CHAPTER 1

INTRODUCTION: AN OVERVIEW OF CHILDREN IN PUBLIC CARE

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INTRODUCTION

UNICEF stated in its millennium report, *The State of the World's Children*, that although huge advances have been made globally in recognising and responding to the needs and rights of children during the twentieth century, there is still a significant population of children who grow up in unacceptable conditions and do not reach their potential.

One group of children of particular concern consists of those who cannot be cared for by their parents or extended family. Often in these cases the responsibility falls to the State, whose main approved alternatives are adoption, fostering, residential care, or boarding schools for children with various disabilities. Some children and young people are looked after by the State or voluntary sector with the agreement of their parents who are temporarily, or permanently, unable to provide such care, but others, in order to protect them from neglect or abuse (inflicted, as a rule, by their parents), require the intervention of the State through legal powers implemented by a court system. For some children, orphaned as a consequence of natural disasters (such as the tsunami of Christmas, 2004, in South-East Asia, war, or civil conflict), the loss of parents may mean that the State has to take over parenting, or direct responsibility of parenting to the philanthropic child-care agencies, but keep quality control and inspection of these institutions to safeguard children's welfare. Such powers place the State, or an agent of the State, *in loco parentis* with the responsibility for determining most of the major issues in relation to a child's welfare.

It is difficult to discover comprehensive information on the number of children currently being looked after by States or by agents of States. In the developed world they usually constitute somewhere between 5 to 20 children in every 1,000, although this figure varies from country to country (UNICEF, 2004). For example,

there are over 75,000 children and young people in care in the United Kingdom (Wilson et al., 2004) and 500,000 in the USA. This variation in prevalence may result from how the countries compile their statistics (or do not keep statistics at all), the criteria used when planning interventions for these children, and how resources are prioritised and allocated. Thresholds differ substantially between countries partly due to cultural, religious, economic, and general ideological reasons. Welfare States and developed countries have somewhat better organised systems and policies than those which have no social policies at all regarding the welfare of children.

According to Rushton and Minnis (2002), in the United Kingdom, after a steady fall, the number of children in care has been rising again from 45 in 10,000 in 1995, to 49 in 10,000 in 1999. Most children (65%) are in foster homes and 12% are in children's homes. The number of children in residential care in England and Wales fell by 80% from the late 1970s to the 1990s, but for the past five years the foster/residential care ratio has been constant. The general trends in North America, Australia, and Europe are reduction of residential placements and reduction of time spent there. Some Scandinavian countries, like Sweden, have almost completely eliminated children's homes from their child-care system, and others have reduced residential provision to the bare minimum. There were several reasons for the drastic reduction of residential care in the UK over the years. Firstly, the theoretical base for bringing up children in institutions became, at best, confusing, and, at worst, condemning, which affected the ways children's homes were run and the way children were looked after. Secondly, the cost of running residential establishments was considered to be too high and gave poor value for money. Thirdly, difficulties in recruiting well-trained, skilful, and experienced staff – but above all well-organised, theoretically sound, and skilful leaders – resulted in constant changes of personnel, and an incoherent philosophy as to how to run the homes and to deal with the very needy residents. Fourthly, the infiltration of residential homes by paedophiles and highly unsuitable characters (often having criminal records) led to serious and frequent scandals, resulting in numerous public inquiries, damaging the image of children's homes and blaming the local authorities for their lack of proper inspection, recruitment criteria, failure to listen to the children, and general professional shortcomings. Berridge and Brodie (1996) drew attention to the plight of children in residential care, pointing to the fundamental lack of interest, commitment, and resources in making residential care effective and successful. Residential care suffered, of course, from a collapse of confidence because of the abuse of children by the residential child-care workers, malpractice in behaviour management, and lack of theoretical bases.

