Stability – The dilemmas of providing a secure base for children who are on very shaky ground

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Child protection systems have always sought to respond to the interests of vulnerable children. Protective paradigms have changed over time as the 'best interests' of vulnerable children are defined in different ways. Within protective systems we are currently debating how best to provide children at risk with security and stability: should we seek to reunify them with their birth families or seek alternative options for their permanent care? The debate is unlikely to lead to an either/or option, but rather one where we need to consider many complex factors in both the decision-making process and how to implement these decisions. These factors include: the rationale and process for decision-making; the importance of timing (child's, parent's, carer's, service system and legal system); how to meet the child's heightened developmental needs before, during and following this process; the importance of the child's identity; and the level and type of real-life support needed (by either the birth family or permanent care providers) on the ground. It is also about the relationships needed to provide children with the foundation of a secure base and a safe haven so they can learn that adults can provide comfort, safety and a base upon which they can learn to explore the world.

This paper begins with an historical perspective regarding our understanding of child permanence and stability, relating this understanding to our protective paradigms. It then examines how our more recent and emerging understandings of child trauma and attachment may inform concepts of child permanence and stability now.

History and paradigms

A number of papers at this symposium placed the challenges regarding at risk children's need for permanence in a historical context. Perhaps this is because we are at a potential crossroads in Victoria's history due to the convergence of a number of factors. These factors include new child welfare legislation, the Best Interests policy framework recently introduced by the Victorian Department of Human Services (DHS), and the associated programmatic reforms, such as therapeutic care initiatives, the child protection demonstration project and the child protection leadership strategy. The Best Interests Framework articulates links between safety, stability and development (DHS 2008).

Over the history of child welfare in Australia (and many other Western countries) there have been shifting paradigms about children at risk. In the 1800s, the primary paradigm was a 'law and order' approach with a focus on protecting the public from the misbegotten children as potential thieves and fiends on the street. In the mid-1900s, spurred on by inventions such as the x-ray and the subsequent 'discovery' of physical abuse, the principle paradigm was that of 'child rescue'. This incorporated a medical model where the child was a victim of the 'battered child syndrome' and the parents were often understood to be mentally ill. In the 1960s and 1970s, a 'social justice' paradigm included concepts such as empowerment, human rights, women's rights and prevention. The most recent paradigm has been described as 'child and family-centred practice'. This reflects the importance of focusing on both the child and the child's relationships. This paradigm shift entailed changes that included expansion of family support, placement prevention services, emphasis on home-based care and kinship care, supporting children in care to have contact with their family, and family reunification (Community Services Victoria 1988). The Victorian Best Interests Framework is largely influenced by this paradigm.

Although each of these paradigms has had its time in the sun, they have not become completely redundant. For example, we see media reports today reflecting a law and order approach, such as when an adolescent is seen to be creating havoc in the community and there is an outcry to 'lock him up'. There is also a law and order aspect for accountability in response to adults whose behaviour constitutes a criminal act, as with sexual abuse, physical abuse and family violence. Although there are children who literally need to be rescued from dangerous situations, a child rescue paradigm that assumes this is the norm is overly simplistic and can potentially do harm by inappropriately severing relationships for children from their families. This paradigm precludes the reality that for many children at risk, the parents want to keep them safe and need support, education and practical assistance to do so. It also assumes that there is a 'bad' parent and a 'good' parent. As has been clearly demonstrated through *Forgotten Australians*, the Senate Inquiry into Children in Institutional Care (Senate Community Affairs References Committee 2004), despite the promise, there is not always the reality of a better life in

care. After a child has died or is seriously injured, there is commonly a public call of 'why wasn't she removed'. Although there are instances where a different service system and legal system response could have been better informed and more fitting with the assessment, it is wishful thinking to assume these situations can always be predicted and prevented. A child rescue paradigm is still amongst us but needs to be understood in line with other paradigms, especially the child and family focused paradigm. If not, it can take us wildly off course and potentially cause further harm.

An example of how the law and order and child rescue paradigms contributed to harmful consequences can be seen in the way that both formed part of the rationale for the 'stolen generations' policy at different time periods. Reflecting the law and order paradigm during the late nineteenth century, the need to protect society from Aboriginal children, especially boys, was one of the justifications for placing them in residential centres and boarding schools. For most of the twentieth century, the child rescue paradigm was one of the rationales for removing Aboriginal children from their homes and community, primarily girls with mixed heritage, to help them and the future Aboriginal population become 'white' (Petchkovsky, San Roque, Napaljarri Jurra & Butler 2004). This distortion of child rescue remains one we need to guard against.

