TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Pathways to Permanency Handbook

Introduction to the concept of permanency and concurrent planning within the Irish Child Protection and Welfare System in Ireland;

A guide for Practitioners

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Contents

Equalities Statement

Throughout the process of ensuring the safety and welfare of children, all children and families will be treated equally irrespective of race, culture, ethnicity, age, disability, gender, religion or sexual orientation, and professionals are respectful of all family patterns and lifestyles.

Disclaimer

The *Pathways to Permanency Handbook* is a 'quick reference' document to support skilled practice within both the Child and Family Agency and partner agencies. It is not a complete or authoritative statement of the law and is not a legal interpretation.

Professionals will need to be familiar with all Protection and Welfare of Children legislation, together with other relevant policy, procedures and guidelines that govern their practice.

Unless otherwise indicated, the 'Remember!' reminders and 'Practice Tips' included in the Handbook are predominantly interpretations of key messages to support practice taken from more detailed documents. Readers should consult the original publications listed in the References section for a more thorough understanding of the issues raised by these publications.

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Foreword

Children in care have always been clear about what they need and research has continuously affirmed their perspectives. Children speak most of all of the need to feel they are cared for and that their family, carers and professionals are people who are willing to go beyond the call of duty to support them. They also have told us of the importance of the relationship with their primary carer whether that be a relative, a friend, a foster carer or a residential care worker. Having a sustainable and positive relationship even with just one person is understood to make a real difference in the lives of children and young people in our care. As the Agency with primary responsibility for these children, we have the biggest obligation to ensure we are continuously listening to what works for children in our care and that we plan and deliver our service to them in a way that reflects what we have heard and what we know works for them.

Every day we are engaged with children, families, wider support networks, carers and professionals to plan for children in our care. We seek to understand and assess their needs so we can collectively determine the right plan for each child. We know that every child's background, experience, hopes and fears are different and require individual attention and dedicated planning. We also know that stability and felt security of a child are essential aspects of ensuring they have every opportunity to grow up to be healthy, happy and in a positon to contribute as adults to the world around them.

As an Agency we have been always been focused on working to ensure that children in our care are given every opportunity to return home safely and this commitment remains through our national approach to safety planning. When this has not been possible we have also been very successful at supporting relatives or general foster families to become that permanent home for that child, while still recognising the need of children to maintain relationships with their birth family. In recent years, legislation has also changed which has allowed for even a wider range of permanent legal arrangements to be put in place for children that also support other permanent care options including guardianship by others and adoption. Promoting and working towards permanence for children and young people either through return to birth family or by an alternative care arrangement aims to provide children and young people with stability, security and a clear understanding of where they will live and who they will live with into their future and ensure they have that sense of belonging from those who will always be there to support them.

This handbook has been prepared to bring all relevant research and best practices into a simple guide that is aimed to assist and support staff in the Child and Family Agency utilise the best approaches to practice in planning for and promoting permanency in their work and takes account of the legislative changes that supports this work. It focuses on a range of permanency options for children in care from reunification, foster care, residential care and adoption and provides indicators to support staff in planning which permanency arrangement may best meet the needs of the child/ young person and assist in concurrent planning for these children.

> ‘Every day we are engaged with children, families, wider support networks, carers and professionals to plan for children in our care. We seek to understand and assess their needs so we can collectively determine the right plan for each child.’

The Handbook has been developed in consultation with a range of stakeholders and with the explicit intention of ensuring that the views and voices of the children and young people we serve are central to our work. This supports our intent in working with them is to strive to provide them with the highest standard of services they deserve from us.

Consequently, it should be viewed as a guide to basic and consistent practice in addition to current policies and procedures. While it does not address every challenge, it does provide introductory guidance that will be complemented with further policy, practice support and through existing supervision, peer support and line management.

Accordingly, I am delighted to present this to our practitioners and support staff as a new and exciting development in the Irish child protection and welfare arena. I expect that it will generate much debate and conversation in this area, all of which will assist us learn and grow as we endeavour to provide the best care and life to the children we serve.

Cormac Quinlan
National Director for Policy and Transformation

Acknowledgements

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John Leinster – Principal Social Worker, West

Marie Lyng – Social Worker

Marie Cregan – Social Worker

Nina Halbert – Principal Social Worker Fostering

Catherine Burke – Principal Social Worker Adoption

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Finally, we dedicate this Handbook to the memory of our dear friend and colleague,

Margy Dyas,
Principal Social Worker, Dublin North East

Introduction

This Handbook has been developed to support The Child and Family Agency staff in implementing the Agency's Permanency Planning Policy which aims to provide high-quality, stable and safe care for children who require alternative care.

This Handbook should be read in conjunction with the Child and Family Agency's Standard Business Process and its national approach to child protection and welfare: Signs of Safety. It should also be read in conjunction with the Child and Family Relationships Act 2015, the Adoption Amendment Act 2017, and the Adoption Act 2010 to ensure that staff understand the legal framework that underpins the development of the policy and the Handbook. In addition, reference should be made to other Agency handbooks – including Child Protection and Welfare Practice Handbook (2011), Child Protection and Welfare Practice Handbook 2 (2018), and the Alternative Care Handbook (2014) – and practitioner toolkits: Children and Young People's Participation (2016) and EPPI Practitioner Toolkit (2019). Permanency planning does not change the Agency's responsibility to pursue family reunification. What it does do is require that social workers simultaneously and actively pursue an alternative form of permanence.

The introduction of permanency planning requires that longstanding practice rules change within the Agency. The permanency planning policy requires a transformation of practice across all levels of the Agency. Senior managers can help shape permanency practice through the mechanisms set up to ensure effective decision making and planning for permanence. Policy decisions about the proportion of resources devoted to increasing and supporting adoption, or supporting children and foster carers, may also contribute to shaping the pathways of permanence for individual children.

The permanency and concurrent planning approach asks much of foster families. Foster families must be willing to make a permanent commitment to a child placed in their home while at the same time working cooperatively with the Agency and birth family to achieve reunification. In recognition of this, the Agency is committed to ensuring that the appropriate recruitment, preparation and support of foster carers in the context of permanency and concurrent planning is achieved. Addtionally, the Agency has put in place financial and therapeutic supports, where appropriate, to ensure that children's needs are being met after adoption is granted. These supports ensure that a lack of resources does not preclude a child who should be adopted from being adopted.

The layout of the contents of the Handbook is for ease of reading; no hierarchy of permanency is promoted within the Agency. Permanency decisions are made on a case-by-case basis with the best interests of the child at the centre of the decision-making process.

Glossary of terms

‘Child’ or ‘children’ are used throughout the Handbook to describe children and young people in recognition of their legal status as children until they turn 18.[1]

“Contact is broadly defined to include any direct or indirect communication between a child and significant others, ranging from an exchange of letters or emails, swapping photographs, telephone calls and infrequent supervised visits, to frequent meetings that may or may not be supervised” (Macaskill, 2002). This definition encompasses access to children in care as outlined in Section 37 of the Child Care Act 1991 and the Children and Family Relationships Act 2015.

‘Service recipient’ is used to refer to individuals who are referred to services provided by the Child and Family Agency.

1. Unless they are or have been married.

Chapter 1

Permanence for children in care

Relationships are the bedrock of human change and growth (Turnell and Murphy, 2014, p. 9)

1.1 Introduction

'Children cannot wait indefinitely' was one of the observations of the review of the Roscommon Child Care Case Inquiry (2010, p. 5). Child protection and welfare policy has traditionally been strongly orientated towards a sequential planning approach where social workers' first and foremost priority is family reunification. Only once reunification has been ruled out have other placement options then been considered for a child in care.

The ratification of Article 42A in the Constitution, in relation to the rights of children, and the introduction of the Adoption (Amendment) Act 2017 require a revision of social work practice in Ireland in relation to planning for the provision of out-of-home care for children in the care of the State.

This revision of social work practice is reflected in the introduction of a permanency planning policy by the Agency. Permanency planning does not change the Agency's responsibility to pursue family reunification. What permanency planning does do is require that social workers simultaneously and actively pursue an alternate form of permanence (Schene, 2001). The evidence to support the introduction of a permanency planning policy, the legislation informing its introduction, and the implications for practice are outlined in the Handbook. In addition, evidence to support, develop and improve practice in relation to permanency planning is also included in the Handbook.

Children who enter the care system in Ireland do so primarily because of parental emotional and physical neglect (Coulter, 2013; Munro and Gilligan, 2013). Research and official statistics show that children are likely to remain for extended periods in the care system in Ireland (McNicholas et al., 2011; Daly and Gilligan, 2005; Moran et al., 2016). The purpose of the care system is to:

- protect children from harm by providing a place of safety and stability in which children and young people can flourish – either by helping families to build capacity to care for their children, or providing a place away from the family where necessary;
- improve the outcomes of children and young people who are vulnerable by meeting the specific and individual needs of each child;
- address a child's basic need for good parenting by introducing and planning effective substitute parenting to perform the fundamental role of steering and supporting a child through his or her formative stages of development.

Achieving permanence for children in care has become a primary objective of child protection and welfare policy as a response to foster care 'drift' (Biehal, 2014; Blakey et al., 2012). 'Drift' in foster care is said to occur when a child is left in the care of a foster family, sometimes for years, or moved from placement to placement, without a clear plan to either return the child home or find the child some other permanent home. Studies in Ireland have reflected on children placed in care often 'drifting' from placement to placement (Buckley, 2003; Gilligan, 2000.)

The legislative reform will alter the position of adoption within the care system at both a legal and a practice level. As O'Brien and Palmer (2016) observe, adoption has been marginalised in the legislative, political and practice fields for many years. To date, social workers have limited experience of seriously considering adoption in care planning and decision making, largely because the threshold for abandonment under the 1988 Act was so high or the children were not eligible for adoption due to the martial status of their birth parents. The Adoption (Amendment) Act 2017 is likely to change the nature of care planning, foster and adoptive parent assessment and social work involvement in judicial processes, as well as having implications for the social worker's relationship with adoption (O'Brien and Palmer, 2016).

In recent decades, many care systems have increasingly preferred adoption over long-term care options such as long-term foster care (McSherry et al., 2013). It has been argued that adoption often provides higher levels of emotional security compared to long-term foster care (Triseliotis, 2002). In Ireland, however, the revelations of the treatment of women in mother and baby homes (Goulding, 1998; Milotte, 2012) and Magdalene laundries (Smith, 2008) in recent years, identified adoption as being used in the past as a mechanism by which the perceived wrongdoings associated with birth outside marriage were dealt with (O'Brien and Palmer, 2016) rather than a viable care option for children in need of care. In addition, the care system in Ireland has been described as being more paternalistic than care systems in other jurisdictions, making it more focused on the preservation of the family and reunification (O'Brien, 2014).

The adoption process places a heavy responsibility on agencies, their social workers and decision makers. Their work and decisions can profoundly affect the lives of those involved in adoption. It is important therefore that the decision-making process is soundly constructed, with appropriate delegation of responsibility, and with balances and checks.

In addition to the Adoption (Amendment) Act 2017, the Children and Family Relationships Act 2015 also broadens the potential options available for caring for children who cannot be cared for directly by their birth parents. Different types of guardianship, which provide permanence to a placement but do not completely end all legal relationships between the child and their birth family, are now available. These legislative and constitutional changes mean that four main options for permanence for children in need of care now exist:[2]

- Reunification
- Guardianship
- Adoption
- Long-term foster care including relative care.

Research from other jurisdictions suggests that prioritising reunification, guardianship/relative care and adoption as policy objectives may reduce the appeal of long-term foster care as a care option for children (Christiansen et al., 2013; Stott and Gustavsson, 2010). However, as O'Brien and Palmer (2016) observe, foster care is the backbone of the Irish child welfare system and it is important that the adoption reforms do not destabilise the long-term foster placement option for children in care. As the primary focus of the Adoption (Amendment) Act 2017 is the best interests of the child, one of the challenges for the Agency is to find better ways to manage what works within the current foster care system in order to create higher rates of permanency, whilst making greater use of adoption as a permanency option for children (Palmer, 2015). It is the intention of the Agency's permanence policy to ensure the exploration of all potential care options for children in the care of the State and for the permanence option most suited to the child's identified needs to be chosen.

The aim of this practice handbook is to support the Child and Family Agency staff in negotiating the new landscape for providing children with a secure, stable and loving family to support them through childhood and beyond.

2. Unless they are or have been married.

1.2 Why permanent care arrangements matter

> ‘I was lucky, I didn’t move that much. It’s the moving that messes kids up’[3]

Difficulties with placements for children in care were identified in Shannon and Gibbons’s (2012) review of child deaths in Ireland. Poor placement choices and frequent moves resulting in multiple placements were identified as causes for concern. In particular, the failure to properly assess the child’s needs and match them to a placement that would fulfil these needs was identified as an area that required addressing by the Agency.

All children in care deserve a permanent home. Legal and relational permanence matter because young people who age out of State care are at an increased risk of many negative outcomes. Young people who age out of foster care, or exit care, without a parent-like connection experience increased risk of homelessness, early pregnancy, incarceration, job instability and unemployment, and poverty (Courtney et al., 2001; Hook and Courtney, 2011). Young people who leave foster care without supportive connections also experience risks related to their socio-emotional well-being, with increased incidence of mental health and behaviour problems, including depression (Barth, 1997).

Research indicates that the benefits for young people of being connected to supportive adults include positive long-term effects on their social, psychological, achievement and social skill development, financial outcomes, self-esteem and educational outcomes (Geenan and Powers, 2007; Perry, 2006).
Other studies indicate that young people who reported higher levels of social support from friends and family had improved resilience and developmental outcomes (Daining and DePanfilis, 2007). Young people noted an increased sense of self-identity when able to maintain relationships with family and other adults important in their lives (Lenz-Rashid, 2009). Research also indicates that many young people seek out relationships with their biological family after leaving foster care (Geenan and Powers, 2007).

A disrupted life, therefore, can increase the risk of social, emotional and behavioural problems and can negatively impact on a child’s self-esteem and sense of identity (McDermid et al., 2015; Fernandez, 2009).

Young people, in general, need the safety net of financial, social and emotional support from their parents or parent-like figures well into young adulthood. This safety net is not always available to young people leaving care.

Staub (2003) argues that if we want emotionally resilient, caring, non-violent and optimally functioning young people, who fulfil needs in a constructive rather than a destructive way, who have experienced a continuous evolution of effectiveness and identity as a result of a continued fulfilment of these needs, who are ‘connected selves’, this requires support networks capable of constructively satisfying children’s fundamental needs, including security, effectiveness and control, positive identity and belonging, and comprehension of reality.

The overall objective of permanence planning is generally to support children’s reunification with their families following an episode of care. In circumstances where this is not possible the objective is then to ensure that a safe, secure and loving arrangement is put in place where children are well cared for. In a permanent living arrangement, both the children and the adults can expect or usually assume that they will be living together in both the short and the long term. Achieving stability in care is important as it enables children and young people to develop social networks, informal social support and relationships with adults and peers (Boddy, 2013).

Three different dimensions of permanence are embedded within permanency planning: relational, physical and legal (Sanchez, 2004, cited in Tibury and Osmond, 2006; Stott and Gustavsson, 2010):

- *Relational* permanence refers to the experience of having positive, loving, trusting and nurturing relationships with others (e.g. parents, friends, siblings, family, carers);
- *Physical* permanence refers to stable living arrangements and connections within a community;
- *Legal* permanence refers to the legal arrangements associated with permanency, such as who has guardianship.

Awareness of these dimensions highlights that permanence planning is much *more than placement* (Tilbury and Osmond, 2006). It recognises that children need:

- consistent, predictable and loving relationships;
- a sense of connectedness and belonging to families/communities;
- a stable place they call ‘home’.
  (Queensland Government, 2011)

Legal permanence, such as the reunification, adoption, or transfer of legal guardianship of the child, has always been a goal for child protection and welfare systems. In recent years, however, emotional and relational permanence have been introduced as concepts that are equally important. Many experts now advocate for child protection and welfare agencies to increase their focus on building permanent, supportive connections for young people while in foster care (Charles and Nelson, 2000; Samuels, 2009).

Permanency is not just about the type of placement, it is also about the stability and continuity of care provided to children and recognising the child’s right to security through more permanent care arrangements. The Centre for Excellence for Looked-After Children in Scotland (2014) maintains that focusing on safe, secure and loving care for children should be the foundation of all social work with children and families. Even in cases where legal permanence may not be achieved, achieving relational permanence is key for the child in care.

3. Care leaver (Gaskell, 2010), as cited in Minnis and Walker (2010, p. 5).

1.3 Adoption as a permanent care arrangement for children in foster care

Traditionally there have been a of myriad reasons why adoption has not been considered as a permanent plan for a child in a stable long-term foster care placement in Ireland:

- Historically, adoption was seen as a method of dealing with the perceived wrongdoing associated with birth outside marriage.
- Reunification with the birth family and on-going contact with the birth family are highly valued in current social work practice and policy.
- Adoption risks the loss of connections that are intrinsic to the formation of the child's identity. Retaining a child's sense of identity and connection to the birth family is a core part of current social work practice and policy.
- Foster care involves the sharing of care with birth parents and the social work department; adoption is the parenting of a child following the creation of new legal relationships for a child.
- The closed system of adoptive practices in Ireland means there is no legal recourse to maintaining contact with the child's family of origin once an adoption order is made. Although open adoption occurs in practice, the potential for the loss of contact with the child's family of origin often makes adoption a less appealing option to practitioners.
- Foster care involves the joint share of parenting, whereas adoption transfers the care and parenting to the adoptive parents.
- The many checks and balances required for the adoption process to be completed can be off-putting, particularly where the child is in a very stable foster care placement, for fear of disrupting a stable placement.
- The loss of the fostering allowance, the loss of support from social workers and other services and the lack of post-adoption support can impact on the decision as to whether to adopt a child who is in foster care. (This has now been addressed in the Irish context.)
- The 'inalienable rights' of parents enshrined in the Constitution and the high threshold required to prove a failure in parental duties in non-consensual adoptions played an important role in decisions not to pursue an adoption of a child in care.

1.4 Permanence and concurrent planning

Ensuring that children in care are placed in permanent homes as quickly as possible has always been a priority for child protection and welfare professionals (Schene, 2001). Professionals have, however, struggled to balance the needs and rights of the birth family with the child's need for timely permanence.

This has resulted in a sequential approach to permanence planning where initially social workers actively pursue reunification with the child's birth family; if reunification is ruled out social workers explore other permanence options. Emphasising the primacy of family reunification can have unintended negative consequences. For example children who cannot return home can remain in care for many years, often experiencing multiple moves before exploration of other permanence options begins. These unintended negative consequences have led professionals to seek an alternative practice approach that allows children to be placed in permanent homes more quickly (Schene, 2001).

Concurrent planning requires that social workers simultaneously pursue both family reunification and alternative options for permanence. The concept of concurrent planning originated in Chicago in the late 1960s and early 1970s through the practice experience of Irmgard Heymann and her colleagues (Weingberg and Katz, 1998). Experience suggested to them that a caseworker's frank discussion concerning permanency when a child first entered foster care, coupled with an analytical appraisal of the parental visiting pattern, could greatly reduce foster care drift and facilitate earlier permanence. The origin of the term 'concurrent planning' is attributed to the Washington State Department of Social Services and its work with Linda Katz at Lutheran Social Services of Washington and Idaho in the early 1980s (Schene, 2001). Practitioners recognised that in cases where the prognosis for reunification was poor it made sense to place children as early as possible in homes where they could remain. Concurrent planning developed as a strategy to move children into safe, permanent homes more quickly than was often the case in traditional practice.

Weinberg and Katz (1998) argue that the simultaneous pursuit of reunification and alternative permanency is not inconsistent and that the goals simply represent different possible outcomes for a child in an out-of-home placement.

Implementing concurrent planning, however, represents a significant change in child protection and welfare practice and impacts on almost every aspect of the organisation's activity (Schene, 2001). In addition, the move from sequential to concurrent planning is also dependent on many changes in the courts and service providers.

The remaining chapters in the Handbook examine the core legislative and practice issues relevant to the introduction of permanency and concurrent planning. Chapter Two examines the legislative changes that underpin the introduction of a permanency and concurrent planning policy; Chapter Three explores the practice implications, while Chapter Four considers care planning in the context of permanency and concurrent planning. Chapter Five considers child participation in permanency planning. Chapter Six explores reunification and Chapter Seven examines alternative forms of permanency for children.

Summary

- The constitutional and legislative changes in Ireland now allow for a greater number of options when planning permanence for children in care.
- Four main options for permanence for children in need of care now exist: reunification, guardianship, adoption, and long-term foster care.
- Achieving permanence requires the Agency to move away from a sequential planning process to a concurrent planning process.
- Concurrent planning requires that practitioners simultaneously pursue both family reunification and alternative options for permanence.
- Research shows child protection and welfare systems need to identify children who require various types of professional help earlier and to target resources more effectively so that placement moves are less likely.

Chapter 2

Legislative changes in Ireland and children in care

2.1 Introduction

> ‘The relationships with people who care for and about children are the golden threads in children’s lives’
>
> (Care Inquiry, 2013, p. 2)

This chapter outlines the recent changes in legislation, with a particular focus on the Children and Family Relationships Act 2015, following amendments to the Constitution, which inform social work practice in relation to caring for children who can no longer be cared for by their parents.[4] This chapter should be read in conjunction with existing child care legislation.

The welfare of the child has always been the first and paramount consideration, from the Child Care Act 1991 to Section 19 of the Adoption Act of 2010. In 2012, the Thirty-first Amendment to the Irish Constitution (Article 42A) recognised the natural and imprescriptible rights of all children in Ireland. This amendment embeds in Irish law the principle that the best interests of the child are the paramount consideration in all proceedings which affect guardianship, custody or upbringing of, or access to, a child.

This amendment, coupled with existing child care legislation, places the child’s best interests at the core of all decisions made by practitioners and courts in relation to removing a child from the care of their parents and placing them in the care of the State.

4. This chapter draws extensively on a paper produced by the Child and Family Agency legal services.

2.2 The Children’s Referendum 2012

Article 42A of the Constitution, the introduction of the Children and Family Relationships Act 2015 and the Adoption (Amendment) Act 2017 make it easier and more appropriate for permanency planning to occur in an Irish context.

The ratification of Article 42A means that, regardless of their marital status, in exceptional cases where parents fail in their duty towards their children to such an extent that the safety or welfare of any of their children is likely to be prejudicially affected, the State can endeavour to supply the place of the parents by proportionate means as provided by the law, but always with due regard for the natural and imprescriptible rights of the child (Section 2).

Section 4 outlines how in the resolution of all proceedings concerning the adoption, guardianship or custody of, or access to, any child, the best interests of the child shall be the paramount consideration. Section 4.2 makes provision by law for securing, as far as practicable, that in respect of any child who is capable of forming his or her own views, the views of the child shall be ascertained and given due weight, having regard to the age and maturity of the child during these proceedings.

2.3 The Adoption (Amendment) Act 2017

The constitutional emphasis on the child being central to any legal consideration is reflected in the Adoption (Amendment) Act 2017. The consultation of all potential guardians in a child’s life is actively promoted before the child is placed for adoption by this Act. It also proposes an amendment to Section 54 of the 2010 Adoption Act, allowing under section 26 (2A) for the High Court to dispense with consent of parents and make an adoption order.

Combining both Article 42A of the Constitution and the Adoption (Amendment) Act 2017, the following circumstances would allow for a child in care to be eligible for adoption:

- The child is in care;
- The parents have failed in their duty towards the child or consent to the adoption of their child from care;
- The adoption is a proportionate means of supplying the place of the parents;
- There are no reasonable prospects that the parents will be able to care for the child;
- The child has been in the care of the prospective adoptive parents.

If the guardians/birth parents are contesting the adoption then the following criteria must also be considered:

- The child must have been in care for a period of at least 36 months;
- The child must have been residing with the prospective adoptive carers (i.e. the foster carers) for 18 months.

2.4 The Children and Family Relationships Act 2015

Guardianship

The Children and Family Relationships Act 2015 significantly amends the Guardianship of Infants Act 1964 and brings it more into line with modern society. The number and variety of people who can be appointed a guardian of a child has been extended and the following are the points to remember:

- Where the mother of a child has not married the child's father then she the mother shall alone be the guardian of the children;
- A person who, along with the mother of the child, is the parent of the child shall be a guardian of the child where:
  - The person has entered into a civil partnership with the mother;
  - The person and the mother of the child concerned have lived together for not less than 12 consecutive months, post the implementation of the 2015 Act, and this shall include a period of not less than three months any time after the birth of the child where the person and the mother have lived with the child. A declaration can be sworn pursuant to Section 6B 4 (d).
- The court can appoint a person other than a parent as a guardian in the following circumstances:

  a) Where that person is married to or is in a civil partnership with, or has been for over three years a cohabitant of, a parent of the child and has shared the parental responsibility for the child's day-to-day care for a period of more than two years.

  b) Where that person has provided for the child's day-to-day care for a continuous period of more than 12 months and the child has no parent or guardian who is willing or able to exercise the rights and responsibilities of guardianship in respect of the child.

- The court has power to appoint a temporary guardian where the guardian of the child becomes incapable, due to a serious illness or injury, of exercising the rights and responsibilities of guardianship.

The extension of eligibility for guardianship rights under the Children and Family Relationship Act 2015, in the absence of a national register, requires practitioners to clearly establish who may have guardianship rights in relation to a child in care. Failure to establish who has guardianship rights could have serious implications for the Agency, particularly where orders are made where not all guardians are appropriately consulted. Extended guardianship rights also potentially offer practitioners greater options in terms of permanency options for a child who may not be able to remain in the care of their family of birth. Additionally, under the Act, the Agency has to be made aware of applications for guardianship where a person has been providing for the child's day-to-day care for a continuous period of 12 months.

The best interests of the child

The Children and Family Relationship Act 2015 reforms private family law substantially, to provide legal recognition to different types of modern families, and to create new rights for parents, both biological and non-biological, and for children. Unlike the primary legislation regulating child care policy (Child Care Act 1991), which does not provide a definition of 'welfare of the child', the Act introduces factors that must be taken into account when considering the 'best interests of the child' in line with Article 42A.4.1, the Thirty-first Amendment of the Irish Constitution, which protects children's rights. The best interest of the child principle is at the forefront of this Act rather than the relationship between parents.

When determining what is in the best interests of the child in any proceedings related to guardianship, custody or access to a child, or administration of any property or income belonging to, or held in trust for, a child, the court must have regard to 11 factors and circumstances:

1. the benefit to the child of having a meaningful relationship with each of his or her parents and with the other relatives and persons who are involved in the child's upbringing and, except where such contact is not in the child's best interests, of having sufficient contact with them to maintain such relationships;
2. the views of the child concerned that are ascertainable;
3. the physical, psychological and emotional needs of the child concerned, taking into consideration the child's age and stage of development and the likely effect on him or her of any change of circumstances;
4. the history of the child's upbringing and care, including the nature of the relationship between the child and each of his or her parents and the other relatives and persons referred to in paragraph 1, and the desirability of preserving and strengthening such relationships;
5. the child's religious, spiritual, cultural and linguistic upbringing and needs;
6. the child's social, intellectual and educational upbringing and needs;
7. the child's age and any special characteristics;
8. any harm which the child has suffered or is at risk of suffering, including harm as a result of household violence, and the protection of the child's safety and psychological well-being;
9. where applicable, proposals made for the child's custody, care, development and upbringing and for access to and contact with the child, having regard to the desirability of the parents or guardians of the child agreeing to such proposals and cooperating with each other in relation to them;
10. the willingness and ability of each of the child's parents to facilitate and encourage a close and continuing relationship between the child and the other parent, and to maintain and foster relationships between the child and his or her relatives;
11. the capacity of each person in respect of whom an application is made under this Act:
    - to care for and meet the needs of the child,
    - to communicate and cooperate on issues relating to the child, and
    - to exercise the relevant powers, responsibilities and entitlements to which the application relates.

The principle of the 'best interests of the child' should be referenced by practitioners when making decisions about permanent homes for children in care.

The views of the child

Both the Amendment of the Constitution and the Adoption (Amendment) Act 2017 place an obligation on practitioners to obtain the views of children in relation to key decisions about their care.

Article 42A of the Irish Constitution places an obligation on the State to secure, as far as is practicable, in all proceedings concerning the adoption, guardianship or custody of, or access to, a child, the views of the child concerned and to give them due weight, having regard to the age and maturity of the child.

The provisions of the Children and Family Relationships Act 2015 allow the court to give directions to acquire from an expert a report in writing regarding any question that affects the welfare of the child or to appoint an expert to determine and convey the child's view in private family law proceedings. By virtue of this section, a court-appointed expert must ascertain the maturity of the child and, where requested by the court, determine whether or not the child is capable of forming his or her own views. Where it is concluded that the child is capable of forming his or her own views, the expert should ascertain the views of the child, either generally or on any specific questions as directed by the courts, and provide to the court a report with any views expressed by the child concerned (Cronin, 2016).

Fathers and children in care

The Children and Family Relationships Act 2015 widened the legal rights of a father. Whether a father of a child is an automatic guardian depends on his relationship with the mother. An unmarried father is automatically a guardian if he has lived with the child's mother for 12 consecutive months, including at least three months with the mother and child following the child's birth.

If the mother agrees to the father becoming a guardian both parents must complete a statutory declaration in the presence of a Peace Commissioner or a Commissioner for Oaths or a Notary Public, as per the Guardianship of Children (Statutory Declaration) Regulations, 1998 (S.I. No. 5 of 1998).

If the mother does not agree to the father becoming the child's guardian, then the father can apply to the court to be appointed a joint guardian. This is possible, whether or not his name is on the child's birth certificate.

This leglisation was commenced on 18 January 2016; it is not retrospective and therefore only applies to cases after the date of commencement.

Access

Access, or the right to visit and spend time with a child, is fundamental in order for a child to maintain a meaningful relationship with a non-custodial parent, relatives, or other persons. The Children and Family Relationships Act 2015 makes it easier for grandparents, where appointed, and other relatives and qualifying persons to have access to a child.

In considering access for a person with whom the child resides or has formerly resided, the court must have regard to:

- The applicant's connection with the child;
- The risk if any of disrupting the child's life to the extent that the child would be harmed by it;
- The wishes of the child's guardians;
- The views of the child;
- Whether it is necessary to make an order to facilitate the access of the person to the child.
  (Cronin, 2016)

This Act has enforcement procedures in relation to custody and access to ensure that the child has a meaningful relationship with both parents even if their relationship breaks down. The court shall make an enforcement order only if satisfied that the custody or access was denied unreasonably and if it is in the best interests of the child to do so and if it is otherwise appropriate.

Violence and abuse in the home

The Children and Family Relationships Act 2015 also specifically addresses violence and abuse in the home as a consideration when determining the best interests of a child:

- For the purposes of subsection (2)(h), the court shall have regard to household violence that has occurred or is likely to occur in the household of the child, or a household in which the child has been or is likely to be present, including the impact or likely impact of such violence on:
  - the safety of the child and other members of the household concerned;
  - the child's personal well-being, including the child's psychological and emotional well-being;
  - the victim of such violence;
  - the capacity of the perpetrator of the violence to properly care for the child and the risk, or likely risk, that the perpetrator poses to the child.
- For the purposes of this section, a parent's conduct may be considered to the extent that it is relevant to the child's welfare and best interests only.
- In any law proceedings to which section 3(1)(a) applies, the court shall have regard to the general principle that unreasonable delay in determining the proceedings may be contrary to the best interests of the child.
- In obtaining the ascertainable views of a child for the purposes of subsection (2)(b), the court:
  - shall facilitate the free expression by the child of those views and, in particular, shall endeavour to ensure that any views so expressed by the child are not expressed as a result of undue influence, and
  - may make an order under section 32.
- In this section 'household violence' includes behaviour by a parent or guardian or a household member causing or attempting to cause physical harm to the child or another child, parent or household member, and includes sexual abuse or causing a child or a parent or other household member to fear for his or her safety or that of another household member.

The attention to violence and abuse in the home in the Children and Family Relationships Act 2015 increases the onus on practitioners to obtain information on the presence of violence and abuse in the home when carrying out preliminary enquiries and initial assessments and recording this information on the child's care record.

Summary

The legislative landscape results in:

- Wider options of permanence being available for children in care, in particular guardianship, as well as a widening of the availability of children for adoption;
- Concurrent planning being an option available to practitioners when planning permanence for children;
- A greater onus on practitioners obtaining and recording the views of children;
- A greater onus on practitioners identifying and involving birth fathers in their work with families;
- A greater onus on practitioners assessing for the presence of violence and abuse in the family home;
- A legal framework of factors to be taken into account when considering the 'best interests of the child' being available to practitioners;

Chapter 3

Permanency and concurrent planning: practice implications

3.1 Introduction

> ‘Every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential. Children with inadequate or no parental care are at special risk of being denied such a nurturing environment.’
>
> (United Nations Guidelines for the Alternative Care of Children, 2009)

Shannon and Gibbons (2012), in their review of child deaths in Ireland, reported that there was little evidence of long-term or permanency planning for children and young people in a number of cases reviewed, and that there was evidence that placements were merely a stop-gap measure.

A child’s early environment and attachments to primary caregivers have been identified as central to an infant’s developing brain. Abusive, neglectful and traumatic care-giving environments can have a profoundly adverse impact on early brain development and the brain’s ability to regulate itself (Howe, 2009). However, due to the brain’s plasticity, children who experience neglect and trauma can ‘catch up’ in developmental terms in secure placements. The age at which the child experiences secure placement is key to the likelihood of ‘catching up’. The permanency and concurrent planning approach is seen to facilitate attachment with the child’s carers from the beginning and does not result in moving children around within the care system, thereby reducing further damage (Monck, Reynolds and Wigfall, 2003).

Recognising the importance of permanence for a child’s well-being and the wider options available for achieving permanence requires a move away from the Agency’s traditional policy of a sequential approach to care planning.

Permanence planning requires substantial professional consideration and action. How organisations and practitioners go about permanence planning can make a fundamental difference to the lives of children and families (Queensland Government, 2011). Effective permanence planning requires the commitment of all members of the senior management team and the coordination of strategies and policies across the Agency, from robust management of admissions to care to increased expectations of in-house services and targeted commissioning practices. It also requires a change in culture and practice and, given the interdependent nature of implementation, commitment from all stakeholders (NSW, 2008).

