

## Expert Evidence from Professor June Thoburn CBE, LittD to Children's Social Care Review

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### Routes to permanence for children who need out-of-home care: An evidence overview

#### Claims for expertise in this area

I am an Emeritus Professor of Social Work at the University of East Anglia, founding director of the UEA Centre for Research on Children and Families, associate of the International Association for Outcome Evaluation and Research on children's services (IaOBER) and an affiliate of the University of Bergen Centre for Research on Discretion and Paternalism.

I have been contributing to the knowledge base on processes and outcomes for children in care since my refereed journal article *What kind of permanence?* appeared in *Adoption and Fostering* in 1985 (it was one of only 40 of the thousand plus articles published by that journal selected for the 40<sup>th</sup> anniversary of that Journal in 2021<sup>1</sup>).

Between 1980 and 2021 I have written or collaborated on well into the hundreds of refereed research and practice books, chapters and journal articles on aspects of research, policy and practice relevant to children in care and family court processes. I was a member of Department of Health advisory groups on the Children Act 1989 and Adoption Act 2002 (for which I was commissioned by DH to complete a review of the research relevant to adoption). I am frequently asked to provide expert evidence to the family court on complex cases and have been a member of national family law advisory committees and provided training for the Judicial College on aspects of child placement.

I was awarded a Leverhulme Emeritus fellowship to research and report on data on children in out-of-home care in 24 countries/states and am frequently consulted on sources of information on children in care in other jurisdictions.

#### Alternative 'routes to permanence'- overview of legislation, policy and practice

'Permanence' is frequently used as a summary term for a complex set of aims and experiences that contribute to child and adult wellbeing. It and similar terms such as 'family for life' is usually expanded as a child's need for stability, continuity, family membership which bring with them the experience of loving and being loved. It is often placed alongside a child's and adult's need for a sense of personal and cultural identity. Children who need to live away from their family of birth for a short and especially for a longer period have all the welfare needs of all children but are especially at risk of losing their 'sense of permanence' and their 'sense of identity'. The UK nations (along with the USA) were ahead of other jurisdictions in building these two 'special needs' into legislation, guidance and practice from the mid-1980s onwards. Over these 40 years the emphasis placed on the different 'routes to permanence' has shifted between seeking to return children safely to their families ('reunification' as a shorthand term), seeking to ensuring stability for children who remain in long term care (for example via the 'Care Matters initiative of 2007-9 and the 2013-15 DfE convened Expert Working Groups) and securing exits from care to 'legal permanence' in adoptive and kinship (SGO) families. The emphasis for much of the

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<sup>1</sup> Thoburn, J (2020) (reprint of 1985 paper) *What Kind of Permanence in 40 Years: Celebrating BAAF's contribution to childcare practice and research*. London: Coram BAAF

past 30 years has been on increasing adoption as a route out of care but more recently greater emphasis has been placed on providing felt and legal permanence through placement with kin or family friends under Special Guardianship Order.

International and national research has demonstrated that there are key variables that have to be considered when deciding which 'route to permanence' might be most likely to 'work' for each child and set of circumstances. Age at entering care and age at placement with a substitute family is a 'proxy' variable for weighing the likelihood of the placement lasting into adulthood and beyond. However, some young people moving into a foster family in their teens, even after other placements have broken down, put down roots that remain for them in adulthood. Recognition of this contextual knowledge is firmly embedded in the 2015 DfE guidance<sup>2</sup>. The 'permanence' options to be considered in the care planning process are: 1) leaving care by safe return to parent/s able to meet the child's safety and long-term wellbeing needs; 2) leaving care to live on a secure legal basis with kin or other 'connected persons'. In accordance with the UN Human Rights Convention, the UN Convention on the Rights of the Child and the Children Act 1989<sup>3</sup>, these must first be considered and services provided to support the likelihood that they will meet the child's stability, identity and protection needs throughout childhood. If neither are considered viable options, the appropriate long term placement for each child will be chosen from: remaining in secure long term foster care, with the option of 'Staying Put' after 18; leaving care via adoption by current foster carers or adopters not previously known to the child; and in some circumstances (and almost always for older entrants to care or those for whom a planned 'permanence' option has disrupted) a planned stable placement in a children's home, with 'Staying Close' arrangements to provide continuity of caring relationships into adult life.

