

Rights and realities in the permanency debate

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The symposium focussed on the primary importance of a sensitive, responsive and continuous relationship with an attachment figure for separated children's long term wellbeing, and the requirement to provide an alternative permanent carer in circumstances where specified problems affecting parental capacity are unlikely to change within 'reasonable' time limits. Yet, while it was generally agreed that the goal of permanency planning was meritorious, speakers suggested the practice of permanency planning would prove much less satisfactory than the theory, with potential unintended consequences if such policies undermined professional judgements in individual cases. The need for flexibility in decision-making supported by a range of placement options was emphasised in this regard, as research suggests stability and positive child outcomes will not always be achieved by pursuing a single alternative or permanent placement option. Speakers also highlighted the importance of continuity, as distinct from permanency, in relationships to extended family, peers, schools and other social support networks, even in situations where permanency is the long-term case plan. The assumption that reasonable preventative and reunification services are available was also raised, with the implication that families may not be adequately supported to look after their children in their own homes.

By way of responding to the symposium, rather than reiterating the points the speakers make, the author aims to build on their perspectives surrounding the extent to which a system of permanency planning would unconditionally lead to improvements in child welfare. This discussion focuses on the confusion surrounding a number of principles and concepts underpinning the practice of permanency planning and the absence of theory or research to provide the necessary guidance or adequate definition related to these

concepts. Further, the author aims to highlight deficiencies in quality, quantity and relevance of support and reunification services as well as suitable permanent placements as an ethical, moral and practical barrier to implementing such a system in practice. The major steps in implementing a system of permanency planning and associated problems are outlined below.

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An initial step in a system of permanency planning is making long-term predictions about if and when parents will have sufficient capacity to adequately care for their children and protect them from harm. Experience has shown we are typically very bad at this. Further, diagnostic tools that can accurately separate families with a poor prognosis for reunification from families with a good prognosis are currently unavailable. There is also dissension in the literature about the desirability of assessments based on such factors as family history, relationship with the child, and demonstrated progress (Barth et al.

1994). The idea that an initial assessment, of itself, can provide something of a blueprint for future action seems out of the question. Families cannot be assessed once and once only to determine the likelihood of reunification. Families can be assessed as to the stresses in their lives, problems in parental behaviour, or willingness to resume parental responsibilities which might be alleviated at a particular point in time, but predictions cannot be made on that basis that will stand for all time.

Another step in a system of permanency planning is establishing the goals for restoration (if that is the care plan), working with families to help them meet these goals, and verifying if they have been reached. However, because of the absence of systematic inquiry, little is known about the content and form of reunification services in this country. Further, no State or Territory in Australia has ratified reunification services in their legislation, and little work has been conducted on their efficacy, either at home or abroad. Research does show, however, that change in the behaviour of parents does not occur unless supported by changes in family skills and social environments. Addressing only single issues that prompted admission into care without taking action to remedy deficits in the broader ecology of the family would be a failure to recognise systemic factors such as poverty and inequalities of single parent families, which contribute to risk of significant harm.

Further, the characteristics of the majority of families with children in foster care include drug and alcohol and mental health problems. Thus, reunification services are often inappropriately brief given the extent of family problems. It is unclear therefore to what extent certain issues affecting parenting capacity need to improve, or how much change is needed before it is safe to return children to their families of origin. Unrealistic reunification

goals, and overly draconian procedures for measuring success or failure will only serve to further disempower families and act to move the care system further away from a service to families and closer to a punishment for parental inadequacy.

Yet another step in a system of permanency planning is establishing time-lines for restoration work with birth families. Understanding when a child is likely to suffer impairment because of an absence of a permanent caregiver or because a child lacks stability and predicability in his or her care environment is needed to inform this stage. Yet, there is currently no empirical data to indicate at what point a decision must be made, as the relative influence of attachment processes and other factors known to support the development of children in out-of-home care on child adjustment is currently unclear. What we do know is that there is a strong likelihood that disturbances of attachment (eg, through separation from caregiver or serial caregiving) will show their greatest influence in the context of other risk factors and are likely to be very age dependent (O'Connor & Rutter 2000). Put more simply, there is little empirical evidence to determine what combination of child characteristics, carer behaviour, problems within the birth family, nature of contact with birth parents and amount of instability in recent care history should be used as a basis for establishing cut-off points. It is likely, therefore, that instituting arbitrary cut-off points, like other broad approaches, as Bath and Cashmore have already pointed out, will not serve the diversity of children in out-of-home care equally well, and may have unintended consequences in individual cases.