A more recent paradigm supplementing those that have gone before (though not necessarily replacing them) has been the focus on evidence and research. Different aspects of this paradigm have been described as evidence-based practice, evidence-based programs, practice-based research, research utilisation and research-informed practice. Another candidate for the current paradigm could be the recent attention to therapeutic responses. This is broader than just looking at individual, couple, family or group therapy, encapsulating the concept that all services working with traumatised populations have a role in the healing and recovery processes. Whether one or both of these are the dominant paradigms of the day is a worthwhile discussion. Both of these purported paradigms have implications for this question regarding how to achieve stability for children in care.

The need for permanence for children has been a part of our theoretical framework and research picture since the late 1950s, coming into particular prominence with the work of researchers such as Tony Maluccio in the 1980s. Here are some comments from the literature emphasising the imperative of a life long view.

> In order to grow up satisfactorily, children need to know that life has predictability and continuity; they need the reliability of knowing where they will be growing up ... The foremost question to be asked and answered in each case is: Will the child have a family when he or she grows up? (Maluccio, Fein & Olmstead 1986:3-4).

> [I]f children are to reach their potential as adults they need a predictable, dependable, nurturing, safe environment in which to grow and which will be a resource to them as adults ... A safe, consistent, nurturing environment permits the development of attachments between children and parent-figures, attachments which represent affective bonds that can endure over time. Even when our parents are no longer available to us, there remains with us a sense of roots; this ensures a modicum of security and enables us to face the inestimable number of losses and acquisitions we experience throughout our lives (Kagan & Schlosberg 1989: 15).

The following quote from Fanshel and Shinn (1978), based on a 5 year longitudinal study of children in care, draws attention to the importance of not having an either/or approach when it comes to most children's need for their biological parents, even when they cannot live with them.

> It is better for the child to have to cope with real parents who are obviously flawed in their parental behaviour, who bring a mixture of love and rejection, than to reckon with fantasy parents who play an undermining role on the deeper level of the child's subconscious (Fanshel & Shinn 1978:489).

A major challenge for children who cannot return to their parents is how to make contact with them a positive and realistic experience. Such contact should aim to help build the children's narrative of their own identity without being haunted from the past or fearful of the future.

They explain that the fantasy, or invisible, parent may be idealised as someone who will 'rescue me.' This perception would make it close to impossible for carers to compete with this idealised image. In contrast, the fantasy parent may be viewed as a monster, which in turn can impact on the child's internalised sense of him or herself: 'I am the child of a monster, so I am a monster'. A major challenge for children who cannot return to their parents is how to make contact with them a positive and realistic experience. Such contact should aim to help build the children's narrative of their own identity without being haunted from the past or fearful of the future.

Even when the plan is for the child never to return home, someone in the system may need to work with the birth parents to deal with the situation in which parents who are

left out in the cold may create triggers for placement breakdown or instigate other traumas for the child or carer. It also remains their human right to receive support to deal with the grief associated with the pervasive loss of a child. Depending on the parent's mental health, degree of isolation and levels of support and practical assistance, the child's workers and the accompanying systems may be their best means of support. Even when their relationships with workers and carers are conflictual and adversarial, these may remain their most viable means of safe human interaction whilst they swing from crisis to crisis, leaving a wake of chaos and uncertainty for the child, the carer and the workers. The relationship to workers and carers may be the closest thing some parents have to a secure base and safe haven, even though it is a shadow of what these are meant to be, as is discussed later in this paper.