Even though many countries have signed the UN Convention on the Right of the Child, there are huge variations in how children are perceived and valued in different societies. It should also be noted that there are some children who should be under the care of the State, but who are not. For example, in some South American, African, and Asian countries, and in parts of Europe (including the UK), there are many children without familial support who end up living on

the streets. Interventions with these 'street-children', when they occur, tend to be inappropriate or ineffective, and often the shame associated with the problem distracts attention from the issues that drove the children onto the streets in the first place. We have children living on the streets in the UK and other European countries, in spite of these States' considerable wealth and sophisticated public policies. Interventions when dealing with such children tend to be reactive rather than proactive and, as a result, focus on short-term rather than long-term solutions (Department of Health, 1998a). Many homeless young people living on the streets come from residential or foster homes. They are usually totally unprepared for independent living after leaving care, and they have nobody to turn to for help. Additionally, they have many mental-health problems, which have not been addressed sufficiently and adequately when in State care. Chronic lack of suitable resources and a paucity of highly skilled professional assistance (at the required frequency and intensity) have not helped to solve these problems.

The situation of children without adequate familial support requires special attention, regardless of where they live. Their vulnerability is compounded by the extent of their dependence. Unlike other children, services to this group are generally not mediated through the informal social care networks of family, friends, and neighbours. They are reliant on the commitment and best practice of policy-makers and planners within the government and its agencies to protect and promote their welfare. Some of these children have often been let down by the State and by agents of the State.

It is all too easy to underestimate the needs and vulnerability of children once they become looked after by the local authority or other agencies, even though they are often damaged and deprived compared with their peers. Unfortunately, many children in foster or residential care experience poor service provision that fails to provide the stability and continuity necessary for a contented childhood in which to thrive and realise their developmental potential (Department of Health, 1998a; Parker et al., 1991; Sinclair & Gibbs, 1998; Triseliotis et al., 1995).

PROBLEMS AND DILEMMAS WITH FOSTERING AND RESIDENTIAL CARE

Most children in need of care and protection living away from home in the United Kingdom are placed in foster homes. The shift from residential to foster care in the past two decades or so has been both ideological and financial. There is a strong belief that foster care is a better option for children living away from home as it provides a family model of everyday life and greater opportunity to build warm relationships with the foster family which can last for a long time after leaving care. Foster care is also much cheaper, and that was another reason for the development of the foster care placements policy. While foster care provides an excellent service, especially for infants and young children, it is not free of problems. Cases of abuse and neglect have been reported which were inflicted by the foster parents as well as their children, or foster parents' children being

sexually abused by a foster child. Again, older fostered children, especially those with a history of sexual abuse, abused other children in the family. The isolated nature of foster care means that children placed there might be at risk. Given the young age of children in foster care who are unable to report what is happening to them, the scale of possible ill-treatment is not clear. Again, children with learning disabilities, whether in foster homes or residential care, are particularly vulnerable and require special attention (Rushton & Minnis, 2002).

Many foster placements break down: this can be due to many factors. More disturbed children are placed in foster homes than before, yet the nature of children's problems is not fully communicated to foster parents who often do not fully understand what they are taking on, or how best to deal with children's difficulties. They are not given sufficient training and support; they are not always treated as equal partners with the professionals involved; and, at times, they take on a fostering role for the wrong reasons. Various reviews on fostering and research reports on both sides of the Atlantic indicate the necessity for appropriate selection procedures, regular reviews of performance and suitability, and independent inspection of foster homes (Sinclair et al., 2005b; Utting, 1997). It is also recommended that children should be seen alone when visited by social workers, and those visits should be more frequent; children should have access to a telephone and to information; and parental participation and visits should be facilitated whenever appropriate (Berridge & Cleaver, 1987). A child's personality structure and his or her attributes also require study and sympathetic assessment (which is often overlooked). At the same time, the characteristics of foster parents or key carers should be taken into consideration so that caregivers and children can be beneficially matched and unnecessary discord, friction, and confrontation avoided. For example, a quiet, withdrawn, frightened child, lacking in self-confidence, will need to be matched to a carer capable of emotional demonstrativeness, with a warm, tolerant, and patient personality, while a more robust, but stubborn, moody, and highly active child will need a carer offering firm, consistent (but fair) routines and rules. Far too often, stress resulting from a mismatch between the carer's temperament (including the threshold of tolerance) and the child's behaviour structure sets the scene for inevitable discord, conflict, nervous exhaustion, anger, confrontation, guilt, and disappointment, eventually leading to the breakdown of the placement. Informed choices and careful assessment can help to prevent a child's sense of rejection and a carer's feeling of failure (Sinclair et al., 2005a, 2005b).