### **An overview of the research and current knowledge base on alternative permanence options**

There have been many research studies over this period. Still highly relevant to the present knowledge base are the DH *Messages from Research* overviews disseminating research findings from across placement options<sup>4</sup>. These, and the research-based *Principles and Practice in Regulations and Guidance*<sup>5</sup> should be the starting point for the evidence evaluation stream of a review that is considering fundamental change that may impact on placement choices for children in care. Many of the authors of the studies (mainly Government funded) are still active researchers or commentators and could comment on or critique the summary provided below.

The over-arching messages are:

- If children are assessed as needing to enter care because the birth family cannot meet their short and especially long-term protection and welfare needs, it is likely that they will have experienced inter-

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<sup>2</sup> Department for Education 2015 *Permanence, long-term foster placements and ceasing to look after a child: Statutory guidance for local authorities*. London: DfE.

<sup>3</sup> See most recently the report of Family Rights Group 2017. *Holding the risk: The balance between child protection and the right to family life*. Which combines the voices of care experienced people and research.

<sup>4</sup> DH (2001) *The Children Act Now: Messages from research*. London: TSO followed by research DH/DCSF-commissioned overviews on foster care, residential care, adoption, placements of teenagers, the last one being: Thomas, C. (2013) *Adoption for looked after children: messages from research An overview of the Adoption Research Initiative*. London: BAAF <https://www.adoptionresearchinitiative.org.uk/initiative.html>.

<sup>5</sup> DH (1990) *Principles and Practice in Regulations and Guidance*. London: HMSO.  
See also Thoburn, J. *Child Placement: Principles and Practice* (1994) Ashgate

uterine or post-birth trauma, neglect or other harms. Most will have experienced the trauma of separation and loss from adults (parents, relatives and/or foster carers) to whom they have become close (separation can be traumatic even if attachments have been problematic). Even those removed at birth and placed quickly with kin or adoptive families will need to learn about and make sense of why they could not be brought up by their birth parent/s and may have been separated from brothers and sisters.

- Whatever the long-term plan appropriate to meet their needs, children who need out-of-home care at any age are likely to be 'special children'. At least episodically at times of stress, they and those who become their 'permanent' family will need supportive, practical and sometimes intensive therapeutic services, as they grow up and move into adulthood, and for some, as they parent their own children. Parenting these children, whether that results from return to a parent, moving on to live with kin or substitute foster or adoptive parents, or in a residential setting, presents special challenges. All members of the 'kinship network' (which includes birth and new family members) are likely to need skilled and empathic assistance in the early stages of the placement and then at key development stages and times of stress. For only a small minority is the experience of family life un-troubled.
- Whilst all children need to remain part of their family beyond 18, young adults who have been in care because of maltreatment or neglect are likely to continue to need to call on aspects of 'parenting' (often to an extent beyond what would be the case for an 'average' young adult).
- The child and family social services provisions legislated for by the 1989 Act and Guidance (as amended as gaps have become apparent) provide a sound basis for meeting the welfare, participation, protection and identity needs of children in need of additional services, including needing to be placed in 'out-of-home' care.
- In the early years after Children Act implementation, numbers needing out-of-home placement went down. One problem that became apparent was that those who remained longer in care had too many placement changes. Measures to reduce unnecessary changes have improved the stability for those placed as toddlers and in middle years. Most infant entrants who cannot return safely to parents are adopted or placed with kin and services for them have improved (see below). Placement instability remains a serious problem for a small but worrying group of older entrants to care, or those whose permanent placements (in foster or adoptive families) disrupts in adolescence. This problem is exacerbated by the fragmentation of placement services that has become more marked in recent years.
- Despite the challenges, most children who need to enter care do as well or better than similar children who do not enter care. Some do very well, and some do very badly. Depending on their age when entering care, many will need longer than the average child, to move into successful adult life<sup>6</sup>. This applies to their physical and mental health care needs as young adults and deficits in education need to be filled as young adults. (Comparing educational outcomes by exam results at age 16 is a totally inappropriate outcome measure for children many of whom do not enter care till they are in their teens.