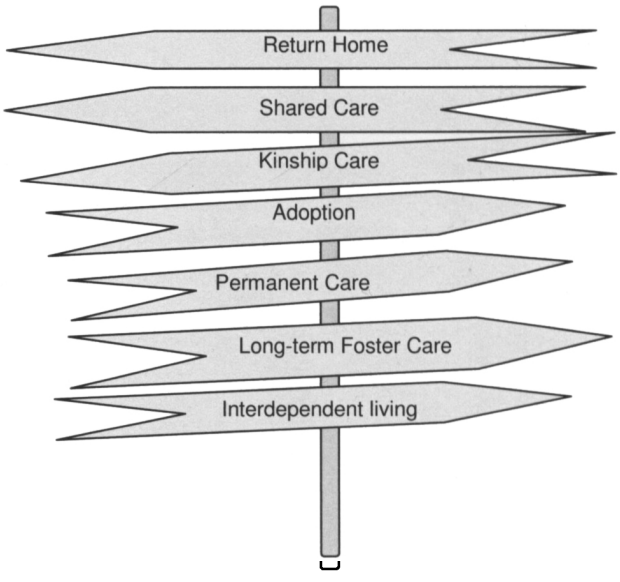
ACHIEVING STABILITY

Fanshel and Shinn's (1978) work reflects that the concept of stability is about the sustainability and longevity of relationships that reach far beyond the child's placement. In other words, the issue is not just who is the child going to live with, but who are the people and what are the relationships that are available for this child throughout his or her life. Rich, positive, sustaining relationships across our social networks increase our ability to cope with adversity (Jackson & Warren 2000; Robinson & Garber 1995; van der Kolk 1996). Studies by Gilligan (1999, 2000) regarding resilience of children in care noted the importance of their informal networks to foster their potential, to improve their self-esteem and to improve their mental health.

To recognise that the concept of stability involves more than just the child's placement means paying attention to members of the child's family and broader network who may otherwise not have been included in assessment if they were not considered viable placement options. For example, sibling relationships are those most likely to last over the longest time (Department of Health 1991). Many children in care, however, are separated from their brothers and sisters, and the maintenance of these relationships may not receive sufficient consideration (Frederico, Jackson & Black, in press). Some children may never have had a relationship with their biological siblings, but form lifelong sibling relationships with other children in the foster care or permanent care placement. These children may offer a precious opportunity to build the web of meaningful relationships that help create and sustain the children's sense of stability.

Although the concept of stability is about the presence of long-lasting relationships, not just the length of the placement, those providing the day-to-day care now and in the future are in a central position to provide such enduring relationships. Sometimes this stable web of relationships between the child and carer includes relations with members

Figure 1. Stability of placement options



of the child's family, and other times it replaces family members. For many children in the care system, the road to stability is supporting them to return to their family by dealing effectively with the risk factors. For other children, stability is more likely to be achieved through permanent care options, including kinship care. Figure 1 portrays the range of stability options.

The Take Two program is a clinical service working intensively with infants, children and young people who have suffered the trauma of abuse and neglect. Research conducted in Victoria regarding the Take Two program explored the placement experiences of children prior to referral to Take Two. Analysis of their placement history found that for those children (n=527) who had been removed from home and then later reunited, 486 (92%) were removed again. Some of these children had as many as eight attempts at reunification (Frederico et al. in press). This potentially puts in question both the decision and the means of implementing the decision. A major premise to consider is whether we sometimes focus more on getting the decision right (as if there is always one right answer and we just have to work it out) and less often on how to effectively implement the decision. A related contention is that sometimes there may be more than one appropriate decision, but whatever the decision is, if it is not implemented effectively, neither safety nor stability may be achieved.

Another finding, though less quantitatively significant, is that 4 per cent of children referred to Take Two had been on a Permanent Care Order and had later been reported to Child Protection, mostly due to a breakdown of the permanent care placement (Frederico et al. in press). This is another potential indicator of the need to examine both the decision and the implementation of the decision.

In terms of the question regarding what decisions are made, how they are made and the timing of the decisions, the following points can be made:

1. It is likely that there are children drifting in care when a timely, well-supported reunification effort would be informed by a comprehensive assessment if it occurred; and would be likely to succeed if the risk issues were sufficiently targeted and the process of change for the family sufficiently supported and scaffolded.
2. It is likely that there are children drifting in care or having multiple experiences of attempts at reunification when a realistic stability plan, including permanent care, could be put in place.
3. It is likely that the barriers to these first two outcomes occurring in a timely and sustainable manner are multi-layered and multi-directional, including problems with training, resourcing, supervision, team work across the sector, reviews, reflective practice, court decisions or fear of court decisions, and direct engagement of the child, the family and the carers.
4. It is likely that there are situations when the information gathering, assessment, decision-making and associated actions have occurred in a timely manner with an eye to both risks and needs, and that stability and security for the child is being achieved. We don't reflect enough on cases that are working well, and take lessons from these cases into the rest of our practice.
5. Although easier said than done, there are two competing imperatives that must be met at the same time.
    - We must be able to provide more children who cannot return home safely with long lasting, in fact lifelong lasting, relationships that provide for their stability and security and enable a positive, healthy identity and sense of belonging for now and the future.
    - We must be able to return more children to their families safely, those children who could return home if they and their families were given more direct and timely intervention that targeted the risk factors and was informed by the processes involved in change.