In order to protect and properly care for children living away from home there is a need to examine objectively how far the requirements of regulations and statutory-based guidance are met, and the effectiveness with which they are monitored and enforced. Regulations and guidance which are not put into practice create a false sense of security which adds to the risk faced by the very children they are intended to protect. Selection and recruitment of residential staff and foster parents, regular visits and inspections, comprehensive and regular reviews of the care plans, and children's participation in planning their lives – and where possible with their parents – will not only help children, but also those who care for them (Utting, 1997).

Choice of placement is a vital factor in meeting the assessed needs of children. Sadly, children are often placed on the basis of vacancy and not suitability, and seldom is a child's wish heard as to where he/she prefers to be placed. If we seriously want to take on board children's wishes and rights, and treat them with respect, as stated in the Children's Act and the Rights of Children as postulated by the United Nations Convention on the Rights of the Child, we need a variety of settings to accommodate children living away from home. Children old enough and capable of making decisions should be allowed a choice as to where they want to live. Older children might prefer residential care, as they often feel that they already have a family. But residential care (if it is to help teenagers) has to change considerably in terms of the helping philosophy, selection of residence and staff, and the building of a positive image as a place of care and help – and not a dumping ground for difficult cases. Amazing loyalty and a sense of belonging are demonstrated by some children even though they were often badly treated, suffered abuse, and were persistently neglected by their parents. Some are so grossly disturbed that no single family could cope with their behaviour: they are simply unfosterable. Attempts to do so only lead to placement breakdown and consequently to more problems for everybody concerned.

Yet we also know that some children want to belong to a family and to be a part of a normal family unit which, in turn, can provide a model of healthy family functioning. For some to live in an institution, regardless of how good it might be, is degrading and stigmatising. Young children are better off in foster care as well. The fact is that we need both if we are to make informed decisions about children's lives and help them recover from harm or various forms of disadvantage they have experienced prior to becoming looked after. We can all learn a great deal and put in place better policy and practice if we listen to children and young people and take on board messages based on their experiences while in care. The past few years have witnessed positive movements in that direction. Indeed, organisations have begun to emerge whose membership includes children who have been in, or are in care, as partners who can inform, advise, and participate in promoting positive changes. For instance, The Voice of Young People in Care in Northern Ireland, Voices from Care in Wales, and an equivalent group in Scotland have done much work to hear and to listen to children, and many research projects included children as participants (*see* Kilpatrick, Chapter 4, and Winter, Chapter 14, in this volume).

Sir William Utting, in his (1997) report *People Like Us: The Report of the Review of the Safeguards for Children Living Away from Home*, brings to our attention how children felt when they entered the care system. There were positive and negative responses. Quite often they felt lost, bewildered, left to their own devices, unsupported, and became the victims of delinquent peers. They felt that they had little control over their destinies (for example, in the choice of placement, location, school, social worker, or with whom they lived). Young people felt their views were not taken into account, and that they were not involved in decision-making, quite often becoming helpless and cynical about their lives and the way things were planned for them. However, a number of them considered

that when they had a key worker who would take them under his or her wing, offering protection, answering questions, lowering anxiety, and showing concern for them, they settled down more easily, and made sense of their new life and circumstances. Listening to children, and asking them what they think and feel about their lives, difficulties, aspirations, dreams, and how they could be helped are important to explore in order to get them involved in a consciously chosen problem-solving strategy. Recent publications by Sinclair et al. (2005a, 2005b) discuss reasons why foster placements succeed and why they fail, as well as movements and destinations from the foster home (e.g. going back home, being adopted, and permanence planning).