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<sup>6</sup> See especially, Stein M (2015) Supportive Pathways for Young People Leaving Care, Lessons from four decades of research, in Whittaker, J, Del Valle J and Holmes, L (eds) *Therapeutic Residential Care for Children and Youth*, London, JKP.

Stein M (2019) Supporting young people from care to adulthood: international practice, *Child and Family Social Work*, 24; 400-405 and see Prof Stein's submission to this Review

Although in terms of educational achievement children in care do as well or better than similar children who remain with their parents, more time is needed for most to make up for missed opportunities<sup>7</sup>.

- Short term care or episodic care in the same placement, as part of a relationship-based family support service (as envisaged by S.20 of the Children Act 1989) can make it possible for some children to remain in family care or return home from care in a planned way.
- Entering public out-of-home care happens in all countries and parts of countries. Numbers vary depending on policies and contexts and on the aims for the care system<sup>8</sup>. There is no 'right' or 'wrong' number/ rate in care- the aim should be to provide high quality, loving parenting for those who need it and to support within the community those whose needs for love, care and protection can be met within the family home. Whilst public policy should aim to keep numbers needing out-of-home care as low as possible, every effort should be made to provide a very high quality of care to meet the varying needs of all children in care and care leavers and combat, for the young people themselves and for the public at large any sense that 'care is a bad place to be'.

**Alternative routes to permanence: how well do they do and what must be done to make them better?**

#### ***The research approaches and overview of 'what works' for children needing care***

Because the aim is for children entering care is to ensure that they have 'a family for life', longitudinal and mixed methods research approaches alongside statistical techniques for the analysis of large data sets are needed to reach conclusions about 'what works' in what circumstances. A wide range of services have to be considered by researchers which will have been provided concurrently, consecutively and at key stages of development, and for a small number of young entrants possibly for over 20 years. The UK research in this field is highly respected around the world. It combines longitudinal research, data analysis, and interviews and other imaginative qualitative and mixed methods approaches in order to analyze a range of outcomes and to report on the views of children, family members, carers and professionals. Whilst there is a place for experimental and quasi-experimental methods to evaluate specific short term or intensive 'interventions' (as for example a particular foster carer training programme or intensive service for troubled teenagers in residential care or young parents who lose children into care) their place is limited when looking at long term outcomes. Similarly using 'placement breakdown' as an outcome measure has its limitations - as many researchers have pointed out, defining 'breakdown' is problematic- what looks like a foster or adoptive placement breakdown for a 16-year old might be a supportive extended family in 15 years' time.

#### ***Return home from care: the first permanence option***

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<sup>7</sup>[Children in care or in need: educational progress at home and in care](#)

Sinclair, I., Luke, N. & [Berridge, D.](#), 26 Jul 2019, In: [Oxford Review of Education](#). 45, 4, p. 443-460 18 p

<sup>8</sup> Thoburn, J. 2010. Achieving safety, stability and belonging for children in out-of-home care. The search for 'what works' across national boundaries. *International Journal of Child and Family Welfare*, 12(1-2): 34-48

Leaving aside those who come into care for a planned or emergency short period or (often involving children or a parent with a disability), have a series of placements or a long term 'shared care' placement in the same setting, the conclusion from research using a range of methods in different countries is that return home from care is the least 'successful' 'permanence' option. That is certainly the case if 'placement breakdown' / re-entry to care after experiencing further episodes of maltreatment is the 'measure' used. Although studies are not numerous – the conclusions from research studies spanning over 30 years, and as reported by scoping reviews are very similar<sup>9</sup>. These studies also make similar recommendations as to how this position could be improved.

