foster care *or* family and friends care; and
- legal permanence, through adoption, special guardianship and residence orders.

For some children – indeed, the majority of those who become looked after – return home will be the preferred pathway to permanence. However, the research reviewed here provides a stark warning of the need to avoid over-optimism in reunification. Children who return home too rapidly, and without thorough assessment and clear plans for the work that will be done to support them and their family, do less well. Evidence of poor outcomes for a proportion of maltreated children who return home – including further abuse and neglect, and high rates of re-entry into the looked after system (rarely to the same carer) – indicates a critical need to develop child- *and* family-centred approaches to placement, to achieve secure change in the issues that led to the child's placement and to provide support for return home (e.g., Davies and Ward 2012; Geurts et al. 2012; Thoburn et al. 2012).

A small minority of children who become looked after will follow pathways to legal permanence, through adoption, special guardianship orders or residence orders. The proportion of looked after children who achieve permanence through adoption has changed relatively little over the years, despite a history of policy emphasis in this area. The growing number of children following more recently established routes to legal permanence, through special guardianship orders and residence orders, indicates the potential value of these arrangements.

However, the research reviewed here strongly demonstrates the need for looked after children to be able to achieve permanence *within the system*, without following pathways to legal permanence. There is powerful evidence that both unrelated foster care *and* family and friends can provide permanence and high-quality care through childhood and beyond. However, permanence – placement with the intent of providing a family for life – in unrelated or family and friends foster care is not recorded in the DfE statistical return, and so the proportion of children achieving such permanence is not monitored. Studies of foster care suggest that a

minority of fostered children are in placements intended to provide long-term care and upbringing. Equally, far more children live with friends and relatives in the general population than are counted within local authority statistics on looked after children. If these children were included in local authority data collection, we might be better placed to understand the potential of family and friends care to provide the qualities of permanence that we seek for children who cannot live with their birth parents, whether or not they are 'looked after'.

Even within the looked after system, foster care (unrelated or with family or friends) should not be considered the only route to permanence. Children who are more challenging to look after – those who enter the looked after system at older ages, and those who have behavioural, emotional and educational problems – are more likely to experience foster placement breakdown, and more likely to be accommodated in residential care. So long as residential care in England remains a residual and marginalised service and an option of last resort, its potential contribution to permanency, or even stability, for young people who cannot (or do not wish to) live in family care is squandered. Given that these young people are also at highest risk of the greatest disadvantage, relative to the general population *and* other looked after children, this is a critical concern.

To conclude, the research suggests the need for a broader and better differentiated understanding of permanence than is apparent within current policy discourses in relation to looked after children: an understanding that goes beyond legal permanence. There are constraints on the supply of placements that can offer legal permanence, and legally permanent solutions are not appropriate for all children who become looked after. Some children will remain formally 'looked after' throughout the remainder of their childhood, whether in unrelated foster care, residential care, or family and friends care. Others will return to their birth parents, either in childhood, or in early adulthood when leaving care. Whichever route to permanence is appropriate for a child, the research reviewed here shows that support for carers, and for birth parents, and attention to children's wishes are critical to ensure quality and continuity in placements.

Sinclair and colleagues (2007, p11) wrote of the great variety of children and experiences, noting that 'there is very little that is true of all the children who are looked after by the state'. Whilst recognising that diversity, we also need to recognise that looked after children are children first and foremost: becoming 'looked after' is just one aspect of complex identity and experience. A German policy advisor interviewed by Boddy et al. (2008, p121) commented that 'decisions [should be] about individual solutions for individual children', and this recommendation is central to finding solutions for permanence. The extensive literature reviewed here offers a consistent message, which spans age, ethnicity and forms of placement. What matters is quality and relationships. To provide individual solutions, we not only need to support routes to legal permanence, but to place equal value on other ways of achieving permanence, including support for children and families at the 'edges of care', when placement is being planned or considered, as well as through permanent return to birth parents and permanence in shared or full-time care. What is critical is that *all* options for the child are conceptualised with a common understanding and objective of permanence – aiming to provide high-quality and stable care; supporting children's sense of identity and belonging; and connecting past, present and future through childhood and transitions out of care, and on into adult life.

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