A key issue is one of developmental timing. There is a developmental imperative for the child that tells us the child cannot wait indefinitely, yet there is a developmental reality present in any major change process (throughout our life span) that tells us that real and difficult changes take time. There is no simple resolution for this time warp. This issue of different timing is most pressing when parents are dealing with substance abuse problems and parenting. The child's voice insists: 'I need to know who is going to care for and about me now, and then for tomorrow, and forever.' The parent who is struggling with multiple risk factors to their own and their child's wellbeing insists: 'I need to take one day at a time. I can do this but it's going to take time. I might get it wrong before I get it right!'

> Workers in the substance misuse field view substance dependency as a chronic condition, which having taken years to develop, may take years to relinquish. Relapse is common and often viewed as a stage to recovery. Child protection workers, however, are more focused on children's developmental timelines and believe that children cannot be put 'on hold' whilst adults struggle with their drug and alcohol problems and make the changes required to ensure their children's care and protection needs (Qld Department of Child Safety 2007), particularly infants and young children (Jeffreys, Hirte, Rogers & Wilson 2009: 9).

The different time expectations and developmental needs are exacerbated by the drifts and delays that are commonly associated in many jurisdictions with workload demands, difficulties in accessing services, and court processes, especially the adversarial approach.

... the issue is not just who is the child going to live with, but who are the people and what are the relationships that are available for this child throughout his or her life.

Another time-related problem happens to all of us when under threat. Our view of time shrinks compared to when we are calm and safe. Instead of having a long-term future orientation, we become almost myopic in our focus on the immediate and imminent (Perry 1999). So what does this mean for parents who are dealing with chaotic, dangerous worlds, including the threat of losing their child? We ask them to take a long-term view and yet their view of the world is likely to have shrunk to the here and now. For many parents who have other long-term experiences of trauma, the very concept of a meaningful future, rather than imminent threat, is alien. Similarly a child who is traumatised due to abuse is likely to have a truncated view of time and not trust in a future, nor even be able to conceive of hope and change.

When it comes to the implementation of the decision regarding placement, there are many factors that require as much consideration as the decision itself. The Best Interests Framework case practice model uses the image of the cycle of information gathering; analysis and planning; action; and review (DHS 2008). One could argue that the focus for workers in the field is on information gathering and action, and for managers is on the planning and review. Yet this is

an artificial, unintended and, in my view, unhelpful division of labour that works against an integrated model of practice. The DHS leadership capabilities framework developed by Atkinson Consulting (2008) notes that one of the key capabilities for child protection leadership is attention to 'delivering results', involving both a focus on outcomes and the concept of co-creating success.

In looking at reunification as an example of a stability plan, studies that explore what contributes or inhibits successful reunification include not only factors relating to the family and the child, but also factors relating to the placement and the system. For example, factors that delay or jeopardise reunification include:

- multiple placements;
- length of placement;
- when child was placed a distance from their home;
- change of protective workers;
- infrequent contact between the child and the family;
- infrequent worker contact with child and family;
- legal delays;
- lack of clear case plan goals;
- stereotyped views of the family;
- inadequate preparation of the family prior to reunification;
- inadequate support of the family post reunification;
- services not coordinated;
- insufficient information gathering to inform decisions;
- lack of inviting the parents to be involved in the child's life during placement (in addition to contact visits);
- when children were returned home contrary to worker's recommendations; and
- if the reunification occurred due to a placement breakdown (Jackson 1997).

Placement and system factors that were found to increase the likelihood of timely and successful reunification included:

- child being in an appropriate placement;
- frequent communication between the social worker and the carer;
- when the placement agency and the carers made concerted efforts to ease the child's transition to return to their family;
- workers with a clear sense of purpose and readiness to use their authority;
- amount of information gathered to inform decisions on an ongoing basis;
- skilled workers who were able to mobilise resources and supports;
- when worker did not experience difficulties in accessing the child and the family post reunification; and
- not the intensity but the nature of the service (Jackson 1997).

We don't reflect enough on cases that are working well, and take lessons from these cases into the rest of our practice.