Agency managers must provide leadership in articulating and clarifying the focus of the organisation’s intervention with families. Managers must communicate to staff that:

- The role of social workers is to secure safe permanence for the child;
- Efforts must be made to support parents in creating safety and to engage with services identified as being essential to reunifying the child with their family of origin;
- If reunification is not successful, following every reasonable effort having been made to support the parents, the social worker’s role is to ensure a positive outcome for the child by facilitating placement in another safe, permanent home;
- Regular reviews of cases which do not comply with permanence planning timeframes will occur.[5]

Quality permanency planning requires practitioners to understand what permanency planning is; why it is important; what to consider when making permanency plans; and what practices to use to optimise the likelihood of quality permanency planning outcomes (Queensland Government, 2011). Practitioners must be made aware of:

- the importance of placing children in potentially permanent homes from the outset, thereby limiting the number of moves for children;
- the importanace of conducting early searches for extended family networks and resources.
- the importance of providing outreach and support to relatives and extended famly networks in making decisions about permanence.
- the importance of recruiting, assessing and supporting families who can be eligible for fostering and adoption. *(Schene, 2001)*

It is critically important to have a sufficient pool of foster carers and adoptive parents who can cater to the varied needs of children, thereby facilitating quality permanency planning. Without such a pool, there is a lack of placement choice, which has been associated with placement instability (Clarke, 2006). The provision of residential placements, which must include an emphasis on the quality of relationships, is also critical (Care Inquiry, 2013). Having a range of placement options and identifying the right placement for each child is key to stability and permanence.

This chapter examines the implications for practice that the introduction of permanency and concurrent planning will have for the Child and Family Agency.

5. See Child and Family Agency Permanence and Concurrent Planning Policy (2018).

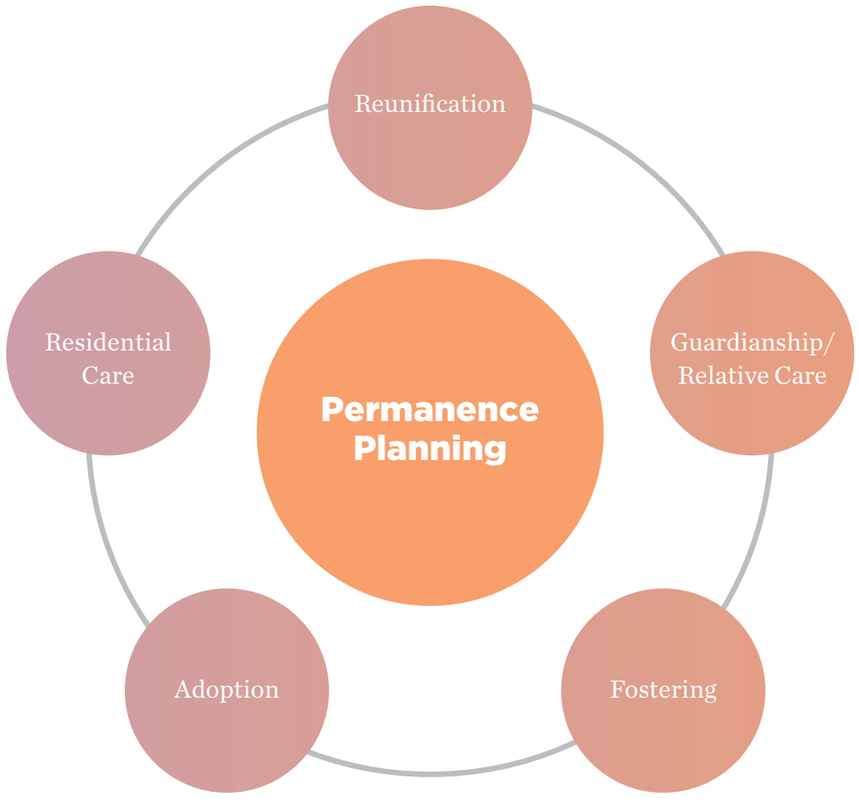
3.2 Permanency planning

Relationships were identified as the 'lens' through which all work with individual children, family members and carers should be viewed when determining the best way to provide stable and permanent homes for vulnerable children (Care Inquiry, 2013, p. 6). As Moran et al. (2016) observe, the quality, depth and therapeutic value of practitioner relationships built and maintained with children and families, including foster and relative carers, is key to achieving better outcomes for children in care.

A consistent message is that children in the care of the State value relationships with people who:

- are always there for them;
- love, accept and respect them for who they are;
- are ambitious for them and help them succeed;
- stick with them through thick and thin;
- are willing to go the extra mile; and
- treat them as part of their family, or part of their life, beyond childhood and into adulthood.
(Care Inquiry, 2013)

Figure 1: Routes to permanency for children who enter the care system



No common definitions of permanency planning exist; however, permanency planning is generally regarded as:

'a systematic, goal-directed and timely approach to case planning for all children subject to child protection intervention, aimed at promoting stability and continuity'
(Tilbury and Osmond, 2006, p.266).

The aims of permanency planning should be actively considered by all practitioners in their case planning and practice.

Queensland Government (2011, p. 5) identify quality permanency planning as aiming to:

- prevent prolonged, unnecessary placements for children by timely decision making;
- create a sense of relational, physical and legal permanence for children;
- facilitate a child's opportunity to develop a positive attachment to a caregiver;
- maintain positive connections and continuity with important social systems in a child's life;
- maintain and strengthen a child's identity, with particular emphasis on cultural, biological and racial identity;
- facilitate the establishment of a solid base that a child or young person can connect to throughout life for 'redirection, refuelling, a sounding board';[6]
- create arrangements that assist a child to reach his/her full potential and maximise child safety and well-being;
- provide living situations that assist children to recover from harm.

Permanency planning, therefore, involves achieving living arrangements for children that are positive and optimal for their emotional, psychological and physical development. In terms of policy and practice, permanency requires putting in place swifter decision-making processes, effective planning procedures, and preventative support interventions (Stott and Gustavsson, 2010).

As Turnell and Murphy (2014) observe, practitioners must constantly consider and decide whether the family's care of a child is safe enough for the child to stay with the family or whether the situation is so dangerous that the child must be removed.

–

6. Charles and Nelson, 2000, p. 18.

3.3 Concurrent planning

Concurrent planning involves considering all reasonable options for permanence at the earliest possible point following a child's entry into care and concurrently pursuing those options that will best serve the child's needs. Generally, the primary plan is reunification with the child's birth family. In concurrent planning, an alternative placement, e.g. guardianship, adoption, or long-term foster care, is pursued at the same time rather than being pursued after reunification has been ruled out (Child Welfare Information Gateway, 2012a, p.1).

Concurrent planning is a process that seeks to eliminate delays in attaining permanent families for children in the care system, thereby eliminating 'drift' in care and allowing a child to have a stable, secure, permanent environment as early as possible. As an approach, concurrent planning has potential benefits not only for children but also their birth parents and their permanent placement families (Schene, 2001). This is because concurrent planning requires that parents are supported from the beginning to create sufficient safety for their children, including engaging with services where required to assist reunification, thus giving parents the best opportunity for changing the patterns that led to the child's removal from their home. The approach also requires that an enhanced level of support is provided to foster carers who may offer permanent placements to enable them to support efforts towards reunification while caring for a child they are willing to have live with them on a permanent basis. The primary benefit of concurrent planning appears to be that children in foster care achieve permanency with families more quickly (Child Welfare Information Gateway, 2012a).

The use of concurrent planning is not without its critics, with some seeing the approach as being driven by economic motivation rather than being child-centred best practice. However, at the heart of concurrent planning is the desire to find permanent placements for children and eliminate delays in finding suitable families for children who may never return home to their birth family. Put simply, concurrent planning involves having a Plan A and Plan B running in parallel rather than consecutively. Concurrent planning does not change the Agency's responsibility to pursue family reunification. What it does do is require that social workers simultaneously and actively pursue an alternative form of permanence for the child whilst establishing if reunification is a realistic and healthy option for the child and birth family.

As Katz (1994), the recognised pioneer of concurrent planning, has observed:

'Concurrent planning will not produce miracles. What it can legitimately do is give case planning a clearer sense of direction and measureable goals. It has the potential to reduce the number of temporary placements children go through, to shorten the length of time in care overall by clarifying and respecting timelines, and to increase the candor and respect given to biological families and relatives by drawing them into case planning early.'

An examination of the legislatively mandated implementation of concurrent planning in six California counties described seven system characteristics that in combination appeared to be necessary for the full functioning of a system of concurrent planning (Frame et al., 2006, as cited in Child Welfare Information Gateway, 2012a). These characteristics include:

- Agency support at all levels for the principles, priorities, and practices of concurrent planning;
- Institutionalisation of the approach through the use of formal systems for resolution of paternity issues and relative search, documented reunification prognosis, tracked timelines, procedures for referral between practitioners, and regular review meetings;
- Support for practitioners including formal and informal training, shared decision making, and manageable caseloads;
- Integration of child protection and welfare and adoption services toward the same concurrent goals;
- An adequate pool of concurrent caregivers who are willing and able to work toward both reunification, adoption and long-term foster care;
- Services available to support birth parents in achieving reunification-related goals;
- Support from judges, solicitors and other court personnel for concurrent planning, philosophy and practice.

In addition, there is a need for enhanced support for carers.

The following issues should be considered when planning for permanence through concurrent planning:

- Concurrent planning begins once the decision to place the child in care has been made.
- The rights of the child, including their right to have their voice heard during the decision-making process, are fundamental to concurrent planning.
- The permanent needs of the child are the focus of concurrent planning.
- The rights of parents need to be balanced with parental responsibilities.
- Cultural differences need to be acknowledged when considering placement.
- A time limit needs to be built into the concurrent planning process to prevent 'drift' in foster care.
- Close collaboration with other agencies is required to ensure realistic timelines are set, e.g. Addiction Services, Counselling, Family Welfare Conference.
- All concurrent planning must be developed within the legal parameters available.
- Relatives and foster carers working effectively together is key to successful permanency and appropriate training and support needs to be provided as required.

The concurrent planning approach requires a number of sensitive decisions to be made by Agency practitioners. These include:

- How and when should practitioners raise the issues of permanency rather than reunification and help parents to explore what they mean?
- At what point should parents meet the child's foster carers?
- How can adopted children maintain ongoing communication with their birth families in ways that do not weaken the adoptive relationship?
- How should practitioners present and process the issue of communication with birth families with permanency parents?
- What kinds of ongoing support do the child's alternative permanent parents need? *(Schene, 2001)*

For effective concurrent planning to occur, it is particularly important that practitioners are comfortable with discussing and defining adoption issues.

Anecdotal reports and the literature indicate that practitioners often experience difficulty grappling with the tension inherent in attempting to reunite a child with his or her family while also working on an alternative placement plan (D'Andrade et al., 2006). It is important that practitioners and their managers accept the philosophy of concurrent planning and believe that it is possible to work in good faith with parents while at the same time planning for an alternative permanency goal (Child Welfare Information Gateway, 2012a).

In addition to understanding basic concurrent planning practice, practitioners must be competent in conducting differential assessments and in working with parents and other professionals to plan and deliver targeted services and supports to assess progress towards goals (Frame et al., 2006; Lutz, 2000; Westat and Chapin Hall Center for Children, 2001). Concurrent planning also requires that social work managers have the time and skills necessary to involve themselves closely in timely case planning and decision making.

Effective concurrent planning also relies on a host of time-intensive activities. These include:

- Early and comprehensive family assessments;[7]
- Case-specific planning for both reunification and alternative permanency options;
- Early, intensive service provision to birth parents;
- Diligent searches for family networks;
- Full disclosure to all parties;
- Identification and support of family members and foster and/or adoptive parents;
- Inclusion of all parties in care planning;
- Facilitation of intensive visitation schedules;
- Careful, team-oriented decision making.

3.4 Placing children in permanent homes

In a review of child deaths in Ireland, a failure to properly assess the child's needs and to match those needs to placement was identified as an area that needed to be addressed by the Agency. In addition, it was noted that a failure to provide adequate support to family foster care placements resulted in a breakdown of that placement in some instances (Shannon and Gibbons, 2012).

Legislation, standards, regulations and Agency policy identify that all placements for children in care must:

- be safe and nurturing;
- reflect the requirements of the legal status of the child, e.g. care order, voluntary care;
- be based on an assessment of the child's needs;
- meet the individual needs of the child;
- be based on what is in the best interests of the child;
- take into account, and give due weight to, the views of the child;
- be as close to the birth family as is in the child's best interests;
- be with siblings if the child has a sibling who is also in care. If this is not possible, opportunities for informal, unstructured contact with each other should be in place where appropriate;
- support existing relationships and connections that are important to the child;
- support the child on a personal level in leading a normal life and in developing the skills for a successful future;
- support the child's educational needs;
- support stability in schooling and stability of community and/or participation in community activities, such as sports;
- provide therapeutic support where appropriate;
- provide accommodation that is suitable to the child's needs, with particular attention being given to the accommodation needs if the child is disabled;
- promote the child's racial, religious, cultural and linguistic background.

Research highlights the need to ensure that practitioners have sufficient supports (e.g. supervisory feedback on decision making) and experience in order to meet the complex demands of concurrent planning and to support the successful implementation of concurrent planning (Frame et al., 2006[8]).

An insufficient number of families willing and able to become foster/adoptive families has also been highlighted by Frame et al.'s (2006) research as potentially impacting on the successful implementation of concurrent planning. Not having special recruitment strategies for such families, and prospective families not being willing to accept the emotional risks involved in concurrent planning, were two reasons identified for the low numbers.

Additional challenges in relation to concurrent planning highlighted in one study of six counties in the US include concerns:

- that concurrent planning was too emotionally taxing for the birth parents;
- about the duality of the practitioner's role negatively affecting reunification;
- that the practice might cause confusion or conflicting loyalties in children. (D'Andrade, Frame and Duerr Berrick, 2006)

7. In the Irish context this would also involve the development of a Signs of Safety Danger Statement and Safety Goal for the child or children and the development of the bottom-line requirements, i.e. the professional conditions of how the Safety Goal must be achieved.

8. Refers to a study of six California counties.

3.5 Practices key to successful permanency and concurrent planning

Early, effective decision making

Children who have been abused and neglected often need specialised interventions to address the consequences of abuse and neglect, as well as the effects of separation from their birth family. Delays in decision making can lead to children benefiting less from interventions, or requiring longer and more specialist interventions, as they receive interventions at an older age (Davies and Ward, 2012).

Delays in decision making can have an adverse effect on children's chances of being adopted. Selwyn et al. (2006) found that the chances of being adopted reduced by nearly half for every year of delay.

Reactive case management, a shortage of suitable placements, and delaying decisions in relation to placements following an emergency placement being found, have all been identified as factors that contribute to delays in deciding a permanent placement for a child (Ward et al. 2012; Farmer and Lutman, 2010; Ward, 2009; Brown and Ward, 2013).

Making early decisions in relation to permanency can help alleviate some of the damage resulting from abuse or neglect. Delays in decision making can be reduced by:

- Proactive case management;
- Careful assessment and analysis;
- Prompt assessments which focus on whether it is safe for the child to remain in their current circumstances;
- Assessments including full histories of the child and family;
- Practitioners having up-to-date knowledge on the impact of abuse on children's welfare;
- Practitioners having a good understanding of child development and attachment timescales;
- Careful planning which includes high-quality assessment and clear goal setting;
- Challenging unacceptable parental behaviours;
- Time-limited written agreements with parents setting out the consequences of non-compliance;
- High-quality supervision enabling practitioners to develop and test theories and assumptions;
- High-quality supervision enabling practitioners to develop their confidence in exercising their statutory role rigorously whilst also being able to work collaboratively with parents and children.
  (Brandon et al., 2011; Davies and Ward, 2012; Turnell and Murphy, 2014)

Effective early decision making needs to be supported by the availability of suitable placements that can cater for the needs of children received into care. Having a range of options and identifying the right placement for each child are key to stability and permanence. The availability of suitable placements reduces the likelihood of decisions being postponed until a crisis occurs and emergency placements are used as a stop-gap solution (Ward, 2009), or permanent planning decisions being delayed when an emergency placement has been sought and the immediate pressure for placement has been relieved (Brown and Ward, 2013).

Remember!

Timely decision making and timely planning for permanence are essential to enable children to enter their permanent placements as early as possible. These two actions may enhance both the likelihood of placement stability and, where it is in the best interests of the child, the chance of adoption (Biehal et al.,2009).

Assessment

Good assessment is key to effective intervention and better outcomes for children. Improved chances of reunification success are associated with good assessments. Good assessment can also contribute to placement stability for children, for example by helping to ensure that appropriate and adequate supports are provided to foster carers, relative carers and adoptive parents (Farmer, Moyers and Lipscombe, 2004; Wade et al., 2010).

Poor assessments may expose children to risks of further maltreatment or placement breakdown (Biehal, 2006; Farmer et al., 2008; Ward et al., 2006). Studies have shown that delays in assessment and associated decision making can lead to difficulties in achieving permanent placements. Instability in care, that is the absence of a permanent placement, often leads to a downward spiral: worsening emotional and behavioural difficulties, further instability, poor educational results, unemployment and a lifetime of poverty. Poor assessments have potentially far-reaching consequences (Turney et al., 2011a).

Given the link between emotional and behavioural difficulties, the stability of placements, and poorer long-term outcomes for children, it is important that practitioners are alert to assessing needs at or around entry to the care system so that appropriate services can be accessed and appropriate carers prepared (Turney et al., 2011a).

The assessment process involves identifying needs, formulating plans, reviewing the success of those plans in achieving specified outcomes, and/or the reformulating of needs where outcomes have not been achieved.

Practice Tip: Drawing the family

Asking children to draw their family during assessments has been identified as a valuable activity (Koprowska, 2005) as it can result in a richer discussion about family members and the children's likes and dislikes. The Three Houses from Signs of Safety may assist practitioners with this.

See Signs of Safety Workbook 2nd edition (2017) for more information on the assessment process.

Quality assessments that are purposeful and carried out in a timely manner are fundamental to good permanency decisions. Good quality assessments:

- ensure the child remains central;
- contain full, concise, relevant and accurate information;
- include a chronology and/or family history and social history;
- make good use of information from a range of sources; and
- include analysis that makes clear links between the recorded information and plans for intervention, or the recorded information and decisions not to take any further action.
(Turney et al., 2011a)

A good knowledge of case history has been identified as a component of good-quality assessments, including the child's and parents' history, past events and interventions that have been tried before and their success or otherwise (Brandon et al., 2008 and 2009; Farmer and Lutman, 2009).

Remember!

Good case history may be of particular importance in long-term, chronic cases, such as those involving child neglect, to help avoid the 'start again syndrome' that research has identified.

Assessment is an ongoing process that rarely reaches a natural or obvious conclusion. In each case there will be a need to:

- manage and respond to new information for example, to use it to test ideas or to understand ideas that have already formed;
- review and respond to positive change, or perhaps to understand the absence of change;
- judge the significance of new events.
(Brown, Moore and Turney, 2011)

Remember!

Keeping the child or young person 'in view' is fundamental to good assessment. A failure to do so can have severe consequences.

In a study from the UK, Holland (2004) found that the child's narrative was a minor component in most assessment reports. In contrast, the parents' narrative was quite in-depth, providing the reader with a vivid image of the parents and their lives. Children tended to be discussed in the context of their parents and there were no descriptions of the children in the context of their own personalities, schools, play and interests.

In another study, Ferguson (2011) found that a large proportion of children were not seen alone in everyday child protection practice and some initial meetings were so rushed that social workers did not introduce themselves to the children and explain their role. Buckley et al. (2006) assert that direct work with children is a crucial component within assessments and involves seeing; observing; talking; doing; and engaging with the child. (See Child and Family Agency Alternative Care Handbook (2014) for further information on direct work with children).

Reflective, 'clinical' supervision and good organisational supports have an important role to play in ensuring that children are kept in the full view of practitioners.

Assessments: multi-disciplinary and social work

Due to the often complex, multi-dimensional problems that many children and families who come into contact with child protection and welfare services experience, a wider range of knowledge, skills and expertise beyond that of a single professional is required. There is evidence that children were more likely to be returned home safely after a period of being in care where multi-disciplinary assessments had been conducted. Boddy et al. (2009) found that good outcomes for children are likely to be enhanced in the context of a professional culture of good communication and information sharing.

Psychological assessment has been found to contribute helpfully to the process of family finding and matching children to potential adopters or foster carers, particularly early on when decisions are being made about whether or not to separate siblings (Farmer and Dance et al., 2010). In neglect cases, psychological assessments in care proceedings were also found to make a major contribution to decisions about whether a child could be returned to their parents (Farmer and Lutman, 2009).

In order to make effective use of formal assessments, practitioners and their organisations need to find efficient ways to manage professional perspectives and cultures, for example around client confidentiality or responsibility boundaries (Cleaver et al., 2007).

Whilst specialist assessment can be extremely beneficial, particularly in relation to court proceedings, some studies suggest that a hierarchy can emerge in court, with 'higher status' professionals, usually medical or psychological, taking precedence over social workers. There is a need to be clear about where social work expertise lies and ensure it is valued equally alongside any additional assessments (Turney et al., 2011b).

Remember!

There is evidence that additional and/or repeated assessments may be used to defer difficult decisions and therefore increase delay in complex cases (Beckett and McKeigue, 2003; Dickens, 2007; Masson et al., 2008; Sewlyn et al., 2006). Any delay that maybe introduced by approving additional assessments, and its costs, needs to be balanced against the additional insights and guidance the assessments can offer.

Analysis, critical thinking and safeguarding

The effective use and analysis of information, including risk, is essential when making decisions about whether a child is safe enough to remain with their family or whether it is in the best interests of the child to come into the care of the State. The introduction of the Signs of Safety practice model will provide practitioners with a standardised approach to identifying and managing risk on a case-by-case basis.

A review of child deaths in Ireland highlighted a lack of sufficient information or information not being sufficiently analysed as a common weakness in social work assessments (Shannon and Gibbons, 2012). Similar findings have also been repeatedly highlighted in serious case reviews and Ofsted inspection reports in the UK (Norgrove, 2011; Brandon et al., 2008, 2011, 2012). Assessment must go beyond mere description to analysis.

When assessing children and families, social workers need to draw on core areas of knowledge such as:

- child development;
- attachment theory;
- the impact of parental problems such as parental substance misuse and domestic violence;
- risks that frequently emerge from incidents of domestic violence, substance misuse, and mental health problems;
- how learning disability can impact upon parenting capacity.
  (Trevithick, 2008; Munro, 2011)

In order to make well-evidenced decisions and recommendations, social workers need to draw on this knowledge and then think critically about which evidence is relevant to the child's and family's circumstances, and apply it (Platt and Turney, 2014; Munro, 2011). In addition to the use of research evidence (existing knowledge about child development, attachment, etc.) and professional judgement, practitioners also need to show curiosity about children's and families' wishes and behaviour to inform decisions in a timely manner.

Analytical thinking and decision-making tools

Barlow et al.'s (2012) Systematic Review of Models of Analysing Significant Harm makes clear that 'unaided clinical judgement in relation to the assessment of the risk of harm is now widely recognised to be flawed' (p. 20). Professional judgement alone is not enough, just as standardised tools without professional expertise and skills are not enough.

Remember! Proportionality

Proper evidence contains an analysis of the arguments for and against each permanence option and a fully reasoned recommendation. Providing such evidence is necessary for whatever form of permanency option is being considered for a child. In relation to cases being considered for adoption, following the introduction of the Adoption (Amendment) Act 2017, practitioners must show that adoption is a proportionate permanency option given the child's and birth parents' circumstances.

Bentovim et al. (2009) maintain that judicious use of tools and measures could contribute to improved assessments, as part of a range of resources drawn on by practitioners to inform and support their exercise of professional judgement.

Research has highlighted, for example, that practitioners have difficulty in assessing the extent of substance use and how much of a problem it actually is in relation to the parenting capacity of adults (Farmer et al., 2008; Harwin and Forrester, 2002). Turney et al. (2011a) argue that tools such as the Alcohol Use Questionnaire (Department of Health, Cox and Bentovim, 2000) or the screening questionnaire T-ACE and TWEAK (BMA, 2007) could assist practitioners.

Research has shown that the use of the Strengths and Difficulties Questionnaire (SDQ) for mental health difficulties in children in care may help to identify those at high risk of placement instability and/or poor integration and progress at school (Biehal et al., 2009). The use of the SDQ has now been incorporated into routine practice with looked-after children in the UK (DCSF, 2009).

3.6 Practice examples: Frameworks to support analytical thinking

The difficulties in assessment seem to lie in the move from the collection of data to the use of this information in practice to support judgement or decision making. It has been observed that social workers are generally good communicators and skilled at gathering information about families and their circumstances; however, they then have difficulty in processing the material they have gathered. The difficulties seem to lie in integrating and analysing the data, evaluating it and drawing conclusions (Turney, 2014).

The Anchor Principles

The Anchor Principles ensure practitioners engage in the thinking, judging and analysing that are essential in formulating effective plans for children whilst complying with standard business processes. The principles are a simple set of five questions that were developed in collaboration with practitioners from a range of agencies. Addressed in sequence, these questions provide a map which can guide practitioners through each stage in the construction of a sound analytical assessment. The five questions are arranged in sequence to mirror the process and stages of assessment: gathering relevant information, analysing and evaluating that information, drawing conclusions, making plans, and reviewing progress. They have been called the 'Anchor Principles' because of their ability to anchor assessment firmly within the context of analysis (Brown, Moore and Turney, 2012, revised by Brown and Turney, 2014).

The Anchor Principles to support analytical thinking

1. What is the purpose of the assessment?

This is vital in order to direct the assessment and ensure practitioners focus on the right issues.

2. What is the story?

This involves constructing a narrative that looks at the links between background history and current circumstances, incorporating the views of different family members and professionals.

3. What does the story mean?

This stage involves analysing and evaluating the information and reflecting on what this tells practitioners about the needs of the child. The documenting needs to 'show the practitioner's working out' – i.e. how the analysis led to and supports practitioners' conclusions.

4. What needs to happen?

Drawing on their understanding of the child's needs and story to establish, ideally in negotiation with the family, the outcomes that need to be achieved and the actions required to achieve them.

5. How will we know we are making progress?

Having clear, measurable and specific outcomes that are linked directly to identified needs enables progress to be measured, and the plan to be adjusted if necessary.

Structured professional judgement

There has been increasing recognition within the field of child protection of the need for a 'third generation approach' towards assessment, which involves the use of empirically validated, structured decision making (Douglas et al., 1999) and 'structured clinical judgement' (Hart, 1998a, 1998b), in which evidence-based actuarial tools are used alongside professional judgement.

A range of standardised and actuarial risk-assessment tools have been developed to improve the accuracy of assessments of the nature and severity of harm being suffered or likely to be suffered by a child. Although such standardised tools have limitations, they have the potential to improve the classification of risk of harm by providing practitioners with clear guidance about how to focus the assessment process and analyse the data collected. This integrated approach to assessment is in principle consistent with recent research on complexity, which highlights the nature of families as complex systems, and raises questions regarding the appropriateness of applying 'predictive' methods of risk assessment, pointing instead to the need for 'indicative', non-linear methods of assessing harm to children (Barlow and Scott, 2010).

Structured professional judgement comprises evidence-based risk factors and decision-making guidelines to inform professional judgement and standardise assessments. Instruments focus upon dynamic risk factors that assist practitioners to monitor risk levels and manage risk (Bortoli et al., 2017).

Structured professional judgement

Structured professional judgement combines professional judgement with the use of standardised measures to assess child development and family functioning. Effective development of structured professional judgement requires:

- Specific guidance on using standardised measures in the context of partnership working with children and families;
- The development of a suite of standardised measures to be used at different stages in the assessment process; and
- Organisational management support with effective supervision and high-quality training and guidance.

In the structured professional judgement approach, standardised measures are used to obtain baseline information that can then be re-assessed following goal-setting and a period of support.

Stage 1: Standardised measures are used to obtain baseline information.

Stage 2: Targets for change are specified: Goal Attainment Scaling.

Stage 3: Intervention or support to address needs are identified.

Stage 4: Progress is reviwed and changes are measured.

Signs of Safety

The Signs of Safety approach, the Child and Family Agency's national approach to child protection and welfare practice, uses a consultation mapping process that is designed to help workers think their way into and through a child protection case in preparation for taking the assessment map to the family and other professionals involved in the case (Turnell, Etherington and Turnell, 2017). The Signs of Safety assessment and planning form is designed to be the organising map for child protection intervention from case commencement to closure. At its simplest, this framework to support analytical thinking can be understood as containing four domains of inquiry:

- What are we worried about? (Past harm, future danger and complicating factors)
- What's working well? (Existing strengths and safety)
- What needs to happen? (Safety goals and next steps)
- Where are we on a scale of 0 to 10 where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be (re) abused? (Judgement)
(Turnell, Etherington and Turnell, 2017)

Signs of Safety Assessment and Planning Form Resolutions Consultancy (2015)

What are we worried about?	What's working well?	What needs to happen?
Harm: Past hurt, injury or abuse to the child (likely) caused by adults. Also includes risk-taking behaviour by children/teens that indicates harm and/or is harmful to them. **Danger statements:** The harm or hurt that is believed likely to happen to the child(ren) if nothing in the family's situation changes. **Complicating factors:** Actions and behaviours in and around the family and child and by professionals that make it more difficult to solve danger of future abuse.	**Existing strengths:** People, plans and actions that contribute to a child's well-being and plans about how a child will be made safe when danger is present. **Existing safety:** Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present.	**Safety goals:** The behaviours and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case. **Next steps:** The immediate next actions that will be taken to build future safety.

On a scale of 0 to 10, where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and 0 means things are so bad for the children they cannot live a home, where do we rate this situation? Locate different people's judgements spatially on the two-way arrow.

0 ⟷ 10

For further information on critical thinking and analysis, see also the Tusla/Centre for Effective Services EPPI toolkit on Critical Thinking and Analysis.

Some key aspects of analytical and critical thinking and those factors that may support or impede the application of such thinking are highlighted by Turney et al. (2011b):

- Analytical and reflective thinking is not easy and creates practical and emotional demands on the practitioner. It may lead them to challenge the status quo and put them at odds with the views of their colleagues.
- Social workers need effective support and supervision to help them reflect, think critically and analyse information in complex and often hostile contexts.
- Organisations need to pay careful attention to the 'systems' that surround individuals in order to identify whether they support the use of information and analytical skills.
- An organisational culture that is open to learning from situations is important to support analytical thinking and decision making. This type of approach takes time and is not always allied to a culture driven by performance indicators.

3.7 Keeping an open mind and challenging bias

> 'The single most important factor in minimising error [in child protection practice] is to admit that you may be wrong'
>
> (Munro, 2008, p. 125)

In a seminal study Dingwall et al. (1983) identified three specific types of bias in child protection work:

- 'the rule of optimism' (find the most positive explanation);
- 'natural love' (parents invariably and naturally love their children);
- 'cultural relativism' (elastic norms and standards about care of children and family life linked to perceived cultural differences).

There is a tendency for humans to persist in initial judgements or assessments and to reframe, minimise or dismiss conflicting new evidence (C4EO, 2009). This tendency towards confirmation bias has been identified as one of the major challenges to the work of social work practitioners. As Fish, Munro and Bairstow (2009, p. 9) observe, one of the most problematic tendencies in human thinking is the failure to review judgements and plans. Once a view is formed there is often a failure to notice or a tendency to dismiss evidence that challenges that view.

Practitioners searching only for information that supports their preferred view – confirmation bias – has been identified as a source of many errors in decision making in child protection and welfare (Gambrill, 2005).

Child protection and welfare practitioners often work in unpredictable, distressing and sometimes personally threatening situations. Instances of evasiveness, concealment or outright dishonesty by some individuals can be anticipated, if not assumed (C4EO, 2009). Repeated inquiry reports (e.g. Kilkenny Report, 1993; Roscommon Report, 2010) highlight the extraordinary lengths to which some abusive parents can go in their efforts to deceive professionals (Munro, 2005). This reality, and his review of the Victoria Climbié case, led Lord Laming (2003, pp. 159, 205, 322) to advocate that the concepts of 'healthy scepticism' and 'respectful uncertainty' should form the basis of relationships between social worker and families in such cases.

Practice Tip: Challenging bias

Two main strategies have been identified as effective in challenging biases found in social work practice:

- Practitioners playing their own devil's advocate, that is taking the opposite view of their own and arguing for that opposing view (Munro, 2008);
- Bringing in a fresh pair of eyes to consider a case (C4EO, 2009).

3.8 Imbalances of power

> A lot of people are quite scared of social workers. Because of the power they have. The power can be for good or ill. And I have had a very positive and very negative experience – even with the same social worker.'
>
> (General Social Care Council, n.d., p 10)

Social work practice requires intervening in the private lives of service recipients, and having access to information about and making decisions that will affect service recipients' relationships, finances, personal problems and, potentially, liberty (General Social Care Council, n.d.). The ability to undertake such a role becomes difficult if social workers do not have the trust and confidence of service recipients or the public more generally.

A power imbalance exists in the relationship between social workers and service recipients. The General Social Care Council (n.d.) identified the following factors as to why this power imbalance occurs:

- Service recipients may not be free to choose whether they engage with social workers, but may be under compulsion to do so or may feel they have to do so, for example, in order to gain access to resources.
- Social workers have access to intimate knowledge about service recipients and about their significant others.
- At the point when social workers become involved a service recipient may be distressed or confused.
- Social workers may be working with individuals where the possibility of statutory intervention is present.
- Social workers may be making significant decisions regarding service recipients' access to resources.

Service recipients can recognise the power imbalance that exists in their relationship with social workers. This power imbalance need not be viewed negatively; it should, however, be acknowledged as a central feature of the service recipient/social worker relationship. The power that social workers have helps to put them in a position where they can help service recipients to make positive changes in their lives (General Social Care Council, n.d).

Practice Tip: Signs of Safety and Honouring

Professionals are less likely to be resisted and likely to be listened to more and granted more authority the more they can see and honour the value in the people they are working with. Practitioners identifying, honouring and complimenting parents for what they are doing that is positive are more likely to create a relational context where parents are much more likely to listen to the practitioners' views about problems and more likely to work with them to create safety plans (Turnell, Etherington and Turnell, 2017).

As with all power, this power can be abused. Therefore, the existence of this power imbalance should be a central consideration when social workers form and manage their relationships with service recipients, their friends and family, as well as ex-service recipients.

Child protection and welfare practitioners often work in unpredictable, distressing and sometimes personally threatening situations. Instances of evasiveness, concealment or outright dishonesty by some individuals can be anticipated, if not assumed (C4EO, 2009). Repeated inquiry reports (e.g. Kilkenny Report, 1993; Roscommon Report, 2010) highlight the extraordinary lengths to which some abusive parents can go in their efforts to deceive professionals (Munro, 2005). This reality, and his review of the Victoria Climbié case, led Lord Laming (2003, pp. 159, 205, 322) to advocate that the concepts of 'healthy scepticism' and 'respectful uncertainty' should form the basis of relationships between social worker and families in such cases.

3.9 Working with birth families

Whatever the route to permanence for a child, skilled work with birth families is essential, either to ensure the safeguarding and return of a child or to support families in adjusting to their changing role. Practitioners are required to keep the child's needs and the stability of the placement at the forefront of their minds, while also being mindful of the needs of the birth family (Boddy, 2013).

Each family's journey through care is unique, but feelings of grief and loss are widespread. Birth families need support and understanding if they are to successfully renegotiate their role at different stages of that journey. Most parents whose children have been removed experience feelings of bereavement, sadness, grief and anger. For most parents, the loss of identity of one's self as a parent is hard to come to terms with and changes in role are difficult to accept (Schofield and Stevenson, 2009; Neil et al., 2010). This is true for birth families whose children have been adopted, as well as those whose children are in foster care.

