

Permanency Planning Concepts

Jennifer Osmond and Clare Tilbury

School of Human Services and Social Work, Griffith University, Queensland, Australia

Permanency, stability and continuity are essential components of quality out-of-home care. Permanency planning is a case planning process designed to promote stability and long-term connections for children subject to child protection intervention. This paper outlines findings from a small qualitative study that explored perceptions of permanency planning held by child protection practitioners, carers, and the parents of children in care in Queensland, Australia. Findings show that each group emphasised different aspects of permanency. Practitioners tended to focus on placement arrangements, carers focused on relationships and security, and parents were concerned about the quality of care their children received. Everyone involved in permanency decisions – whether children and young people, parents, carers or child protection practitioners – has ideas, theories and knowledge that they draw upon in expressing their views. Understanding these perspectives is useful for the decision-making process, as each stakeholder communicates with others about what they think is most important for the child. Implications for child protection practice include having a clear practice language and approach to permanency planning, exploring the unique areas of importance to different stakeholders on permanency planning, and ensuring quality participatory practice.

■ **Keywords:** out-of-home care, permanency, knowledge utilisation

Permanency planning is a case planning process aimed at securing stability and continuity for children in out-of-home care. Permanent options cover the spectrum of placement prevention, reunification, supporting children and carers in kin, foster or residential placements, and adoption (Maluccio, Fein & Olmstead, 1986; Wise, 2000). Permanency planning is conceptualised as having relational, physical and legal dimensions: relational permanence pertains to children having the opportunity to experience positive, caring and stable relationships with significant others; physical permanence denotes stable living arrangements; and the legal dimension pertains to the legal arrangements of a child's custody and guardianship (Sanchez, 2004; Stott & Gustavsson, 2010). A stable and safe home is an essential ingredient of physical and emotional well-being for children. For children who cannot return home, stable long-term care arrangements are the route to better health, education and social development. Permanency is important for children's development and identity (Harden, 2004), attachment (Howe, Dooley & Hinings, 2000) and brain development (Twardosz & Lutzker, 2010). Quality permanency planning practice can afford children and young people stability, continuity, a sense of belonging, positive and loving relationships, and a place they feel is home now and into the future (Sanchez, 2004; Selwyn, 2010; Stott &

Gustavsson, 2010; Thoburn, 2002). As duration in care is increasing (Tilbury, 2009), and there are concerns about the quality and outcomes of out-of-home care, child protection agencies in many jurisdictions have revised legislation or policy relating to decision-making about children's long-term care, such as shortening timeframes for permanency decision-making and encouraging adoption from care (Cashmore, 2001; Tilbury & Osmond, 2006).

Research has examined the adverse impact or otherwise of impermanence, 'drift in care' and placement instability (Barber & Delfabbro, 2003; Maas & Engler, 1959; Oosterman, Schuengel, Slot, Bullens & Doreleijers, 2007) and the efficacy of different permanent options (reunification, adoption, long-term foster care or kinship care) (Biehal, 2007; Cuddeback, 2004; Dance & Ruston, 2005; Farmer, 2009; Selwyn & Quinton, 2004; Schofield, 2009). Outcomes have been assessed mainly with reference to stability of placement rather than broader aspects of children's well-being, although children's experiences and journeys

ADDRESS FOR CORRESPONDENCE: Clare Tilbury, School of Human Services and Social Work, Logan Campus, Griffith University, University Drive, Meadowbrook, Queensland 4131, Australia. Email: c.tilbury@griffith.edu.au

towards permanency and continuity have also been explored (Schofield, Thoburn, Howell & Dickens, 2007). Such research highlights the benefits and risks of different permanency options, cautiously identifies what factors and issues can heighten the likelihood of optimal outcomes, and what particular permanency practices can be used. What is largely absent in this research, particularly in the Australian context, is how the different stakeholders involved in permanency planning understand the concept, and what processes are used when making permanency plans. In the USA, research by Freundlich, Avery, Munson and Gerstenzang (2006) has explored the meaning of permanency planning of different stakeholders: young people who had been in out-of-home care ($n = 30$), parents of children in care ($n = 20$), adoptive parents ($n = 21$) and child welfare professionals. They reported that permanency planning as a concept, and its implications, were not clearly understood by the different stakeholders.