DEVELOPMENTALLY INFORMED DECISIONS AND PRACTICE

A key aspect of decision-making and implementation is: 'How to meet the child's heightened developmental needs before, during and post the process of implementing the stability plan?' This question is important regardless of whether the plan is for reunification, permanent care, kinship care or something else.

There are the common developmental needs shared by all children, and then there are the additional needs created from disrupted development, deprivation and traumatisation. The different elements include the child's physical, emotional, cognitive, social and sexual development. For most children these different stages develop together though not in unison, and over time become increasingly aligned. For children who have suffered deprivation and traumatisation, these stages may be significantly apart and out of sync. For example a 13-year-old girl may be physically 13 years, cognitively 8 years, emotionally 3 years and sexually acting as if she is 21 years old. What does this mean in terms of our decision-making, our interactions, the care they need and our operationalising plans?

June Thoburn (1994) wrote an important text on the issues relating to permanency. This included an exploration of the needs that are heightened for children in care, particularly regarding the importance of identity and stability for developing a positive self-esteem and an ability to form and sustain meaningful relationships (see Figure 2). These important needs cannot be taken for granted for children who are in care. Meeting these needs is particularly complex when children's identity is jeopardised by losing connection with their past and/or with their core identity, such as being disconnected from culture.

> Research has shown that the wellbeing of ... children (at risk) depends not only on meeting the basic physical and psychological needs which they share with all children, but on the provision of a 'sense of permanence,' and also a sense of their own identity. These two must be kept in balance if the youngster is to develop the sense of self-worth which is essential for satisfying relationships in the future (Thoburn 1994:37).

ACHIEVING SECURITY

Another concept interdependent with stability is that of security. Children have a core developmental need to gain a sense of security which relates to a level of confidence that one or more adults will be nearby when needed, and will encourage them to explore the world when possible. This is described in attachment literature as the child's need for a safe haven and a secure base, and is understood as a basic drive for proximity as a means to ensure safety (Cassidy 2008). The infants' drive towards proximity to their attachment figures in order to feel secure is shaped by the attachment figures' responsiveness and availability (Bowlby 1973).

Attachment behaviours are those initiated by the infant to elicit *proximity* with the caregiver. Proximity with caregivers is needed for feeding, comfort, safety from others, social interaction and learning. It is not just physical proximity, especially for older children. Attachment behaviours include:

- signaling to caregiver, e.g. smiling (to let them know they need them);
- aversive, e.g. crying (that lead the caregiver to terminate the behaviours);
- active, e.g. approaching caregiver (moving child towards caregiver);
- as child gets older additional attachment behaviours become available to them (Cassidy 2008).

We continue throughout life to show attachment behaviours to those to whom we look for security and safety (Mikulincer & Shaver 2008).

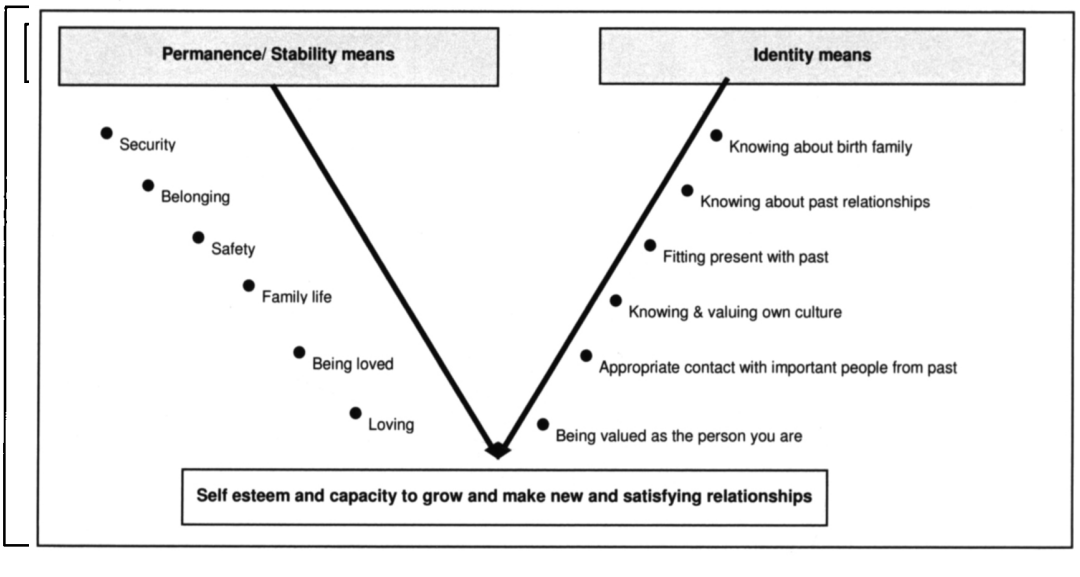
In exploring further what is meant by secure base, we can put ourselves in the child's shoes and ask, How can my parent/carer provide the consistent, safe, reliable base upon which I can be 'out of my comfort zone' so that I can:

- explore the world
- take risks
- make mistakes
- try new things
- learn new things
- cope with change/transition.