Schofield and Ward (2011) use the concept of cognitive dissonance – the holding of contradictory beliefs or ideas – to describe how birth parents can be psychologically split in relation to their child going into care. For example, 'I may still legally be a parent but I am not in reality' or 'I have tried my best to be a good parent and I love my children but they have suffered while in my care'.[9] In order to mediate the emotional distress that contradictory feelings and thoughts create, a person often develops an attitude or story that enables them to rationalise what has happened, in this case to cope with the separation from their child or children. Doka (1989) has described grieving the loss of a child into care as 'disenfranchised grief', that is grief that is not culturally accepted or acknowledged by society.

Birth families are helped by social workers:

- who are available, attentive and who listen;
- who are honest, who are approachable and can help the birth family feel relaxed;
- who provide regular information;
- who understand the birth family and their grief.

(Schofield et al., 2010)

Schofield et al. (2010) conclude that what birth families want from social workers is information, involvement and understanding. Active listening, honest communication, empathy and respect will promote this understanding.

How permanency planning is discussed and explained to parents, carers and children is an important part of social work practice. How permanency options are discussed with families can have a significant impact on permanency outcomes (Queensland Government, 2011). Permanency and concurrent planning require practitioners to fully disclose the alternative plan if reunification fails and to discuss adoption as a possible option.

The style, manner and way of communicating with others when discussing permanency planning is important (Queensland Government, 2011). Practitioners need to think carefully about how they communicate as regards permanency and be aware of the need to check how messages are perceived and understood. Permanency planning may require numerous discussions with relevant parties.

Discussing permanency planning requires using clear and understandable language. It is important to:

- use simple, non-jargon language to explain permanency;
- discuss the multidimensional nature of permanency, i.e. relational, physical and legal permanence;
- allow time to discuss the different dimensions of permanency and regularly check and double-check understanding;
- obtain parents', carers' and children's views on permanency and find out what is particularly important to them.

(Freundlich et al., 2006b; Osmond and Tilbury, 2012; Queensland Government, 2011)

Engaging with and facilitating children's and families' participation is essential to permanency planning. Parents have reported that feeling that they are 'dealing with workers who were empathetic, reliable, and supportive helped them to engage in services. They believe workers who have good knowledge of their situation and are on top of case details help them the most to engage in change efforts' (Altman, 2008, p. 50).

9. As cited in DfE (2014), 16 Working with Birth Parents, p. 5.

Practice Tip: Talking about permanency

When talking about permanency with others it can be broken down into: long-term stability; security; good, close relationships with others; sense of belonging; personal sense of identity; and a place called home.

- What are your hopes for your child in the long term in relation to these needs?
- What is the best way for your child to feel a sense of belonging and being loved?
- What is the best way to involve you in planning for your child's stability and needs?
- Can we discuss why stability, quality relationships, continuity and a child's sense of who they are, are important?

(Adapted from Osmond and Tibury, 2012; Freundlich et al., 2006a and b, as cited in Queensland Government, 2011, p. 16)

Involving fathers

'Practitioners need constantly to consider the influence, roles and responsibilities of fathers [...], even before birth, and seek as far as possible and is safe to involve them in assessment, planning and intervention'

(Ofsted, 2011, pp. 11–12)

Ofsted, in a thematic report covering evaluations of 482 serious case reviews carried out between April 2007 and the end of March 2011, highlighted that in cases concerning babies less than one year old the role of the father had been marginalised. Previous Ofsted reports have also highlighted the lack of attention given by practitioners to the role of fathers or male members of the family. In cases involving babies less than one year old, Ofsted found that fathers had been marginalised, describing them as ignored, 'invisible' to the practitioners or 'the ghost in the equation' (Ofsted, 2011, p. 10). Generally the mother is the parent who is seen much more frequently by practitioners and because of this, the reviews concluded, too often there had been insufficient focus on the father of the baby, the father's own needs and his role in the family. One of the practice implications highlighted by Ofsted's (2011) report was a need to take a strategic overview of the involvement of fathers in assessments of risk and safeguarding concerns.

In line with Article 8 of the European Convention on Human Rights (ECHR), the right to respect for private and family life, fathers should be involved in discussions about their child in recognition of their rights under this article. With the introduction of the Children and Family Relationships Act 2015 and the Adoption (Amendment) Act 2017, there is now an even greater onus on practitioners to engage with fathers and men in households of children where there are child protection and welfare concerns. As no national list of guardians exists in Ireland, or will exist, establishing who has guardian eligibility will become a core element of social work practice.

As Ashley (2011) observes, men's role as fathers, stepfathers or partners of mothers is significant, whether they are living in the family home or not. For this reason, Scourfield (2006) argues, men need to be treated as 'core business' in child protection and welfare. Munro (2011) also maintains that including fathers in child protection and welfare is essential in order to understand a child's networks and day-to-day lived experiences, and exploring the key relationships and dynamics which affect the environment in which a child grows up.

Scourfield (2003) identifies establishing early on who the father is and what his views are as important in terms of respectful and courteous practice. Such practice may also help in avoiding a build-up of frustration, fear and anxiety, or fostering a sense of the man being 'irrelevant'. Ferguson and Hogan (2004) argue that the earlier the contact and dialogue with fathers during child protection and welfare inquiries, the more likely it is that it will be possible to engage them and develop a relationship. Establishing early on who the father is, is now core to fulfilling the requirements of both the Children and Family Relationships Act 2015 and the Adoption (Amendment) Act 2017.

Reflecting on child protection case conferences, Goff (2012) highlights the importance of obtaining men's views as part of the consideration of risk. Whilst the risk or presence of abuse may necessarily limit how involved a father is, in most cases it will not justify failing to contact or to seek to involve fathers. Goff (2012) identifies the inclusion of fathers' participation and views as being a requirement of good practice and forming a fundamental part of the assessment and management of risk.

Men's ambivalent feelings about help-seeking within a context of definitions of masculinity which equate help-seeking with weakness have been highlighted by a number of authors (Ferguson and Hogan, 2004; Walker, 2010). Potential ambivalence about sharing and talking about feelings and behaviour, and shame at harm caused, are factors that may need to inform a practitioner's interaction with fathers involved with child protection and welfare services in order to engage men effectively (Goff, 2012).

Practice Tip: Principles of good practice with fathers

Drawing on literature on father engagement, his own research into the activities of practitioners and managers, and an analysis of techniques in engagement from 57 case studies where fathers had been included, Swann (2015) identified the following principles of good practice with fathers:

- Practitioners recognise the value of fathers to children;
- Practitioners know the law in relation to fathers and paternal responsibility;
- Practitioners are expected to demonstrate 'due diligence' in their efforts to locate the father;
- Practitioners always examine the father's involvement in cases of child maltreatment;
- Practitioners are prepared to work with men and support them to be better parents by assisting them with their parenting skills or supporting them, addressing addictions, illness or violence;
- Practitioners commit to involving the father and the paternal extended family from the earliest possible opportunity in the assessment;
- Practitioners commit to the empowerment of marginalised fathers (in terms of them becoming better partners and parents);
- Practitioners value and understand the importance of fathers to case planning and involve them, where safe, in every aspect of case management from assessment to closure;
- Practitioners are consistent in what they say, in the information they provide, and in their authenticity in the way they treat fathers;
- Practitioners are aware of their own assumptions, prejudices and personal biography that may influence their views of fathers;
- Practitioners are aware of the subtle and pervasive nature of power and gender relations and how this affects their practice, and how it impacts on children and vulnerable women, and other marginalised groups;
- Practitioners have an understanding of masculinity and fatherhood and use this understanding to accurately assess fathers and family dynamics;
- Practitioners understand the issues that uniquely affect fathers. For example, non-residential, ethnic minority and white working-class fathers all have unique circumstances and pressures that need to be understood and assessed;
- Practitioners understand that respect has a particular relevance for men. Communicating respect throughout their interventions is more likely to engage the father and keep him involved in an intervention.

(Ashley et al., 2011; Hahn et al., 2011; Asmussen and Weizel, 2010; Fatherhood Institute, 2009)

3.10 Outcomes

A key aspect of social work practice is to review outcomes, based on child development and the dimensions of parenting capacity. As Hoggarth and Comfort (2010) observe, the number of visits made to a family is immaterial if the risks are not picked up and appropriate interventions are not identified to begin to help family members deal with the problems.

A number of benefits or changes (outcomes) for recipients of social work interventions and activities have been identified:

- Greater knowledge;
- New skills;
- Different behaviour;
- Changes in attitude;
- Changes in population conditions.

(Hoggarth and Comfort, 2010)

A child's developmental progress would be the key outcome to pay attention to, with the aim being to assess whether the child has progressed and in which dimensions, and how improvements or deteriorations have come about. Measuring outcomes requires collecting evidence about the effects of activities and assessing whether any change achieved is partially or wholly as a result of the activities and interventions identified in respect of:

- the child's development;
- the factors or dimensions of parenting capacity, or family and environment, which are having an impact on the child's development.

Measuring change in social work practice: [10]

- helps all parties to clarify what they are trying to achieve, potentially improving partnership working;
- keeps social workers focused – preventing drift – particularly when working on a longer-term basis, for example with neglected children;
- helps assess parents' ability to respond to a child's needs and identify what changes need to happen;
- supports service recipients to understand why work is taking place and therefore interventions become more meaningful.

Evidence is the information that demonstrates progress or improvement and the 'distance travelled' by the service recipient. A baseline is required in order to be able to demonstrate that an intervention has contributed to, or brought about, change or improvement. The information must be recorded so that change over time can be measured and judgements of outcomes can be validated.

10. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/268998/p21_measuring_outcomes_for_each_child.ppt

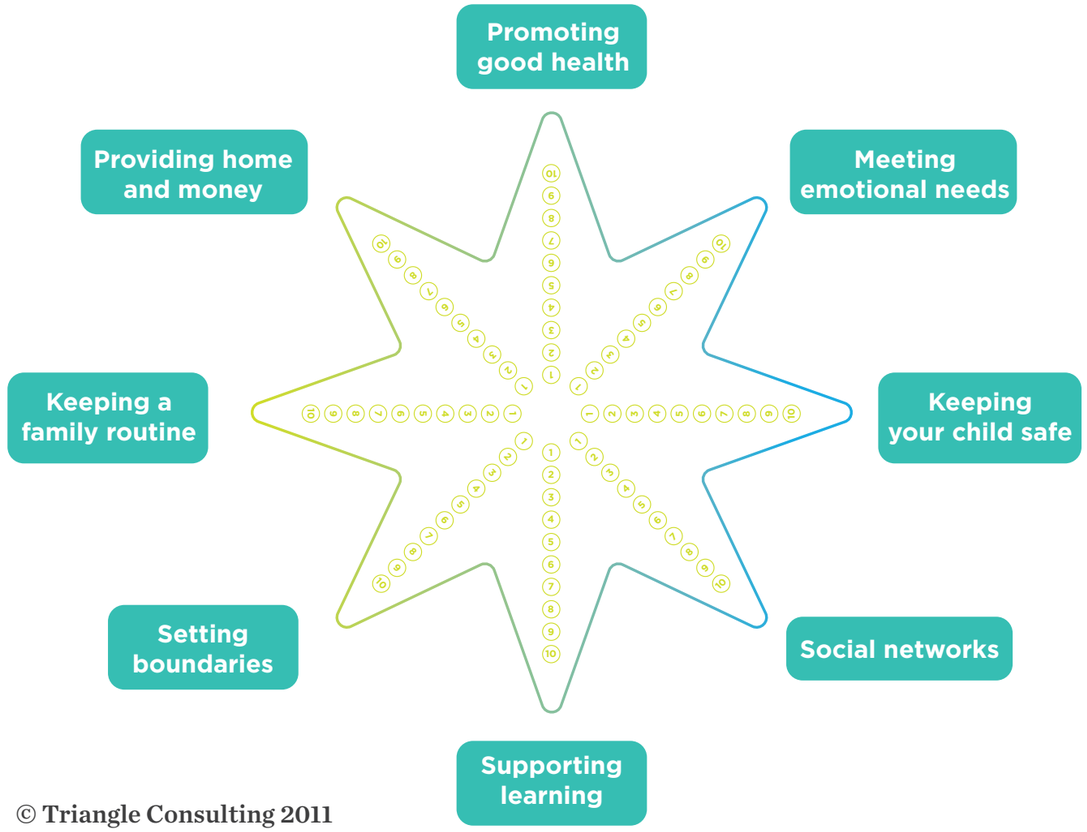
The Department for Education (UK) identifies the following as types of measures that can be used as evidence of change:

- Recorded observations, for example, interaction between a parent and a child;
- Standardised assessment, for example, completion of a questionnaire or semi-structured interview;
- Testimonials, for example, a child says that they are happier at school;
- Numerical, for example, school attendance records;
- Objective, for example, child's health and developmental milestones, including height and weight.

Outcomes sought by practitioners should arise from the assessment of the developmental needs of a child, their parents' capacity and family and environment factors.

The outcomes sought by practitioners and the interventions selected should be grounded in professional knowledge and research findings. Research into the areas of concern should contribute to the interventions recommended and/or provided by practitioners to achieve the planned outcomes. The outcomes, however, should also be grounded in the goals that parents and children want and can achieve.

Figure 2: Practice example: Outcome measure tool – Outcomes Star



The Outcomes Star: A family of tools for supporting and measuring change

The Outcomes Stars are a suite of tools which are designed to measure and support change when working with vulnerable people as service recipients. It is an approach which aims to embody both research and values-based practice in empowerment and respect for the individual.

All versions of the Outcomes Star consist of a number of scales arranged in the shape of a star. The behaviour and attitudes expected at each point on each scale are clearly defined in each version of the tool and the scales are constructed around a model of change which defines the end goal and steps along the way. The model of change is developed independently for each version of the Star, though some versions share the same model where the client group faces similar issues.

Service recipients and workers discuss all the areas of the service recipient's life which are represented on the Star and agree where they are on each scale. These readings are then plotted on the Star to give an overview of their current situation. When the process is repeated some time later the difference in the two readings provides a picture of change.

Star data can be aggregated for all service recipients within a project to provide project-level outcomes. It can also be aggregated and compared across a group of projects, or nationally.

The understanding underpinning the Star is that in order for change to take place in people's lives, service providers need to engage the motivation, understanding, beliefs and skills of the person themselves to create change. The Outcomes Star is rooted in the conception of the person receiving the service as an active agent in their own life.

Whilst practical changes in life circumstances, for example detox facilities for someone with a substance misuse problem, may be very important, they themselves may not be sufficient. Change on the inside is the key active ingredient in the recipe of service provision and it is therefore the relationship of the individual to the challenges that they face that is the primary focus in most versions of the Outcomes Star.

The worker and the service recipient together make an assessment of the service recipient's needs based on the service recipient's knowledge and understanding of themselves and the worker's experience of working with others and observations and reflections on this person's behaviour. The intention is that the assessment emerges through a dialogue between service recipient and worker which may result in a change in the perceptions of both parties.

The Outcomes Star makes explicit the model of change that the worker is using and the 'data' that is collected is immediately presented back to the service recipient in the form of the Star, making it possible for both service recipient and worker to take an overview together and reflect on the implications for action.

Service recipients and front-line workers report that the Outcomes Star provides a much empowering context for their key work because the assessment and measurement process casts them as active participants rather than objects of assessment, and this sense of agency and the validity of their experience and perceptions is often critical to the changes they are seeking to make.

(Burns, MacKeith and Graham, 2008)

- **Family Star** – The Outcomes Star for parents
- **Family Star (Early Years)** – The Outcomes Star for parents of young children
- **Family Star Plus** – An Outcomes Star for parents (suited to services within the UK government's Troubled Families initiative and those working with families with older children)
- **My Star** – The Outcomes Star for children and young people (for use with children in vulnerable families and children in out-of-home care)
- **Teen Star** – The Outcomes Star for teenagers
- **Young Person's Star** – The Outcomes Star for young people moving to independent living
- **Community Star** – The Outcomes Star for community involvement
- **Drug and Alcohol Star** – The Outcomes Star for drug and alcohol recovery
- **Alcohol Star** – The Outcomes Star for alcohol recovery
- **Empowerment Star** – The Outcomes Star for women who have experienced domestic abuse
- **Shooting Star** – The Outcomes Star for school students
- **Students Star** – The Outcomes Star for students with additional needs
- **Attention Star** – The Outcomes Star for children and young people managing ADHD
- **Life Star** – The Outcomes Star for people with learning disabilities
- **Outcomes Star** – The Star for people with housing and other needs
- **Recovery Star** – The Outcomes Star for mental health

(MacKeith, 2011)

Evidence to demonstrate progress or lack of progress is key in order for practitioners to be able to support their decisions around permanency options, for example that adoption is a proportionate response to the needs of the child.

3.11 Practitioner roles and responsibilities

> ‘Children need and deserve a high level of expertise from their social workers who make such crucial decisions about what is in their best interests. This expertise should include being skilled in relationships where care and control often need to be combined, able to make critical use of best evidence from research to inform the complex judgements and decisions needed and to help children and families to solve problems and to change.’
>
> (Munro, 2011, p. 84)

> ‘Relationships are the very heart and soul of an organisation’s ability to get any job done… What goes on between individuals defines what an organisation is and what it can become.’
>
> (Short, 1998, pp. 15–16)

The following section outlines the key roles and responsibilities of Agency practitioners in relation to permanence and concurrent planning. The roles and responsibilities of individual Agency practitioners are conducted in the context of a multi-disciplinary team approach where individual practitioners have an understanding of colleagues’ roles and responsibilities – who does what – and are regularly consulting with their colleagues in order to identify the most appropriate permanence option for the children in their care in line with existing legislation, regulations and national standards. In some instances, regular meetings to review children in care cases with adoption practitioners may be required.

When the threshold for entering care has been met and a child has entered the care of the State, the Agency practitioners have the following roles and responsibilities:

The child’s social worker:

- Ensures the child has had an assessment of need completed[11] and that it remains relevant and up to date;
- Considers all options for permanence and consults with colleagues in fostering and adoption services as required;
- Considers guardianship for the child or children, particularly in relation to relative care placements;
- Identifies children who may be suitable for adoption and long-term foster care at an early stage in assessment and indicates accordingly on fostering placement request;
- Implements the Child and Family Agency care planning policy, including completing a care plan for the child at the outset;
- Implements the Child and Family Agency permanence and concurrent planning policy;
- In conjunction with their social work team leader, implements concurrent planning where appropriate, which includes an assessment of harm and safety present for children;
- Ensures that parents and family members of the child in care receive appropriate and adequate support regarding decisions around permanence and concurrent planning.

The child’s social work team leader:

- Ensures implementation of the Child and Family Agency permanence and concurrent planning policy and adherence to associated timeframes;
- Ensures implementation and adherence to the Child and Family Agency care planning policy;
- Has oversight of planning and decision making;
- Seeks legal advice regarding permanence options and instructs legal services, as required, regarding applications for adoption, guardianship and limited guardianship;
- Quality assures the permanence planning activities for children and families allocated to his/her team of social workers;
- Ensures that the evidence required under Section 24 Adoption (Amendment) Act 2017 is clearly documented in all permanency plans.

11. Signs of Safety mapping completed with the family and its network and Words and Pictures completed for children, parents and network, as appropriate.

The child's principal social worker:

- Coordinates and monitors all permanence planning activities for children and families allocated to his/her offices;
- In conjunction with social work team leaders, quality assures the permanence planning activities for children and families allocated to his/her offices.

The fostering team leader:

- Manages the team assigned to them to ensure that statutory, legislative and policy requirements are met;
- Oversees the work of fostering link social workers in meeting statutory requirements;
- Supports the recruitment of appropriate carers.

The fostering link worker:

As permanency planning requires foster carers to be willing to foster a child to adulthood if reunification is unsuccessful, the assessment and support roles carried out by the fostering link worker take on greater significance and importance.

Permanency planning requires fostering link workers to:

- Ensure foster carers and relative carers have the information, advice and professional support necessary to enable them to support the reunification of the child with their birth family and/or provide them with a permanent home;
- Regularly explore with the foster carers what supports may be needed to ensure the stability and permanency of their child's placement;
- Advise foster carers of the Child and Family Agency's policies and procedures regarding adoption, guardianship, and long-term foster care and permanency planning.

Similar to present practice, under permanency and concurrent planning, fostering link workers will continue to:

- Assist general foster carers and relative carers to explore the appropriateness of adoption/guardianship/long-term foster care as part of the care-planning process;
- Support foster carers in making their decisions around permanency and accepting the decision of the care plan, and ensuring they have appropriate and adequate support regarding decisions around permanence planning;
- Liaise with the child's social worker as required;
- Where adoption is identified as the appropriate permanency plan, liaise with adoption services and jointly assess the foster carers as required;
- Ensure all discussions and decisions in relation to permanency planning are recorded on the foster and relative carers' files;
- Support foster carers to make any court applications, etc., as agreed through the care-planning process.

The supervision of foster carers by fostering link workers is key to ensuring that good-quality and safe care is being provided for children who cannot live with their birth families. By working in partnership with foster carers, through supervision, fostering link workers ensure that foster carers comply with best practice for children in care in line with Agency regulatory frameworks and legislation, and that they provide appropriate care for children in compliance with their contract with the Agency. Supervision ensures that foster carers feel capable of caring for children who may have emotional and behavioural needs by identifying training and supports which may help them.

Good-quality supervision is fundamental to effective permanency planning. For example, no permanency plan can be signed off where there are outstanding complaints, serious concerns about or allegations against a foster carer. As guardianship leads to the ending of Agency involvement with a family, practitioners need to be confident that the carers are emotionally, psychologically and practically able to meet the emotional and behavioural needs of the child once Agency involvement with the family ceases. Supervision offers the fostering link worker the opportunity to develop a clear understanding and assessment of the suitability of the foster carer for the permanency option being planned for the child in their care.

The foster carer:

The foster carer's role is to provide good-quality care for children who are not able to live with their birth families. Agency expectations of foster carers include:

- Compliance with their fostering contract, including attendance at training;
- Compliance with best practice for children in care in line with Agency regulatory frameworks and legislation, including mandatory reporting;
- An openness to maintaining and supporting appropriate relationships with the child's birth family.

The foster care committee:

The Health Act 2004, the Child Care (Placement of Children in Foster Care) Regulations 1995, the Child Care (Placement of Children with Relatives) Regulations 1995 and the National Standards for Foster Care (2003) require the Child and Family Agency to have foster care committees to:

- Make recommendations and appropriate approvals regarding foster care;
- Approve long-term placements of over six months' duration (Standard 23.2)
- Review the approval status of foster carers after Foster Care Reviews.[12]

The adoption social worker:

The adoption social worker is responsible for:

- Assessment of need and eligibility of the child to be adopted;
- Assessment of eligibility and suitability of the potential adoptive parents to adopt an identified child;
- Providing expert advice on the adoption process;
- Liaising with fostering services and jointly assessing as necessary;
- Attending care planning meetings where adoption is being explored as an option;
- Consulting with children, birth parents and prospective adoptive parents about the process of adoption;
- Assisting in determining the suitability of a child for adoption;
- Following consultation with child, representing the independent voice of the child in care.

The adoption committee:

- Ensure that applicants for adoption meet the threshold of suitability as per Section 34 of the Adoption (Amendment) Act 2017;
- Make recommendations to the Adoption Board of the Adoption Authority of the suitability of applicants to adopt.

12. Child and Family Agency (2017) Foster Care Committees: Policy, Procedures and Best Practice Guidance.

Summary

- The overarching purpose of any intervention with a child is to secure permanence for the child.
- Policy decisions about apportioning resources and the prioritisation of activities by the Agency have the potential to impact on the effective implementation of permanence planning, e.g. availability of appropriate placements, services available to support reunification, supervision and support of practitioners.
- Permanence planning is informed by social work values and the recognition of imbalances of power between service recipient and practitioners.
- Concurrent planning seeks to eliminate delays in attaining permanent families for children in the care system and allowing the child to experience a stable, secure, permanent environment as early as possible.
- Agency support is required at all levels for the principles, priorities and practices of concurrent planning to be successful.
- Concurrent planning requires practitioners to simultaneously and actively pursue an alternative form of permanence whilst establishing if reunification is a realistic and healthy option for the child and birth family.
- Concurrent planning requires thorough initial assessments of safety and risk, in-depth assessment of family functioning and child evaluation to identify where timely reunification is more or less likely.
- Concurrent planning requires supporting parents to engage with focused, supportive services at an early stage to promote reunification where appropriate.
- Concurrent planning requires an enhanced level of support being provided to foster carers so they can support efforts towards reunification while caring for a child they are willing to have live with them on a permanent basis.
- Timely decison making is a key requirement of quality permanency planning.
- Good-quality assessments are essential for effective intervention and better outcomes for children.
- Good-quality assessments must go beyond mere description to analysis of information gathered.
- How permanency options are discussed with families can have a significant impact on permanency options.
- The Children and Family Relationships Act 2015 and the Adoption (Amendment) Act 2017 place a greater onus on practitioners to engage with fathers and men in households of children where there are child protection and welfare concerns.
- Measuring whether interventions are successful with families provides evidence for practitioners to support their decisions around permanency options.

Chapter 4

Care planning and permanency planning

4.1 Introduction

Successful permanency planning depends on thorough care planning and goal setting. A care plan is an assessment-based, accurate and up-to-date record of the action needed to address the needs of a child, including permanency (NSW, 2008). Research highlights that where there is evidence of careful planning, outcomes for children tend to be better (Davies and Ward, 2011). A failure to create care plans was highlighted as a concern in relation to social work practice in a review of child deaths in Ireland (Shannon and Gibbons, 2012).

Every child in care is legally required to have a care plan and a placement plan.

Care plans are prepared ***before*** the child is placed in care, or, in the case of an emergency placement, **within 14 days** (Child Care (Placement of Children in Foster Care) Regulations 1995, Part III, Article 11 and Child Care (Placement of Children with Relatives) Regulations, 1995, Part III, Article 11). Further care plans are prepared within two months, then every six months for the first two years and yearly thereafter.

Every care plan considers all options for permanency for the child, and the most appropriate option for the child, on the basis of their assessed needs, is pursued through concurrent planning.

4.2 Developing care plans

Care plans are developed at the start of the child protection intervention and are reviewed at regular intervals. Care planning is ongoing and is informed by assessment, direct work, monitoring and analysis. Once the assessment phase is completed the care plan implements the process of planning the move for the child to reunification, guardianship, long-term out-of-home care, or adoption.

New South Wales Department of Community Services (NSW, 2008) identifies the following principles as underpinning effective care planning:

- A clear direction and goal, resulting in better outcomes for the child or young person;
- A strengths-based, child-centred and family-focused approach to care planning, ensuring the needs and best interests of the child or young person are considered;
- All care-planning processes relying on a comprehensive assessment of a child's and family's strengths and risks;
- Decisions being consistent with permanency planning principles and timeframes;
- Recording of decisions and plans organised in a logical and chronological way;
- Communication with family members and agencies being consistent and timely;
- Children participating in making decisions about their future.

Care plans should:

- set out clear information about the purpose, intent and direction (e.g. reunification, guardianship, adoption, long-term out-of-home care) of Agency involvement;
- set out the roles and responsibilities of all parties to the plan;
- be specific, time-framed and have achievable objectives and tasks;
- actively maintain the cultural and linguistic aspects of the life history of the child;
- have the agreement of all the people who are given a task in the plan;
- be approved by the social work team leader.

(NSW, 2008)

Remember!

Teenagers who come into contact with child protection and welfare services are also children in need. Care planning for older children, and identifying the most appropriate permanency option, needs to be as proactive as it is for younger children. Studies have shown that planning for older children is generally less proactive than it is for young children (Farmer and Lutman, 2010).

Figure 3: What a Permanent Connection Can Mean to Young People[13]

13. www.nrcpfc.org/toolkit/youth-permanency

4.3 Care planning and permanency

The Agency's care-planning process must assist the achievement of meaningful permanence for children that supports a sense of belonging and identity and that accommodates the complex and varied meanings of 'family' they may have experienced whilst in care and growing into adulthood (Boddy, 2013).

The circumstances that lead to children coming into the care of the State vary greatly and therefore give rise to a wide range of needs. Although every care plan must be adapted to meet the needs of the individual child, all plans should include a common focus on some essential issues. Plans should:

- provide a sense of permanence;
- incorporate the child's perspective;
- be built around relationships;
- involve birth families and significant others.

Emphasising the overriding importance of relationships in children's lives encourages practitioners to reflect on how the child has been affected by past relationships and what steps will be taken to preserve and sustain positive relationships or to replace or improve less positive ones so that the child can be assured of good-quality relationships that will endure into adulthood.

Involving birth families, regardless of whether or not a return home is anticipated, leads practitioners to focus on how parental problems that led to the child coming into care are being addressed and how the child's connections to their birth families and family networks – parents, siblings and other family members – are being nurtured and preserved.

Including the child's perspective in plans being made for them requires practitioners to reflect on who is having ongoing conversations with the child to ascertain their views, how the meaning of the child's behaviour is being understood, and who is trying to imagine how the world looks from the child's perspective.

Remember!

It should be possible to read a care plan and gain a summary of the child's story and the way that story has been used as the basis for the analysis of the child's needs.

Permanency planning requires a greater emphasis being placed on timeframes. In applying permanency planning to assessment, care planning, and review, research identifies that without neglecting the opportunities for parents to improve their parenting skills, decisions about the future of children in need of care and protection should be made according to timescales that are in the child's best interests (NSW, 2008).

Birth families, including siblings, grandparents, and extended networks, need to be included in and engaged with in the decision-making and care-planning process from the very beginning.

Practice Tip: Straight talking

Interviews with parents show they appreciate social workers who are able to listen and are 'straight-talking' and honest about their problems. 'Practitioners who find it difficult to break bad news, or who encourage parents to be over-optimistic about their progress, are not so highly valued' (Davies and Ward, 2012).[14]

The quality of thinking that is required for formulating and developing effective care plans requires time and space being available to practitioners to establish positive relationships with children and their birth families (Turney, 2009).

Children, parents and carers are more likely to have a greater understanding of the issues that led to the removal of a child and how their behaviour or lifestyle may need to change when they are provided with accurate information and definite timeframes for decisions.

Parents, carers or other people important to the child must be informed of timeframes for decison making as early as possible and must be assisted to participate in the care-planning process.

Practitioners need to ensure that parents understand:

- the care plan goal;
- the decisions that have been made;
- the objectives and tasks associated with the care plan.

A care plan is a written document that contains all the important information about the child, such as their family's details, who they live with, where they go to school, access arrangements with their family, and how their health, well-being and education are to be promoted.

Remember!

Care plans should offer accurate information about a child, their life before coming into care, why they are in care and in the care placement they are in, and what they need to thrive. ALWAYS keep in mind that a care plan is not a bureaucratic exercise but a living document that will be read by the child. Care plans should be written in clear and sensitive language and worked on from the perspective of a child or young person reading the plan.

Children and young people should also have access to the TACTIC material in order to prepare for their reviews.

14. As cited in DfE (2014)16 Working with Birth Parents, p. 6.

4.4 Child care plan information

Each child care plan requires specific information to be contained within it. This includes:

- The child's views of what is in their best interests in terms of their care;
- The immediate, medium and long-term goals and arrangements for the care of the child, including the child's:
  - legal status, including court orders and any directions by the court that may impact on the care plan;
  - maturity, social ability, personal and social development, nationality, race, religion, culture and language;
  - medical history, medical assessment and current medical needs, including immunisation details;
  - educational history, needs and current educational placement;
  - family and household, including siblings;
  - access and contact arrangements with family members including siblings, and individuals who are of importance to the child;
  - interests and hobbies;
  - placement plan and the reasons for this placement being chosen;
- The views of significant individuals in the child's life about what is in the best interests of the child and how the arrangements achieve this;
- The actions needed to support the child's needs, including the needs of a child with disabilities, e.g. needs in relation to occupational therapy, physiotherapy, and speech and language therapy;
- The agreed timeframe for all actions and the named individual responsible for each action identified in the care plan;
- The permanency and concurrent plan, including rationale and supporting evidence.

Remember!

For a child with special needs, an individual, tailored, long-term care plan will be required, setting out the Child and Family Agency's commitment, in partnership with other specialised agencies, to provide the therapies and resources that the child requires for their health, welfare and development. Future therapeutic needs of a child with special needs have to be identified and addressed in a coordinated and timely fashion with a full interagency response. The transition from child services to adult services also needs to be given consideration during the life-course of the child. The Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla – Child and Family Agency to Promote the Best Interests of Children and Families (March 2017) should be referenced when developing such care plans.

A care plan should be written using open, clear language, free from jargon, so it can be understood by children, families and carers. Particulars of the care plan agreement are made known to the child, parents, foster carers and link worker, with all signing the agreed care plan. Where this is not done, reasons should be recorded on case files.

A suite of resources is available for children in care (TACTIC materials) aimed at reassuring children in care that their voices can be heard in their own care situations, and highlighting how this will be achieved.

Remember!

Being able to take part in the care-planning process has been recognised as helping to alleviate stress for children entering care (Keane, 2012; Thoburn et al., 2012), as well as their parents.

Practice Tip: Summary care plans

Some parents and children may find information easier to understand if it is presented to them in a format other than the written care plan. A Summary Care Plan, known as the Care Plan Bubbles, has been developed in Dublin North City Area, Tusla. Information is taken from the written care plan and presented in a more visual and easier-to-access format.

The use of the Summary Care Plan has been found to be effective in supporting birth parents in understanding the medical or educational needs of their child and for working with birth parents with learning difficulties or mental health issues. The approach has also been found to be effective for working with children in care ranging in age from nine to 14 years, or younger, and for children with a learning difficulty or learning need (Curran, 2017).

The use of the Summary Care Plan has helped birth parents and children and practitioners in developing a shared understanding of the care plan; helped in relationship building; created space for children to hear positive views of parents and other adults of them; as well as acknowledging and clearly recording birth parents' and children's views (Curran, 2017).

Figure 4: Sample Care Plan Bubble: Education – update on school progress and plan

4.5 Contact, care plans and permanence

The importance of maintaining contact with the child's birth family and naturally connected network is supported by theories of attachment and the need for continuity and the negative impact of separation (Sen and Broadhurst, 2011). Contact can help a child maintain their sense of identity and come to terms with what has happened to them. Children often worry about their birth family and contact with their naturally connected networks can help reassure them by letting them see that their parents and siblings are all right. Contact also helps to keep children informed of important changes at home. And for some, contact also plays a role in the assessment of whether a return home will be safe (Schofield and Stevenson, 2009; Sen and Broadhurst, 2011).

When assessing the benefits to a child of maintaining links with their birth family, questions that need to be asked include:

- In what ways are the contact arrangements beneficial to the child?
- What are the perceived benefits of future contact?
- What are the emotional costs?
- Is the current upset to the child manageable in the interests of his or her longer-term well-being?