This paper is based on a small qualitative study that examined permanency planning practice in Queensland, Australia. The study aimed to explore: (1) how child protection practitioners, carers and parents understood permanency planning; and (2) how foster carers and parents viewed their involvement in permanency planning decision-making. The study design was based on the assumption that everyone draws upon different theories, ideas and knowledge when participating in permanency planning. Theory is one type of knowledge that has received consideration in social work literature (Healy, 2005; Payne, 2005). Theory has been distinguished in terms of its level (for example, grand theories, mid-level theories to explain behaviours or social problems, and professional practice theories to guide intervention) and type (for example, formal and informal theory) (Chenoweth & McAuliffe, 2008). Theory has also been categorised as: (1) explanations and understanding of phenomena, (2) scientific hypotheses, and (c) personally constructed or naïve understandings (Chenoweth & McAuliffe, 2008; Olsson & Ljunghill, 1997; Roberts, 1990). All theory, whether formal (professional or 'scientific') or informal (personally constructed or 'common sense'), seeks to understand or explain what we experience or observe. There is now much more attention on the legitimacy of 'client theories', as it is argued that the lived experiences of clients are valid ways of knowing about the world and can inform social work practice (Glasby & Beresford, 2006). Parents, like practitioners, have their own ways of understanding and making sense of issues (Dowling, 2006). We might expect that practitioners would draw upon more formal theory (from professional knowledge and research) in relation to permanency planning, compared to parents who may draw upon informal theories and ideas about what has happened and what is the best course of action. Either way, theories guide decisions and actions. Examining how those involved in permanency planning understand this issue is crucial, so as to maximise meaningful discussions, decisions and processes for all involved.

Methods

Participants

Participants were recruited from south-east Queensland, Australia, with assistance from the statutory child protection agency. A purposive or criterion sample (Dudley, 2011) of eight carers, three parents of children in care and eight practitioners participated in the study. While permanency encompasses planning to prevent placement as well as to secure long-term out-of-home care, this study focused on placements for children already in care. The practitioners differed in experience levels (between one and seven years' experience) with most having two years' experience with the statutory agency. They had a range of professional qualifications (social work, psychology, human services, behavioural science). Seven carers were foster carers, the other was a relative carer. They had between 2 and 22 years of fostering experience and all had children in their long-term care. All had attended some form of foster care training or information sessions. The birth parents were all mothers who had one or more children in care for over two years. The reasons offered by the parents for why their children were in care related to the child's disability, sexual abuse and parental mental illness.

Procedure

A qualitative design was employed involving the use of semi-structured interviews (Dudley, 2011) with three groups: carers, parents and child protection practitioners. Ethics approval was granted by the University Human Research Ethics Committee and all participants provided written consent to participate in the study. Interviews with participants were approximately two hours in duration. Interviews with parents and carers occurred at their own homes. Practitioners were interviewed at their workplace. With the permission of participants, all interviews were audio-recorded and later transcribed for analysis.

Interview schedules

The semi-structured interview schedules aimed to elicit participants' views and experiences of permanency planning. We used concepts such as stability, sense of belonging, and good relationships, based on the recommendation of Freundlich et al. (2006) of simplifying the language of permanency planning. Three slightly different interview schedules were designed for each participant group. The aim of the carer interview schedule was to explore their understandings of permanency planning, how decisions were made, whether they attended meetings and the extent to which they were listened to and involved in permanency planning practice. The carer interview schedule consisted of 26 questions plus demographic information. The carers were asked to reflect on a child who had been or was in their care, in which permanency planning had or was occurring. Examples of questions are listed below.

- In planning for 'x' in both the short term and long term, what do you consider he/she needs?
- Have you been involved in any discussions/meetings with your practitioner/other professionals focusing on 'x's' needs (for the short term and long term)?
- What does permanency planning mean to you? Has someone discussed with you the importance of 'x' having long-term stability, security and good, close relationships with others? (other terms that could be used: sense of belonging, sense of personal identity)
- What is the best way to involve you in planning for 'x's' stability and security needs?

The aim of the parent interview schedule was to examine the parents' views and experience of permanency planning in relation to their child who was in care. The parent interview schedule consisted of 25 questions plus demographic information. A sensitive approach was taken with the parents in the event that permanency decisions may not have been articulated by practitioners to the parents involved. Examples of questions are listed below.