The main reason why these necessary improvements, which are all possible under current legislation and guidance, have not happened is the failure of policy-makers to take on board the point made above: these are likely to be special children, are likely to present challenges to their parents, and likely to need high quality services over long periods of time. This has been understood with respect to adopters and kinship carers, but the evidence shows that parents and children 'reunified' from care receive at best a short term, possibly 'intensive' service.<sup>10</sup> In summary, necessary improvements that can all be achieved under the present legislation and guidance include:

- Carefully planned and resourced specialist support for children's return to parents is as essential as it is for children leaving care for adoption or guardianship. As soon as the care plan considers that reunification may be a viable option, the return home should be carefully planned, 'team around the family' services and support put in place, be reviewed and remain as long as needed.
- Addressing families' socioeconomic needs must be an essential part of the services provided. There is evidence from research that more structured family interventions are less successful if family income and accommodation are inadequate.
- There may be important roles that foster carers, residential workers and parent mentors can play in helping parents engage with social workers and in providing additional support.
- It is important to recognise and meet the needs of subgroups of children that are more at risk such as teenagers, young people who have experienced instability in care. Addressing child behaviour problems as soon as they appear is essential, and child to parent violence must be recognised as a possible issue.

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<sup>9</sup> See Thoburn, J., Robinson, J. and Anderson, B. (2012) *Returning Children from Public Care*. London: Social Care Institute for Excellence Research Briefing 42. <http://www.scie.org.uk/publications/briefings/briefing42/>  
Biehal, N. et al (2015) Reunifying abused or neglected children : decision-making and outcomes. *Child Abuse and Neglect*. pp. 107-118. <https://doi.org/10.1016/j.chiabu.2015.04.014>

Farmer, E. (2018) Reunification from Out-of-home care: A research overview of good practice: University of Bristol <http://www.bristol.ac.uk/sps/research/projects/completed/2016/returninghome/>

<sup>10</sup> See Neil, E., Gitsels, L. & Thoburn, J. (2020) Returning children home from care: What can be learned from local authority data? *Child & Family Social Work*. 25, 3: 548-556

Farmer, E. and Patsios, D. 2016. *Evaluation Report on Implementing the Reunification Practice Framework*. Bristol: University of Bristol

- Alongside specialist services over the period of reunification, neighbourhood and relationship based social work services, linking in with open access and non-stigmatising family centres is likely to provide much of the longer-term support needs.
- Care orders should not be used simply as a means of guaranteeing support for families and the needs of children going home from voluntary care must not be underestimated. Where families primarily need support rather than monitoring, a supervision order may align more closely with their needs than a care order. This is in line with the Recommendations of the President's Public Law Working Group<sup>11</sup>
- Children often return to only one parent and assistance may be needed for safe contact arrangements with the other parent, siblings living elsewhere, including still in care or adopted, and kin on that side of the family.

### ***Leaving care via a Special Guardianship Order***

With respect to kinship care, there is a growing body of research indicating that, despite kinship guardians being on average older, and living in poorer economic circumstances, the actual placement break-down rate is low. Qualitative research reporting on the views of carers, and young people finds generally high levels of satisfaction<sup>12</sup>.

- Some of the points made above with respect to return to birth parents are relevant to service needs of kinship carers and their families.
- A team of specialist social workers will usually be the most successful approach for a successful kinship care service. As with returning to a parent, for some kinship families a longer-term relationship-based flexible service may be needed, though most often on an 'episodic' basis.
- Assistance with family contact arrangements are needed initially and may be needed on a long term-basis. Bearing in mind that many kinship families have low incomes, contact services that make a charge will need to be subsidised.
- As for children in long term foster and adoptive families, if a child in a kinship family needs to enter care, support to the family which avoids blaming can succeed in maintaining a sense of family belonging.

### ***Leaving Care via an adoption order***

A large volume of research going back to the mid-1970s reports on adoptions from care and alternative long-term placements. Some key longitudinal studies following adoptive families as the children grow into adulthood report in detail on the views as well as the wellbeing of children, adopters, and

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<sup>11</sup> President of the Family Division (2021) Final Report of the Public Law Working Group.