Similarly, when reflecting on what is meant by the concept of safe haven, we could ask on behalf of or with the child, How do I know I can go to my parent/carer when the going gets tough – when things are rough, unsafe, scary, uncertain – so that I can return to 'my comfort zone' and:

- feel safe
- recover, catch my breath
- reflect and make sense of what has happened
- organise my thinking and feeling
- regain energy and motivation.

Figure 2. The additional needs of children in care, adapted from Thoburn (1994:38)



The findings of Professor Mary Dozier and her team regarding children in foster care provide insight into what we need to consider and target in our intervention in order to provide children with security.

- Children who have experienced abuse and/or neglect are at high risk of emotional, behavioural and physical dysregulation.
- All children need help from adults to co-regulate before they can self-regulate.
- Children with disrupted attachments often do not provide cues to carers or parents that elicit nurture and can push their carers or parents away. As such, parents and carers need to develop ways of providing nurture at these times and understand the meaning behind the child's behaviour.
- Parents and carers may have their own issues that interfere with being nurturing (Dozier et al. 2006).

Returning to the dilemma of how to provide children with a secure base and safe haven, a question to consider in our scanning of the child's networks and the other possible options is: Who can provide this child with both a secure base and a safe haven? Who can help them explore new ideas and learn and feel safe, comforted and nurtured? It may be one person or a network of people within a family, such as a grandmother and mother together who can provide the safe haven and secure base.

There may be possibilities along with challenges within the child's network or the care system. For example, the management of the child's contact with their parents may work to strengthen their perception of the parent as a secure base and safe haven as well as (not instead of) the carer, or vice versa. What strategies and interventions can we use to help support carers and/or family members to develop this awareness and ability to provide this secure base and safe haven? If reunification is not a likely, safe option, then how can we ascertain this as quickly as possible so that more timely alternate decisions can be made? We need to be quicker but not look for a quick fix. We need to recognise the complexity but not get captured by the complexity and put it in the too hard basket.

Attention to these concepts of secure base and safe haven form part of the basis for the Circle of Security approach, which is an attachment-informed approach to working with children in care (Marvin, Cooper, Hoffman & Powell 2002). Another attachment-informed approach based on similar concepts has been developed by Professor Mary Dozier and her team in the Infant Caregiver Project (Dozier et al. 2006).

Another aspect of intervention, whether the goal is to avert the need for placement in the first place or reunification, is how to provide scaffolding so that whilst the parent is learning new skills and unlearning old ways, they are supported and the weight of change is shared. In a different way, this is also important for supporting a child and carer in a new permanent placement, whether it is a kinship placement, permanent care or adoption. Whether it is the carer or the child who may be feeling most vulnerable, it is the relationship itself that needs to be supported so that they know that it is not just them bearing the weight of responsibility.

When the ground is unstable and the building is new, unsteady and shaky, we can put up scaffolding until our creation is steady enough and on surer footing. When the time is right (not too soon and not too long), we can remove the scaffolding and it will be both stable and secure. Both the building of the relationship and the scaffolding or support around it needs to be purposeful, safe, stable, secure and in the right place.

Children have a core developmental need to gain a sense of security which relates to a level of confidence that one or more adults will be nearby when needed, and will encourage them to explore the world when possible.

Conclusion

My call in this presentation is that, in addition to making timely and wise decisions that are informed by information gathering, theory, research and practice, we should also pay more attention to the actions needed to effectively implement those decisions. This call to action on a case by case basis as well as a system-wide basis relates to our work with the child, the parent (whether or not reunification is the plan) and the carer. Such action includes sustainable support, education about the child's developmental needs and how to respond, and the provision of scaffolding as needed for the parent or carer so that the children have a more stable and secure footing in their social world upon which to build lifelong relationships. ■

REFERENCES

DHS—*see* Department of Human Services

Atkinson Consulting (2008) *Development framework for child protection frontline managers: Capabilities, foundation knowledge & skill, and work culture*, Melbourne: Department of Human Services, Victoria.