(Schofield and Stevenson, 2009)

There are a number of factors that need to be considered when making decisions about the amount of contact a child has with his/her birth family and naturally connected network. The primary factor to be considered is whether the goal of the care plan is for reunification of the child with their birth family. Other factors to be considered are the strength of the relationship and issues related to the safety of the child (Taplin, 2005), and if and how the family network can support contact.

Recommendations for the frequency and type of contact with a parent or significant others need to be case specific and reflect the unique features of the child – such as cognitive abilities, resilience and capacity to cope with change – and their overall circumstances (Lucey et al., 2003). Decisions about contact should be made on the basis of each child's developmental status, their age, their capacity to remember, level of maturity, and significant routines.

In order to reduce the child's sense of abandonment, loss and anxiety, contact should commence as quickly as possible, if it is considered in the child's best interests (Robson and Hudd, 1994, cited in Scott et al., 2005).

Remember!

Children who have experienced abuse in childhood are likely to mature slowly, and many children in out-of-home care may not function at their chronological age (Hess and Proch, 1993).

An understanding of normative child development stages can inform the decision-making process regarding frequency and type of contact. In general, as children grow older they can recall the image of a parent who is absent over longer periods. Very young children, without language or object permanence, are more likely to fret considerably for a parent who is absent over a short period and to forget that parent if contact is not frequent enough.

Important factors to consider when making decisions about frequency of contact include:

- The purpose of contact – contact could occur with a view to reunification or maintaining a child's identity in long-term care;
- The age and developmental stage of the child;
- The quality of the attachment of the child to the parent prior to the child's removal and whilst in care;
- The past contact experience for the child and parent and other significant family members;
- The attachment of the child to the foster carers;
- How supportive the foster carers are of contact;
- The safety of the child, including the need to protect the child from psychological and physical harm;
- How the contact will affect the child's routines, e.g. excessive travel or disruption of planned activities.

(Adapted from Taplin, 2005, cited in NSW, 2008, p. 54)

Contact with siblings

Where siblings do not live together contact should be maintained through visits, phone calls, letters and emails. The exceptions to this are:

- where a court order stipulates no contact should occur;
- where the child is at risk of harm during contact and supervision would not eliminate this risk;
- where a young person aged 15 or over has stated that they do not wish to have contact with their siblings.

Foster carers are to be encouraged to assist children with writing, emailing and phoning their siblings.

Siblings should be encouraged to become actively involved in the contact-planning process including the initial development of the contact plan and any alterations to the plan. The views of siblings should be taken into account regarding the following:

- Frequency and length of visits
- Location of visits
- Transport arrangements
- Resistance to visits by siblings, carers or parents
- Cancellation of visits
- Supervision.

Other issues to be considered include significant age differences between siblings, and behavioural, disability, and health issues that may pose a real or perceived impediment to face-to-face contact.

The type of contact a child or young person has with their birth family and naturally connected network should be determined by what is in the best interests of the child. This may change over time and needs to be reviewed regularly. Practitioners need to manage the complex needs and emotions that are often related to contact to ensure the child's best interests are safeguarded and promoted (DfE, 2012). Where a child is in long-term foster care, the child's foster carers have a crucial role to play in supporting contact and they need to be supported to do this by their fostering link worker.

Research highlights that foster carers have mixed views and experiences in relation to contact and although accepting its importance, foster carers can find contact stressful (Austerberry et al., 2013). Difficulties identified by Austerberry et al. (2013) included:

- birth parents' aggressive or violent behaviour during contact;
- the negative impact of birth parents' behaviour on the child;
- a perception that social workers put the needs of the birth parents first.

Proactive social work can help to overcome some of the difficulties associated with contact. Practitioners need to:

- consider the purpose of contact arrangements for each child;
- influence the frequency, quality and safety of contact;
- establish the views of the child, parents and significant others;
- provide appropriate support for the child, birth family and carers;
- regularly discuss the effects of contact with the foster carer;
- review contact arrangements on a regular basis;
- facilitate contact with other relatives, such as grandparents, as they can be a source of stability and continuity and can help counteract troubled relationships with parents.

(Moyers et al., 2006; Sen and Broadhurst, 2011)

Practitioners have a critical role to play in supporting contact, whether in the context of care plans for reunification or for long-term out-of-home care. Research shows that the longer a child is in care, the more likely they are to lose contact with parents and siblings (Morgan, 2009). Practitioners need to consider this during care planning and reviews and, where it is in the best interests of the child, explore options for re-establishing contact (Sen and Broadhurst, 2011).

However, it is also important for practitioners to be able to identify when contact for children is of poor quality or problematic, as such contact has been associated with placement breakdown and further abuse for some children (Moyers et al., 2006; Selwyn and Quinton, 2004; Neil et al., 2011).

Remember!

Harmful contact is associated with particular people, not with contact in general.

Summary

- Thorough care planning and goal setting is key to successful permanency planning.
- Each care plan considers all options for permanency for the child.
- The most appropriate permanency option for the child is chosen based on the child's assessed needs and this option is pursued through concurrent planning.
- Care planning is an ongoing activity that is informed by assessment, direct work, analysis and monitoring.
- A care plan is written using open, clear language, free from jargon, so it can be understood by children, families and carers.
- The child's views of what is in their best interests in terms of their care inform all aspects of the care-planning process.

Chapter 5

Children's participation in permanency planning

5.1 Introduction

> ‘If you can’t explain it to a six year old, you don’t understand it yourself.’
>
> (General Social Care Council, Albert Einstein n.d., p 10)

Shannon and Gibbons (2012, pp. 293–4), in their review of child deaths in Ireland, highlighted significant communication difficulties between social workers, children and children’s families as a source of concern. A lack of engagement with children and young people by social workers was noted, as were child protection concerns raised by parents going unheeded. Similar findings have been expressed by children in care themselves (see McEvoy and Smith, 2011). Practitioners’ perceived ability to engage with children and family members has been identified as a major factor in their confidence while assessing child abuse (Regeher et al., 2010).

Numerous inquiries, such as the Kilkenny Incest Case (McGuiness, 1993), Victoria Climbié (Laming, 2003), Baby P Connelly (Laming, 2009) and the Roscommon Inquiry (2010), have highlighted the importance of practitioners engaging with children in relation to their experiences.

5.2 Legislation and policy developments

Articles 12 and 13 of the United Nations Convention on the Rights of the Child (UNCRC) enshrine the rights of all children and young people to express their views and for these to be taken into account in decisions that affect them. The 2012 National Standards for the Protection and Welfare of Children recommend that child-centred services communicate with children and families in a manner appropriate to their age, stage of development, and communicative needs when ensuring the best interests of children. The National Standards for Foster Care (2003) stipulate that children and young people should make choices on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

A child’s view should be heard whenever decisions are being taken that directly affect their lives (Child and Family Agency Participation Strategy for Children and Young People, 2016). Assessments, care planning, care plan and foster carer reviews are key times during which children’s views should be sought and listened to. There is no age limit on the right of the child or young person to express his or her views freely.

In line with the UN Convention on the Rights of the Child, the Agency commits to giving due weight to the views of children in accordance with their age and maturity. This, however, does not mean children have the decisive say in the decision-making process. Adults retain responsibility for the outcome of the decision-making process while being informed and influenced by the views of the child (Lansdown, 2010). The decision maker, however, must inform the child of the outcome of the process and explain how their views were taken into consideration (UN Committee on the Rights of the Child, 2009).

When making decisions in relation to children, it is the Agency’s statutory obligation to regard the best interests of the child as the paramount consideration. The Children and Family Relationships Act 2015 introduced factors to be taken into consideration when considering ‘the best interests of the child’, in line with Article 42A.4.1 the Thirty-First Amendment of the Irish Constitution, which protects children’s rights.

5.3 Children's ability to communicate

All children can and do communicate. It is the responsibility of adults to make the effort to understand, to be open to their communication attempts, and to adapt to the way children communicate (Martin, 2008). For participation to be meaningful it needs to be an ongoing, child-centred process that is flexible and adapted to the child, and the ways in which they communicate. It is also important that children are supported in developing their confidence and practise their communication skills. This includes showing them that their views and involvement are valued. Research has highlighted that involving children in decison making can improve the quality of decisions, and lead to more stable placements (Thomas, 2006).

Facilitating good communication with children and involving them in decision making requires managers to:

- believe that children are competent and can contribute effectively to assessment, decision making and planning;
- have realistic expectations of the time it takes to communicate effectively with children;
- prioritise communication with children;
- understand the importance of developing trust and a strong working relationship;
- be aware of the importance of providing services such as interpreters and advocates.

(Dalzell and Chamberlain, 2006)

Remember!

Speech is not the only way people communicate. People communicate using body language, gestures, behaviour and facial expressions.

5.4 Children's participation in the decision-making process

> 'Whether these children are idiosyncratic or representative, their views matter.'
>
> (Munro, 2001)

Minnis and Walker's (2012) literature review of children's views of the experiences of fostering and adoption processes found that children want to be more involved in decisions made about them, and need better information and more real choices in order for this to happen. Overall, children said they wanted more say in deciding on placements, deciding about their future, and decisions about contact with their family.

Research highlights that children are often only given partial information and this can add to their worries (Neil et al., 2011). Minnis and Walker (2012) found there was evidence that children felt that they lacked information at important times, particularly on moving into care, when moving from one placement to another, and on leaving care. Information for children entering the care system was crucial in helping them to understand why they were in care, what their foster family was like and what would happen next. Information is central to enabling children to make informed choices and decisions. It is a child's right to have accessible information and a range of accessible ways to contribute.

Minnis and Walker (2012) found evidence that indicated children and young people are desperate to be heard, but that the process developed to ensure that they are is not working for many of them. There was also some evidence that making a choice gives the child a sense of commitment and the placement is more likely to succeed.

In order to be able to participate in decisions that affect their lives, children need to be communicated and consulted with at all stages of their care journey. Practitioners need to give consideration to how to:

- best involve each individual child in discussions;
- find regular time to speak with the child alone;
- recognise that building trust will take time;
- make sense of the child's view of the situation;
- be aware of the strategies the child may have developed to deal with problems in the family;
- be aware that the child may align themselves with the parent where there is a difficult relationship between the parents and practitioner, thus making it difficult for the practitioner to develop a trusting relationship with the child;

- maintain an openness to the child's views;
- ensure the child's views are represented and heard even where there may be disagreement between the child and the practitioner;
- explain the practitioner's position when there is disagreement between the child and the practitioner;
- ensure that the child is given appropriate and sufficient information to be able to participate in making decisions that affect their lives;

(Neil et al., 2011).

Remember!

Children need to be seen on their own so their views can be represented, unless there is a specific reason not to do so. The reason not to must always be recorded on the child's file.

Practice Tip: Questions for adults to ask when deciding whether children understand something enough to make a decision about it: [15]

- Can the child understand the question they are being asked?
- Does the child reasonably understand the main reasons for what is being proposed?
- Does the child understand what choices they have to decide between?
- Does the child reasonably understand what will happen depending on the choices they decide to take?
- Can the child weigh up these different choices against each other?
- Can the child tell you their personal choice, rather than repeating what someone else thinks they should do?
- Can the child keep to one decision without constantly changing their mind?

(DfE, 2011, p. 8)

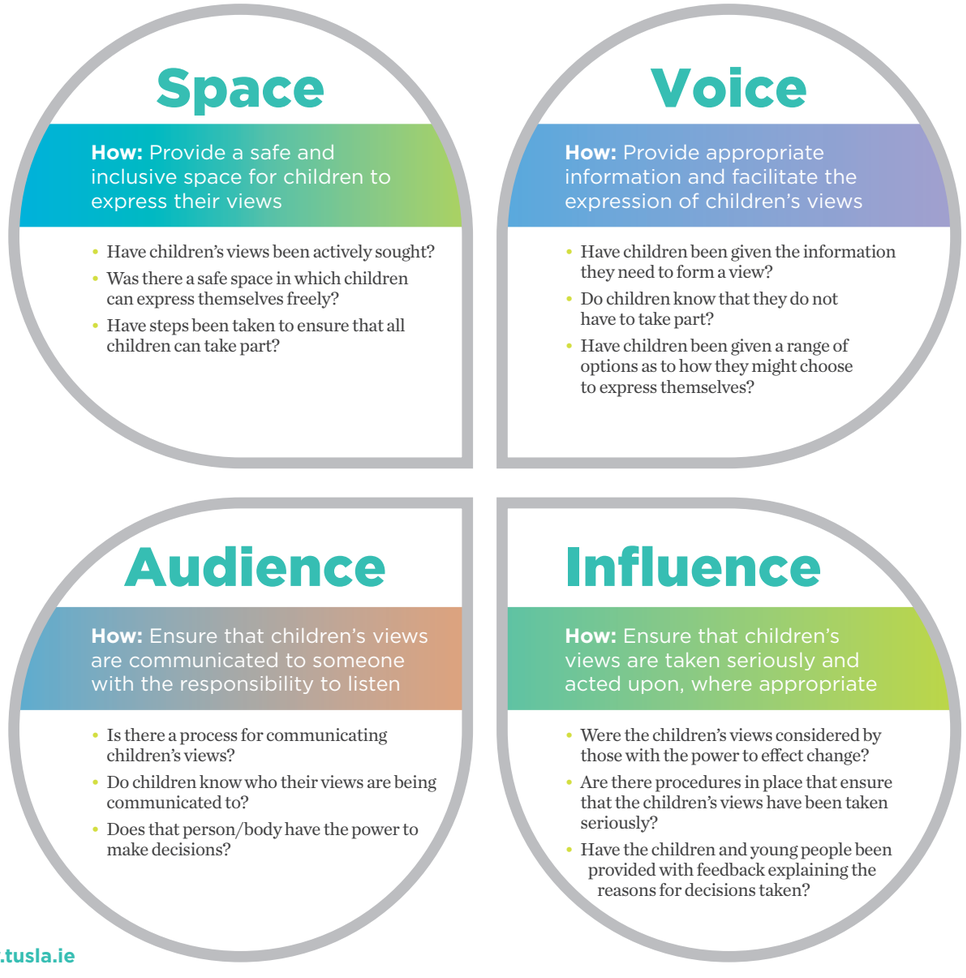
15. As part of developing statutory guidance for the Adoption and Children Act 2002 in the UK, children drew up ways for adults to test out whether a child is old enough to make an important decision for themselves.

5.5 Talking to children

Practitioners often have to ask children questions that may be difficult or distressing for them. Discussing sensitive issues with children is highly skilled work and requires practitioners to devote sufficient time to building trusting relationships with them. Research highlights that children are sensitive to their worker's communication style and can often find it hard to talk about their worries or concerns (Neil et al., 2011).

Children need to be worked with at their own pace and practitioners need to adapt their communication style to the best way of communicating with individual children. This requires time, patience, space and resources (Luckock et al., 2006). Lundy's model of child participation, which informs the Agency's participation strategy for children and young people, provides a checklist for participation which assists practitioners in ensuring that children are effectively supported in participating in decisions that directly affect their lives (see figure below).

Figure 5: Lundy's voice model checklist for participation[16]



Remember!

An imbalance of power exists between adults and children. Consideration needs to be given to how this might impact on children's involvement in decison making. All decision-making processes should be child-centred, with the child or young person in control of the process of how their views are sought, including who supports them and how they are supported.

5.6 Decison making with children in a statutory context

Ensuring all participants truly understand what permanence means, listening carefully to their views, aiming for participatory practice and having quality assessments and interventions can increase the likelihood of positive permanency outcomes (Queensland Government, 2011).

Due to the social control aspects of the role, participatory practice is complex and challenging work in a statutory context (Healy and Darlington, 2009). A style of practice that engages with and facilities participation for children and families is, however, essential to permanence planning.

Factors identified as facilitating participation in a statutory context include:

- Recognising and managing the imbalance of power;
- Ensuring that service recipients feel valued and encouraged to be involved;
- Respecting all involved and seeking their views;
- Being sensitive to service recipients' needs;
- Having a child-friendly approach;
- Being transparent (being open about purpose and process);
- Assisting parents to understand their child's needs and connect to relevant services;
- Adequately preparing all parties prior to meetings;
- Using a range of strategies and being flexible;
- Gaining support for families who are involved with a statutory child protection service, for example via non-government service;
- Integrating participation into everyday practice;
- Having an organisational culture where participation is positively promoted.

(Hernandez, Robson and Sampson, 2010; Darlington et al., 2010; Healy and Darlington, 2009; Tilbury et al., 2007; cited in Queensland Government, 2011, p. 18)

16. As included in Ireland's National Strategy on Children and Young People's Participation in Decision-Making 2015–2020.

Practice Tip: Involving children and families in the decision-making process to establish permanence checklist

Has the child's social worker:

- spoken with the child about their rights?
- spoken with child's parents/family about their rights?
- spoken with child's parents/family about the court process?
- asked the child about their understanding as to why a care application was made?
- asked the parents/family about their understanding as to why a care application was made?
- advised the parents/family clearly about the reasons why the agency made the decision to proceed with a care application?
- clarified the ongoing assessment and decision-making processes with the child and parents/family?
- explained the reasons for the need to make timely decisions about the long-term plans for the child?
- given parents/family a realistic indication of the goals which would need to be achieved to progress reunification?
- outlined a timeframe for when these achievements should be met?
- identified the review dates for the care plan and informed the child, parents and carers?
- identified resources available to progress care-planning objectives, i.e. supports, services, programmes, possible payments/ funding?
- explained the permanent placement options to be considered and the implications of each option?
- given all participants a written copy of the care plan and discussed the objectives, tasks and timeframes contained in the plan with them?
- discussed the consequences of parents and relative/kinship group not following through with the tasks in the care plan they are responsible for (e.g. attending drug or alcohol counselling)?
- developed a contact plan with the parents/ family and carers?
- provided feedback to the parents/family about progress being made/not made on the care plan objectives and tasks, and the risks of not meeting the timeframes?
- provided the parents/family with all relevant written material, including court reports, where possible?
- assessed the risk to the safety of the child, their carer, or members of the carer household of disclosing placement information to birth parents and significant others and, if it is considered that there is no risk, obtained written consent from carer(s) for the release of this information?

(Adapted from NSW, 2008; adapted from Mallon and Seafin, 2001)

Remember!

Being late and disorganised or breaking promises or not keeping appointments clearly signal to children that they are not important to the social worker and make them feel that their social worker is not acting in their best interests (Sherbert Research, 2009; Munro, 2001).

5.7 Communicating with children

> ‘My voice is my power’ [17]

Martin (2008) identifies creating an inclusive culture as key to enabling children to participate effectively in decison making, particularly children with communication impairments. An inclusive and communication-friendly environment benefits everyone, not just children; it is good practice for everyone.

Having a variety of tools, such as words and pictures and the three houses tool, available to help communicate with children has been identified as being important. For young children, activities such as games, writing and drawing help make the process more child-friendly (Thomas, 2009). Having access to some toys, coloured pencils, paper, flash cards and worksheets with happy and sad faces has also been identified as being useful to encourage young children to talk about their experiences (Thomas, 2009; Dalzell and Chamberlain, 2006). These methods may also be helpful when communicating with a child who has a communication impairment (Stone, 2001; Stalker and Connors, 2003).

Buckley et al. (2006) encourage practitioners to be creative while engaging with children and to use play, drawing and painting to facilitate the process. Woodcock Ross (2011) advises social workers to prepare suitable materials, according to their knowledge of the child’s age, interests, talents and cognitive ability, to start the communication process. A free-play approach is recommended for starting the communication process as this allows the child to build a relationship with the practitioner at a pace that is comfortable for them (Lefevre, 2010). Lefevre (2010) identifies this as being a more child-centred approach and providing the practitioner with an opportunity to make sense of the child’s way of conveying, expressing and exploring their inner world.

17. Participation Works (2008), How to involve children and young people with communication impairments in decision making.

In relation to older children, a range of methods such as camcorders, cameras and diaries can be used to promote communication (Holland et al., 2010). Photographs and videos can often be used effectively to provide insight into their lives. Research has observed that older children can be reluctant to share thoughts and feelings because they fear these private things are recorded in their file and shared with strangers (Luckock et al., 2006). Offering reassurance in relation to how and with whom such information will be shared may assist in encouraging older children to be more open in expressing their thoughts and feelings.

Remember!

Some children may find direct face-to-face conversations challenging. Some children may find it easier to communicate while on the move, for example when walking together or travelling by car. Be prepared for children to open up in any setting. Listen when they open up even if it is an unlikely setting for such a conversation. Postponing the conversation because of the setting may lead to a lost opportunity to hear the child’s story.

Children under the age of five

Communicating with children under the age of five brings particular challenges. It is recommended that practitioners have a good knowledge of child development and attachment in order to be able to appreciate how children under the age of five communicate (Norburn, 2013). Practitioners also need to have an appreciation of the impact of abuse and neglect on children’s development and how this can affect communication.

Hostile or non-compliant parents, a lack of confidence among practitioners and a lack of resources to work creatively have been identified as potential barriers to effective communication with children in this age group (Norburn, 2013).

Research has also identified a number of techniques for communicating with under-fives:

- Working with metaphors – using objects such as figures and animals;
- Ecomaps – using objects to represent themselves and others and placing them near or far away as the child wishes;
- Art or creative play;
- Masks or worksheets with faces showing different feelings.

(Norburn, 2013)

Remember!

Observation of children under the age of five is crucial in terms of understanding the child.

Children with communication impairments

‘We need to ask not if children and young people can communicate, but how they do it.’

(Martin, 2008)

Communication impairments can take a variety of forms. For example, children and young people may need support with:

- Clarity of speech, expressive language and getting their message across;
- Receptive language: an understanding of what is being communicated to them;

- Social use of language which could involve difficulty understanding the rules of conversation or interaction.

(Martin, 2008)

While some children may have physical or learning difficulties, hearing or visual impairments, or be on the autistic spectrum, others may have communication needs in the absence of any other impairment.

It is important for practitioners to be willing to adapt their own verbal language for children with communication needs and to be receptive to simplified language or unclear speech, as well as alternative and augmentative means of communication (Martin, 2008).

Barriers which children with communication impairments can experience include:

- The assumption that speech is the only or best way to communicate;
- The assumption that a child who has some verbal language has age-appropriate communication;
- Staff not understanding communication impairments or not feeling they have the right skills;
- Communication impairments that are not immediately 'visible';
- Children not having access to their communication system. Any communication book or aid should be kept with them at all times, not just in certain settings or at certain times;
- Not allowing enough time: many children need additional time to process the language they hear and to formulate their response.

(Martin, 2008)

To be inclusive of children with communication impairments, information needs to be available in a variety of accessible formats, for example visual or multi-sensory information, easy-read versions, photographs, pictures or audio.

Developing effective relationships with children with communication impairments is key to effective participation. This allows the practitioner to get to know the child, their levels of understanding and the way they communicate in different contexts, but more importantly allows the child to get to know the practitioner and trust them.

Remember!

Many children with communication needs become very adept at disguising the true nature of their understanding or levels of expressive language.

Practice example: Using Photo Voice to gain insights into the lives of children with communication impairments

Photo Voice is a participatory action research method that employs photography and digital storytelling methods to enable individuals to represent themselves and create tools for advocacy and communication as a mechanism for personal and community change (www.photovoice.org).

Using cameras to take photographs of what captured their interest was particularly enlightening for young people communicating without words in a Photo Voice project in the UK:

'Emma was not interested in manipulating the camera herself but her carers took photographs immediately after she had been examining an item; looking through or focusing on something from as near to her perspective as possible. If she had been dangling upside down from a swing, spinning around, or peering closely at a leaf, they repeated the action and photographed what they saw. They produced a series of photographs that illustrated the way Emma liked to see the interplay of natural light through objects and the range of textures she enjoyed. What [the project workers] had previously seen as aimless wandering, [they] now saw as much more focused and purposeful, as there was no doubt Emma was captivated by certain effects and textures.'

(Martin, 2008, p. 6)

Practice Tip: Summary care plans

Give children and young people with communication impairments enough time.

- Know the child or young person well and know their levels of understanding so you can present information in an accessible way.
- Know how they communicate so that you can provide a range of opportunities for their contributions that include their chosen method.
- Provide and use a range of approaches, activities and methods to gain and record children and young people's views.
- If at first you don't understand what a child is communicating, keep trying and keep asking. Don't pretend you've understood or finish their sentences for them.
- Repeat things back to the child to clarify if you've understood what they meant.
- Use a variety of methods to support communication, such as photos, objects or pictures.
- Make sure you record how a child or young person communicates and keep adding to this over time. Make sure all practitioners know about it.
- Avoid using jargon, figures of speech, abstract terms or sentences that are too long.
- Always focus on what the child can do.

(Martin, 2008)

Remember!

Be careful not to substitute the views of the child or young person with those of people that know them.

There is no one set way that children and young people communicate or one set approach; using a variety of methods, including observation, will make children and young people's participation more meaningful. The following are examples of practical methods for involving children and young people with communication impairments.[18]

Signs of Safety: Three Houses Tool and the Fairy/Wizard tool

The Three Houses tool was first created by Nicki Weld and Maggie Greening from Child Youth and Family, New Zealand. It is a practical method of undertaking child protection assessments with children and young people (Weld, 2008). The Three Houses method takes the three key assessment questions of Signs of Safety assessment and planning – what are we worried about, what's working well and what needs to happen – and locates them in three houses to make the issues more accessible for children. Developed by Da Paz, the Fairy/Wizard tool serves the same purpose as the Three Houses tool but with different graphic representation (Government of Western Australia, Department of Child Protection, 2011).

Signs of Safety: Words and Pictures

Words and Pictures is a process designed to create, together with the parents and key adults, a clear story that gives the children and/or young people an age-appropriate explanation of the problems and seriousness of the issues that got child protection involved in the family's life and why they have been unable to live with their family of origin for some period. It helps parents and key adults process the past by connecting their experience of the problems with what the children need to know and creating an explanation they own. The Words and Pictures process opens up the secrecy, shame and trauma around the child abuse and/or neglect and what caused it, which then becomes the foundation for safety planning. The process also creates a relationship between professionals and family where they are able to talk in depth and in a straightforward manner about the seriousness of the issues (Turnell, Etherington and Turnell, 2017).

Communication passports

These are written in the first person and belong to the child and their family. They are unique to each individual child and contain key information that anyone who meets the child needs to know. It could include information about how they express their likes and dislikes; say yes or no; how they like people to communicate with them. They often include three columns headed: 'when I do...', 'people think I mean...', 'you should do...'.

Photographs

Photographs can be used in a variety of ways to support communication. For example, children and young people can take pictures of things that they like or dislike, what's important to them, or things they would like to change. With consent, photographs can be taken of children and young people to record their time and the things they enjoy.

Photographs can also be used to support children and young people to make choices. A choice book containing photos of the different activities or choices on offer could be developed, so that children and young people can look through and show staff what they want or ask them to point to what they like or dislike.

18. Martin (2008, p. 9) is the main source for these examples. Reference is also made to additional tools from approaches such as Signs of Safety and Marte Meo.

Pictures and symbols

Pictures and symbols can both be used to make written information accessible and to support language. For example, pictures of different facial expressions can be used to help children and young people to say what they like or don't like in pictorial questionnaires.

Creative methods

Creative methods such as art, drawing or drama can be ways of supporting children and young people to express their views, and are adaptable and accessible.

Creative participation methods offer a unique way to develop fun and inclusive engagement with children and young people and support their involvement in decison making. It is not about using creative art therapies. It is about activities and approaches that can be used in a variety of settings to enable children and young people to participate.

Creative participation can:

- find out different kinds of information – not just about the 'what' but also the thoughts and feelings children and young people have about a subject;
- help plan and evaluate services;
- explore difficult or sensitive issues;
- include a range of views;
- engage the hard-to-reach;
- present information and views in different ways;
- provide opportunities for social and emotional development.

Talking mats

Talking mats are an interactive resource that uses three sets of pictures: Topics – to show the topic being explored; Options – to show the different options or choices; and Visual Scales – to show how they feel about each choice using pictures of different emotions. Children and young people are supported to indicate how they feel about each option or choice, one at a time.

Video or audio

Video cameras or dictaphones can be used by children and young people to express their views by recording their views and listening to or viewing information.

Mosaic approach

This is a child-centred and adaptable approach that was initially developed to gain the views of young children. The first stage collects and records information through observations, photographs or videos, mapping and role play. Following this, all the information is collated and reflected upon.

Marte Meo

The Marte Meo method looks at moments of interaction in daily situations between parent and child, professional and parent. The central focus of the method is to identify, activate and enhance constructive communication, interaction and development for the child, family and professional (Dublin City University, 2011). The Marte Meo method aims to help build attachment relationships by enhancing respectful communication, which helps children feel valued.

Summary

- Children's rights to express their views and for these to be taken into account in decisions that affect them are enshrined in Articles 12 and 13 of the United Nations Convention of the Rights of the Child (UCRC).
- In line with the UCRC, the Child and Family Agency commits to giving due weight to the views of children in accordance with their age and maturity.
- All children can and do communicate. It is the responsibility of adults involved in their care to adapt to the ways in which children communicate.
- Children need to be seen on their own so their views can be represented, unless there is a specific reason not to do so.
- A good understanding of child development and attachment is required in order to be able to appreciate how children under the age of five communicate.
- To be inclusive of children with communication impairments, information needs to be available in a variety of formats, e.g. visual or multi-sensory information, easy-read versions, photographs, pictures or audio.
- Practitioners need to be willing to adapt their own verbal language for children with communication needs and to be receptive to simplified language or unclear speech, as well as alternative and augmentative means of communication.
- Children can, and want to, participate in decisions being made about their care and should be offered every opportunity to participate, in safe environments where they can express their views without fear.
- It is important to hear the voice of the child and not to substitute the views of the child with those of people who know the child.

Chapter 6

Reunification

> ‘Reunification should be planned with a view to permanence – approached with caution and with concern to ensure the qualities of “the best possible care”.’
>
> (Munro, 2001)

The following chapter outlines research and practice evidence in relation to reunification to support and inform the professional judgement of practitioners in child protection and welfare and alternative care when considering the appropriateness of reunification for children they are working with.

For child protection and welfare practitioners, this chapter should be read in conjunction with material relevant to the Agency’s national approach to child protection and welfare practice, Signs of Safety, and the research and evidence applied in the context of this approach. Child protection and welfare reunification case examples are available from the Signs of Safety Knowledge Bank for practitioners to draw upon.

6.1 Introduction

The importance of children being brought up within their families wherever possible is enshrined in Article 7 of the UNCRC. Most children are in the care system because their birth parents are not parenting well enough to meet their child’s needs and keep them safe. For most children who enter the care of the State, returning to the birth family will be the preferred pathway to permanence.

Reunification is based on the assumption that the birth family is optimal for children if it is safe and nurturing (Queensland Government, 2011). The majority of children return home quickly; however, children’s chances of returning to their family tend to decline as time goes by (Care Inquiry, 2013).

Failed reunifications have been shown to be associated with poor practice, including lack of, or limited, assessments, passive case management, inadequate planning and preparation for return home, and inadequate support for children and families before and after reunification (Wilkins and Farmer, 2015). In one study, six months after the decision for reunification had been made, this was judged to have been appropriate for less than half the children (47 per cent) (Wade et al., 2011). Multiple failed returns home are strongly associated with poor outcomes for children and also involve particularly high costs (Davies et al., 2012; Holmes, 2014).

In a recent review of reunification research from the UK, US and Australia, Thoburn et al. (2012, p. 12) concluded:

‘There is a consistent finding that a high proportion of maltreated children who return home will return to care and others will remain at home but continue to be exposed to poor parenting, neglect, and/or abuse.’

However, purposeful social work planning, which included children and birth families and allowed children to go home slowly, over a longer period of time, has been shown to result in more successful returns home (Wade et al., 2011).

Identifying which children in what circumstances should or should not be reunified with their parents, therefore, is a key professional task. **Children should only return home in the first instance where it is safe to do so**. Fuller (2005, p. 1303) identifies three questions that practitioners need to consider:[19]

- Are the issues that prompted the child’s removal under control?
- If secondary issues have developed during the child’s stay in care, are they under control?
- Will these issues remain under control if the child is reintroduced to the home environment?

Reunification practice involves critically considering issues that prompted a child being placed in care and whether these have been satisfactorily resolved. Decisions to reunify maltreated children should not be made without careful assessment and evidence of sustained positive change in the parenting practices that have given rise to concern (Wade et al., 2010). Practitioners need to guard against over-optimism through careful planning and support. Proactive case management and working with birth families and children for as long as required have been identified as being key to successful reunification.

In developing a practice framework for reunification in England and Wales, drawing on research and practice evidence, Wilkins and Farmer identified a number of key points that supported reunification practice. These are:

- Robust assessments of risk and protective factors, of parental ability to care and their capacity to change being conducted in order to determine if children will be provided with safe, stable and nurturing care if they return home to their parents;
- Social workers exercising great caution when considering reunification with parents with the particular risk factors that are most likely to lead to future harm, such as alcohol or drugs misuse and previous failed returns home;
- The child’s best interests and voice being central to decision-making and planning;
- Parents being given reasonable opportunity and support to change;
- Support from the following sources:
  - The family’s network
  - Social workers and family support workers
  - Specialist services
  - Foster carers and residential carers
  - Schools
- Support, monitoring and review continuing for as long as it is needed.

(Wilkins and Farmer, 2015, p. 13)

19. Signs of Safety equivalent questions would be: Is the harm still present?; What factors continue to complicate things?; and What strengths are present?. Where a child remains at home during the assessment process a Signs of Safety Danger Statement and Safety Plan needs to be in place.

6.2 Reunification and decision making: Factors associated with future harm[20]

Once abuse has occurred, there is a strong possibility of recurrence. The factors associated with future harm (see Table 1 below) are drawn from two systematic reviews of research studies of factors associated with recurrence of maltreatment.[21]

All factors listed in the table below are associated with future risk of maltreatment and therefore need to be considered. The table should be used by practitioners to assist their professional judgements in relation to the suitability or otherwise of reunification as a permanence option for a child.

Research and practice evidence advises that information should be collected on the presence or absence of each of the risk or protective factors. These factors need to be examined for each parent being assessed, both separately and together. A cluster of factors may exist that cause particular concern or there may be only one risk factor present which could be so significant that the overall risk for the child is severe (Wilkins and Farmer, 2015).

20. Future harm as defined in Wilkins and Farmer (2015) and not future harm as defined in Signs of Safety practice approach.
21. The two systematic reviews together looked at 32 studies and a robust inclusion test was applied by the authors to ensure a high standard of evidence. See Wilkins and Farmer (2015) for further information.