A final step in a system of permanency planning is the provision of permanent placements that can ensure a child's welfare will be promoted. Cashmore and Bath suggest that single arrangements will not ensure stability for all children in care. Residential institutions are still necessary, and a high level of placement breakdown in foster care and in adoption placements continues to be a problem. There is also the issue of recruiting and retaining permanent carers. Adoptions of older children with special needs deriving

from seriously adverse early experiences have become more frequent than adoptions of young children. Yet, there are particular difficulties in finding permanent placements for children with challenging behaviours and special needs, and the likelihood of obtaining a permanent placement decreases as children get older. This is particularly evident as the population of children in out-of-home care is aging.

While attachment and family membership is an undeniably important objective of care, 'permanence' is not the only important factor in the lives of children who are looked after. It is not in a child's interest to remain in a placement that is not meeting his or her needs, simply for the sake of stability.

Further, it is very difficult, on the basis of existing data, to know the extent to which we can expect recovery from attachment difficulties (which includes insecurity arising from rejecting, neglectful or abusive caregiving within the birth family as well as movement in the care system) within a permanent substitute or adoptive arrangement – a crucial element in placement outcome. A lifespan approach is now taken to attachment theory, and there is great interest in the continuities and discontinuities in attachment style from childhood to adulthood. It is believed new experiences in a substitute family, or improvements in the quality of the relationship with biological parents, can change insecure patterns of attachment to secure ones (Thompson 2000). Recent work undertaken on the formation of selective attachments among Romanian orphans placed for adoption in the UK, for example, suggest children do exhibit selective attachment behaviour even after a

period of severe neglect; however, the precise conditions for this are currently unknown (O'Connor & Rutter 2000). Are fostered or adopted children's models of attachment affected by the knowledge that their foster or adoptive parents are not their biological parents? What is the meaning, with respect to attachment, of their relationship? What is the implication of wanting to seek out parents? How does unresolved loss of attachment relationships affect the formation of selective attachments? Is attachment influenced if the placement is trans-racial? How are attachment processes affected if the permanent placement is contrary to a child's feelings and wishes? These are but some of the issues that remain theoretically and empirically unresolved.

Given the problems just outlined, it is the author's view that preventing movement in the care system and disruption to a child's extended social network should govern child welfare practice. That is, the goal should be promoting stability of placement and continuity of relationships, which are not necessarily to be identified with permanence. While attachment and family membership is an undeniably important objective of care, 'permanence' is not the only important factor in the lives of children who are looked after. It is not in a child's interest to remain in a placement that is not meeting his or her needs, simply for the sake of stability.

Continuity must also be addressed as an issue in itself, as research has shown that continuity is a major factor in poor outcomes among children experiencing care (Jackson & Thomas 1999). First, it is believed that children require an open arrangement to overcome separation from primary attachment figures. Separation is a negative life event that needs to be reconciled in terms of reasons for the separation and to clarify misconceptions of the past. Most children and young people in substitute care who maintain regular contact with their parents are found to be more settled in their placements, more able to manage relationships with other adults, and more competent socially and educationally (Berridge & Cleaver 1987; Bullock, Little & Millham 1993).

Second, children have a broad network of attachments and other positive relationships, including carers, parents, grandparents, siblings, teachers and agencies that can all make a valuable contribution to a child's wellbeing. Thus, in addition to good carer-child attachment experience, the enhancement of children's relationships and social experiences outside the substitute family, with peers, in the school, neighbourhood, workplace, and during leisure time pursuits, may also contribute positively to a young person's progress while in care (Gilligan 1997, 1999; Smith 1997). This is particularly important during adolescence, where the key influence of support transfers from parent to social network, friends, colleagues and acquaintances. Even where past ties contain negative elements, the professional challenge is to help the child tap safely into positive elements of such ties. Substitute carers should be considered as part of an extended kinship network of the child, so that they and the child's own parents will be seen as part of one large network.

Any change in policy and practice to occur within the States and Territories should therefore be aimed at improving stability and continuity for children who pass through the system and children who need longer-term care. This may include such developments as kinship care, concurrent planning (working towards reunification while at the same time developing an alternative plan for placement), reunification programs, better support for carers and greater emphasis on maintaining continuity of relationships in children's lives. There is also much that can be done to improve support generated to families at an early stage to forestall the need for separation and, ultimately, relinquishment of parental rights. For example, a better integrated family support, child protection and out-of-home care system would help improve parental capacity and the utility of support directed at families through continuity in actions and case management, and would also provide a more remedial and less stigmatising focus in child welfare practice.

As a final word, although stability of family life is important, it should not be the only criterion of success we use.

What is most vital to children's lives is how well the planning process works and how successfully the system can produce desired outcomes for children.

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