- Can you tell me about the circumstances of how your child came to be in foster care?
- In planning for your child in both the short term and long term, what do you consider he or she needs?
- Have you been involved in any discussions or meetings with your practitioner or other professionals focusing on your child's needs for the short term and long term?

The practitioner interview schedule comprised two sections. The first section involved general questions exploring: (1) the participants' knowledge and understanding of permanency planning (nine questions), (2) the participants' assessment and timing of permanency planning (five questions), and (3) how parents and carers were involved in permanency decision-making (six questions). The second section of the interview schedule aimed to obtain practitioners' understandings of permanency planning contextualised within a case situation. Practitioners were required to reflect on a familiar case in which their permanency planning practice could be exemplified (33 questions).

Analysis

The two researchers reviewed all transcripts and used thematic data analysis processes for data bounding and analysis (Miles & Huberman, 1994). A 'start list' of codes was derived from key concepts in the literature, and participant statements were classified as relating to relationships, placement or legal arrangements. Interview transcripts were read and re-read to ensure that anticipated and unanticipated themes and concepts were identified. In a second stage codes were refined by making legal arrangements a sub-category of placement, and adding new codes of identity and quality of care. This enabled all permanency concepts to be classified. The two researchers met on several occasions to compare ana-

TABLE 1

Coding classification

Relationships	Being loved, having friendships, love and support, having someone to rely on, stable, trusted emotional connections, family for life, relationship with a supportive adult intended to last a lifetime
Placement	Safe and stable home, a home to call your own, legal arrangements, court orders, placement stability
Identity	Knowing who your family is, pride in your culture, contact, knowing your siblings
Being well looked after	Someone looks after health needs, feeling prepared for adulthood, being kept informed about child's progress at school.

lytical ideas and assess the level of coding agreement. A high level of agreement between the researchers was achieved. The coding schema is set out in Table 1, which reports on the main concepts explored by each group.

Findings

The three groups of participants (carers, parents and practitioners) offered a number of insights into their perceptions of permanency planning practice. The excerpts below were selected on the basis of what best represented the theme.

Carers

Permanency planning was not a familiar term for most of the carers. Those who did indicate some understanding primarily described the notion as something that created stability for young people for the time they were in care: *I think stability is . . . that the routine is the same, the rules are the same, the school is the same (C:5)*. However, when carers were prompted (for example, with references to security and belonging) they then offered insightful and generally thorough explanations. *She needs love, she needs a sense of belonging, a sense of worth as well (C:4)*. Also, their discussions of children in their care were at times infused with permanency concepts and language, and for some, a recognition that permanency extended beyond 18 years of age: *So there'll be someone there for her when she turns 18 (C:2)*. Three dimensions of permanency planning were stressed as particularly important by some participants: family contact, cultural identity and stability. Family contact was valued so children would stay connected to their family of origin.

They need the family connection, the connection with [community], yes. They need to, yes, know who they belong to and that, even though they can't live with them (C: 1)

Managing and sensitively responding to contact reactions was highlighted by one participant's comments:

I just laboured on the fact that she loved her. I said, mummy [name] really loves you very much, but she just can't do things that she needs to do to keep you safe (C: 2)

Positive family contact was also recognised as important for children's sense of cultural identity particularly if a child they were caring for had Indigenous cultural background.

However, not all carers viewed frequent contact positively because it could undermine stability. One carer believed that contact should be reduced because of the severity of post-contact reactions for the child in her care:

I guess just emphasising sometimes we felt as though, if the [agency] really wanted to help these children settle down, please space visits out, but we felt as though they were looking out for the family and keeping them pacified rather than looking at what was best for the children and let's try and space visits out, see if we . . . get their behaviour settled (C:4)

The dimension of permanency that appeared to prompt the most ardent responses for carers was on the topic of stability of placement. Many participants discussed with some anguish how difficult it was to offer certainty and comfort to children when their future was uncertain. Carers could see firsthand the anxiety and fear this resulted in for some children as the following carer explains:

At the moment all I can say to her is well, look, I want you to live with me for as long as possible. I want you to feel safe and secure but we don't, none of us know, what's going to happen (C:2)

Many of the carers did not feel sufficiently involved in discussions pertaining to a child's permanency needs. They felt that their mandate was primarily seen as a responder of a child's day-to-day needs not a contributor to case planning. More communication between professional staff and carers was suggested by a number of the participants. They wanted to have a regular audience and be recognised and valued for the specific 'child knowledge' they had, with particular attention to how they thought a child's needs could be met.