Table 1: Factors associated with future harm

Factors	Future significant harm more likely	Future significant harm less likely
Abuse	Severe physical abuse including burns/scalds *Neglect* Severe growth failure Multiple types of maltreatment More than one affected child in the household *Previous maltreatment* Sexual abuse with penetration or repeated over a long duration Fabricated/induced illness Sadistic abuse	Less severe forms of abuse (defined in terms of harm, duration and frequency)
Child	*Developmental delay with special needs* Child's mental health problems *Very young child – requiring rapid parental change*	Healthy child Child does not blame him/herself for sexual abuse and recognises that it caused harm Later age of onset One good corrective relationship
Parent	*Personality disorder (anti-social, sadistic, aggressive)* *Paranoid psychosis* *Significant parental mental health problems* Learning disabilities *plus mental illness* Lack of compliance Denial of problems Alcohol/drugs abuse Abuse in childhood – not recognised as a problem History of violence or sexual assault	Mental disorder responsive to treatment Non-abusive partner Willingness to engage with services Recognition of problem Responsibility taken Adaptation to (coming to terms with) childhood abuse

Factors	Future significant harm more likely	Future significant harm less likely
Parenting and parent/child interaction	Disorganised attachment; severe insecure patterns of attachment Lack of empathy for child Poor parenting competence Own needs before child's *Parent–child relationship difficulties*	Secure attachment; less insecure attachment patterns Empathy for child Parenting competence in some areas
Family	*Inter-parental conflict and violence* High stress (associated with family stress, parental stress, large family size, poor home conditions and housing instability) Power problems: poor negotiation and expression of emotions; poor sense of autonomy Children not visible to the outside world and continuing perpetrator access	Absence of domestic abuse Non-abusive partner Supportive extended family Capacity for change
Professional	Lack of resources Poorly skilled professionals	Resources available: • Partnership with parents • Outreach to family • Therapeutic relationship with child
Social setting	Social isolation Lack of social and family support networks and lone parenthood Violent, unsupportive neighbourhood	Social support More local child care facilities Volunteer network Involvement of legal or medical services

N.B. Items in italics are most strongly associated with maltreatment occurring

(Compiled from Hindley, Ramchandani and Jones, 2006; White, Hindley and Jones, 2015; as cited in Wilkins and Farmer, 2015, p. 25)

Remember!

Neglect in family situations may warrant particular consideration and targeted interventions.

Length of time in out-of-home care has been identified as relevant to re-maltreatment following reunification. Children who are in out-of-home care longer than three years are at higher risk for recurrence of maltreatment. Children who are in out-of-home care for very short periods (for example, less than 90 days) are also at higher risk because insufficient changes may have occurred in the family environment to facilitate successful reunification or errors may have been made by decision makers that reunification was safe (Fuller, 2005; Jonson-Reid, 2003, cited in Fuller, 2005; McDonald, Bryson and Poertner, 2006; see also Queensland Government, 2011).

Remember!

As Wilkins and Farmer (2015, p. 39) highlight, practitioners need to scrutinise the **quality** of the protective factors. They also need to identify those protective factors which **mitigate the risks**[22] to the child. These factors need to be distinguished from positives or strengths which may not be sufficient to alleviate the specific risks to the child. For example, parents may attend a parenting course and may try to implement their learning, which would be positive and show motivation to change. However, if this is not actually effective in addressing the identified problems in their parenting, it cannot be described as protecting the child from risk.

22. Referred to as 'harm' in the Signs of Safety approach.

Families who have less complex problems and more personal resources, e.g. extended family networks, are more likely to experience reunification (Farmer, 2009), while parents who are motivated to care for their children and change their behaviour are also more likely to experience reunification success (Cleaver, 2000; Sinclair et al., 2005, cited in Farmer, 2009).

Parental contact and visitation have been reported as being positively associated with reunification. Assessment of contact remains vital because it provides insight into the quality and attachment of the parent/child relationship. If positive, contact can be an important component of reunification practice (Biehal, 2007).

See Chapter Four on care planning and permanency planning for more information on contact.

Parents' perception of their relationship with their social worker can also impact on reunification success. If parents do not perceive and experience the social work relationship as empathic, empowering, deeply engaged, and family focused, they lose incentive to persist with reunification efforts (Alpert, 2005; Farmer, 2009; Cheng, 2010). Inclusive and participatory approaches are required when engaging with parents (Bullock et al., 1998; Cheng, 2010).

Foster carers and residential workers who are willing to mentor parents, support and facilitate family contact and provide assistance following reunification may increase the likelihood of successful reunification (Child Welfare Information Gateway, 2006). Foster carers and residential workers also play a vital role in preparing children for reunification.

Remember!

The initial six months of a child being in care has emerged as a crucial period for reunification, and the importance of decisions about reunification being prioritised during this period has been highlighted. It is important to note, however, that while children are more likely to return home to their families within the first six months, research shows that when reunification happens without enough time to support parents to change, the child is more likely to re-experience abuse and neglect, and to come back into care or accommodation (Wilkins and Farmer, 2015).

6.3 Reunification and adolescents

The reunification breakdown rate for adolescents is high, and those children who move back and forth, in and out of care, experience the worst outcomes (Sinclair et al., 2007).

Adolescents may face a variety of risks beyond those in the home, for example peer violence or sexual exploitation, and they, their parents and foster carer/residential workers will need support to manage these risks. When a case involves an older child, practitioners should be aware that the risks of abuse and neglect may come from outside the home and family environment.

Adolescents will often display risk-taking and challenging behaviour which may be as a result of the abuse and neglect they have experienced, their experiences whilst in care, or both. Practitioners need to support older children to deal with their underlying issues and to improve the way they deal with situations before returning home.

Some parents can become so worn down by being the recipient of challenging behaviour that they are relieved when a teenager becomes looked after and may not wish them to return home. The decision on whether the teenager returns home will then turn on whether the child's behaviour changes, how well the parents can manage his/her behaviour and whether the relationship with their parents can be repaired (Wilkins and Farmer, 2015).

Informal support networks, including extended family networks, have been found to be key in supporting adolescents to return home (Quinton, 2004; Farmer and Wijedasa, 2013). Older children in reunification studies valued support from a mentor, foster carer/ residential worker, relative or girl/boyfriend.

Practitioners need to be proactive in helping adolescents to initiate a network of positive informal support that can be there for them before and after return home. Practitioners should talk to young people about the risks of associating with negative peers and support them to manage these risks. A number of studies have highlighted an apparent unwillingness to intervene with teenagers because of a reluctance to bring older children into care or as a response to perceived pressures to ration resources (Turney et al., 2011b). This lesser engagement may also reflect a misunderstanding of the vulnerability of older children, as well as a belief that they will sort things out for themselves. Additionally, the lesser engagement may result from practitioners not following up contact with the older child if initially rebuffed.

An Ofsted thematic report, covering evaluations of 482 serious case reviews carried out between April 2007 and the end of March 2011, highlights the complexity and range of risks facing teenagers (14 years or older). These risks, identified in specific reviews, included alienation from their families; school difficulties; accommodation problems; abuse by adults; unemployment; drug and alcohol misuse; emotional and mental health difficulties; domestic abuse in the home; reactions to bereavement; and risks arising from adults' misuse of the internet (Ofsted, 2011, p. 17).

The reviews found that too often:

- Agencies focused on the young person's challenging behaviour, seeing them as hard to reach or rebellious, rather than trying to understand the causes of the behaviour and the need for sustained support;
- Young people were treated as adults rather than being considered as children.

The recurring message from these cases was that, in different ways, professionals had not treated the young person as a child in need. As the thematic review observed:

'The dilemma relates to the way in which problematic adolescents should be approached: to what extent should they be viewed as children in need of protection, and to what extent should they be viewed as perpetrators of crime and/or a risk to others? Plainly there is a role for both views and often... the overall approach will reflect a combination of those views. But the extent to which the overall approach is weighted towards one or other of those views must always have a rational basis.'

(Ofsted, 2011, p. 21)

An inability to identify the older child as a vulnerable child in need rather than a challenging, hard-to-engage adolescent was highlighted as a factor that contributed to safeguarding procedures and practices not always being applied in relation to teenagers.

In terms of practice implications, Ofsted (2011) highlight that practitioners should:

- seek to understand and act on the causes of young people's challenging behaviour when there is any suggestion that abuse may be a contributory factor;
- recognise their rights, needs and vulnerabilities as children as well as their rights and responsibilities as young people;
- demonstrate that clearly risk-assessed decison making informs all actions in relation to older children;
- collaborate fully with other agencies that are working with the young person;
- take responsibility for following through any concerns and not assume that someone else is addressing the matter;
- challenge other agencies if there are serious concerns which it is believed are not being adequately addressed.

Recent child sexual exploitation cases in England revealed a culture across services that did not recognise adolescents as vulnerable children and victims of abuse and neglect. Previous research had shown that a focus on adolescents' challenging and risk-taking behaviour can lead to service responses which fail to recognise and respond to adolescents' experiences of maltreatment (Bowyer and Wilkinson, 2013).

Findings from practice and research also highlight that practitioners often feel that 'nothing can be done' when a young person 'returns home of their own accord' (Wade et al., 2011; Davies and Ward, 2012). Wilkins and Farmer (2015) maintain that a more pro-active practice response to adolescents which carefully considers the child's best interests is required.

Remember!

Teenagers who come into contact with child protection and welfare services are also children in need.

For further information on assessing and planning for positive outcomes for adolescents, see Annex 14 of Reunification: An Evidence-Informed Framework for Return Home Practice (Wilkins and Farmer, 2015).

6.4 Understanding trauma and reunification

Trauma exposure is almost universal among children in the child protection and welfare system. For example, even though neglect makes up the majority of all child protection and welfare cases in the US, many neglected children have witnessed domestic violence or violence in the community (Berliner, 2013).

By understanding trauma, practitioners can create an environment that enables the injured child to feel safe and promotes their ability to cope and to increase resilience and to make intentional efforts to ensure that no action is taken that further causes harm (Cooper and Aratani, 2013).

Understanding trauma involves recognising that, under certain circumstances, the basic elements of a child's daily life can be characterised by violations so grievous or deficits so severe that these become primary determining factors shaping a child's primary capacities and overall development. The solutions for traumatised children are complex and, as Perry observes (2001), require an understanding of the lasting relationship between early life experiences and cognitive, social, emotional and physical health. Perry (1999) goes on to note that it is in relationships with adults around them that children seek answers and comfort.

Understanding how a potentially traumatised child experienced a traumatic event is the first step in determining how best to meet the child's needs in the immediate and long-term aftermath.

Most experienced child protection and welfare social workers are familiar with children's trauma-related symptoms, including both acting out and internalising symptoms. Understanding these symptoms and how they vary across development can enhance practitioners' skills in promoting children's ability to cope and to increase resilience (Pinna and Gerwitz, 2013).

Table 2: Key developmental tasks and possible reactions of children exposed to trauma

Young children (0–5)	
Key developmental tasks	**Possible reactions to trauma**
- Development of visual and auditory perception	- Sensitivity to noise
- Recognition of and response to emotional cues	- Avoidance of contact
- Attachment to primary caregiver	- Heightened startle response
	- Confusion about what is dangerous and who to go to for protection
	- Fear of being separated from familiar people/places
School-age children (6–12)	
Key developmental tasks	**Possible reactions to trauma**
- Manage fears, anxieties and aggression	- Emotional swings
- Sustain attention for learning and problem solving	- Learning problems
- Control impulses and manage physical responses to danger	- Specific anxieties and fears
	- Attention seeking
	- Reversion to younger behaviours
Adolescents (13–21)	
Key developmental tasks	**Possible reactions to trauma**
- Think abstractly	- Difficulty imagining or planning for the future
- Anticipate and consider the consequences of behaviour	- Over- or underestimating danger
- Accurately judge danger and safety	- Inappropriate aggression
- Modify and control behaviour to meet long-term goals	- Reckless and/or self-destructive behaviours

Source: Grillo et al., 2010

Screening for traumatic history can assist practitioners in understanding the history of a child or family. The US, for example, sees screening for trauma as playing a critical role in assisting child protection and welfare services in meeting their goals of safety, permanency and well-being (Cornadi and Kisiel, 2013).

It is recognised that child protection and welfare practitioners may already be asking about the child's traumatic exposure and symptoms without explicitly identifying their questions as such. Many practices within child protection and welfare, such as Structured Decision Making (Wiebush, Freitag and Baird, 2001) and Signs of Safety (Turnell and Edwards, 1999) include questions related to a child's trauma history, fears and triggers. Questions about specific trauma experiences and symptoms can readily be woven into existing practice and tools.

Conducting trauma screening can help practitioners identify types of events or situations that may potentially trigger symptoms for the child. This information can then be communicated to the birth parents, foster parents or adoptive parents, along with psycho-education and skill building on managing difficult behaviours and minimising placement moves. Trauma screening also plays a critical role in determining whether or not a child should be referred for general mental health treatment and/or trauma-focused treatment, if needed.

Conradi and Kisiel (2013) maintain that, given the number of children who enter care with a history of trauma, it is critical to embed a process in which children are screened for trauma exposure and reactions, and then referred for assessment and treatment as needed.

Remember!

Children already know what they have experienced so simply asking about abuse and trauma is not enough. The key is to learn about children's reactions and respond in a supportive way.

Practice Tip: Working with and understanding trauma in children

- Maximise the child's sense of safety.
- Assist children in reducing overwhelming emotion.
- Help children make new meaning of their trauma history and current experiences.
- Address the impact of trauma and subsequent changes in the child's behaviour, development and relationships.
- Coordinate services with other agencies.
- Utilise comprehensive assessment of the child's trauma experiences and their impact on the child's development and behaviour to guide services.
- Support and promote positive and stable relationships in the life of the child.
- Provide support and guidance to the child's family and caregivers.
- Manage professional and personal stress.

(Child Welfare Collaborative Group et al., 2008)

6.5 Indicators for early reunification

Permanency and concurrent planning approaches frequently use assessment checklists to identify families that have little chance of reunification, using strengths assessment and poor prognosis tools. Table 3 outlines prognosis indicators for early reunification.

Table 3: Prognosis indicators for early reunification

Parent–Child Relationship	
The parent/s demonstrate:	
✓	Ability to respond to child's cues
✓	Empathy for child; balance between own needs and needs of child
✓	Ability to accept appropriate responsibility for problems that lead to abuse/neglect
✓	Ability and willingness to modify parenting
✓	Having raised the child for a significant period of time
✓	Ability to meet child's special needs (medical, educational, social, cognitive, etc.)
✓	Evidence of previous effective parenting observed through child's development (age-appropriate cognitive and social skills; conscience development; minimal behaviour issues).
Parental History and Functioning	
The parent/s demonstrate:	
✓	Stable physical health
✓	Stable emotional/mental health; any mental illness well controlled
✓	Economic stability (employment, housing, and/or ability to live independently)
✓	Freedom from addiction/s (substances, gambling, violence, etc.)
✓	Consistent contact with child (visitation, parenting time, telephone contacts)
✓	Historical ability to meet child's needs despite impaired mental function
✓	Problems leading to placement are of recent origin, and situational rather than chronic in nature.
Support Systems	
The parent/s demonstrate:	
✓	Positive relationships supportive of safe parenting
✓	Kin system providing mutual caretaking and shared parenting
✓	Proximity of support system practical to family needs
✓	A support system that recognises strengths and limitations of parents/family. [23]

Source: Colorado Concurrent Planning Guide 1, revised September 1998.

23. In terms of Signs of Safety approach - good family network and practitioner's bottom line on safety being tested

Table 4: Poor prognosis indicators

Parent–Child Relationship	
Factors related to abuse or neglect	
✓	Serious physical abuse, such as burns, fractures, poisoning
✓	Non third-party sexual abuse of child; prognosis likely to require lengthy foster care
✓	Diagnosed failure-to-thrive infant
✓	Child drug-exposed at time of birth (cocaine, crack, heroin, alcohol, etc.)
✓	Child has been victim of more than one form of abuse
✓	Significant neglect
Factors related to ambivalence	
✓	Previous placement of this child or other children
✓	Previous consideration of relinquishing this child; previous relinquishments of a child
✓	Repeated pattern of uncertainty as to desire to parent
✓	Inconsistent contacts with child
✓	Lack of emotional commitment to child; parent dislikes child due to child's paternity
✓	Parental mental illness not historically and/or currently well controlled
✓	Parent/s consistently acknowledge ongoing problems with parenting

24. In terms of Signs of Safety approach – no family network, no bottom line and safety plan tested over time.

Parental History and Functioning	
✓	Parent continues to reside with someone dangerous to the child
✓	Parent/s raised in foster care
✓	Recent or perpetual history of parental criminal involvement
✓	Documented history of domestic violence
✓	Parent has degenerative or terminal illness
✓	Intergenerational abuse with lack of historical change in family dynamics
✓	Parent/s engage in high-risk relationships (drugs, criminal activity, alcohol)
✓	Progressive signs of family deterioration due to personality disorder/s
✓	Previous interventions and/or treatment unsuccessful; uncooperative with treatment plan
✓	Parent/s restricted in ability to parent due to developmental disabilities
✓	Lifestyle and support system choices place child at risk through inappropriate caregivers
✓	Visible means of financial support derived from prostitution, drugs, or other crime
✓	Failure to respond to multiple forms of treatment/intervention despite acceptable participation levels.[24]

Source: Colorado Concurrent Planning Guide 1, revised September 1998.

Remember!

Poor prognosis indicators should be used by practitioners as only one part of a comprehensive family assessment, along with other assessment tools, such as strengths, risks and safety indicators (Child Welfare Information Gateway, 2012b).

24. In terms of Signs of Safety approach – no family network, no bottom line and safety plan tested over time.

6.6 Parenting capacity and capacity to change

There has been an increasing understanding within social work about the importance of assessing parental capacity to change, in addition to exploring parents' ability to meet their children's needs (Wilkins and Farmer, 2015) and the impact of the parents' behaviour and action on the children.

'Parenting capacity' and parents' 'capacity to change' are two linked but distinct aspects of an assessment with high-risk families.

Assessing parenting capacity considers the parents' ability to provide 'good enough' parenting in the long term. A survey of practitioners has identified four key elements of good enough parenting:

- Meeting children's health and developmental needs;
- Putting children's needs first;
- Providing routine and consistent care;
- Acknowledging problems and engaging with support services.

(Kellett and Apps, 2009)

Assessing capacity to change adds a time dimension and asks whether parents are ready, willing and able to make the necessary changes to ensure their child's well-being and safety over a specified period of time, if provided with the right support.

The main aim of an assessment of parental capacity to change is to reduce uncertainty. When an assessment of parenting capacity carried out at one point in time identifies both strengths and weaknesses in the family it is difficult to predict future outcomes. An assessment of capacity to change provides parents with the opportunity to show whether they can address concerns identified in an assessment of parenting capacity.[25]

Capacity to change requires that parents:

- recognise the need to change and are willing to engage in the change process;
- have the ability to make changes – for example, learn new parenting skills or engage social support;
- put effort into the change process;
- sustain initial effort over time.

Practitioners assessing capacity need to:

- ensure they monitor change by having clear and observable goals by which to determine whether change in relation to harm has occurred, e.g. in Signs of Safety,[26] the Danger Statement and Safety Plan;
- understand that parents may be unwilling to recognise and address some aspects of the situation;
- recognise that parents with multiple problems may find the challenge of making changes overwhelming;

25. https://fosteringandadoption.rip.org.uk/topics/measuring-parent-capacity/

26. Signs of Safety Danger Statements record past harms and what professionals are worried about and Safety Plans set out the arrangements in place and actions required to address the Danger Statements.

- acknowledge that some parents may show initial willingness to engage in the change process but fail to make changes that indicate a capacity to improve their parenting;
- remember that willingness to work with a particular professional or participate in a particular programme should not be equated with capacity to change.

  (Buckley et al., 2006; Barlow and Scott, 2010)

In order to assess capacity to change, professionals must first identify which areas of family life need to change if the children are to be safe and adequately nurtured. Problems can emerge in any or all domains of family life. Consideration needs to be given to children's developmental needs, parents' capacity to respond appropriately to these developmental needs, and family and environmental factors. These three elements are interconnected and cannot be considered in isolation (Turney et al., 2011b).

Remember!

Parents in various studies reported that they didn't understand what they needed to change. Parents value practitioners who are straightforward about what needs to change and the consequences of failing to do so, who show sensitivity and listen, and who offer practical support and help to build up their confidence as parents (Wilkins and Farmer, 2015).

To ensure effective parenting capacity assessment, a combination of approaches to the collection of information is required. In addition to conducting interviews, the range of approaches may include:

- observation;
- assessing changes in parenting practice;
- use of validated tools;
- consideration of previous reports regarding the child and family.

Remember!

It is important that assessment is done on a 'child by child' basis as a parent may be able to care for one child but not another within the family.

In a recent overview of the evidence related to assessing parental capacity to change, Ward et al. (2014) identified some circumstances in which sufficient change is highly unlikely, and the child or children will need to be separated from their parents. These are:

- Cases of extreme domestic violence where the perpetrator shows a pervasive pattern of disregard for and violation of the rights of others (Gondolf, 2002; Scott, 2004);
- Cases of substance misuse when combined with domestic violence (Forrester et al., 2008);
- Cases where children are not protected from sexual abuse perpetrators or parents systematically cover up deliberate abuse (Brandon et al., 2008).

As Dr David P. H. Jones (2006) observes:

'We have to acknowledge that some situations cannot be changed for the better, and that some families are simply untreatable. These situations are major challenges for children's social care and other services, but must be faced and responded to by the front-line workers and their supervisors. These cases do not represent failure, but in fact successful professional practice, to the extent that sustained focus on child welfare has been achieved.' [27]

Practitioners should obtain sufficient information to enable them to determine whether there is no evidence, some evidence or substantial evidence of parental capacity to change in time to meet the child's needs (Wilkins and Farmer, 2015). Practitioners assess capacity to change by working with parents to set the goals to be achieved, access support for them and review whether or not parents meet these agreed goals within the set timescales.

Wilkins and Farmer (2015) suggest that practitioners consider making use of a range of standardised measures/assessment approaches alongside the social work assessment to create a baseline on a particular aspect of family functioning that has been identified as a concern. Standardised measures can provide an objective measurement of change, complementing the practitioner's analysis.

Relapse and reunification

Wilkins and Farmer (2015) highlight that experts in human behaviour change consider relapse to be a natural and inevitable part of the recovery cycle. The definition 'to deteriorate after a period of improvement' is applicable to parents learning new parenting skills, as well as those overcoming addictions. Practitioners should be looking for evidence of a general trajectory towards sustained changes.

Ward et al. (2014) maintain that practitioners and parents should expect and plan for some relapse, especially in the early stages of recovery, and not see it as failure.

Children should only return home, however, once the likelihood of relapse and the risks associated with harmful parenting can be managed and necessary support and services can be put in place (Wilkins and Farmer, 2015).

Remember!

Practitioners should be mindful not to 'prop up' a family if they are unlikely to be able to meet the children's long-term needs for safety and stability without intensive support.

Parents' experience of trauma and parenting capacity

Research has demonstrated that a parent's trauma history may increase his/her child's risk of maltreatment (Banyard et al., 2003). Parents who have experienced traumatic events in their own childhood or adulthood may find it difficult to provide their own children with support and structures if their own trauma remains unaddressed. If parents do not feel safe, they will be less able to keep their children safe.

Trauma can cause parents to have a negative world view and, in particular, to assign negative attributes to their children's behaviour. Their child's actions, or even their appearance, may trigger them, resulting in parents reacting in an overly harsh or punitive way. Helping parents understand that their reactions may be a result of their trauma, and not the fault of their children, can help them respond more positively to their children (Tulberg, Avinadav and Chemtob, 2013).

27. As cited in Wilkins and Farmer, 2015, p. 28.

Research has also shown that parents with histories of trauma can be harder to engage in services and have difficulty trusting service providers (Kemp et al., 2009; Dawson and Berry, 2002). Many practitioners are not trained to recognise trauma symptoms and how trauma can impact parenting and child safety. As a result, practitioners may interpret parents' behaviour as being non-compliant, disengaged, detached from their children, and/or angry and defensive.

Practice Tip: Asking about past trauma

Asking service recipients detailed questions about their past traumatic experiences may help practitioners learn helpful information. It may also help ease the shame often associated with service recipients' past experiences and result in their feeling more supported and less alone (Chemtob et al., 2011).

Concern about causing service recipients distress by asking such questions may be misplaced. Experiences in other jurisdictions of asking such questions reported low levels of distress for service recipients and practitioners (Chemtob et al., 2011).

Parental resistance

Resistance from parents when working with child protection and welfare practitioners can be common. For all kinds of reasons parents need to keep practitioners at bay, protect their secrets and avoid practitioners having contact with their children. Resistance often manifests itself in:

- Passive non-cooperation (where the service recipient is either emotionally absent or disengaged in interviews, constantly out when social workers call or misses/appears to be confused about appointments);
- Disguised compliance (appearing to cooperate to keep social workers happy but not in any real, genuine way);
- Active disagreement or threatening behaviour, aggression or violence (attack is often the best form of defence and denying/minimising/deflecting statements are all different forms of this).

(Fauth et al., 2010)

When faced with this type of behaviour the response of child protection and welfare practitioners can be experienced by some parents as confrontational and aggressive, which can provoke more resistance (Forrester et al., 2008). Understanding and accepting resistance as normal can lead to the development of more effective communication skills, combining a 'relationship-based' or person-centred philosophy with a directive (rather than confrontational) approach. Forrester et al.'s (2008) research suggests that this combination, drawn from motivational interviewing, does not result in any loss of focus on the child and increases skills in dealing with challenging and complex interviews.

Getting under the resistant statement, connecting with the emotion behind it and constructing a response that combines 'emotional listening' with empathy not only challenges clients' expectations of what social workers will do, it also releases practitioners from the confrontational exchange (see, for example, Fauth et al., 2010).

Things which can help build positive working relationships with resistant service recipients include:

- Maintaining continuity by avoiding frequent changes of worker;
- Striking a balance between exercising social work authority and empowering the service recipient to control the process where possible;
- Giving practical assistance, e.g. advocacy, helping service recipients to fight for their rights;
- Paying attention to what is positive in the service recipient's behaviour and celebrating all achievements;
- Showing the service recipient your humanity, e.g. by finding a common interest, revealing something about yourself, showing empathy or 'going the extra mile' in working with them;
- Where the relationship has broken down completely, independent mediation services may be worth exploring;

(Trotter, 1999; Munro, 2001; Franklin and Sloper, 2009; Doel and Best, 2008; Postle and Beresford, 2007; Cooper, Hetherington and Katz, 2003)

Practice Tip: Motivational Interviewing

Motivational interviewing is an intervention designed for situations in which a person needs to make a behaviour change but is unsure about it, sometimes to the point of being quite hostile to the idea. It builds on the idea that the first step in any consultation is actually to get a conversation going. It then uses particular strategies to focus this conversation on behaviour change, and to ensure that the person is helped to consider change as an option (Latchford, 2010).

A commonly used definition of MI is: a directive, patient-centred counselling style for eliciting behaviour change by helping patients to explore and resolve ambivalence (Rollnick and Miller, 1995).

The four principal strategies of motivational interviewing are:

1. Get a conversation going – express empathy through reflective listening.
2. Develop a discrepancy between a person's goals or values and their current behaviour.
3. Avoid argument and direct confrontation and adjust to resistance rather than opposing it directly.
4. Support self-efficacy and optimism.

A number of skills can be used to make someone feel at ease, able to open up and feel understood. If they confide some difficult emotions:

1. Ask open-ended questions. Open-ended questions cannot be answered with a single word or phrase.
2. Listen reflectively. Demonstrate that you have heard and understood the person by reflecting what they said.
3. Summarise. It is useful to summarise periodically what has transpired up to that point in a session.
4. Affirm. Support and comment on the person's strengths, motivation, intentions and progress.
5. Elicit self-motivational statements. Have the person voice personal concerns and intentions, rather than try to persuade the patient that change is necessary.

A practitioner using motivational interviewing will be able to:

- ✓ express empathy through reflective listening;
- ✓ communicate respect for and acceptance of people and their feelings;
- ✓ establish a non-judgemental, collaborative relationship;
- ✓ be a supportive and knowledgeable consultant;
- ✓ compliment rather than denigrate;
- ✓ listen rather than tell;
- ✓ gently persuade, with the understanding that the change is up to the person;
- ✓ provide support through the process of recovery;
- ✓ develop discrepancy between people's goals or values and current behaviour, helping people recognise the discrepancies between where they are and where they hope to be;
- ✓ avoid argument and direct confrontation, which can degenerate into a power struggle;
- ✓ adjust to, rather than oppose, people's resistance;
- ✓ support self-efficacy and optimism: that is, focus on people's strengths to support the hope and optimism needed to make change.

(Latchford, 2010)

Remember!

'Given a choice between changing and proving that it is not necessary, most people get busy with the proof.' (John Galbraith)

6.7 Working with diversity

Practitioners need to be aware that children with certain characteristics are particularly vulnerable to abuse and neglect (Wilkins and Farmer, 2015). Disabled children, for example, are three times more likely to experience abuse and neglect than others. Similarly, practitioners should be aware that mixed, black and 'other' minority ethnic children are over-represented amongst children in care in other jurisdictions, whereas Asian children are under-represented (Owen and Statham, 2009).

The reasons for these trends are unclear; however, an awareness of the interaction between a child's background and circumstances, and the system's response to these circumstances, should support practitioners and managers to challenge any potential biases in their judgement (Wilkins and Farmer, 2015).

Reflective supervision can also play a role in considering the child's and the parents' identities and the potential impact of these identities on the child's vulnerability, relationships between the family and services, and decison making.

6.8 A trusted adult for the child

Wilkins and Farmer (2015) highlight that it is important throughout the assessment and return-home process that children have a trusted adult whom they can talk to and who can support them to express their views and concerns about reunification, who may be found in the child's extended family network.

This role can also be played by the social worker, who should make every effort to build a relationship with the child. Some children, however, may be reluctant to raise concerns with their social worker for fear that it might trigger a change in plan.

The social worker needs to ensure that at least one trusted adult has been identified by and for the child. This could be a foster carer, residential worker, relative, teacher or mentor, and it should be someone who can continue supporting the child if they return home.

Where a child does not have anyone currently in their life to fulfil this role, they could be offered an independent worker or advocate, who should be able to remain involved throughout the process. Introducing this person at the start will allow time for the relationship to develop (Wilkins and Farmer, 2015).

Practitioners need to emphasise to the child that if they have any concerns prior to or on returning home, they must tell them or another adult whom they trust.

Remember!

Returning home can be as complex and stressful for children as separation (Bullock et al., 1998). It is a major transition and children will need support to work through feelings of confusion, anger, failure and fear of subsequent rejection or maltreatment.

6.9 Returning a child home

In relation to deaths of children and young people known to the HSE (now Child and Family Agency), Shannon and Gibbons (2012) found significant problems existed within some of the families of the deceased children. The review found that risk factors were not being properly addressed, resulting in some cases being closed whilst issues within the family were still ongoing. The review also found that there were delays in identifying the key issues within families and/or a failure to recognise the dysfunctional pattern within a family and take proactive action to tackle it. The review also found that where parents were failing in their duties as parents this was not addressed in a clear manner by the social worker.

Reunification when family situations are not resolved sufficiently, or families have not received effective pre- and post-reunification support, may lead to unsuccessful reunification attempts (Queensland Government, 2011). Children who return home too quickly or have repeated reunification attempts can have compromised psychosocial and educational outcomes compared to children who remain in out-of-home care (McDonald, Bryson and Poertner, 2006; Sinclair et al., 2005; cited in Biehal, 2007).

Table 5: Factors associated with reunification success and reunification breakdown[28]

Factors associated with successful reunifications	Factors associated with reunification breakdowns
Children went to a changed household[29]	
	Children were over the age of 10
	Children have had previous failed returns home – additional help will be needed for these children and families
	Children have behavioural or emotional problems – additional help will be needed for these children and families
Thorough assessment, including a case history	Insufficient assessment and workers lacked knowledge of the child's history
Adequate preparation for return home had been provided for parents and children	Weak planning, particularly evident when returning home children from voluntary care – who were then left for too long in abusive circumstances without services to safeguard them. Children may then miss out on the chance of achieving permanence away from home, if that is needed
Specialist services were provided for the parent/child	Service provision was inadequate – either services were insufficient, or provided too late, or were not intensive enough, or ended too soon to meet the severity of the parents' needs in order to make and sustain change
	Parents' problem had not been addressed or remained unresolved or hidden, especially alcohol or drug problems, which were highly related to repeat maltreatment – 78% of alcohol- or drug-misusing parents abused or neglected their children after return home, as compared with only 29% of parents without these problems

28. Biehal (2006), Thoburn (2009), Wade et al. (2011), Farmer et al. (2011), Child Welfare Information Gateway (2011), Davies and Ward (2012), Thoburn et al. (2012).

29 i.e. The child was removed from one parent and returned to the other separated parent or went to the same family where the parent had a new partner or a former partner had left.

Factors associated with successful reunifications	Factors associated with reunification breakdowns
Foster carers or residential workers supported and worked with the parents and children towards return home and where available to help afterwards. Parents and older children had informal support from wider family, friends or people in their communities	
Children returned to parents only after sufficient time had elapsed for the problem that led to the original admission to have been addressed. So, returns home which happen gradually over longer periods of time have most success	
There was consistent and purposeful social work and monitoring with the child and parent/s	
Conditions were set for parents before return home	
There was clear evidence of parental change	Parents were ambivalent about the return and/or isolated

There are strong messages from research that returns home are more successful when they are gradual, and when there is sufficient evidence of the parents' ability to sustain changes.[30] Six months is the suggested minimum amount of time needed for parents to evidence that they can sustain the changes they have made (Wilkins and Farmer, 2015).

The reason for including a timescale[31] is because of the risks associated with cases drifting. Wilkins and Farmer (2015) use six months as a minimum time needed to evidence sustained change to reflect Wade et al.'s (2011) finding that even in cases where the reunification did not break down for several years, the problems were apparent at six months (see also Ward et al., 2014).

Remember!

Some practitioners find it difficult to see a decision not to return a child home as a success. However, when a decision not to return a child home is in the child's best interests this is a successful outcome, as it allows a permanent alternative placement to be found for them and so secures their future.

30. The Signs of Safety approach requires a Safety Plan that has been tested to be in place.

31. Referred to as the trajectory in the Signs of Safety approach.

Research suggests several approaches which are associated with successful reunifications:

- Intensive outreach work and family-centred work designed around the special needs of parents of looked-after children;
- Social work approaches that incorporate crisis intervention theory, often appropriate at the time of and shortly after a child becomes looked after to take advantage of the impetus for change;
- Motivational interviewing;
- Parent education and skill building;
- Cognitive behavioural therapy;
- Involving all family members and addressing parent–child interaction and a range of parental life skills such as communication, problem solving and anger control;
- Helping parents to understand child development;
- Supporting parents to empathise with their children's feelings and potential ambivalence about return home. This is especially relevant for those children who have been looked after for a long time, and who are attached to their placement caregivers and who will experience a move home as a loss;
- Supporting new partners or step-parents who don't know the children well.

(Dore and Lee, 1999; Corcoran, 2000; Child Welfare Information Gateway, 2011, 2012b; Thoburn et al., 2012)

Purposeful social work activity is important to successful reunification (Biehal, 2006). Key skills that social workers need for working successfully with families include:

- Taking time and being persistent in developing a relationship with the family;
- Interpersonal skills;
- Being open and honest and having the confidence to say when behaviours are not acceptable;
- Developing the family's trust;
- Being non-judgemental;
- Helping to motivate and incentivise families;
- Setting goals that are realistic and achievable;
- Being available and flexible.