Bowlby, J. (1973) *Attachment and loss: Vol 2. Separation: Anxiety and anger*, New York: Basic Books.

Cassidy, J. (2008) 'The nature of the child's ties', in J. Cassidy & P.R. Shaver (eds.), *Handbook of attachment: Theory, research, and clinical applications*, 2nd Edition, (3-22), New York: The Guilford Press.

Community Services Victoria (1988) *Making sense of child protection: A model developed from practice*, Melbourne: Community Services Victoria.

Department of Health (1991) *Patterns & outcomes in child placement: Messages from current research and their implications*, London: HMSO.

Department of Human Services (2008) *Best Interests Case Practice Model — Summary Guide.* Retrieved October 1, 2008, from <http://www.cyf.vic.gov.au/__data/assets/pdf_file/0020/224147/BICPM_web_version.pdf>.

Dozier, M., Peloso, E., Lindhiem, O., Gordon, M.K., Manni, M., Sepulveda, S. & Ackerman, J. (2006) 'Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers', *Journal of Social Issues*, 62(4), 767-785.

Fanshel, D. & Shinn, E. (1978) *Children in foster care: A longitudinal investigation*, New York: Columbia University Press.

Frederico. M., Jackson, A. & Black, C. (in press) *The third evaluation of the Take Two Program*, Melbourne: La Trobe University.

Gilligan, R. (1999) 'Enhancing the resilience of children and young people in public care by mentoring their talents and interests', *Child & Family Social Work*, 4(3), 187-196.

Gilligan, R. (2000) 'Adversity, resilience and young people: The protective value of positive school and spare time experiences', *Children & Society*, 14, 37-47.

Jackson, A.L. (1997) 'Family reunification: The journey home', MSW thesis, University of Melbourne.

Jackson, Y. & Warren, J.S. (2000) 'Appraisal, social support, and life events: Predicting outcome behavior in school-age children', *Child Development*, 71(5), 1441-1457.

Jeffreys, H., Hirte, C., Rogers, N. & Wilson, R. (2009) *Parental substance misuse and children's entry into alternative care in South Australia*, Adelaide: Department for Families and Communities.

Kagan, R. & Schlosberg, S. (1989) *Families in perpetual crisis*, New York: W.W. Norton and Company.

Maluccio, A.N., Fein, E. & Olmstead, K. (1986) *Permanency planning for children? Concepts and methods*, New York: Tavistock Publications.

Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2002) 'The Circle of Security project: Attachment-based intervention with caregiver–pre-school child dyads', *Attachment and Human Development*, 4(1), 107-124.

Mikulincer, M. & Shaver, P.R. (2008) 'Adult attachment and affect regulation', in J. Cassidy & P.R. Shaver (eds.), *Handbook of attachment: Theory, research, and clinical applications*, 2nd Edition, (503-531), New York: The Guilford Press.

Perry, B.D. (1999) *Memories of fear: How the brain stores and retrieves physiologic states, feelings, behaviors and thoughts from traumatic events*, Child Trauma Academy. Retrieved August 10, 2008, from <http://www.childtrauma.org/print/print.asp?REF=CTAMATERIALS/memories.asp>.

Petchkovsky, L., San Roque, C., Napaljarri Jurra, R. & Butler, S. (2004) 'Indigenous maps of subjectivity and attacks on linking: Forced separation and its psychiatric sequelae in Australia's Stolen Generation', *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 3(3), 1-16.

Robinson, N.S. & Garber, J. (1995) 'Social support and psychopathology across the life span', in D. Cicchetti & D.J. Cohen (eds.), *Developmental Psychopathology: Volume 2. Risk, disorder and adaptation*, (162-209), New York: John Wiley & Sons.

Senate Community Affairs References Committee (2004) *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*, Commonwealth of Australia, Canberra. Retrieved March 8, 2010, from <http://www.aph.gov.au/senate/committee/clac_ctte/completed_inquiries/2004-07/inst_care/report/report.pdf>.

Thoburn, J. (1994) *Child placement: Principles and practice*, 2nd edn., Aldershot: Gower.

van der Kolk, B.A. (1996) 'The complexity of adaptation to trauma', in B.A. van der Kolk, A.C. McFarlane & L. Weisaeth (eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society*, (182-213), New York: The Guilford Press.

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