<sup>12</sup> Farmer, E. (2010) What factors relate to good placement outcomes in kinship care? *British Journal of Social Work*. 40 (2)

Wade, J. et al (2014) Investigating Special Guardianship: experiences, challenges and outcomes. London DfE <http://www.york.ac.uk/inst/spru/research/pdf/SpecialG2014.pdf>

Welland, S. et al (2017) *Growing up in kinship care: Grandparents Plus* [https://kinship.org.uk/wp-content/uploads/2020/02/GUIC\\_K\\_Full\\_Report\\_FINAL.pdf](https://kinship.org.uk/wp-content/uploads/2020/02/GUIC_K_Full_Report_FINAL.pdf).

Simmonds, J. and Harwin, J. (2019) *Rapid Evidence Review on Special Guardianship*. U of Lancaster Centre for Child and Family Justice Research

sometimes birth relatives.<sup>13</sup> These report a very low rate of adoption breakdown/ disruption (before or after the adoption order) varying between less than 5% and around 20% depending on the age and characteristics of the children in the study. In England, the ages of children placed from care for adoption have decreased over the past 20 years and most are now placed when under aged 2 and very few when over 3. Although actual placement breakdown is low, studies report considerable distress somewhere between a third and a half of the families, especially during teenage years. Some researchers reporting on teenagers entering care report a higher than expected proportion is from adoptive families, although in most cases their adoptive families stay connected with them.

Recognition of these issues has resulted in the development of policies and practice to assist and support adoptive families, not just at the time of placement, but also, at the request of the adopters and older children when stresses are experienced. Particular areas where services still need to be strengthened are:

- In the recruitment, pre-placement preparation and post placement learning opportunities to build on best practice in getting the appropriate balance between information about the rewards and the possible challenges of adoptive family life. Love and determination to help a child are essential, but not enough.
- Although much progress has been made in providing appropriate and timely social work, therapy and other services to adoptive parents and children, the type of service available is patchy and not always appropriately flexible, skilled or regulated.
- When adopted children need to come back into care, the service provided to the adopters can appear insensitive, even punitive, and may prevent the family getting back together again. Some points made above re 'reunification' services may also be relevant.
- More flexibility is needed in deciding about the form of continuing birth family links that will be appropriate for each child. This is especially the case with respect to siblings. Research including the views of adoptive children and parents as well as birth family members indicates that, at the present time, planned contact arrangements are formulaic and not framed around the particular circumstances and too many children lose the opportunity to maintain meaningful links with birth parents, relatives and siblings.

### ***Planned long term foster family care***

With respect to alternative permanence options for children who cannot return to a parent or other family member, most studies report that children placed with long-term foster or adoptive families when young do better than those placed when past infancy. As with other placement options, children placed when young with a foster family intended to be their 'family for life' are likely to remain there till

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<sup>13</sup> Neil, E., Beek, M., Ward, E. (2014) *Contact after Adoption: A longitudinal study of adopted young people and their adoptive parents and birth relatives*. London: BAAF.

Selwyn, J., Wijedasa, D. N., & Meakings, S. J. (2014). *Beyond the Adoption Order: challenges, interventions and disruptions*. London: DfE.

Thoburn, J. (2021) Adoption from care in England: learning from experience, in Poso T., Skivenes, M. and Thoburn, J. (Eds.) (2021) *Adoption from Care: International Perspectives on Children's Rights, Family Preservation and State Intervention*. Bristol: Policy Press.