(Easton et al., 2013)

Research suggests that the views of children are often overlooked (Wilkins and Farmer, 2015). The social worker should see the child alone and obtain their views on:

- Their hopes and fears about returning home, and the best timing for them;
- The support they need to prepare for a return home;
- What changes they think their parents need to make for it to be safe for them to return home.

Remember!

Children may not 'tell' their concerns. Practitioners need to observe the children and notice any signs of distress. They need to check out their observations with children and also consult with foster carers and/or residential workers.

See also Chapter Five on children's participation in permanency planning.

Careful planning and support is required to ensure that the family care that the child is returning to is safe enough. Before a child returns home social workers need to set out clearly:

- The standards expected of parents during reunification;
- The timescales for changes to be made;
- The consequences if standards are not maintained;
- A clear contingency plan that is acted upon if changes are not forthcoming.

(Farmer and Lutman, 2012)

The return home must be well managed. Before and after the return home there needs to be:

- Evidence of improvement in parenting capacity, including measurable improvements in the areas of original concern;
- An accurate assessment of risk;
- Provision of services to support children and their families for as long as is needed.[32]

(Davies and Ward, 2012)

Remember!

Evidence of actual and sustained changes rather than an apparent willingness to change is needed for reunification.

Different permanency options will require different support and service responses. The principal task is to ensure that intervention responses:

- correspond with assessed needs;
- are flexible;
- are culturally sensitive; and
- are 'reasonable and achievable'.

(McSherry, 2006, p. 231)

In addition, families need to be collaboratively involved in goal discussion and the identification of what strategies work best for them as this can lead to greater commitment and motivation from them (Queensland Government, 2011).

Parents in one research study reported that in relation to supporting reunification they needed:

- Earlier recognition of their difficulties with their children;
- Assistance to build up their self-confidence and skills as parents;
- Monitoring of their progress that is combined with emotional warmth;
- Treatment for substance misuse combined with clarity about the consequences of their taking no action about their addiction;
- Direct help for their children, such as mental health assistance, anger management and mentoring; and
- Respite care.

(Farmer, 2009, p. 96)

Remember!

The importance of practitioners' empathy for parents whose child has needed to be taken into care cannot be overstated.

32. As required under Section 24 of the Adoption (Amendment) Act 2017.

6.10 On-going support and services

For those children who do return home, on-going support and services for them and their parents will be critical, and the support packages should be reviewed and adapted to meet the needs of the families (Wilkins and Farmer, 2015).

Research about support and services in relation to reunification highlights the following:[33]

- The combination of relationship-based support (from the child's worker), specialist services and informal support for parents and children prior to and after return home can be the key to successful reunifications (Thoburn et al., 2012).
- Purposeful social work comprising the following elements, together and separately, enhances the chances of successful return home (Thoburn et al., 2012):
  - A clear care plan
  - Timely and well-attended reviews
  - Proactive court process (where appropriate)
  - Stable and skilled care placements
  - Strengths-based approaches (that are culturally responsive)
  - Monitoring of parents combined with listening and emotional warmth.
- The involvement of specialist services for parents with alcohol and/or drugs misuse difficulties or mental health problems is essential (Maluccio and Ainsworth, 2003; Forrester and Harwin, 2008).
- Services need to be started as early as possible. Support and services will need to be at the appropriate level of intensity and duration to support and sustain changes.
- It is important that senior managers and commissioners of services remove any barriers that may stop parents and children from accessing services.

Remember!

Most families will need practical support with issues such as housing, benefits, budgeting, child care and schooling in the period before return home and once the child is home.

Studies have shown that practical assistance is key to providing the conditions for successful reunification and has a positive impact on the parents' relationships with their social workers (see Rzepnicki et al., 1997; National Resource Center for Permanency and Family Connections, 2010; Thoburn et al., 2012).

Remember!

Disabled children and parents are likely to need services, sometimes long-term, more often episodic, to be called on when needed. The reunification plan should state how long services will be provided for, and at what level of intensity, which is subject to review (Wilkins and Farmer, 2015).

33. As cited in Wilkins and Farmer, 2015.

Good practice suggests that statutory agencies will continue to provide appropriate services with families for a period of time following reunification. However, some families, where the child ceases to be in State care, may refuse services and then it is up to the practitioner to assess whether the child is at risk of significant harm.

Research suggests that post-return support and services which address the following issues can prevent reunifications breaking down:

- Enhancing parenting skills
- Providing social support for parents
- Connecting families to basic resources
- Addressing children's behavioural and emotional needs.

(Freundlich and Wright, 2003; Child Welfare Information Gateway, 2012b)

Once a child has returned home, their social worker needs to arrange a schedule of visits – both arranged and unannounced. Their social worker must see the child alone, and some of the time the social worker should see the child out of the home, to ascertain their views and experiences of returning home (Wilkins and Farmer, 2015).

Practitioners should anticipate that children (and parents) are unlikely to be totally open about their difficulties and need to combine 'respectful vigilance with persistence and resourcefulness in their attempts to help' (Thoburn et al., 2012, p. 13) and monitor the children.

Wilkins and Farmer (2015) recommend that a case needs to remain active until parents have maintained a low-risk classification for at least six months.

Remember!

Reunification practice takes considerable time and effort. Your attitude and way of working with a family can impact on reunification success.

6.11 Reunification guidelines

In line with Section 24 of the Adoption (Amendment) Act 2017, a maximum of three years, in care on a care order, is allowed for any reunification plan to be completed. If the parents' or guardians' progress is inconsistent, or is limited to the extent that it becomes evident that the reunification plan is not viable, reunification can be ruled out at any stage during those three years.

Where reunification is identified as the best option for the child and in their best interests, the parent or guardian must demonstrate significant progress during the first 12 months that a child is in care. If, at the end of 12 months, there is no substantial evidence of parental capacity to change in time to meet the child's needs, reunification should be ruled out and the alternative permanency option implemented. An application must be made to court at this stage under Section 18 of the 1991 Child Care Act.

Summary

- In line with Article 7 of the United Nations Convention on the Rights of the Child, the primary plan for children in care is reunification with their family of origin if the care provided can be safe and nurturing.
- Successful reunification requires purposeful social work action.
- Reunification practice requires critical consideration of the issues that prompted a child being placed in care and whether those issues have been satisfactorily resolved.
- When reunification is being considered, practitioners need to gather information on the presence and absence of each of the factors associated with future harm.
- Understanding trauma can assist practitioners in determining how best to meet the child's needs in the immediate and long term.
- It is important to remember that teenagers who come to the attention of child protection and welfare services are also children in need and appropriate safeguarding procedures and practices need to be applied in relation to teenagers.
- Assessing parenting capacity and parents' capacity to change are core aspects of an assessment for reunification.
- Family networks must be supported to make the necessary changes, including being supported in obtaining access to relevant services.
- Most family networks will need practical support in the period before return home and once the child is home.
- Reunification when family situations are not resolved sufficiently or when families have not received pre- and post-reunification support may lead to unsuccessful reunification attempts.
- Any return home of a child must be well managed by child protection and welfare services and include a tested safety plan.
- When a decision not to return a child home is in the child's best interests this is a successful outcome as it allows a permanent alternative placement to be found for them and so secure their future.

Chapter 7

Alternative forms of permanence

7.1 Introduction

> ‘Carers should care for you, perhaps even love you, treat you fairly and as a member of the family, listen to you, do things with you, offer advice and, perhaps, although there is less agreement here, provide rules and control. At older ages, at least, they should relax the rules, negotiate and listen to the teenagers’ side of the story. These basic provisions should be supported by adequate material goods, a room of your own, holidays, activities and encouragement of your interests.’
>
> (Sinclair et al., 2005, pp. 168–9)

Some children who come into the care of the State are not able to return home safely and require an alternative form of permanence. There are approximately 6,300 children in the care system in the Republic of Ireland, which is an estimated 54 children per 10,000 (O’Brien, 2013; O’Brien and Palmer, 2016). Of these 6,300 children, an estimated 30 per cent are in relative care, and of all children in the care system, approximately 40 per cent are in voluntary care. When entering care, approximately 14 per cent are under the age of one year.

Research demonstrates that children thrive when they are in stable placements and receive the appropriate resources to heal their past experiences. When they are given the opportunity to become included in society in a meaningful way, whereby they feel they are able to participate and contribute in a long-term manner, they are able to fulfil their potential. For this to occur, children need individualised support to match their needs based on comprehensive and ongoing assessment (Queensland Government, 2010).

Even where permanent adoptive or foster homes are found in which children experience loving and stable care, it is important to remember that, in order to fulfil their potential, many children and their carers or

adoptive parents are likely to need substantial ongoing support (Biehal et al., 2009).

Research has identified a number of difficulties faced by families that can lower chances of reunification. These include poverty, chronic mental illness, substance abuse and housing issues (Fraser et al., 1996; Hayward and DePanfilis, 2007; Jordon and Sketchly, 2009). Child characteristics that have been identified as being related to reunification difficulties or longer time in care include children who have physical health problems; children who have disabilities, particularly a learning disability; and children who have had several placement moves (Farmer, 2009).[34]

This chapter explores the permanent placement in out-of-home care available for children who are unable to return home safely to their birth family. In Ireland permanence can be provided through guardianship, adoption, long-term foster care and, for a minority of children, long-term residential care.

7.2 Choosing permanent placements

Inappropriate placements for children both in care and in aftercare were highlighted as a source of concern in a review of child deaths in Ireland (Shannon and Gibbons, 2012). When planning a placement, practitioners need to consider all placement options with the objective of providing permanence. Children need to be consulted over their care plan, which needs to be reviewed regularly to take account of changes to their views. Research has shown that involving children in the decision making can improve the quality of decisions and lead to more stable placements (Boddy, 2013; Thomas, 2009).

In order to achieve secure permanence, children need an individualised response that takes into account the complex range of characteristics and needs of each child. This will include aspects of identity such as gender, ethnicity, sexuality, health and disability, religious and cultural identities. Practitioners need to be clear how a placement decision will contribute to the child finding 'a secure base' (Boddy, 2013). In particular, older children entering care may have more challenging needs and a higher risk of placement instability.

An interaction between the level of child disturbance, the carers' parenting style, and/or the degree of acceptance or rejection by the child, has been found to influence variations in placement stability (Thomas, 2013).

Matching and permanency

Sinclair (2005) emphasises the central importance of children's wishes being taken into account when matching foster carers in order to support a good 'chemistry' and fit. This might involve consideration of how the child feels about whether other children are in the placement, or whether or not they are placed with siblings. A child's relationships with birth parents, siblings and other family members will have implications for matching, alongside carers' views and ability to support contact where appropriate.

34. See Chapter 6 for more details on indicators signifying whether reunification or an alternative care permanency placement are in the best interests of the child.

Schofield et al. (2011) identify matching a child with a foster carer or adoptive parents as one of the 'turning points' in a child's life. Successful matching depends on:

- Good assessments
- Clear support plans
- Careful decision making;
- A high level of information sharing between professionals.

Matching must be viewed as a process to be worked at together, rather than a single event. Quinton (2012) warns that where focus is on the event of matching rather than the process, practitioners are often drawn into minimising needs or exaggerating capacity in order to gain a match.

Matching can only be as good as the information on which it is based. There is evidence to indicate that information sharing, and the quality of the information itself, is often poor at the matching stage (Quinton, 2012; Cousins, 2003). Poor information and analysis means specific needs are either minimised (Sinclair, 2005) or not identified (Quinton, 2012).

A lack of information is a persistent theme in the literature on matching and has implications for the success or failure of a placement. Children, birth parents, foster carers and adoptive parents need more information and involvement in the process of matching and decison making (Boddy, 2013; Schofield et al., 2011). Research indicates that stability is also more likely when children and foster carers feel involved in the placement decision (Farmer, Moyers and Lipscombe 2004). Identifying what information is needed and the best way to communicate it should be a priority of practitioners.

A range of matching criteria is indicated across the literature. These include:

- Age of the child
- Disability
- Contact needs
- Gender
- Carers' extended family arrangements
- Location
- Educational continuity
- Siblings (in terms of being placed together, or in terms of continued contact)
- Ethnicity
- Heritage
- Language
- Community
- Impact on birth children
- Fostering experience of the family.

Sensitivity, boundary setting, tolerance and resilience are parenting characteristics identified as helping to support children (Quinton, 2012).

When making a matching assessment, the supervising social worker will need to understand the carers' own attachment histories to see how this could support or undermine a match. A child's emotional, behavioural, attachment and health needs must be measured with the carers' parenting styles and skills.

Where adoption is an option, there is a need '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, cited in Boddy, 2013). Other than when it is impossible to do so (e.g. when they move in an emergency), children should visit or try out a placement before a final decision is made (Care Inquiry, 2013).

Remember!

All children, including those with a disability, should be fully involved in the decision-making process for identifying their permanent homes.

Ethnicity and matching

There is an ongoing debate about the place of ethnicity in matching children and foster carers or adopters (see, for example, DfE, 2012). The child's ethnicity needs to be taken into account by social workers, along with other significant factors, in all decisions about their future.

Research suggests that 'trans-racial' placements do not influence stability or produce psychological or behavioural problems in children (Evan B. Donaldson Institute, 2008; Quinton, 2012; Thoburn et al., 2000). However, where a child is adopted across ethnic boundaries, they and their families can face a range of challenges, a fact which needs to be addressed when matching children with families. With appropriate selection and support, some white families can successfully parent ethnic minority children, especially those living in ethnically diverse communities (Thoburn et al., 2000).

Guidance from the UK (DCSF, 2010) points towards the assessment of the capacity of carers to support a sense of positive ethnic identity or religion and the importance of considering the child's and birth parents' views. A consultation with young people showed that children had a wide range of views about this subject (Office of the Children's Rights Director, 2013) so the importance of involving the child in this discussion is clear.

Successful matching also relies on having a sufficient pool of foster carers and adopters to meet the diverse needs of children in the care of the State and adopted children (Thomas, 2013; Clarke, 2010).

It may be unrealistic to hope to find a perfect match, so professional judgement and clear support plans are needed to boost 'good enough' options. Factors that may limit the choice of carer include timing, specialist needs (e.g. sibling groups), age of children and placement costs.

Remember!

An adoptive or foster family may not need to meet all the child's cultural or ethnic needs. Other possibilities for meeting those needs, such as linking the family into specific communities or providing a mentor, may support a 'good enough' adoptive or foster family to meet these needs (see, for example, Thomas, 2013).

When a permanent placement is being sought the following issues need to be taken into account during the matching process:

- The long-term needs of the child, as determined by the child's assessment
- Consideration of the child's strengths and needs
- Health and developmental assessments
- The cultural and religious needs of the child
- The birth parents' wishes for their child
- A through assessment for all possible relative and other carer placement options available for the child
- The planned contact arrangements for the birth family, including siblings and other relatives, and the carers' ability to manage this with the distance between a carer's home and that of the birth parents, siblings and other relatives being taken into account.

(NSW, 2008)

Remember!

It is important to work in a non-judgemental, respectful manner with all parties so that the child's birth parents are empowered to make decisions that are in the best interests of the child. Permanency planning requires work to be carried out in a non-judgemental way, cognisant of the loss and grief that parents experience when their children have been taken into care.

Remember!

All children in care need to develop a secure identity that incorporates all the narratives of their family relationships. Life story work has an important role to play in helping a child develop this secure identity. It is important that life story work is carried out with the child throughout their journey in the care system. Good quality life story work with a child can assist them in making informed decisions in relation to their care plan and permanency placements.

See Child and Family Agency, (2014), Alternative Care Handbook, Chapter 14. Direct Work with Children, pp. 220–21 for more information about life story work with children.

7.3 Guardianship as a permanent placement

Research identifies Ireland as having one of the highest rates of relative- or family-based care placements internationally (Munro and Gilligan, 2013), with the use of extended family or clan care being traced back to life under the Brehon laws (O'Brien, 2002; O'hInnse, 1940). Relative care as a formal care option was introduced as part of the Child Care Act 1991.

Children permanently living with relatives or in foster care may now be able to achieve legal permanence by the use of guardianship through the Children and Family Relationships Act 2015. The benefits of guardianship are that it allows children to retain their legal connections with their birth parents whilst affording guardians additional legal stability and decision-making powers (Testa, 2004). As ongoing support or monitoring of the child's well-being by the Agency may not continue under guardianship, the decision to appoint guardians requires careful assessment.

The use of guardianship as a permanence placement for children in care has only become an option in Ireland since the introduction of the Children and Family Relationships Act 2015. In other jurisdictions, guardianship has been identified as a potential legal option for a number of groups of children including:

- Older children
- Children settled with relatives
- Some minority ethnic communities
- Asylum-seeking children.

(Department of Health, Cox and Bentovim, 2000; see also Wade et al., 2014)

Interviews with 19 professionals in six local authorities in the UK identified the following factors as requiring discussion when considering guardianship as a permanency option:

- The child's age
- The potential guardian's age
- The strengths of the family network
- Who can safeguard the child effectively
- The developmental, health and emotional needs of the child
- The foster carer's view (if the child is in foster care).

(Bowyer et al., 2015)

In relation to special guardianships in the UK, the relationship between the child, the guardian and the child's birth parents, including contact, has been identified as one of the main challenges associated with such orders (Wade et al., 2014; Bowyer et al., 2015). As an assistant director in Bowyer et al.'s study noted, 'it needs a strong relative to challenge parents over parental responsibility' (p. 13). The dual loyalty to their own child and their grandchild was also highlighted as an area of tension where grandparents are the guardians in Bowyer et al.'s (2015) study. An example provided by an interviewee was of a grandparent faced with their own daughter who was homeless and sleeping rough in very cold conditions needing shelter in the same house as their child.

Children may require careful help over time to build a sense of permanence and belonging in guardianship placements, particularly in cases where relationships between guardians and birth parents are conflicted (Wade et al., 2010).

Signs of Safety[35] has been identified as a good model for mapping out what the concerns are and what needs to change for a positive assessment for guardianship to occur. The core issues to be considered when assessing for guardianship were identified as:

- The quality of the relationship between the child and the carer
- Parenting capacity
- The commitment to care for the child throughout their minority
- The ability to safeguard the child and to withstand the pressures put upon them by the birth parents.

(Bowyer et al., 2015)

Factors identified as supporting a successful outcome for a child where a guardianship order has been sought include:

- A long-term relationship/bond between the child and the carer
- The carer understanding the child's needs and a good match between the child and the carer
- The carer being committed to caring for the child throughout their minority
- The carer being aware that their primary responsibility is the safeguarding and welfare of the child
- The carer being able to manage complex contact arrangements (with support if necessary)
- The carer having a good support network

(Bowyer et al., 2015)

The Children and Family Relationships Act 2015 offers children in Ireland the opportunity to avail of guardianship instead of state care. Consideration needs to be given to the following when guardianship is being explored as an option for a child in care:

- The potential guardian's capacity to meet the identified needs of the child/ren, including the ability to safeguard the child
- The resolution of any allegations in relation to the potential guardian before any application for guardianship is commenced
- Any supports available to or required by the potential guardian for the child and/or themselves
- The financial impact of guardianship on the applicant
- What steps the guardian should take if at any time they become concerned about their capacity to meet the child's needs as they develop.

35. Signs of Safety was being used by most local authorities included in the Bowyer et al. (2015) study.

7.4 Adoption as a permanent placement

In Ireland, adoption is defined as the permanent transfer of parental rights and duties from the birth parents to the adoptive parents.[36]

Legislative changes and children's eligibility for adoption in Ireland

The Adoption (Amendment) Act 2017 makes a number of alterations to the eligibility criteria in relation to adoption. These alterations are likely to increase the number of children in foster care being adopted (Shannon, 2016).

Age limits for children

The age limit for adoption has been clarified in the Adoption (Amendment) Act 2017 rendering all children under the age of 18 years eligbible for adoption.

Re-adoption

The 2017 Act also seeks to allow the re-adoption of children in a much wider variety of circumstances.

Status of the child's birth parents

Previous adoption legislation prevented children of married parents being eligible for adoption except in very exacting and exceptional circumstances where the parents failed in their duty towards the child (Shannon, 2016). The 2017 Act allows the child of married parents to be eligible for adoption and for married parents to voluntarily place their child for adoption, in recognition that adoption may be an option that also best serves children of married parents who are not in a position to raise their own child.

Non-voluntary adoption: adoptions without parental consent to placement

Prior to the 2017 Act, it was only in very exceptional circumstances that a child might be adopted without the consent of their parents and guardians. The threshold under the 2010 Act was very high, requiring comprehensive failure and complete abandonment by the parents in respect of the child if the court was to authorise a non-voluntary adoption of the child (Shannon, 2016).

Under the Adoption (Amendment) Act 2017, the criteria to be met in relation to non-voluntary adoption are less exacting than those set out in the 2010 Act. Important safeguards, however, remain in place: there must be failure on the part of the parents for the adoption to take place and it must be shown that in these circumstances the adoption is in the best interests of the child (Shannon, 2016).

The revised criteria under which the High Court may authorise the making of an adoption order without parental consent to placement are found in Section 24 1 (2) amended to Section 54 subsection (2A) of the 2010 Act.

In making decisions on adoption, the best interests of the child are the paramount consideration of the courts. In addition, the rights of all persons concerned in the cases have to be considered, including the views of the child, having regard to the child's age and maturity.

36. Adoption Authority of Ireland, www.aai.gov.ie, accessed 8.7.2016.

The 2017 Act requires that there must be no reasonable prospect that the parents will be able to care for the child rather than having to show that the parents' failure in their duty towards the child is likely to continue without interruption until the child attains 18 years of age (Shannon, 2016).

These changes under the 2017 Act offer children in long-term foster care the opportunity to be adopted by their foster carers where there is little possibility of them returning to live with their parents. The prospect of these children being eligible for adoption by their foster carers offers them the prospect of a more secure legal position with regard to their long-term carers (Shannon, 2016). The extension of the cohabitation period from 12 to 18 months ensures that the child has had a home with the applicants for a significant period. Shannon (2016) maintains that the adoption of children from long-term foster care may serve to offer some children a second chance to enjoy the stability of a caring and loving family in line with Article 20 of the United Nations Convention on the Rights of the Child.

Remember!

Children cannot be adopted against their wishes and where children are ambivalent about the adoption application, consideration should be given by their allocated social worker to the deferring or withdrawing of the application. All children, having regard to their age and level of understanding, should be consulted with by themselves in a private space where they cannot be overheard. Section 9 of the Adoption (Amendment) Act 2017 outlines what factors need to beconsidered when making decisions in the best interests of a child.

Adoption practices in Ireland

Adoption and the adoption rates in Ireland need to be understood in terms of the historical, political and social climate that prevailed when adoption legislation was first considered and introduced into the country. The 1940s and 1950s were a period characterised by poverty, unemployment, massive emigration and an increase in illegitimacy at a time when the prescribed moral code was that no family form was acceptable other than the traditional nuclear family based on marriage, as enshrined in the Constitution (Council of Irish Adoption Agencies, 2009). Both the Children and Family Relationships Act 2015 and the Adoption (Amendment) Act 2017 acknowledge and reflect the more diverse family structures in existence in Ireland today.

Adoption legislation was first enacted in Ireland in 1952 and since then 44,270 children have been adopted (Adoption Authority of Ireland, 2014). The introduction of an unmarried mothers allowance in 1973, the abolition of the status of illegitimacy in the 1980s, and the lessening social stigma attached to pregnancy out of wedlock have led to a decline in adoption in Ireland (O'Brien and Palmer, 2016). Of the 146 adoptions in 2014, half (74) were step-parent adoptions.

To date, the number of children adopted from the care system remains low. According to the Adoption Authority of Ireland (2018), 'There was an increase in the number of adoption orders made in respect of children who had been in long-term-foster care; 25 in 2018 compared to 21 in 2017'. Anecdotal evidence indicates that many children in care are adopted prior to them 'ageing-out' of the care system, with 65 per cent of adoptions from long-term foster care occurring when the foster child was 17 years of age (O'Brien and Palmer, 2016). There are also indications that in many cases these adoptions are motivated by the foster child's and foster carers' desire for legal permanence.

Research has shown that adoption may be influenced by local policy, resources and practice culture. There can be different beliefs and views about which children are considered to be 'adoptable', with some more willing than others to consider older children and sibling groups for adoption (Thomas, 2013). Biehal et al.'s (2009) study found, for example, that the views of key local professionals on the desirability of seeking adoptive placements for older children and the feasibility of doing so may have a substantial impact on day-to-day social work decisions.

The Adoption (Amendment) Act 2017 will provide for more children and much younger children being eligible for adoption. The Child and Family Agency is not required to prove parental abandonment if the parents can be shown to have failed in their duty for a continuous period of not less than 36 months immediately preceding the time of making the application, and if the child has been placed for 18 months with the proposed adoptive carers, and where the Agency can demonstrate that there is no reasonable prospect that the parents will be able to care for the child in a manner that will not prejudicially affect his/her safety or welfare, and that the failure constitutes an abandonment. In those circumstances the High Court can, pursuant to Section 54, make an order authorising the Adoption Authority to make an adoption order.

For many social workers, the best interests of the child are in being connected to, being part of, their extended family, if at all possible. The Adoption (Amendment) Act 2017 requires Ireland, and social workers in particular, to critically reflect on the value systems and ideological positions that have informed and shaped society and child protection and welfare organisations' way of thinking about adoption as an option for children in the care system. This requires fundamental changes to the Agency's traditional child protection and foster care practice. In cases where the prospect of family reunification is poor, children should not be placed in short-term or unsuitable placements, for example placing a young child with foster carers who are too old or who have poor health and are therefore unable to meet the child's needs into adulthood.

The nature of adoption changed over the course of the late 20th century and after, and its main purpose currently is to provide security and permanent family relationships for some of society's most vulnerable children. Adoption has come to be acknowledged in official and professional circles primarily as a means of meeting the care needs of certain vulnerable children rather than as a solution to the perceived problems of unmarried motherhood or the needs of infertile couples (Thomas, 2013).

Quinton (2012) has argued that it is only recently that the primary purpose of adoption has moved towards providing a child with a family environment that helps them overcome the effects of early hardships and maltreatment. This move partly reflects the significant changes in the population of adopted children, most of whom have suffered abuse or neglect within their birth families and need to be helped to recover. The change in purpose of adoption is also seen to be linked to fundamental changes in the parenting skills needed by prospective adopters. The process of finding a family has evolved into specifying the child's developmental needs and identifying the family resources that are needed to address them (Thomas, 2013).

As a result of the changing nature of adoption, as Parker (1999, p. 5) observes:

'The selection of adopters and their suitability for particular children with particular needs demands more exacting assessments; [...] In the past it has been assumed that having adopted a baby or infant with the agreement of the birth parents, and with all contact having been discontinued and secrecy preserved, the adopters could be left to raise the child as they would a child born to them; that is, without any special services needed to be provided. Such an assumption is no longer tenable.'

Benefits of adoption as a permanence placement

'Adoption provides the strongest legal guarantee of permanence [...]. For those children who cannot be raised by their birth parents, adoption is the permanency option most likely to ensure protection, stability, nurturing, and lifelong relationships throughout their childhood as well as into their adulthood. [...] Individuals do not outgrow their need for the relationships and the support offered through family ties.'

(Child Welfare League of America, 2000, p. 11)

A study on Belonging and Permanence in the UK explored children's perceptions of belonging and permanence. Most of the children adopted by strangers had been placed as infants (under the age of one). The study found that for the majority of adopted children their primary identification was with their adoptive families. Birth parents were psychologically present to the children to varying degrees and some children were inquisitive about birth relatives, though none of the children had any direct contact with them. The children in this study expressed their emotional security within their adoptive families (Thomas, 2013).

The children in this study adopted by foster carers also indicated a strong sense of belonging to their adoptive families. There was no apparent sense of divided loyalty at this stage of the children's lives, though a few wondered about their birth parents.[37]

Children adopted before the age of 18 months have, as adolescents, reported the advantages of identity, attachment, child mental health and family functioning (Benson, Sharma and Roehllkepartain, 1994; cited in Howard, Smith and Ryan, 2004). Others have reported satisfaction with being adopted and being able to have a 'new start' (Dance and Rushton, 2005, p. 26). Adoption can aid in facilitating developmental catch-ups for children (Juffer and van Ijzendoorn, 2005, cited in Simmonds, 2009). Adoption can also be positive for carers as they are secure in their future care commitments (Cox, Moggach and Smith, 2007).

Adoption as a permanence option is recognised as affording a number of benefits to children. These benefits include:

- Providing children with high levels of stability
- Giving children a sense of belonging and well-being
- Aiding in facilitating developmental catch-ups for children.

(Triseliotis, 2002, cited in Howard, Smith and Ryan, 2004; Quinton and Selwyn, 2009; Juffer and van Ijzendoom, 2005, cited in Simmonds, 2009)[38]

As adoption terminates parental rights and creates new legal relationships for a child and carer, significant consideration needs to be given to adoption as a permanence option for children in care.

A number of child, family and service factors have been identified as relevant to mitigating the likelihood of adoption disruption:

- Younger children (aged 0–2 years) are less likely to experience adoption disruption compared to children aged 2–6 years.
- A previous relationship between child and adopted parent has been linked to adoption stability.
- Adoption preparation and support services to families can strengthen stability and prevent disruption.

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37. It is important to remember that all parties involved are likely to continue to be affected by the experience of adoption and to continue to change and develop in various ways over time (Thomas, 2013).

38. As referenced in Queensland Government, 2011.

- Quality preparation and transparency about a child's background and support pre- and post-adoption has been identified as vital for achieving permanency.

(Coakley and Berrick, 2008; Smith et al., 2006; Ryan et al., 2010, cited in Queensland Government, 2011, pp. 11–12)

Adoption disruption is more likely to be experienced by children who have an emotional attachment to their birth parents or have not developed a bond with their adoptive parents. Children who have been maltreated, have special needs and/or significant behavioural and/or emotional problems are also more likely to experience adoption disruption (Queensland Government, 2011, p. 11).

Adoption for some children is not a positive option. Some children experience difficulty in the transition and adjustment to a new family (Queensland Government, 2011). Some children may experience intense feelings of grief and loss which may trigger painful memories from their past and prompt adverse behavioural reactions (Lanyado, 2003). Ongoing vulnerability and difficulty may prevail for some children (Simmonds, 2009). Older children, for example, may have significant memories of their birth parents which can make adjustment to adoption more difficult. Maltreated children may also experience difficulty with forming new relationships and attachment (Keagy and Rall, 2007; Howe, 2006), with ongoing vulnerability and continuing difficulties (Simmonds, 2009).

Importantly, not all children desire to be adopted (Dance and Rushton, 2005). The hearing of children's views is imperative in making decisions about adoption as a permanence option. It is also a requirement of the Adoption (Amendment) Act 2017.

Remember!

Adoption exists for only one reason: 'providing for the healthy rearing of children' (Dukette, 1984, p. 241).

Biehal et al. (2009) identify the nature of any continuing relationships with birth families and a child's own wishes as important factors in determining whether or not adoption is in the child's best interests.

Making decisions about adoption as a permanence placement

Good adoption practice requires:

- openness towards the birth family;
- conversations with the child about their ethnic and racial heritage;
- conversations with the adoptive parents about how they will adjust to taking on full parental responsibility including financial responsibility for the child.

Remember!

Many of the conversations that take place as part of the adoption application process are of a sensitive nature, require time and are best not rushed through.

Indicators for considering adoption as a permanency placement:

- The pregnancy has been concealed or unwanted.
- The pregnancy was a result of a rape or a casual, unsupportive, abusive or toxic relationship.
- There was poor prenatal care or use of substances throughout the pregnancy.
- There is a poor prognosis for family reunification, for example:
  - there is evidence that the parents have been unable to care for their other children who are in care;
  - there is a history of reduced parenting capacity for a myriad of reasons such as mental ill-health, mental disability, substance dependency, lack of support, poverty, homelessness, parenting alone, etc.
- The parent–child relationship is poor and contact is infrequent, inconsistent or of poor quality.
- The child has been abandoned and the child's parents have not identified themselves after several years.
- The child is young on entering care and has a poor attachment to their parents. The child may have additional complex needs arising from disability, substance exposure in utero, neglect or abuse which could increase the stress of parenting. As the placement progresses it becomes clear that the child has identified and claimed the foster family as their own, and is clear that they want to be adopted. Essentially the child sees their primary identity as with the foster family rather than with their birth family.
- The foster carers are open and willing to commit to the child on a long-term basis on placement, and able to manage the emotional complexity of bonding with the child even with the prospect of family reunification. As the placement progresses each foster carer should be equally highly motivated to adopt, have claimed and love the child, and want the child to be an equal member of the family. There is evidence:
  - that the foster carers are providing attuned, consistent, loving care and can provide stability into the future;
  - of an openness to the child's birth family, with the foster carers recognising the importance of this family to the child's identity and a willingness to support the child's contact with them post-adoption[39];
  - that foster parents are of an age and in good health to meet the child's needs through to their adulthood.

Remember!

It is the interplay between a number of these indicators and not one alone that may be significant.

39. The presence of these qualities need to be balanced with the reality that there is no provision in the statute for open adoptions.

When making decisions about the appropriateness of adoption as a permanency placement for a child in care the following factors need to be considered:

- Current adoption legislation and adoption practice.
- The welfare of the child and whether applying for an adoption order is in the child's best interests.
- Any allegations against potential adoptive parents and the resolution of any allegations before an application for adoption is commenced.
- Awareness of personal attitudes to adoption not influencing decisions.
- Awareness that adoption orders can be made even when there is ongoing contact between a child and their birth family: such contact does not exclude adoption as a permanency option.

In line with the provisions of Article 42A.4, the best interests of the child are to be of paramount consideration in adoption proceedings and there is a requirement that the views of the child are determined and given due weight.

The Adoption (Amendment) Act 2017 provides guidance on what factors are considered relevant to determining what is in the best interests of the child. These factors include:

- The child's age and maturity.
- The physical, psychological and emotional needs of the child.
- The likely effect of adoption on the child.
- The child's views on his or her proposed adoption.
- The child's social, intellectual and educational needs.
- The child's upbringing and care.
- The child's relationship with his or her parent, guardian or relative.
- Any other particular circumstance pertaining to the child.

(Adoption (Amendment) Act 2017, Amendment to Section 19 of 2010 Act)

These factors should be referenced by practitioners when compiling a case for adoption for a child in the care of the State. These factors should be cross-referenced with what the court must consider in determining what is in the best interests of the child when it is hearing a guardianship, custody or access case as outlined in the Children and Family Relationships Act 2015 (Section 45 Amendment to Section 3 of the 1964 Act).

Remember!

A decision to support an adoption application is made where the adoption is in the best interests of the child and adoption is a proportionate means of supplying the place of parents to the child.

Adoption as a proportionate response

Adoption is considered a 'proportionate response' where all the following conditions apply:

- The child has suffered or is likely to suffer extensive abuse or neglect and where evidence has been rigorously examined by the courts.
- Efforts have been made and opportunities given to overcome the difficulties in the child's family.
- There is no prospect in the foreseeable future of the child returning to its birth family.
- Adoptive parents are recruited, trained and supported to meet the child's needs, which might include the facilitation of ongoing birth contact.