Parents

Although only three parents participated in the study, their responses exemplify how differently permanency planning can be understood and what was deemed important. A number of permanency dimensions were discussed by parents, but what was most important to them was for their children to have positive relationships with them and their carers: *At the moment they're being really loved by the carers and it's good (P:1)*. They wanted their children to be well looked after:

I want them to be nice and healthy . . . just being their normal self and healthy (P:2)

They need security, a level of care and respect, all the basic children's rights they need, no matter what situation they're in (P:3)

All three parents expressed a desire for a positive relationship with their children. They saw this as vital for both the child and themselves. The importance of a child feeling loved, having a sense of connection with family and having positive

interactions was recognised. Therefore, regular and positive contact was important to them and from their perspective also to their children's well-being. One parent's experience of regular contact was not positive and she was critical of how decisions were made concerning contact and how this could adversely affect her children:

They tend to believe that contact with the family, you know, that four times a year is adequate. I've been there at least once a week for three years and suddenly he doesn't see me for six months at a time . . . I think it would be very damaging (P:3)

A child developing a positive self identity was discussed by two of the parents. These parents saw it as important for their children to have opportunities to learn and know of their cultural heritage given their Indigenous background: *Yes, well my mum was one of the Stolen Generation years ago . . . (P:1)*. Relationships were also discussed by two parents in relation to the carers who cared for their children. These parents spoke about how they wanted their children to remain with these carers because they looked after them well:

Well, they're really good where they are the moment with the carers. I mean, they've done wonders with them. They've looked after them so many – they've really done- especially with C, we've noticed he's come really good with school and things like that (P:1)

In contrast, one parent discussed how she did not consider that foster care was beneficial in the long term for her children. She also believed that she had not been legitimately considered for reunification with her children. The parents also wanted to have more information about their children in terms of their progress at school and how they were generally faring. As noted by one parent, information was not always forthcoming, which resulted in this parent's frustration and lack of confidence in agency processes.

I find it hard to get any kind of comprehensive information about my children and their life so . . . I have to raise issues. I have to ask for things to happen. I have to make enquiries. They've pretty much been like, we've got him, the less we have to do with you the better (P:3)

Practitioners

Practitioners were familiar with the term permanency planning. The dimension of permanency planning that was the most dominant in their discussions was placement:

. . . key words that come up for me is consistency, stability and focusing on the child because as a worker we have to focus specifically on the interests of the child. So to me it can involve when we go for long-term guardianship but it also can involve the placement principle of placing preferably with family to maintain the familial bond, the culture of whoever's family so I guess, in a broad sense, it basically is going along – emotional stability, consistency for the child (W:2)

At times, as for carers, the focus was on a placement that would last until the child turned 18 years, rather than a

'family for life': *Carers that are obviously willing to have children for the long term until they're 18, obviously the ideal situation (W:1)*. While these responses focused on the placement as the key to permanency, a number of the practitioners did make reference to and discuss related permanency concepts such as developing a sense of personal identity and facilitating positive relationships. They recognised that a stable placement may not be sufficient on its own to achieve a sense of belonging for a child. For example, when workers were asked about the importance of contact, many demonstrated clear understandings of the value of this.

However, what was most notable about practitioner's understanding of permanency planning was that without substantial prompting, few offered fuller and more comprehensive accounts that recognised the multiple components and factors needed for consideration. When practitioners were asked about the knowledge and theory underpinning permanency planning, many struggled or provided only basic answers.

[Knowledge underpinning permanency?] *Oh gee. I've never really thought about it, I've got to be honest. . . . I think we've got that combination of the legislative requirements, the boundaries that we have in that – obviously the need for cultural connection, family connection, the problems with attachment issues. (W:5)*

For some, permanency planning was something that commenced when reunification fails, or when parents do not progress in sufficient time, or for those parents who are not making an effort: *Ensuring children have quality care, especially if unable to reunify with family of origin (W:6)*. Others commented that time is a central issue because significant parental and family problems can take substantial intervention before progress occurs. Availability of services to respond to complex problems was also recognised as impacting on permanency planning. A few of the practitioners indicated that permanency planning should commence as early as possible. Likewise, for those workers who knew of concurrent planning, this was deemed optimal. Many of the practitioners identified that their process of permanency planning was shaped by legislation and structured decision-making tools.