LOOKED-AFTER CHILDREN IN THE UNITED KINGDOM

Many research projects in the United Kingdom showed continually and categorically that looked-after children constitute one of the most severely troubled and disturbed groups in the general child and youth population (Frost et al., 1999; Hobbs et al., 1999; McCann et al., 1996; Parker, 1966; Quinton et al., 1998; Rowe et al., 1984; Sinclair & Gibbs, 1998). There is also growing evidence that the problems and the associated behaviours displayed by these children and young people have become more acute in recent years (Berridge & Brodie, 1998; Ray et al., 2000; Sinclair et al., 2005a; Utting, 1997).

During the 1970s and 1980s, there was an almost complete concentration on the protection of children. As a consequence, vast resources were devoted to 'policing' families and admitting children into care through a very expensive legal process. These children were often provided with a very unstable and highly unsatisfactory care experience before being discharged back into the community, frequently to those same parents who had abused or neglected them in the first place, and who remained under-resourced, unsupported, and whose behaviour had not changed to justify discharging them back home (Parker et al., 1991; Sinclair et al., 2005a).

With the introduction of the Children Act (1989) in England and Wales, and its equivalent in Scotland and Northern Ireland (1995), the focus began to shift from child protection to family support. This new 'child-care philosophy' contains the belief that children are best looked after by their families, and every effort should be made to make this possible by providing help and family support for as long as necessary. Only in serious cases would children be removed from parental care.

The Children Act (1989) stated that local authorities should make appropriate use of services available to them to meet the needs of children being cared for by them. The Children Act required from the local authorities not only provision of care (which would protect looked-after children from further harm) but that they should provide enhanced opportunities for these children in educational attainments, social skills learning, self-help skills, and training for jobs, provide interactional and relationship-building opportunities, and teach them what is

right and wrong, in order to prepare them for life and to take responsibility for their behaviour and actions.

In spite of comprehensive reforms in child-care law, such as the Children Act (1989), and the availability of many associated regulations and guidelines to inform policy and practice, they have not produced the desired outcomes, especially for looked-after children. The messages which emerged from Social Services Inspections (Department of Health, 1998a, 1998b; Ray et al., 2000; Rushton & Minnis, 2002; Utting, 1997), and independent reports such as from the Who Cares? Trust's *Remember My Messages* (Shaw, 1998), indicated serious shortcomings in the quality of care provided for children in foster and residential care, and extremely poor developmental outcomes for these children.

The legacy of failure within the relatively advanced UK system makes for grim reading. For example, Warren (1999) found that children in foster care were found to be more likely than their peers to be excluded from school; twelve times more likely to leave school with no qualifications; four times more likely to be unemployed; sixty times more likely to join the ranks of the young homeless; fifty times more likely to suffer from mental illness; and their children were sixty-six times more likely than the children of their peers to need public care. On leaving care, many of these young people found themselves unprepared for their adult responsibilities and the challenges of living independently. Some children in care have nobody to turn to when in difficulties and when they are in need of support.

The outcomes of children in residential care were found to be even worse. In addition to similar problems experienced by children in foster care, a greatly increased likelihood of disadvantage in residential care was noted (Utting, 1997), such as: vulnerability to involvement in prostitution; early and unwanted pregnancies; poor parenting of their own children; loss of contact with their families and communities of origin; social exclusion through unemployment and poverty; attempted suicides; drug and alcohol abuse; homelessness; and progression to different and more serious forms of institutional care as time goes on (e.g. hospitalisation for mental illness or imprisonment).