(Kelly, 2015, as cited in McCaughren and Parkes, 2016)

Rights of fathers and relevant non-guardians

The 2017 Act has implications for the rights of fathers and also creates rights for a new category of persons with a relationship with the child concerned, referred to as 'relevant non-guardians'. These rights need to be considered alongside the provisions of the Children and Family Relationships Act 2015 relating to guardianship, which also have significant consequences for the adoption process. Details in relation to these rights are outlined in Chapter 2.

The 'full, free and informed consent' of all parties whose consent is required under the legislation must be obtained in order for an adoption to proceed. Under Section 26 of the 2010 Act the following people must give their consent for an adoption:

- The child's mother
- Any guardian of the child
- Any other person having charge of or control of the child unless the authority dispenses with the consent with sanction from the High Court.

The 2017 Act does not alter the situation in relation to consent for adoption. The Act does, however, amend the definition of guardian (Shannon, 2016). These amendments are made to take account of the amendments in the law relating to guardianship introduced by the Children and Family Relationships Act 2015.

Remember!

Where a father is not a guardian of a child and consequently is not required to give his consent to the adoption, he nevertheless has a right to be consulted in relation to the adoption.

The inclusion of relevant non-guardians reflects the reality that they are interested parties in the child's life whose opinion on the proposed adoption ought to be gathered (Shannon, 2016).

- Section 6 of the 2017 Act entitles relevant non-guardians to inform the Adoption Authority of their wish to be consulted under Section 16.
- Section 7 extends the right to pre-placement consultation pursuant to Section 17 of the 2010 Act to relevant non-guardians.
- Section 13 provides that, on receipt of an application order, the Adoption Authority is to take reasonable practicable steps to ensure that every relevant non-guardian of the child is consulted in relation to the adoption.
- Section 22 gives relevant non-guardians the entitlement to be heard by the Adoption Authority on the application for an adoption order.

Consultation with relevant individuals, therefore, becomes even more of a core component of an adoption application under the 2017 Act than previous legislation.

Consulting with non-guardian fathers

The father, which includes a person who believes himself to be the father of the child, must be consulted in respect of any adoption application. This requirement is often a source of concern for social workers when considering adoption as an option for achieving permanence for children in care. Although a father may not have signed the appropriate documentation in relation to adoption, it does not prevent an application for adoption from proceeding.

However, the burden of proof that all attempts were made to consult the father lies with the Agency and must reach the threshold set down by the Adoption Authority. What is always required is that appropriate efforts are made to contact and engage the father in the process and to see that the father's views and these efforts are appropriately evidenced. Practitioners must ensure that all efforts to contact and engage the father have been recorded.

Best practice would involve meeting the father face to face and developing a rapport in order to facilitate his engagement in the process. This, however, will not be possible in all instances, for example in cases where the father lives abroad or if he chooses not to engage in the process.

In cases where the father does engage he must be appropriately consulted with and provided with advice on his rights and the implications of the adoption. In cases where it is considered inappropriate to contact the father, the justifications for this decision need to be clearly articulated and recorded. Any evidence provided by birth mothers in relation to fathers must be substantiated with factual evidence. The Adoption Authority must be satisfied with the consultation process prior to progressing with any decisions in relation to adoption.

Remember!

Recording all efforts to contact and consult with the father is a vital part of the adoption process. Therefore it is imperative at the early stages of a child entering into care that the child's father is known and his possible whereabouts recorded. Where required, DNA may be used to confirm parentage.

Adopted children's top ten ideas to improve the adoption process

Looking back on their experience of the adoption process, with an average time since being adopted of seven years, 208 adopted children and young people said that once the decision was made, the whole process should be as quick as possible and the child should be kept closely involved. The children also wanted the time to be used to let them to get to know their new family better.

- Make it quicker.
- Involve and support the child more.
- Keep the child in touch with what is happening – in their birth family as well as the adoption itself.
- Give more information about adoption.
- Don't change social workers in the middle of being adopted.
- Don't separate brothers and sisters.
- Go to only one foster home before getting adopted.
- Make the process more enjoyable and fun.
- Let children themselves make the final decision on their new parents.

(Morgan, 2006, p.10)

7.5 Long-term foster care as a permanent placement

Foster care in Ireland is governed by the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995. The Child Care (Amendment) Act 2007 inserted Section 43A in the Child Care Act 1991. Foster care is the most common placement choice in Ireland for children in the care of the State.

Foster care can provide opportunities for abused and neglected children to experience emotionally supportive relationships with adults and provide them with the security and stability they need until adulthood (Christiansen et al., 2013; Schofield et al., 2012).

Long-term foster care is intended to be permanent; for many children, however, it is not (Biehal et al., 2009). Biehal et al.'s (2009) study found that whilst long-term foster care cannot give legal security, it may provide emotional security and a sense of permanence to children. Whilst long-term foster care can offer permanence, in practice it may fail to do so.

The benefits of foster care for maltreated children include:

- Less likelihood of being re-abused
- Reduction in challenging behaviour
- Improved school performance
- An environment that can offer a child developmental recovery.

(Selwyn and Quinton, 2004, p. 7)

Optimising positive outcomes in long-term foster care requires professional assessment, planning, and support of children and carers. Sinclair et al.'s (2005) model of permanence highlights the following issues as needing to be considered, planned for and addressed:

- Objective permanence – for a child to have a placement, which would last for his/her childhood, would provide back-up and, if needed, accommodation after the age of 18
- Subjective permanence – for a child to feel that they belong in the family
- Enacted permanence – for all concerned to behave as if the child was a family member (for example, the child is included in family occasions)
- Uncontested permanence – for a child not to feel a clash of loyalties between foster and birth families.

(Queensland Government, 2011, p. 10)

In their study addressing the question of how best to meet the needs of children who cannot be safely reunited with their parents, Biehal et al. (2009) found that 38 per cent of their sample had total scores on the Strengths and Difficulties Questionnaire that indicated clinically significant emotional and behavioural difficulties. Lower scores on the SDQ, indicating less serious difficulties, were predicted by entry to the current placement at the age of three or under.

Children who are an older age at entry to care, and/or children who present with existing, significant emotional and behavioural problems may be more effectively cared for by foster parents who are trained and are highly skilled at responding to the effects of harm (Queensland Government, 2011). Research has shown that children who enter the care system older with serious behavioural problems often have a significant placement history (Strijker, Knorth and Knot-Dickscheit, 2008). In order to reduce the occurrence of placement breakdown, such children and their foster carers may require substantial support and resourcing.

Long-term foster care as a permanence option may be worth considering for those children who cannot return home safely but continue to have 'a meaningful level of birth family connection' (Fernandez, 2008, p. 1299). Maintaining relationships with their parents of origin whilst in long-term foster care, Fernandez suggests, can secure permanence, stability and better outcomes for these children.

Similarly long-term foster care as a permanency option may be appropriate for children who have strong family relationships with their siblings. Keeping siblings together and connected may be more easily achieved with foster care compared to other permanency options (Queensland Government, 2011). Siblings provide a number of important benefits to each other and sibling separation has been identified as a possible risk factor for placement breakdown (Gustavsson and MacEachron, 2010; Drapeau et al., 2000; Leathers, 2005, cited in Kane and Darlington, 2009).

Foster care may also be the most desirable permanency option for reasons of culture or ethnicity. Some permanency options – for example, adoption – may not be recognised or permitted by particular cultural and religious groups (Schofield, 2009).

Remember!

Older children may be more resistant to permanent care arrangements as sometimes they feel they do not want their original family 'replaced'. Some children in care can be anxious about jeopardising relationships and are particularly fearful of seeming to be disloyal to birth parents and siblings by developing close relationships with their foster carers (Unrau et al., 2008).

Supporting long-term foster care as a permanency option

Research identifies a number of Agency-related factors that can destabilise foster care placements (Moran et al., 2016). In order to increase the stability of foster care placements so that in practice long-term foster care can provide permanence for children, consideration needs to be given to:

- limiting the use of temporary care placements;
- appropriate matching between child and foster carer;
- limiting the number of children in any foster home to avoid potential tensions in, and strain on, the placement;[40]
- providing appropriate training and support to foster carers and keeping them informed throughout the placement process;
- good-quality relationships and contact between social worker and foster carer;
- retention of staff and good-quality communication between child protection and welfare agencies and foster carers.

In addition, to increase placement stability for children in foster care placements, attention should be given to:

- limiting placement moves;
- ensuring children receive sufficient attention to their needs as they change and develop over their lifespan;
- ensuring children feel part of the foster family and develop a sense of belonging;
- providing support to children who have been in care post 18 years of age.

Blakey et al. (2012) and Brown and Bednar (2006) identify unrealistic expectations of the fostering role and low levels of fostering experience as affecting placement stability.

Practice Tip: Fostering myths for carers to avoid

- My love should be enough to erase the effects of everything bad that happened before.
- My child should be grateful and love me as much as I love him or her.
- My child shouldn't love or feel loyal to an abusive parent.
- It's better to just move on, forget, and not talk about past painful experience.

(Grillo et al., 2010)

Permanency in long-term foster care is more likely where foster carers:

- have emotional involvement in the lives of children in their care;
- have the ability to cope with a child's behaviour or complex needs;
- have an understanding of the impacts of neglect and abuse on children.

(Christiansen et al., 2013; Blakey et al., 2012; Healey and Fisher, 2011)

40. As per regulations and national standards..

In terms of achieving good outcomes, Sinclair (2005) identifies the core needs of children in foster care as:

- Good enough parenting (nurture and 'boundaries')
- Development and support of good attachments
- Good education and experiences of school
- Support for developing a sense of identity
- Support for friendships and the development of skills and interests.

Remember!

Children in the care of the State need to be cared for by well-trained, supportive and actively engaged adults with whom they can develop appropriate attachments and build positive relationships.

Foster carers need:

- to be able to recognise coping behaviours and support the child or young person to move on from these (Howe, 2009);
- to respond sensitively and appropriately to children's emotional and behavioural problems (Healey and Fisher, 2011; Fernandez, 2008);
- the qualities of security, attentiveness, friendliness and empathy so that they can build and sustain relationships with traumatised children (Cairns, 2002);
- resilience, as some behaviour and circumstances may trigger distressing feelings for carers (NSPCC, 2013).

Temperament is also an important quality in terms of parenting. Carers need to understand different temperaments as this will affect how a child and carer get on, which in turn will affect the stability and security of the placement (Schofield et al., 2011).

Remember!

Placement quality is as important as placement stability. In their study, Biehal et al. (2009) found that for five of the children in their 'unstable care' group, their previous long-term foster care placements had ended when evidence of carer abuse or neglect came to light. Among the sample as a whole, a total of 5 per cent of children (10) were reported to have experienced abuse or neglect by former foster carers.

Long-term foster care is beneficial only if the child is happy there (Sinclair, 2005). This highlights the importance of listening to children regarding their placement and care plan.

See Chapter Six of the Alternative Care Practice Handbook (2014) for further information on foster care.

7.6 Residential care as a permanency option

It will almost always be in a child's best interests to grow up in a family. For some children who have been impacted by trauma, abuse and attachment disruption, emerging behaviours may place intolerable strains on family-based placements, making residential care the more suitable option (Clough et al., 2006; Bath, 2008a; Bath 2008b; Ainsworth and Hansen, 2005; Whitaker et al., 1998). Where residential care is identified as the optimal placement for a child, the placement must be able to demonstrate that:

- there is sound evidence underpinning the practice in the residential unit;
- staff are trained, supervised and supported appropriately;
- expert help and advice is available for staff and for the children in their care.

The aim of a residential unit must be to:

- provide children with stability and security;
- help them develop resilience and the ability to form good and lasting relationships;
- encourage and support them to realise their potential.

(Care Inquiry, 2013)

It is also important that the location, design and work of residential services supports continuity of children's key relationships with family, friends, professionals, school and community, except when this is contrary to the child's best interests (Ombudsman for Children, 2013).

A range of emotional and physical problems experienced in residential settings have been highlighted as impacting on placement stability and permanence. These include:

- Turnover in care staff
- Coping with the unpredictable behaviours of other children
- Stress, including worries about personal safety and security
- Potentially limited exposure to positive role models and opportunities to develop pro-social skills and attitudes.

(Moran et al., 2016)

See Chapter Seven of the Alternative Care Practice Handbook (2014) for further information on residential care.

7.7 Supporting alternative forms of permanence

Adopted children and children in other types of permanent placements often need extensive help and support for their developmental recovery (Quinton, 2012).

More particularly, as a result of children's adverse early experiences, adoptive parents, kinship carers, foster carers and guardians may need to cope with children who are rejecting, persistently non-compliant, violent and/or aggressive (Rushton, 2009).

Children's adoptive parents or permanent carers may need the support of a range of routine and specialist services to bolster their resources to cope, and to help with the children's recovery (Thomas, 2013). The children themselves may also need help beyond that offered from within their new families. The support needed may be of a psychological, health, educational, practical or financial nature. In addition, the families' needs are likely to change as they adjust and re-adjust to the children's development over time.

Birth families who have lost a child to adoption or other permanent placements may also have extensive needs for support (Charlton et al., 1998).

Adoptive families, in particular, may experience difficulties as universal services are unlikely to have sufficient understanding of adoption to provide appropriate support. Awareness of adoption issues may need to be increased within universal services in order to make good use of these services to support adoptive families (Thomas, 2013).

Understanding the emotional and behavioural needs of children in care

Children require time to resolve their feelings about the past and build strengths for the future. Children need to have their experience validated and believed and their affect tolerated (Cook et al., 2005, p. 395).

Practice Tip: The invisible suitcase

Children who enter the care system generally arrive with at least a few personal belongings such as clothes, toys and pictures. Many, however, also arrive with another piece of baggage, one that they are not even aware they have: an 'invisible suitcase' filled with the beliefs they have about themselves, the people who care for them and the world in general.

The invisible suitcase is often filled with overwhelming negative beliefs and expectations. Beliefs about themselves:

- I am worthless.
- I am always in danger of being hurt or overwhelmed.
- I am powerless.

And beliefs about their caregivers:

- You are unresponsive.
- You are unreliable.
- You are, or will be, threatening, dangerous and rejecting.

Understanding the contents of a child's invisible suitcase is critical in helping a child overcome the effects of trauma and establishing healthy relationships.

Children who have been through trauma take their invisible suitcases with them to school, into the community, everywhere they go. They have learned through painful experience that it is not safe to trust or believe in others, and it is best not to give relationships a chance.

Re-enactment is the habit of recreating old relationships with new people. Just as traumatised children's sense of themselves and others is often negative and hopeless, their re-enactment behaviours can cause the new adults in their lives to feel negative and hopeless about the child.

Children who engage in re-enactments are not consciously choosing to repeat painful or negative relationships. The behaviour patterns children exhibit during re-enactments have become engrained over time because they:

- are familiar and helped the child survive in other relationships;
- 'prove' the negative beliefs in the invisible suitcase by provoking the same reactions for the child experienced in the past (a predictable world, even if negative, may feel safer than an unpredictable one);
- help the child vent frustration, anger and anxiety;
- give the child a sense of mastery over the old traumas.

Many of the behaviours that are most challenging for foster parents or adoptive parents are strategies that in the past may have helped the child survive in the presence of abusive or neglectful caregivers.

Unfortunately, these once-useful strategies can undermine the development of healthy relationships with new people and only reinforce the negative messages contained in the invisible suitcase.

Remember!

Children in care are likely to use the strategies they learned in situations of abuse and neglect. These children have often learned to elicit adult involvement through acting out and problem behaviour.

Such behaviours can evoke intense emotions in caregivers. Some common reactions in foster and adoptive parents include:

- urges to reject the child.
- abusive impulses towards the child.
- emotional withdrawal and depression.
- feelings of incompetence/helplessness.
- feeling like a bad parent.

This can lead to a vicious cycle in which the child requires more and more of carers' attention and involvement, but the relationship is increasingly strained by the frustration and anger now felt by both the caregiver and the child.

Preventing this vicious cycle of negative interaction requires patience and self-awareness. Most importantly, it requires a concerted effort to respond to the child in ways that challenge the invisible suitcase and provide the child with new, positive messages. Messages that tell the child:

- You are worthwhile and wanted.
- You are safe.
- You are capable.

And messages that say, as a caregiver:

- You are available and won't reject the child.
- You are responsive and not abusive.
- You will protect the child from danger.
- You will listen and understand.

Carers must still hold children accountable, give consequences and set expectations; however, with the invisible suitcase in mind, carers can balance correction with praise and deliver consequences without the negative emotions that may be triggered by the child's re-enactments.

Maltreated children need to learn that there is a better way to get their needs met. They need to learn that they can talk about the underlying feelings and beliefs contained in their invisible suitcase.

When the contents of the invisible suitcase have been unpacked and examined, re-enactments and negative cycles are less likely to occur.

Understanding carers' need for support

All carers needing support to meet the challenges of dealing with children who may have emotional and behavioural difficulties is a recurring finding in relation to out-of-home care provision (Biehal et al., 2009; Sinclair, 2009; Boddy, 2013):

- Carers need to be provided with information about the child so they can prepare for the placement.
- If carers are not prepared for potential difficulties, for example with regard to children's emotional and behavioural difficulties or in relation to contact, then the placement becomes vulnerable (Sinclair, 2005; Thomas, 2013; Quinton, 2012; Farmer, Moyers and Lipscombe, 2004).
- Abstract concepts or labels do not assist carers to understand the likely impact the child will have on their lives; clear descriptions and detailed accurate information are important (Sinclair et al., 2005).
- Placements made in haste, without consultation and without full information being given to the carer, are more likely to break down.

A lack of support is associated with foster carer strain, which can lead to children receiving less sensitive parenting from carers and an increased risk of placement breakdown (Farmer et al., 2005; Biehal et al., 2010).

Some studies show that some foster carers were reluctant to adopt the children they cared for due to fears that they might lose support (Biehal et al., 2009). In their study, Biehal et al. found that children who are adopted may need an equivalent level of support with mental health problems, behavioural and educational difficulties to children in long-term foster care.

Ongoing support in managing challenging behaviour is key to promoting stability and permanence. Support should be part of all care plans to ensure the best outcomes for children and prevent carer strain and placement breakdown.

Remember!

Support is especially important when problems arise. At times of conflict or crisis, carers have emphasised their need for support that is consistent, sympathetic, responsive, prompt and effective (Sinclair, 2005).

Summary

- When planning an alternative form of permanence, practitioners must consider all options available and select the placement that is most suited to the assessed needs of the child and is in their best interests. Promotiong positive connections with wider family and community must be considered in alternative plans.
- Children need to be consulted with and able to participate in the decision-making process when determining what form of permanence is in their best interests.
- Matching is a key process for identifying appropriate carers for a child in need of an alternative form of permanence.
- Guardianship offers the opportunity of permanence for children living with relatives whilst allowing children to retain their legal connections with their birth parents.
- As all contact with the Agency may cease under guardianship, the decision to support the guardians requires careful assessment and adequate consideration of the safeguarding needs of the child.
- Adoption offers a number of potential benefits to children including high levels of stability, facilitating developmental catch-ups and a sense of belonging and well-being.
- Not all children desire to be adopted; hearing the views of children is imperative when making decisions about adoption as a permanence option.
- All children in alternative forms of permanence need to have their experiences validated and their affect understood and appropriately tolerated.
- All carers, regardless of the form of care, need support to meet the challenges of caring for children who may have emotional and behavioural difficulties.

References

Adoption Authority of Ireland (2014) *Annual Report*, available at https://aai.gov.ie/images/Publications/AAI-Annual-Report-2014.pdf.

Adoption Authority of Ireland (2018) Annual Report, available at https://aai.gov.ie/images/Publications/AAI_Annual_Report_2018.pdf

Ainsworth, F. and Hansen, P. (2005) 'A dream come true – no more residential care. A corrective note', *International Journal of Social Welfare* 2005: 14: 195–199.

Alpert, L. (2005) Research review: 'Parents' service experience, a missing element of foster care outcomes', *Child and Family Social Work*, 10(4), 361–366.

Altman J. C. (2008) 'Engaging families in child welfare services: Worker versus client perspectives', *Child Welfare*, 87(3), 41–61.

Ashley C. (ed.) (2011) *Working With Risky Fathers* (Fathers Matter Volume 3: Research Findings on Working with Domestically Abusive Fathers and Their Involvement with Children's Social Care Services). London: Family Rights Group.

Asmussen, K. and Weizel, K. (2010) *Evaluating the evidence. Fathers, families and children.* National Academy for Parenting Practitioners.

Austerberry H., Stanley N., Larkins C., Ridley J., Farrelly N., Manthorpe J. and Hussein, S. (2013) 'Foster Carers and Family Contact: Foster carers' views of social work support', *Adoption & Fostering* 37(2), 116–129.

Banyard, V.L., Williams, L.M. and Siegel, J.A. (2003). 'The impact of complex trauma and depression on parenting: Exploration of mediating risk and protective factors', *Child Maltreatment*, 8(4), 4, 334–349.

Barlow J. and Scott J. (2010) *Safeguarding in the 21st Century: Where to now.* Dartington: Research in Practice.

Barlow, J., Fisher, J. and Jones, D. (2012) *Systematic review of models of analysing significant harm*, Research Report DFE-RR199. London: Department for Education.

Barth, R.P. (1997) 'Permanent placements for young children placed in foster care: a proposal for a child welfare services performance standard', *Children and Youth Services Review*, 19(8), 615–631.

Bath, H. (2008a) 'Calming together: The pathway to self-control', *Reclaiming Children and Youth*, 16(4), 44–46.

Bath, H. (2008b) 'The three pillars of trauma-informed care', *Reclaiming Children and Youth*, 17(3), 17–21.

Beckett, C. and McKeigue, B. (2003) 'Children in limbo: Cases where care proceedings have taken two years or more', *Adoption & Fostering*, 27(3), 31–40.

Benson, P.L., Sharma, A.R. and Roehlkepartain, E.C. (1994). *Growing Up Adopted: A portrait of adolescents and their families*. Minneapolis: Search Institute.

Bentovim, A., Cox, A., Bingley Miller, L. and Pizzey, S. (2009) *Safeguarding Children Living with Trauma and Family Violence: Evidence-based assessment, analysis and planning interventions*. London: Jessica Kingsley Publishers.

Berliner, L. (2013) 'What is Traumatic Stress?' *CW360 Trauma-Informed Child Welfare Practice*, Winter 2013.

Biehal, N. (2006) *Reuniting Looked After Children with Their Families*: A Review of the Research. London: National Children's Bureau.

Biehal, N. (2007) 'Reuniting children with their families: Reconsidering the evidence on timing, contact and outcomes', *British Journal of Social Work*, 37, 807–823.

Biehal, N. (2014) 'A Sense of Belonging: Meanings of family and home in long-term foster care', *British Journal of Social Work*, 44, 955–971.

Biehal, N., Ellison, S., Baker, C. and Sinclair, I. (2009) 'Characteristics, outcomes and meanings of three types of permanent placement – adoption by strangers, adoption by carers and long-term foster care', DCSF Research Brief, DCSF-RBX-09-11. London: DCSF.

Biehal, N., Ellison, S., Baker, C., & Sinclair, I. (2010). *Belonging and Permanence: Outcomes in Long-Term Foster Care and Adoption.* London: BAAF.

Blakey, J.M., Leathers, S.J., Lawler, M., Washington, T., Natschke, C., Strand, T., and Walton, Q. (2012) 'A review of how states are addressing placement stability', *Children and Youth Services Review*, 34, 369–378.

BMA: see British Medical Association.

Boddy J. (2013) *Understanding Permanence for Looked After Children: A review of research for the Care Inquiry*. London: The Care Inquiry.

Boddy, J., Statham, J., McQuail, S., Petrie, P. and Owen, C. (2009) *Working at the 'Edges' of Care? European models of support for young people and families*. London: Thomas Coram Research Institute, Institute of Education, University of London.

Bowyer S. and Wilkinson J. (2013) *Evidence Scope: Models of Adolescent Care Provision.* Totnes, Research in Practice.

Bowyer S., Wilkinson J. and Gadsby Waters J. (2015). 'Impact of the family justice reforms on front-line practice phase two: special guardianship orders' (Research Report DFE-RR478B). Available from: www.gov.uk/government/publications/family-justice-review-special-guardianship-orders.

Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., and Black, J. (2008) *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What Can We Learn? A biennial analysis of serious case reviews, 2003–2005*. London: DCSF.

Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebotham, P., Dodsworth, J., Warren, C. and Black, J. (2009) *Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005–07* (Research Report DCSF–RR129). University of East Anglia.

Brandon M., Sidebotham P., Bailey S. and Belderson P. (2011) *A Study of Recommendations Arising from Serious Case Reviews 2009–2010* (Research Report DFE-RR157). London: Department for Education.

Brandon M., Sidebotham P., Bailey S., Belderson P., Hawley C., Ellis C. and Megson M. (2012) *New Learning from Serious Case Reviews: A two year report for 2009–201.* (Research Report DFE-RR226). London: Department for Education.

British Medical Association (2007) Fetal Alcohol Spectrum Disorders: A Guide for Healthcare Professionals. London: BMA.

Brown, J.D. and Bednar, L.M. (2006) 'Foster Parent Perceptions of Placement Breakdown', *Children and Youth Services Review*, 28, 1497–1511.

Brown, L., Moore, S. and Turney, D. (2011) *Analytical and Critical Thinking in Assessment – Pilot Action Pack*. Dartington: Research in Practice.

Brown, L., Moore, S. and Turney, D. (2012) *Analysis and Critical Thinking in Assessment. Resource Pack – core publication*. Dartington: Research in Practice.

Brown, R. and Ward, H. (2013) *Decision-Making within a Child's Framework*, Children's Well-Being Research Centre, Working Paper 16 (second edition). London: Institute of Education.

Buckley, H. (2003) *Child Protection and Welfare: Innovations and Interventions.* Dublin: Institute of Public Administration.

Buckley H., Horwath J. and Whelan S. (2006) *Framework for the Assessment of Vulnerable Children and their Families*: Assessment tool and practice guidance. Dublin: Children's Research Centre, Trinity College.

Bullock, R., Gooch, D. and Little, M. (1998) *Children Going Home: the re-unification of families*. Ashgate: Aldershot.

Burns, S., MacKeith, J. and Graham, K. (2008) *Using the Outcomes Star: Impact and Good Practice*. London: Falmer Press.

C4EO: see Centre for Excellence and Outcomes in Children and Young People

Cairns, K. (2002) *Attachment, Trauma and Resilience – Therapeutic caring for children*. British Association for Adoption and Fostering (BAAF): London.

Care Inquiry, The (2013) *Making Not Breaking. Building relationships for our most vulnerable children.* London: Nuffield Foundation.

Centre for Advanced Studies in Child Welfare (2013) CW360: *Trauma-Informed Child Welfare Practice*, Winter 2013.

Centre for Excellence for Looked After Children in Scotland (2014) *Snapshots of Permanence – What's Happening in Scotland?* Centre for Excellence for Looked after Children in Scotland: Glasgow.

Centre for Excellence and Outcomes in Children and Young People (2009) 'The oversight and review of cases in the light of changing circumstances and new information: how do people respond to new (and challenging) information?' *Safeguarding: Briefing 3*, November 2009.

Charles, K. and Nelson, J. (2000) *Permanency Planning: Creating lifelong connections.* What does it mean for adolescents? National Resource Center for Youth Development: The University of Oklahoma.

Charlton, L., Crank. M., Kansara, K. and Oliver, C. (1998) *Still Screaming: Birth Parents Compulsorily Separated from their Children.* Manchester: After Adoption.

Chemtob, C.M., Griffing, S., Tullberg, E., Roberts, E. and Ellis, P. (2011) 'Screening for trauma exposure and posttraumatic stress disorder and depression symptoms among mothers receiving child welfare preventive services', *Child Welfare*, 90(6), 109–127.

Cheng, T.C. (2010) 'Factors associated with reunification: A longitudinal analysis of long-term foster care', *Children and Youth Services Review*, 32, 1311–1316.

Child and Family Agency – Tusla (2014) *Alternative Care Practice Handbook*. Dublin: Child and Family Agency, Tusla.

Child and Family Agency – Tusla (2016) *Tusla Participation Strategy for Children and Young People. National Guidance and Local Implementation*. December 2016.

Child Welfare Collaborative Group, National Child Traumatic Stress Network, and The California Social Work Education Center (2008) *Child Welfare Trauma Training Toolkit: Trainer's guide* (1st ed.) Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Child Welfare Information Gateway (2006) *Family Reunification*: *What the Evidence Shows*. Washington, DC: Author. Viewed 20 September 2010 https://secure.ce-credit.com/articles/101406/family_reunification.pdf

Child Welfare Information Gateway (2011) *Family Reunification*: W*hat the Evidence Shows*. Washington DC, U.S. Department of Health and Human Services.

Child Welfare Information Gateway (2012a) *Concurrent Planning: What the Evidence Shows*. Issue Brief April 2012. http://centerforchildwelfare.fmhi.usf.edu/kb/Implementation/

ConcurrentPlanning_Evidence.pdf

Child Welfare Information Gateway (2012b) *Supporting Reunification and Preventing Re-entry into Out-of-Home Care*. Washington DC; U.S. Department of Health and Human Services.

Child Welfare League of America, (2000): *Standards of Excellence for Adoption Services*. Washington, DC.

Christiansen, O., Havnen, J.S.K., Havik, T. and Anderssen, N. (2013) 'Cautious belonging: Relationships in long-term foster care', *British Journal of Social Work*, 43, 720–738.

Clarke H. (2006) *Improving Effectiveness in Foster Care Recruitment: An interim report of the Innovation in Foster Care Recruitment Study.* London: The Fostering Network

Clarke H. (2010) *Bursting at the Seams. Impact on fostering services of the rise of children going into care 2009–10*. London: The Fostering Network.

Cleaver H. (2000) *Fostering Family Contact: Studies in evaluating the Children Act*. London: The Stationery Office

Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*. London: Jessica Kingsley Publishers.

Clough, R., Bullock, R. and Ward, A. (2006) *What Works in Residential Child Care: A review of research evidence and practical considerations*. London: National Children's Bureau.

Coakley J.F. and Berrick J.D. (2008) 'Research review: In a rush to permanency: Preventing adoption disruption'. *Child & Family Social Work*, 13(1), 101–112.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M. and van der Kolk, B.A. (2005). 'Complex trauma in children and adolescents'. *Psychiatric Annals*, 35, 390–398.

Cooper, J.L., and Aratani, Y. (2013) 'By What Yardstick Should We Measure Success in Child Welfare Policy?' *CW360 Trauma-Informed Child Welfare Practice*, Winter 2013.

Cooper, A., Hetherington, R. and Katz, I. (2003) *The Risk Factor: Making the child protection system work for children*. London: DEMOS

Conradi, L., and Kisiel, C. (2013) 'Trauma Screening within the Child Welfare System', *CW360 Trauma-Informed Child Welfare Practice,* Winter 2013.

Corcoran, J. (2000) 'Family interventions with child physical abuse and neglect: A critical review', *Children and Youth Services Review*, 22(7), 563–591.

Coulter, C. (2013) *Child Care Law Reporting Project: Interim Report*. Dublin: Child Care Law Reporting Project.

Council of Irish Adoption Agencies (2009) *An Ethical Framework for Adoption in Ireland*. Council of Irish Adoption Agencies

Courtney, M., Piliavin, I., Grogan-Kaylor, A. and Nesmith, A. (2001) 'Foster youth transitions into adulthood: a longitudinal view of youth leaving care', *Child Welfare*, 80(6) 685–717.

Cousins, J. (2003) 'Are we missing the match? Rethinking adopter assessment and child profiling', *Adoption & Fostering* 27(4) 7–18, Winter 2003.

Cox E., Moggach L. and Smith T. (2007) 'Participation and decision making in older age adoption', *Developing Practice*, 19, 16–24.

Cronin, B. (2016) 'The Children and Family Relationships Act 2015', *Foster*, Issue 2, 2016, Legal issues in foster care. Irish Foster Care Association.

Curran, M. (2017) 'Summary of Care Plan document... aka Bubbles Presentation'. DNE Regional Learning Day, 30th March 2017.

Daining, C. and DePanfilis, D. (2007) 'Resilience of youth in transition from out-of-home care to adulthood', *Children and Youth Services Review*, 29, 1158–1178.

Daly, F. and Gilligan, R. (2005) *Lives in Foster Care: The Educational and Social Support Experiences of Young People Aged 13 to 14 Years in Long-Term Foster Care*. Dublin: Children's Research Centre.

Dalzell, R. and Chamberlain, C. (2006) *Communicating with Children:* A two-way process. Resource pack. London: National Children's Bureau.

D'Andrade, A., Frame, L. and Duerr Berrick, J. (2006) 'Concurrent planning in public child welfare agencies: Oxymoron or work in progress?', *Children and Youth Services Review,* 28(1), 78–95.

Dance C. and Rushton A. (2005) 'Joining a new family: The views and experiences of young people placed with permanent families during middle childhood', *Adoption & Fostering,* 29(1), 18–28.

Darlington Y., Healy K. and Feeney J. (2010) 'Challenges in implementing participatory practice in child protection: A contingency approach', *Children and Youth Services Review*, 32, 1020–1027.

Davies, C. and Ward, H. (2011) *Safeguarding Children across Services: Messages from Research on Identifying and Responding to Child Maltreatment*. London: Jessica Kingsley.

Davies, C. and Ward, H. (2012) *Safeguarding Children Across Services: Messages from Research*. London: Jessica Kingsley. www.education.gov.uk/publications/eOrderingDownload/DFE-RR164.pdf accessed 2 January 2016. See especially Chapter 4.

Dawson, K. & Berry, M. (2002) 'Engaging families in child welfare services: an evidence-based approach to best practice', *Child Welfare*, 81(2), 293–317.

DCSF: see Department of Children, Schools and Families.

Department of Children, Schools and Families (DCSF) (2009) Statutory Guidance on Promoting the Health and Well-being of Looked After Children. London: DCSF.

Department of Children, Schools and Families (DCSF) (2010) IRO Handbook: Statutory Guidance for Independent Reviewing Officers and Local Authorities on their Functions in Relation to Case Management and Review for Looked After Children. London: DCSF. www.education.gov.uk/publications/eOrderingDownload/DCSF-00184-2010.pdf accessed 19 March, 2012.

Department for Education (2011). UK Legislation and Guidance: 2005 Statutory Guidance: Adoption and Children Act 2002. London: DFES. https://webarchive.nationalarchives.gov.uk/20121106123026/http://www.education.gov.uk/b005808/intercountry-adoption-uk-legislation-and-guidance/2005-statutory-adoption-guidance-adoption-and-children-act-2002

Department for Education (2012) An Action Plan for Adoption: Tackling Delay. London: DfE. media.education.gov.uk/assets/files/pdf/a/an%20action%20plan%20for%20adoption.pdf accessed 19 March 2012.