When practitioners were asked about their perspective on involving parents in decision-making some said that it was extremely important to involve them, whereas others offered an ambivalent or 'depends' position. Family group meetings and home visits were the main forums where permanency planning was discussed. Perceptions of parental involvement appeared to be linked to the type of order a child was on, or where a family was on the child protection continuum.

I believe that they should be consulted and informed as much as possible, that if they're going to be destructive regarding the child's needs for permanency then they shouldn't be involved. It depends also on the order we've got. If we've only got a custody order guardianship, well it depends on their presentation as well and how much the child wants them involved. (W:2)

In relation to carers' participation, some practitioners spoke of the importance of involving them in permanency planning decision-making.

Discussion and implications

Eight practitioners, eight carers and three parents participated in this study to explore understandings, knowledge and practices associated with permanency planning. The understandings of children and young people about permanency planning are also vital to explore in future research (Unrau, Seita & Putney, 2008). While the study has its limitations due to the small sample size, which limits representativeness and generalisability, some new and additional insights about permanency planning practice have emerged that warrant consideration. While in some instances permanency planning was discussed explicitly by professional staff with parents and carers, in the main this was not done clearly or sufficiently. Most of the parents and carers had never heard of permanency planning or had conversations about permanency concepts (placement, belonging, stability, relationships, and identity) in relation to their child. Interestingly, when parents and carers were prompted on particular permanency concepts during the interviews, many offered some insightful and important considerations for particular children. They had ideas on how a particular child's needs might be met, but particular practice processes utilised by staff were not always facilitative in hearing these views. This issue raises three practice implications: using a clear practice language about permanency planning; seeking and recognising the unique constructions of permanency by different stakeholders, and revisiting the importance of participatory practice.

Clarity about all the dimensions of permanency planning requires a practice approach and language that is understandable, unrushed and culturally sensitive. This recommendation has previously been discussed by Freundlich et al. (2006) who reported in their research that parties involved often were unclear about permanency planning and little was done by professionals to address this. They suggested 'that child welfare professionals work together toward a more honest, open and comprehensive discussion of the concept of "permanency" that actively engages children, youth, and families. Permanency should be described and communicated as multifaceted and as including goals and decisions related to the relational, physical, and legal relationships that children and youth in foster care need' (Freundlich et al., 2006, p. 757). Our research gives support to this important recommendation, and, in addition, reinforces the need for practitioners to be more explicit about their theory utilisation (Osmond, 2006; Osmond & O'Connor, 2006). Permanency planning should be communicated as beneficial for the child rather than as a legislative or organisational imperative. Both of these studies have highlighted that practice processes characterised by good communication, patience, active listening, use of

non-jargonistic terms, and repeated discussion of the multiple conceptualisations of permanency could substantially improve how those involved experience permanency planning.

The first aim of the study was to explore how different stakeholders understood permanency planning. It was found that carers, parents and practitioners did understand permanency planning differently. What was particularly striking was that the three groups of participants tended to give greater prominence to particular dimensions of permanency. Carers, although discussing a number of the permanency dimensions, were most determined about the need for children to have stable relationships and routines – children having certainty about their future and not feeling anxious, stressed or unsure about what was to come. Carers also reported that they had to ‘push’ for certain permanency factors to be considered, such as more contact for a child. Legal arrangements were not a significant theme perhaps reflecting the situation in Australia where most children in long-term care are in the guardianship of the state. Adoption and granting long-term guardianship to another person are less prominent in policy and practice directives.

What appeared important to parents, if their children were not with them, was to know that their children were well looked after. Two of the parents in the study hoped that their children could remain with their current carers as they felt comforted by the quality of care that their children received. They also wanted to be informed about their children’s progress through school reports and other mechanisms. They also wanted to develop or sustain quality relationships with their children. If relationships were currently not optimal, assistance to rebuild closeness was considered important with contact being the main vehicle for this to occur. Putting professional effort into sustaining positive relationships between children and significant others, especially if reunification is not possible, can be an important strategy for sustaining hope and engaging parents in children’s lives.