adulthood and beyond and to have good wellbeing. However, in England, very few children under the age of 3 are placed in a planned long-term foster family and (as noted above) the majority placed with planned long-term foster families are school aged children. Most will have been harmed by maltreatment and experienced the losses from leaving birth parent/s and probably at least one placement change in care. Researchers report that on most wellbeing measures, including experiencing stability of relationships, adopted children do better than those in long-term foster care. However, they conclude that since most adoptees reported on in longitudinal studies have joined their new families as infants, but very few join their long-term foster families when under five, valid outcome comparisons cannot be made<sup>14</sup>. This is important information since at any one date between 35% and 40% of children in care are in planned long term foster families<sup>15</sup>. Researchers focusing on placements planned from the start to be permanent, with foster parents recruited and prepared to be ‘families for life’ report encouraging messages about outcomes for most children placed in well-managed and stable foster care<sup>16</sup>. They have the advantage over most adoptive family placements that the children are enabled to retain appropriate and meaningful links with their adult birth relatives and siblings and do not face the issues many adoptees face of whether to ‘search’ for further information about their family and cultural heritage. Improvements pointed to by researchers to improve stability of foster family care and child wellbeing outcomes are:

- The need to recruit foster *parents* who are willing and able to welcome a child as a full member of their family for as long as needed and probably into adult life, whilst also understanding the special needs of a child in care and the importance of being members of ‘the team around the child’.
- Flexible arrangements that work for long term foster families that grew from temporary placements as the situation changed and they became emotionally close, as well as for placements with foster families specially recruited to provide long term parenting to children not previously known to them.
- Flexible approach to the guidance and regulations so that the social work, supportive, supervision and review process for foster parents, children and birth relatives fits with statutory requirements but is also in keeping with the changing wishes and preferences of the family (especially the children). Even with long term placements, foster parents.
- Clarity about the respective roles of the child’s social worker and team leader, the Independent Reviewing Officer (IRO) and the foster care support team (still essential even when this is a long term placement to ensure that the foster carers have training and support for themselves in

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<sup>14</sup> Biehal, N. (2014) A Sense of Belonging: Meanings of Family and Home in Long-Term Foster Care *British Journal of Social Work*, 44, (4) 971

<sup>15</sup> See overview submitted to this Review by Professor Gillian Schofield ‘Long-term foster care as a permanence option’

<sup>16</sup> Schofield, G., & Beek, M (2009). Growing up in foster care: providing a secure base through adolescence. *Child and Family Social Work*, 7(1),3

Thoburn, J. (2020) 10: ‘Foster Family Care as a Response to Child Maltreatment’ in E. Fernandez and P. Delfabbro (eds.) *Child Protection and the Care Continuum*, London: Routledge.

See also Moffatt, P. & Thoburn, J. (2001) ‘Outcomes of permanent family placement for children of minority ethnic origin.’ *Child and Family Social Work*, 6 (1) pp 13-22.

meeting the likely challenges). This is especially important if the foster care service is provided by an agency other than the child's Local Authority, when accountability can become confused, and at the matching' stage for a new placement.

- Clarity and fairness if allegations of abuse or neglect are made against the foster carers and meeting the duty of care and providing appropriate support to foster carers if a child in planned long term care has to move to another placement.
- Timely access to therapy and educational support, and sensitive and flexible arrangements and support for contact with adult birth family members and separated brothers and sisters.
- More widely available, fair but flexible 'staying put' arrangements.

### ***Residential care as a permanence option for older young people***

Unlike the situation in most European countries (but similar to Australia, Canada and USA) the proportion of children in residential care at any one time in the four UK nations is low. However, a larger proportion have a period in residential care at some stage during their time in care, and this is likely to be over 50% for those who enter care as teenagers. This results from a widely held view and policy for many years that sees placement in a children's home, for anything but a brief emergency or assessment or custodial purpose, as a 'last resort'. Consequently, most of the small number who are placed in a children's home with the intention that they will put down roots and make relationships with skilled and committed members of staff (who will be there for them to age 18 and beyond) will have had multiple foster care placements or experienced the breakdown of a planned adoptive or long term foster family placement or unsuccessful return to the family. Although there is much that can be learned from research on residential placements in European countries, where this is more often a first-choice placement, the differences in context and placement aims have to be taken into account. This applies, for example to the European model of 'social pedagogy'.<sup>17</sup> Because most residential care placements have aims other than providing 'a sense of permanence' the research on residential care as a 'permanence' option is small and mainly interview-based although some studies follow up care leavers into adulthood<sup>18</sup>. It supports the conclusion that some young people prefer to be looked after in a children's home, where they can remain till they are ready to leave around the age of 18 and with which they can retain a 'sense of belonging'. Maintaining relationships with staff they are close to and also other residents can make all the difference as they move into adult life. These points where improvement is needed and could have a positive impact on the circumstances and opportunities are drawn from care experienced adults, advocacy groups and researchers (only a few listed here)<sup>19</sup>