Department for Education (2014) 16 Working with Birth Parents.

http://fosteringandadoption.rip.org.uk

Department of Health, Cox, A. and Bentovim, A. (2000) The Family Assessment Pack of Questionnaires and Scales. London: The Stationery Office.

DfE: see Department for Education.

Dickens, J. (2007) 'Child neglect and the law: catapults, thresholds and delay', *Child Abuse Review*, 16(2), 77–92.

Dingwall, R., Eekalaar, J. and Murray, T. (1983) *The Protection of Children: State, Intervention and Family Life*. Oxford: Blackwell.

Doel, M. and Best, L. (2008) *Experiencing Social Work: Learning from Service Users*. Sage: Los Angeles, London, New Delhi and Singapore.

Doka K. (ed.) (1989) *Disenfranchised Grief: Recognizing hidden sorrow*. Lexington, MA: Lexington Books.

Dore, M.M. and Lee, J.M. (1999) 'The role of parent training with abusive and neglectful parents', *Family Relations*, 48, 313–325.

Drapeau, S., Simard, M., Beaudry, M. and Charbonneau, C. (2000) 'Siblings in family transitions', *Family Relations*, 49, 77–85

Dublin City University (2011) *The Dynamics of Sharing Professional Knowledge and Lay Knowledge. A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework*. Dublin City University.

Dukette, R. (1984) 'Value issues in present-day adoption'. *Child Welfare* 63(3), 233–24.

Easton C., Lamont E., Smith R. and Aston H. (2013) '"We Should Have Been Helped from Day One": A unique perspective from children, families and practitioners'. Findings from LARC5. Slough: National Foundation for Educational Research.

Evan B. Donaldson Adoption Institute (2008) *Finding Families for African American Children: The role of race and law in adoption from foster care*. New York: Evan B Donaldson Adoption Institute.

Farmer E. (2009) 'Reunification with birth families'. In: Schofield G. and Simmonds J. (eds), *The Child Protection Handbook. Research, Policy and Practice* (pp. 83–101). London: BAAF.

Farmer, E., and Lutman, E. (2009) *Case Management and Outcomes for Neglected Children Returned to their Parents: A Five Year Follow-Up Study*, Report to the Department for Children, Schools and Families. School for Policy Studies, University of Bristol.

Farmer, E. and Lutman, E. (2010) *Case Management and Outcomes for Neglected Children Returned to their Parents: A Five Year Follow-Up Study*. DCSF-RB214. London: Department for Education.

Farmer, E. and Lutman, E. (2012) *Effective Working with Neglected Children and their Families: Linking Interventions to Long-term Outcomes*. London: Jessica Kingsley. Executive summary at www.childandfamilytraining.org.uk/sites/9/pg/69/Elaine_Farmer_Executive_summary.pdf.

Farmer, E. and Wijedasa, D. (2013) 'The Reunification of Looked After Children with Their Parents: What Contributes to Return to Stability?', *British Journal of Social Work*, 43(8), 1611–1629.

Farmer, E., Moyers, S. and Lipscome, J. (2004) *Fostering Adolescents*. London: Jessica Kingsley.

Farmer, E., Lipscombe, J. and Moyers, S. (2005) 'Foster carer strain and its impact on parenting and placement outcomes for adolescents', *British Journal of Social Work* 35(2): 237–253.

Farmer, E., Sturgess, W. and O'Neill, T. (2008) *The Reunification of Looked After Children with Their Parents: Patterns interventions and outcomes.* Report to the Department for Children, Schools and Families, School for Policy Studies, University of Bristol.

Farmer, E., and Dance, C., with Beecham, J., Bonin, E. and Ouwejan, D. (2010) *An Investigation of Family Finding and Matching in Adoption*. Report to the Department of Children, Schools and Families, School of Policy Studies, University of Bristol.

Fatherhood Institute, The (2009) 'Developing father-inclusive services' in *Toolkit for developing father-inclusive services*. The Fatherhood Institute.

Fauth, R., Jelicic, H., Hart, D., Burton, S. and Shemmings, D. (2010) *Effective practice to protect children living in 'highly resistant' families*. Knowledge Review published by C4EO 2010.

Ferguson, H. (2011) *Child Protection Practice*. Basingstoke: Palgrave Macmillan.

Ferguson H. and Hogan F. (2004) *Strengthening Families Through Fathers: Developing policy and practice in relation to vulnerable fathers and their families*. Dublin: Department of Social and Family Affairs.

Fernandez, E. (2008) 'Unravelling emotional, behavioural and educational outcomes in a longitudinal study of children in foster care', *British Journal of Social Work*, 38, 1283–1301.

Fernandez, E. (2009) 'Children's wellbeing in care: Evidence from a longitudinal study of outcomes', *Children and Youth Services Review*, 31, 1092–1100.

Fish, S., Munro, E. and Bairstow, S. (2008) *Learning Together to Safeguard Children: developing a multi-agency systems approach for case reviews*. London: Social Care Institute for Excellence.

Forrester, D. and Harwin, J. (2008) 'Parental substance misuse and child welfare: outcomes for children two years after referral', *British Journal of Social Work*, 38(8), 1518–1535.

Forrester, D., Kershaw, S. Moss, H. and Hughes, L. (2008) 'Communication skills in child protection: how do social workers talk to parents?' *Child and Family Social Work*, 13, 41–45.

Frame, L., Duerr Berrick, J. and Coakley, J.F. (2006) 'Essential elements of implementing a system of concurrent planning', *Child and Family Social Work*, 11(4), 357–367.

Franklin, A. and Sloper P. (2009) 'Supporting the Participation of Disabled Children and Young People in Decision-making', *Children and Society*, 23, 3–15.

Fraser, M.W., Walton, E., Lewis, R.E., Pecora, P.J. and Walton, E.K. (1996) 'An experiment in family reunification: Correlates of outcomes at one-year follow up', *Children and Youth Services Review*, 18(4/5), 335–362.

Freundlich, M. and Wright, L. (2003) *Post Permanency Services*. Washington DC: Casey Families Program.

Freundlich M., Avery R.J., Gerstenzang S. and Munson S. (2006a) 'Permanency options and goals: Considering multifaceted definitions', *Child & Youth Care Forum*, 35(5-6), 355–374.

Freundlich, M., Avery, R.J., Munson, S. and Gerstenzang, S. (2006b). 'The meaning of permanency in child welfare: Multiple stakeholder perspectives', *Children and Youth Services Review* 28, 741–760.

Fuller, T.L. (2005) 'Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care', *Children and Youth Services Review*, 27(12), 1293–1306.

Gambrill, E.D. (2005) 'Decision-making in child welfare: errors and their context', *Children and Youth Services Review*, 27(4), 347–352.

Geenan, S., and Powers, L.E. (2007) 'Tomorrow is another problem: The experiences of youth in foster care during their transition into adulthood', *Children and Youth Services Review*, 29(8), 1085–1101.

General Social Care Council (nd) *Professional Boundaries – Guidance for social workers*.

Gilligan, R. (2000) 'The developmental implications for children of life in public care: Irish and international perspectives', *Irish Journal of Psychology*, 21(3-4), 138–153.

Goff, S. (2012) 'The Participation of Fathers in Child Protection Conferences: A Practitioner's Perspective', *Child Abuse Review* 21, 275–284. Published online in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/car.2226.

Gondolf, E.W. (2002) Batterer Intervention Systems: Issues, Outcomes and Recommendations. London: Sage.

Goulding, J. (1998) *The Light in the Window*, Dublin: Poolbeg Press.

Government of Western Australia Department of Child Protection (2011) *The Signs of Safety Child Protection Practice Framework*, 2nd Edition.

Grillo, C.A., Lott, D.A., Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network (2010) *Caring for children who have experienced trauma: A workshop resource for parents – Participant Handbook*. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

Gustavsson N.S. and MacEachron A.E. (2010). 'Sibling connections and reasonable efforts in public welfare', *Families in Society: The Journal of Contemporary Social Services*, 91(1), 39–44.

Harwin, J. and Forrester, D. (2002) *Parental substance misuse and child welfare: A study of social work with families in which parents misuse drugs or alcohol*, Interim Report for the Nuffield Foundation, London.

Hayward, R.A. and DePanfilis, D. (2007) 'Foster children with an incarcerated parent: Predictors of reunification', *Children and Youth Services Review*, 29, 1320–1334.

Healey, C.V. and Fisher, P.A. (2011) 'Children in Foster Care and the Development of Favourable Outcomes', *Children and Youth Services Review*, 33(10), 1822–1830.

Healy K. and Darlington Y. (2009) 'Service user participation in diverse child protection contexts: Principles for practice', *Child and Family Social Work*, 14, 420–430.

Hernandez L., Robson P. and Sampson A. (2010) 'Towards integrated participation: Involving seldom heard users of social care services', *British Journal of Social Work*, 40(3), 714–736.

Hess, P. and Proch, K. (1993) Visiting: 'The heart of reunification', in B. Pine, R. Warsh and A. Maluccio (eds.), *Together Again: Family reunification in foster care*. Washington, DC: Child Welfare League of America.

Hoggarth, L. and Comfort, H. (2010) *A Practical Guide of Outcome Evaluation*. London: Jessica Kingsley.

Holland, S. (2004) *Child and Family Assessment in Social Work Practice*. London: Sage.

Holland, S., Renold E., Ross N. and Hillman A. (2010) 'Power, Agency and Participatory Agendas: A critical exploration of young people's engagement in participative qualitative research', *Childhood* 17(3), 360–375.

Holmes, L. (2014) *Supporting Children and Families Returning Home from Care: Counting the Costs*. Loughborough University and NSPCC.

Hook, J.L, and Courtney, M.E. (2011) 'Employment outcomes of former foster youth as young adults: The importance of human, personal and social capital', *Children and Youth Services Review*, 33, 1855–1865.

Howard, J.A., Smith, S.L. and Ryan, S.D. (2004) 'A comparative study of child welfare adoptions with other types of adopted children and birth children', *Adoption Quarterly* 7(3), 1–30.

Howe, D. (2006) 'Developmental attachment psychotherapy with fostered and adopted children', *Child and Adolescent Mental Health* 11(3), 128–134.

Howe, D. (2009) 'The Impact of Histories of Abuse and Neglect on Children in Placement', in Schofield G. and Simmonds J. (eds), The Child Placement Handbook. London: BAAF.

Jones, D. P. H. (2006) 'Risk factors for recurrence of maltreatment: a systematic review', *Archives of Disease in Childhood* 9, 744–752.

Jordon, B. and Sketchley, R. (2009) 'A stitch in time saves nine. Preventing and responding to the abuse and neglect of infants', *Child Abuse Prevention Issues* 30. National Child Protection Clearinghouse. Australian Institute of Family Studies. https://aifs.gov.au/cfca/publications/stitch-time-saves-nine-preventing-and-responding-th.

Juffer, F. and van IJzendoorn, M.H. (2005). 'Behavior problems and mental health referrals of international adoptees'. *Journal of the American Medical Association*, 293, 2501–2515.

Kane, J. and Darlington, Y. (2009) 'Permanency planning decision-making for sibling groups: a systematic review of the literature', *Communities, Children and Families Australia* 4(2), 34–45.

Keagy, E.J. and Rall, B.A. (2007) 'The special needs of special-needs adoptees and their families', in R.A. Javier, A.L. Baden, F.A. Biafora and A. Camacho-Gingerich (eds.), *Handbook of Adoption. Implications for Researchers, Practitioners and Families*, pp. 217–227. Thousand Oaks: Sage.

Kellett J. and Apps J. (2009) *Assessments of Parenting and Parenting Support Need: A study of four professional groups*. York: Joseph Rowntree Foundation.

Kemp, S., Marcenko, M., Hoagwood, K. and Vesneski, W. (2009) 'Engaging parents in child welfare services: Bridging family needs and child welfare mandates', *Child Welfare*, 88(1), 101–126.

Koprowska, J. (2005) *Communication and Interpersonal Skills in Social Work: Transforming Social Work Practice*. Exeter: Learning Matters.

Laming, Lord (2003) *The Victoria Climbié inquiry: Report of an inquiry by Lord Laming*. Cm 5730, London: The Stationery Office.

Laming, Lord (2009) *The Protection of Children in England: A Progress Report*. London: The Stationery Office.

Lansdown, G. (2010) 'The Realisation of Children's Participation Rights'. In Percy-Smith, B., and Thomas, N. (eds), *A Handbook of Children and Young People's Participation*. Oxford: Routledge.

Lanyado M. (2003), 'The emotional tasks of moving from fostering to adoption: Transitions, attachment, separation and loss', *Clinical Child Psychology and Psychiatry*, 8(3), 337–349.

Latchford, G. (2010) 'A Brief Guide to Motivational Interviewing'. Year 3 Motivational Interviewing Workshop. March 2010. Clinical Psychology Training Programme, Leeds Institute of Health Science, University of Leeds.

Leathers, S.J. (2005) 'Separation from siblings: Associations with placement adaption and outcomes among adolescents in long-term foster care', *Children and Youth Services Review* 27, 793–819.

Lefevre, M. (2010) *Communicating with Children and Young People: Making a Difference*. Bristol: The Policy Press.

Lenz-Rashid, S.T. (2009) 'Developing Permanent, Supportive Connections While in Care: Foster Youth's Perspectives'.

https://alamedasocialservices.org/opg/documents/PermanencyRptSept2009.pdf

Lucey, C., Sturge, C., Fellow-Smith, L. & Reder, P. (2003). 'What contact arrangements are in a child's best interests?', in P. Reder, S. Duncan & C. Lucey (eds.), *Studies in the Assessment of Parenting,* pp. 267-286. New York: Brunner-Routledge.

Luckock B., Lefevre M., Orr D., Jones M., Marchant, R. and Tanner, K. (2006) *Teaching, Learning and Assessing Communication Skills with Children and Young People in Social Work Education.* (Social Work Education Knowledge Review 12). London: SCIE.

Lutz, L. (2000) *Concurrent Planning: Survey of selected sites*. New York: Hunter College School of Social Work, National Resource Center for Foster Care and Permanency Planning.

MacKeith, J. (2011) 'The Development of the Outcomes Star: A Participatory Approach to Assessment and Outcome Measurement', *Housing, Care and Support* 14(3), 98–106.

McCaughren, S. and Parkes, A. (2016) 'New Directions for Adoption Law and Practice'. Presentation, 27 May 2016.

McDermid, S., Hyde-Dryden, G. and Ward, H. (2015) 'Looking for long-term outcomes: What early interventions are needed for children and young people at risk of maltreatment in England?' *Irish Journal of Applied Social Studies*, 15(2), 36–49.

McDonald, T., Bryson, S. and Poertner, J. (2006) 'Balancing reunification and reentry goals', *Children and Youth Services Review,* 28, 47–58.

McEvoy, O. and Smith, M. (2011) *Listen to Our Voices: Hearing children and young people living in the care of the state*. Dublin: Office of the Minister for Children and Youth Affairs.

McGuinness, C. (1993) Report of the *Kilkenny Incest Investigation*. Dublin: Government Publications.

McNicholas, N., O'Connor, N., Bandyopadhyay, G., Doyle, P., O'Donovan, A. and Belton, M. (2011) 'Looked-after children in Dublin and their mental health needs', *Irish Medical Journal*, 104(4),105–108.

McSherry D. (2006), 'Care planning in care proceedings: A case study perspective on achieving permanency', in Iwaniec D. (ed.), *The Child's Journey through Care*, pp. 219–233, West Sussex: John Wiley & Sons.

McSherry, D., Fargas Malet, M., and Weatherall, K. (2013) *Comparing Long-Term Placements for Young Children in Care: The care pathways and outcomes study – Northern Ireland*. London: BAAF.

Mallon, G.P. and Seafin, S.B. (2001) Concurrent Planning. National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work, New York. Accessed from http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/concurrent-permanency-planning.html

Maluccio, A.N. and Ainsworth, F. (2003) 'Drug Use by Parents: A Challenge for Family Reunification Practice', *Children and Youth Services Review*, 25(7), 511–533.

Martin, K. (2008) *How to involve children and young people with communication impairments in decision-making*. Participation Works. London: National Children's Bureau.

Masson, J., Pearce, J., Bader, K., with Joyner, O., Marsden, J., and Westlake, D. (2008) *Care Profiling Study.* Ministry of Justice Research Series. Available at https://research-information.bris.ac.uk/en/publications/care-profiling-study-ministry-of-justice-research-series-408(d1aceb72-5a69-403d-85b2-70904323ee32)/export.html

Milotte, M. (2012) *Banished Babies: The Secret History of Ireland's Baby Export Business*. 2nd edition, Dublin: New Island.

Minnis, M. and Walker, F. (2012) *The Experience of Fostering and Adoption Processes – the Views of Children and Young People*: Literature Review and Gap Analysis. Slough: NFER.

Monck, E., Reynolds, J. and Wigfall, V. (2004) 'Using concurrent planning to establish permanency for looked after young children', *Child and Family Social Work*, 9, 321–331.

Moran, L., Devaney, C., McGregor, C. and Reddy, J. (2016) Scoping Review of International and *Irish Literature on Outcomes for Permanence and Stability for Children in Care*. Galway. The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.

Morgan, R. (2006). *About Adoption: a Children's Views Report.* Newcastle upon Tyne: Office of the Children's Rights Director, Commission for Social Care Inspection. Available online: https://www.rights4me.org/~/media/Library%20 Documents/Reports/Reports%202006/REPORT%20About%20Adoption.pdf

Morgan, R. (2009) *Keeping in Touch: A Report of Children's Experience by the Children's Rights Director for England*. Ofsted: London. http://dera.ioe.ac.uk/10952/1/Keeping%20in%20touch.pdf

Moyers, S., Farmer, E. and Lipscombe, E. (2006) 'Contact with Family Members and its Impact on Adolescents and their Foster Placements', *British Journal of Social Work*, 36, 541–559.

Munro, E. (2001) 'Empowering looked-after children', *Child and Family Social Work*, 6, 129–137.

Munro, E. (2005) '*What tools do we need to improve the identification of child abuse?', Child Abuse Review*, 14, 374–388.

Munro, E. (2007) *Child Protection*. London: Sage.

Munro, E. (2008) 'Improving reasoning in supervision', *Social Work Now*, 40, 6.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report: a child-centred system.* Norwich: The Stationery Office.

Munro, E. and Gilligan, R. (2013) 'The "dance" of kinship care in England and Ireland: Navigating a course between regulation and relationships', *Psychosocial Intervention*, 22, 311–321.

National Resource Center for Permanency and Family Connections (2010) 'Family Engagement: A web-based practice toolkit'. New York, NY. http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/Family%20Engagement%20Resources_.pdf

National Society for the Prevention of Cruelty to Children (2013) *Vicarious Trauma: The consequences of working with abuse.* NSPCC research briefing. London: NSPCC.

Neil, E. (2012) 'Making sense of adoption: Integration and differentiation from the perspective of adopted children in middle childhood', *Children and Youth Services Review,* 34, 409–416.

Neil E., Cossar, J., Lorgelly, P. and Young, J. (2010) *Helping Birth Families: Services, costs and outcomes*. London: BAAF.

Neil E., Cossar J., Jones C., Lorgelly P. and Young J. (2011) *Supporting Direct Contact after Adoption*. London: BAAF

New South Wales Department of Community Services (2008) *Permanency Planning Guidelines.*

Norburn A. (2013) *Communicating Effectively with Children Under Five* (Frontline briefing), Dartington: Research in Practice.

Pathways to Permanency Handbook

Norgrove D. (2011) *The Family Justice Review. Final report.* London: Ministry of Justice, Department for Education and the Welsh Government.

NSPCC: see National Society for the Prevention of Cruelty to Children.

NSW: see New South Wales Department of Community Services.

O'Brien, V. (2002) 'Relative Care: Issues for Social Care Workers?' Irish Journal of Applied Social Studies 3(1), article 7.

O'Brien, V. (2013) K*inship Care Enhanced Support Needed*. UCD Working Series, University College Dublin.

O'Brien, V. (2014) 'Children in care, adoption and permanency', Paper presented at the AAI Conference – The Irish Care System and Adoption Dublin: UCD.

O'Brien, V. and Conway, E. (2004) *Guide for Practitioners – A Standardised Framework for Domestic Adoption Preparation, Assessment and Decision-making Procedures.* Irish Adoption Board.

O'Brien, V. and Palmer, A. (2016) 'Adoption as Part of the Irish Care System: a New Challenge for Social Work?' *The Irish Social Worker,* Spring 2016, 52–58.

O'hInnse, S. (1940) *Fosterage in Early and Medieval Ireland.* Dublin: National University of Ireland.

Ombudsman for Children (2013) *A Meta-Analysis of Repetitive Root Cause Issues Regarding the Provision of Services for Children in Care*. Dublin: Ombudsman for Children's Office.

Office of the Children's Rights Director (2013) *Improving Adoption and Permanent Placements. Children's views to the Select Committee on Adoption Legislation*. London: OCRD for England.

Ofsted (2011) *Ages of Concern: learning lessons from serious case reviews. A thematic report of Ofsted's evaluation of serious case reviews from 1 April 2007 to 31 March 2011.*

Osmond, J. and Tilbury, C. (2012) 'Permanency Planning Concepts', *Children Australia* 37(3), 100–107.

Owen, C. and Statham, J. (2009) *Disproportionality in Child Welfare, Department for Children, Schools, and Families*. https://dera.ioe.ac.uk/11152/1/DCSF-RR124.pdf

Palmer, A. (2015) 'The Implications of the Adoption Amendment Bill, 2012, for Social Work Practice'. Unpublished research study in part fulfilment of the PhD Social Policy Programme, University College Dublin, Dublin.

Parker, R. (1999) Adoption Now: Messages from Research. Chichester, England: Wiley.

Perry, B. (1999) 'Helping Traumatized Children – A Brief Overview for Caregivers'. Child Trauma Academy Press.

Perry, B.D. (2001) 'The Neurodevelopmental Impact of Violence in Childhood', Chapter 18 in D. Schetky and E.P. Benedek (eds.) *Textbook of Child and Adolescent Forensic Psychiatry,* pp. 221-238. Washington, D.C.: American Psychiatric Press.

Perry, B.L. (2006) 'Understanding social work network disruption: The case of youth in foster care', *Social Problems,* 53(3), 371–391.

Pinna, K.L.M. and Gerwitz, L.P. (2013) 'The Impact of Trauma from Early Childhood through Adolescence: A Developmental Perspective', *CW360 Trauma-Informed Child Welfare Practice,* Winter 2013.

Platt, D. and Turney, D. (2014) 'Making Threshold Decisions in Child Protection: A Conceptual Analysis'. *The British Journal of Social Work,* 44(6), 1472–1490.

Postle, K. and Beresford, P. (2007) 'Capacity Building and the Reconception of Political Participation: A Role for Social Care Workers?', *British Journal of Social Work*, 37, 143–158.

Queensland Government (2010) *Kinship Care: A Literature Review*. Department of Communities.

Queensland Government (2011) *Permanency Planning Practice Paper*. Department of Communities.

Quinton, D. (2004) *Supporting Parents: Messages from Research*. London: Jessica Kingsley.

Quinton, D. (2012) *Rethinking Matching in Adoptions from Care*. London: BAAF

Quinton, D. and Selwyn, J. (2009) 'Adoption as a solution to intractable problems: Evidence from two English studies', *Children and Youth Services Review*, 31, 1119–1126.

Regehr, C., Bogo, M., Shlonsky, A. and LeBlanc, V. (2010) 'Confidence and professional judgment in assessing children's risk of abuse', *Research on Social Work Practice*, 20(6), 621–8.

Rollnick, S. and Miller, W. R. (1995) 'What is motivational interviewing?', *Behavioural and Cognitive Psychotherapy*, 23(4), 325–334.

Rushton, A. (2009) 'Adoption support', in Schofield G and Simmonds J (eds), *The Child Placement Handbook: Research, policy and practice*. London: BAAF.

Ryan S.D., Hinterlong J., Hegar R. and Johnson L.B. (2010) 'Kin adopting kin: In the best interest of children?', *Children and Youth Services Review*, 32, 1631–1639.

Rzepnicki, T.L., Schuerman, J.R. and Johnson, P. (1997) 'Facing uncertainty: reuniting high-risk families', *Child Welfare Research Review*, vol. 2 (ed. Berrick, J.D., Barth, R.P. and Gilbert, N.) New York: Columbia University Press.

Samuels, G.M. (2009) 'Ambiguous loss of home: The experience of familial (im) permanence among young adults with foster care backgrounds', *Children and Youth Services Review*, 31, 1229–1239

Schene, P. (2001) *Implementing Concurrent Planning. A Handbook for Child Welfare Administrators* (ed. B. Sparks). Portland, Maine: National Child Welfare Resource Centre for Organisational Improvement.

Schofield, G. (2009) 'Permanence in Foster Care' in Schofield, G., and Simmonds, J. (eds), *The Child Placement Handbook, Research, policy and practice.* London: BAAF.

Schofield, G. and Stevenson, O. (2009) 'Contact and relationships between fostered children and their birth families', *The Child Placement Handbook: Research, policy and practice.* London: BAAF.

Schofield G. and Ward E. (2011) *Understanding and Working with Parents of Children in Long-term Foster Care.* London: Jessica Kingsley.

Schofield, G., Ward, E. and Beek, M. (2012) 'Part of the Family: Planning for Permanence in Long-Term Family Foster Care', *Children and Youth Services Review*, 34: 244–253.

Schofield G., Moldestad B., Höjer I., Ward E., Skilbred D., Young J. and Havik T. (2010) 'Managing Loss and a Threatened Identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice', *British Journal of Social Work*, 41(1) 74–92.

Schofield G., Beek M., Ward E. and Sellick C. (2011) *Care Planning for Permanence in Foster Care*. Norwich: Centre for Research on the Child and Family, University of East Anglia.

Scourfield, J. (2003) *Gender and Child Protection.* London: Palgrave Macmillan.

Scourfield J. 2006. 'The Challenge of engaging fathers in the child protection process', *Critical Social Policy,* 26(2), 440–469.

Scott, D., O'Neill, C. and Minge, A. (2005) 'Contact between children in out-of-home care and their birth families: Literature Review', Research Report, New South Wales: NSW Department of Community Services.

Selwyn J. and Quinton D. (2004) 'Stability, permanence, outcomes and support: Foster care and adoption compared', *Adoption & Fostering,* 28(4), 6–15.

Selwyn J., Frazer L., and Quinton D. (2006) 'Paved with good intentions: The pathway to adoption and the costs of delay', *British Journal of Social Work*, 36(4), 561–576.

Sen R. and Broadhurst K. (2011) 'Contact between Children in Out-of-home Placements and their Family and Friends Networks: A research review', *Child and Family Social Work*, 16(3) 298–309.

Shannon, G. (2016) Untitled Paper, Adoption (Amendment) Bill 2016. Chairman, Adoption Authority of Ireland, 30 November 2016.

Shannon, G. and Gibbons, N. (2012) *Report of the Independent Child Death Review.* Dublin: Department of Children and Youth Affairs.

Sherbert Research (2009) *Children and Young People's Views on Safeguarding: Research Findings from 11 MILLION, supported by Sherbert Research.* London: 11 MILLION.

Simmonds, J. (2009). 'Adoption: developmental perspectives within an ethical, legal and policy framework', in Schofield G. and Simmonds J. (eds), *The Child Protection Handbook: Research, policy and practice*, pp. 220–240. London: BAAF.

Sinclair I. (2005) *Fostering Now: Messages from Research*. London: Jessica Kingsley.

Sinclair, I., Baker, C., Wilson, K. and Gibbs, I. (2005) *Foster Placements: Where they go and how they get on.* London: Jessica Kingsley.

Sinclair, I., Baker, C. and Gibbs, I. (2007) *The Pursuit of Permanence. A Study of the English Child Care System.* London: Jessica Kingsley.

Smith, J. (2008) *Ireland's Magdalen Laundries and the Nation's Architecture of Containment,* Manchester: Manchester University Press.

Smith S.L., Howard J.A., Garnier P.C. and Ryan S.D. (2006) 'Where are we now?: A post-ASFA examination of adoption disruption', *Adoption Quarterly*, 9(4), 19–44.

Stalker, K. and Connors, C. (2003) 'Communicating with Disabled Children', *Adoption & Fostering*, 27(1), 26–35.

Staub, E. (2003). 'Basic human needs and their role in altruism and aggression', in Staub, E. (ed.), *The Psychology of Good and Evil. Why children, adults and groups help and harm each other,* pp. 52–67. Cambridge: Cambridge University Press.

Stone E. (2001) *Consulting with Disabled Children and Young People.* York: Joseph Rowntree Foundation.

Stott, T. and Gustavsson, N. (2010) 'Balancing permanence and stability for young people in care', *Econ Papers*, 32(4), 619–625.

Strijker J., Knorth E.J. and Knot-Dickscheit J. (2008) 'Placement history children: A study of placement history and outcomes in long-term foster care', *Child Welfare*, 87(5), 107–124.

Swann, G (2015) 'Breaking Down Barriers: Developing an Approach to Include Fathers in Children's Social Care'. Doctorate in Social Work and Management. Tavistock and Portman NHS Trust with the University of East London.

Taplin, S. (2005) 'Is all contact between children in care and their birth parents "good" contact?' – A discussion paper. New South Wales Department of Community Services, Centre for Parenting and Research.

Testa M.F. (2004) 'When children cannot return home: Adoption and guardianship', *The Future of Children*, 14(1), 115–129.

Thoburn J. (2009) *Reunification of Children in Out-of-Home Care to Birth Parents or Relatives: A synthesis of the evidence on processes, practice and outcomes*. Munchen: Deutsches Jugendinstitut.

Thoburn, J., Robinson, J. and Anderson, B. (2012) SCIE Research Briefing 42: 'Returning children home from public care'. Social Care Institute for Excellence. www.scie.org.uk/publications/briefings/briefing42/.

Thomas C. (2013) *Adoption for Looked After Children: Messages from research. An overview of the Adoption Research Initiative*. London: BAAF.

Thomas N. (2009) 'Listening to Children and Young People', in Schofield G. and Simmonds J. (eds), *The Child Placement Handbook: Research, policy and practice*. London: BAAF.

Tilbury, C. and Osmond, J. (2006) 'Permanency planning in foster care: A research review and guidelines for practitioners', *Australian Social Work*, 59(3), 265–280.

Tilbury C., Osmond J., Wilson S., and Clark J. (2007) *Good Practice in Child Protection.* Sydney: Pearson Education.

Trevithick P. (2008) 'Revisiting the Knowledge Base of Social Work: A framework for practice', *British Journal of Social Work*, 38(6), 1212–1237.

Triseliotis, J. (2002) 'Foster care or adoption? The evidence examined', *Child and Family Social Work,* 7(1), 23–33.

Trotter, C. (1999) *Working with Involuntary Clients: a guide to practice,* Sage: London, Thousand Oaks and New Delhi.

Tulberg, E., Avinadav, R. and Chemtob, C.M. (2013) 'The Impact of Traumatic Stress on Parents Involved in the Child Welfare System', *CW360 Trauma-Informed Child Welfare Practice,* Winter 2013.

Turnell A. and Edwards, S. (1999) *Signs of Safety; a Solution and Safety Orientated Approach to Child Protection Casework*. New York: Norton.

Turnell, A. and Murphy, T. (2014) *Signs of Safety Comprehensive Briefing Paper*, 3rd Edition. Perth, WA: Resolutions Consultancy.

Turnell, A., Etherington, K.L. and Turnell, P. (2017) *Signs of Safety Workbook* 2nd Edition. Australia: Resolutions Consultancy.

Turney, D. (2009) *Analysis and Critical Thinking in Assessment:* A literature review. Dartington: Research in Practice.

Turney, D., Platt, D., Selwyn, J. and Farmer, E. (2011a) *Social Work Assessment of Children in Need: What Do We Know? Messages from research.* Executive Summary. DFE-RBX-10-08.

Turney, D., Platt, D., Selwyn, J. and Farmer, E. (2011b) *Improving Child and Family Assessment:* Turning Research into Practice. London: Jessica Kingsley.

United Nations (1989) *United Nations Convention on the Rights of the Child.* Geneva: Office of the High Commissioner for Human Rights.

United Nations (2009) *Guidelines for the Alternative Care of Children*, contained in United Nations General Assembly Resolution A/RES/64?142 adopted on 20 November 2009.

Unrau, Y.A., Seita, J.R. and Putney, K.S. (2008) 'Former Foster Youth Remember Multiple Placement Moves: A journey of loss and hope', *Children and Youth Services Review,* 30(11), 1256–1266.

Wade, J., Biehal, N., Farrelly, N. and Sinclair, I. (2011) *Caring for Abused and Neglected Children: Making the Right Decisions for Reunification or Long-term Care*, London: Jessica Kingsley.

Wade, J., Dixon, J. and Richards, A. (2010) *Special Guardianship In Practice*. London: BAAF.

Wade J., Sinclair I., Studdard J. and Simmonds J. (2014) *Investigating Special Guardianship: Experiences, Challenges and Outcomes.* London: Department for Education. Available online: www.gov.uk/government/uploads/system/uploads/attachment_data/file/377448/DFE-RR372_Investigating_special_guardianship.pdf

Walker L. (2010) '"My Son Gave Birth to Me": Offending Fathers – Generative, Reflexive and Risky?', *British Journal of Social Work* 40(5), 1402–1418.

Ward, H. (2009) 'Patterns of instability: Moves within the care system their reasons, contexts, and consequences', *Children and Youth Services Review*, 31, 1113–1118.

Ward, H., Brown, R. and Hyde-Dryden, G. (2014) *Assessing Parental Capacity to Change when Children are on the Edge of Care: an overview of current research evidence.* London: Department for Education.

Ward, H., Brown, R. and Westlake, D. (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect.* London: Jessica Kingsley.

Ward, H., Munro, E.R. and Dearden, C. (2006) *Babies and Young Children in Care.* London: Jessica Kingsley.

Weinberg, A. and Katz, L. (1998) 'Law and social work in partnership for permanency: The Adoption and Safe Families Act and the role of concurrent planning', *Children's Legal Rights Journal,* 18(4), 2–23.

Westat and Chapin Hall Center for Children (2001) 'Assessing the context of permanency and reunification in the foster care system'. Report submitted to the U.S. Department of Health and Human Services.

Whitaker, D., Archer, L. and Hicks, L. (1998) *Working in Children's Homes: Challenges and Complexities.* West Sussex: Wiley.

White, O.G., Hindley, N. and Jones, D.P.H (2015) 'Risk factors for child maltreatment recurrence: an updated systematic review', *Medicine, Science and the Law* 55(4), 259–277.

Wiebush, R., Freitag, R. and Baird, C. (2001) *Preventing Delinquency through Improved Child Protection Services*. OJJDP Juvenile Justice Bulletin. Washington DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Wilkins, M. and Farmer, E. (2015) *Reunification: An Evidence-Informed Framework for Return Home Practice*. NSPCC.

Woodcock Ross, J. (2011) *Specialist Communication Skills for Social Workers: Focusing on Service Users' Needs*. London: Palgrave Macmillan.

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