Finally, practitioners although aware of the importance of relationships, were focused on placement stability and the legal aspects of permanency planning in terms of court decision-making and the types of orders children were currently on, as influences on permanency planning. Recognising that particular dimensions of permanency planning may be more important to different stakeholders again signposts the value of effective communication with everyone involved. Commitment to case plans could be enhanced if aspirations and areas of difficulty can be openly discussed. Areas of significant personal concern for parents and carers could be missed if the practice approach does not involve discussion of each dimension of permanency planning with a dedicated commitment to hear and address what is important.

The second aim of the study was to explore how carers and parents viewed their involvement in permanency planning decision-making. Participative and collaborative

approaches have been emphasized as necessary when aiming for quality decision-making and positive outcomes for children (Shemmings & Shemmings, 1996). The findings from this research indicate that active participation of parents and carers in permanency planning decision-making was at times lacking. Parties were informed but not always actively involved. Many of the carers reported not feeling involved and that their views on permanency were not seriously sought after. They believed that they were perceived as useful for day-to-day care but not as a valuable source of information about a child and his/her needs. This was also confirmed by comments made by some practitioners that carers’ involvement in planning was restricted to particular issues. The knowledge that carers hold about a child should be valued and actively sought when planning for permanency. They may offer insight to a child’s current needs and also expose omissions in care.

Two of the parents also expressed a lack of involvement in decision-making. Although Family Group Meetings occurred they were experienced as unreceptive forums for their wishes and thoughts. Parents perceived that decisions had already been made, or that certain topics were not open for discussion. Practitioners’ comments on parental participation also highlighted that at times the level of parental participation was linked to what type of order a child was on. Long-term orders for some equated to the need for less parental participation in case planning.

The capacity, skills and stability of the child protection workforce is central to quality permanency planning practice. All groups of participants identified problems with practitioner turnover. Carers saw this as a problem for two reasons: (1) often the case plan changed when the practitioner changed – the case would be progressing in one direction and a new practitioner could view things differently; and (2) the practitioner did not know the child, the parents or the carer so there was a feeling that the practitioner could not possibly make a decision based on the child’s needs if there was no relationship there.

Conclusions

This study has identified that permanency planning practice in statutory child protection is, for most stakeholders, not fully understood. It is important that long-term planning is not dominated by legislation, timeframes and procedures for securing a placement as a ‘place to stay’, instead of striving for placement as a ‘home for life’ connected to relationships and feelings of belonging that are linked to family, school and community. In multidisciplinary work, practitioners negotiate different perspectives and knowledge sets, and this is also needed when working with other stakeholders, including clients. Carers, children and families can be encouraged to participate actively in permanency planning by directly enquiring into their personalised notions of permanency. Professionalised words and concepts such as ‘permanency’, not in common use, can be misunderstood.

Directly asking questions such as: ‘what is important to you as your child grows up?’, ‘how do you think a sense of belonging can be improved for your child?’, ‘how do we best meet the child’s needs?’, ‘what aspect of the placement is most important to you?’ may yield some useful insights for case-planning, facilitate a shared dialogue and continue to progress our theoretical understanding of quality permanency planning.

Acknowledgements

We thank the participants for their time and insights, as well as the Department of Communities (Child Safety), and Nola Bahnisch and Teresa Scott for their assistance with the project.