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<sup>17</sup> Berridge, D. (2013) Policy transfer, social pedagogy and children's residential care in England. Child and Family Social Work. p. 26-41 16 p.

Ainsworth, F. and Thoburn, J. (2014) 'An exploration of the differential use of residential child care across national boundaries'. *International Journal of Social Welfare*. Vol. 23, 1 pp 16-24.

<sup>18</sup> Stein, M. and Munro, E. (2008) *Young People's Transitions from Care to Adulthood: International Research and Practice*, London, Jessica Kingsley

<sup>19</sup> See also for more detailed account of what a children's home placement can provide:

the submission to this Review of Ed Nixon and

Berridge, D. ., Biehal, N., & Henry, L. (2012). *Living in children's residential homes*. London: DfE (<https://www.education.gov.uk/>)

Berridge, D., Feb 2017 Driving outcomes: learning to drive, resilience and young people living in residential care. *Child and Family Social Work*. 22, 1, p. 77-85 9 p.

- Albeit in limited circumstances, a planned placement in a high-quality children’s home to match the needs and expressed wishes of a particular young person should be considered at an earlier stage and not used only when the young person has experienced several foster care placements. This may represent financial savings as the care needed is likely to be less specialised/ intensive and long term service needs lower as move into adult life can be better supported.
- The care plan for each young person must respect the importance of high-quality care and empathic ‘therapeutic’ parenting, alongside the availability of specialist therapy, education, and preparation for interdependence and independent living. A special kind of love is experienced and recognised between young people who put down roots in a children’s home and the staff members who provide the special parenting and experience of ‘inter-dependence’ as they move towards greater independence in adulthood.
- ‘Risk-averse’ regulations and practice guidelines must not get in the way of emotional closeness between staff and young people, and between the young residents. Safeguarding processes and monitoring must come from respectful professional practice, staff selection, training, supervision and team-work.
- A care plan and residential child care practice that seeks to ensure that all young people do not leave the children’s home until they are ready to do so (in the main around the age of 18 though there should be provision for some to stay beyond that age or to be able to ‘come back home’ at times of special stress). When young people move on from their children’s home, trusting relationship with care staff they know should be encouraged to continue and be there to be called on for advice, a listening ear, or sharing good moments. Some of the learning from the ‘Staying Close’ pilots is relevant and messages from care experience groups provide practical guides for how this can be achieved.<sup>20</sup>
- Collaborative work between the young person’s social worker and key worker to encourage meaningful links with birth family members, which may include a specific service to a family member and or joint work. If family links have been lost, work should be undertaken in partnership with the young person to seek out family links<sup>21</sup>

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Thoburn, J (2016) Residential Care as a Permanence option for young people needing longer term care. *Children and Youth Services Review* 69, 19-28.

<sup>20</sup> Report of the Care Experienced Conference, Past Present and Future April 2019

[www.careexperiencedconference.com](http://www.careexperiencedconference.com)

*Our Care our Say* (Nov 2020) 10 top messages <https://ourcareoursay.wordpress.com/our-care-our-say-is-this-the-time-people-are-going-to-listen/>

Every Child Leaving Care Matters (2017) *Caring Teams: Staying Close* see website <https://eclcm.org/publications/>

<sup>21</sup> See most recently Holmes, L. et al (2020) *Lifelong Links Evaluation Report*. London: DfE

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/955953/Lifelong\\_Links\\_evaluation\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955953/Lifelong_Links_evaluation_report.pdf)