References

- Barber, J.G., & Delfabbro, P.H. (2003). Placement stability and the psychosocial well-being of children in foster care. *Research on Social Work Practice, 13*(4), 415–431.
- Biehal, N. (2007). Reuniting children with their families: Reconsidering the evidence on timing, contact and outcomes. *British Journal of Social Work, 37*, 807–823.
- Cashmore, J. (2001). What can we learn from the US experience on permanency planning? *Australian Journal of Family Law, 15*, 215–229.
- Chenoweth, L., & McAuliffe, D. (2008). *The road to social work and human service practice* (2nd ed.). South Melbourne, Victoria: Cengage Learning.
- Cuddeback, G.S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review, 26*, 623–639.
- Dance, C., & 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.
- Dowling, M. (2006). Translating theory into practice? The implications for practitioners and users and carers. *Practice, 18*(1), 17–30.
- Dudley, J.R. (2011). *Research methods for social work*. Boston: Allyn & Bacon.
- Farmer, E. (2009). How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes? *Child and Family Social Work, 14*, 331–342.
- Freundlich, M., Avery, R.J., Munson, S., & Gerstenzang, S. (2006). The meaning of permanency in child welfare: Multiple stakeholder perspectives. *Children and Youth Services Review, 28*, 741–760.
- Glasby, J., & Beresford, P. (2006). Who knows best? Evidence-based practice and the service user contribution. *Critical Social Policy, 26*(1), 268–284.
- Harden, B.J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children, 14*(1), 31–47.
- Healy, K. (2005). *Social work theories in context*. Houndmills: Palgrave Macmillan.
- Howe, E., Dooley, T., & Hinings, D. (2000). Assessment and decision-making in a case of child neglect and abuse using an attachment perspective. *Child and Family Social Work, 5*, 143–155.
- Maas, H., & Engler, R. (1959). *Children in need of parents*, New York: Columbia University Press.
- Maluccio, A., Fein, E., & Olmstead, K.A. (1986). *Permanency planning for children: Concepts and methods*, London: Tavistock.
- Miles, M., & Huberman, A. (1994). *Qualitative data analysis: An expanded sourcebook*, Thousand Oaks, CA: Sage Publications.
- Olsson, E., & Ljunghill, J. (1997). The practitioner and naïve theory in social work intervention processes. *British Journal of Social Work, 27*(6), 931–950.
- Oosterman, M., Schuengel, C., Slot, N.W., Bullens, R.A.R., & Doreleijers, T.A.H., (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review, 29*(1), 53–76.
- Osmond, J. (2006). Knowledge use in social work practice: Examining its functional possibilities. *Journal of Social Work, 6*(3), 221–237.
- Osmond, J., & O’Connor, I. (2006). The use of theory and research in social work practice: Implications for evidence-based practice. *Australian Social Work, 59*(1), 5–19.
- Payne, M. (2005). *Modern social work theory* (3rd ed.). Houndmills: Palgrave Macmillan.
- Roberts, R. (1990). *Lessons from the past: Issues for social work theory*, London: Tavistock/Routledge.
- Sanchez, R.M. (2004). *Youth perspectives on permanency*, Oakland, CA: California Permanency for Youth Project.
- Schofield, G. (2009). Permanence in foster care. In G. Schofield & J. Simmonds (Eds.), *The child protection handbook: Research, policy and practice* (pp. 139–158). London: BAAF.
- Schofield, G., Thoburn, J., Howell, D., & Dickens, J. (2007). The search for stability and permanence: Modelling the pathways of long-stay looked after children. *British Journal of Social Work, 37*(4), 619–642.
- Selwyn, J. (2010). The challenges in planning for permanency. *Adoption and Fostering, 34*(3), 32–37.
- Selwyn, J., & Quinton, D. (2004). Stability, permanence, outcomes and support: Foster care and adoption compared. *Adoption & Fostering, 28*(4), 6–15.
- Shemmings, D., & Shemmings, Y. (1996). Building trust with families when making enquiries. In D. Platt & D. Shemmings (Eds.), *Making enquiries into alleged child abuse and neglect: Partnerships with parents* (pp. 67–85). Chichester: John Wiley.
- Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. *Children and Youth Services Review, 32*, 619–625.
- Thoburn, J. (2002). Adoption and permanency for children who cannot live safely with birth parents or relatives. *Quality Protects Research Briefing 5*. London: Department of Health/Making Research Count/Research in Practice.

- Tilbury, C. (2009). A 'stock and flow' analysis of Australian child protection data. *Communities, Children and Families Australia*, 4(2), 9–17.
- Tilbury, C., & Osmond, J. (2006). Permanency planning in foster care: A research review and guidelines for practitioners. *Australian Social Work*, 59(3), 265–280.
- Twardosz, S., & Lutzker, J.R. (2010). Child maltreatment and the developing brain: A review of neuroscience perspectives. *Aggression and Violent Behaviour*, 15, 59–68.
- Unrau, Y.A., Seita, J.R., & Putney, K.S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, 30, 1256–1266.
- Wise, S. (2000). Introducing a symposium on permanency planning. *Children Australia*, 25(4), 4–6.