The Utting Report (1997), Warner (1992), Audit Commission (1994), Fraser (1993), Social Services Inspectorate (1985) and Shaw (1998), among others, on the basis of their research of 'looked-after' children, have made rather concerning comments about their findings. They stated that there is a high level of placement breakdown, especially in foster care. It was estimated by Who Cares? Trust that an average child was moved to five different foster families, and that 9% of the 11-year-olds and younger children reported being moved more than 10 times. Of those who had been in care for five or more years, nearly a quarter (24%) had been in 11 or more different placements. For many of these children who drifted from one home to another with little or no possibility of ever being able to return home, adoption clearly would have been the best option to provide permanence, security, stability, identity, and development of lifelong attachment to a family. Choice of placement and appropriate matching according to the children's needs were found to be extremely poor. Children were put where there

was a vacancy rather than taking into account suitability, which led to frequent placement breakdown and, at times, abuse.

Education of looked-after children required urgent attention and collaborative efforts between social services and education departments, and more understanding and tolerance from the schools (Jackson, 1994). More than 33% of children in care were not receiving an education, and one in four of those aged 14–16 did not regularly attend school. Many were excluded from school, and had no regular educational placement. At the point of leaving care, three out of four teenagers had no qualifications, and eight out of ten had no job to which to go (Utting, 1997).

It was also worrying that, in spite of legal requirements, only just over half of the children in substitute care had a care plan, and some were unaware of a care plan as nobody had discussed it with them. Equally, only two-thirds of young people knew how to make an official complaint about the way they were looked after in care (Shaw, 1998). Helga Sneddon, in this volume (Chapter 10), and Dominic McSherry (Chapter 13) examine to what degree care planning has improved and whether it has been properly recorded and acted upon.

The lamentable outcomes outlined in many research projects, highlighted by several scandals, and exposed by public inquiries into the abuse of children in residential care, forced the Department of Health to make fundamental changes to policy and practice regarding children in public care. *Quality Protects*, published by the DoH (1998a), and its equivalent in Northern Ireland, put forward new money, new ideas, rules, and regulations to safeguard 'looked-after' children's welfare, with particular emphasis on leaving care (Department of Health, 2000). This book will discuss the findings of the studies carried out after *Quality Protects* was issued, to examine if the changes recommended by the government have taken place and the effect they have had on looked-after children.

ABUSE OF CHILDREN IN CARE

It is impossible to discuss the experiences of children in public care without referring to widespread abuse. Many 'looked-after' children have been physically, sexually, and emotionally abused. The scandals of children abused by residential workers are well known, and have resulted in various public inquiries (Iwaniec, 2006). The Welsh Office reported widespread abuse in Welsh children's homes, and in 1992 serious, and long-lasting, sexual abuse was reported in Leicester's children's homes orchestrated by Frank Beck or the 'pin-down' regime in Stafford later on.

Hobbs et al. (1999) have compared abuse in foster and residential care with the general urban population. Children in foster care were seven to eight times, and in residential care six times, more likely to be physically or sexually abused in

comparison with the general population of children. Vulnerability to being abused in these two care settings (apart from by foster or residential staff) included abuse by their natural families during access visits and by other children in care. Lindsay (1999) found that 91% of children in residential care who sexually abused others also had histories of being sexually abused themselves, thus exposing vulnerable children to further molestation.

Sadly, the available evidence tells us that some children are still at risk of being abused or bullied while under the protection of State care, even after being removed from the abusive home environment: this particularly applies to children with physical and learning disabilities. In effect, the abusing family member is replaced by an abusing carer within the institution or foster home. This problem is not unique to the UK, but has been reported in many different countries in recent years (Rushton & Minnis, 2002). The abuse of trust and power by those responsible for protecting the child not only blights the childhood of the victims, but leaves scars that maim their adult lives.

THE PURPOSE AND ORGANISATION OF THE BOOK

This book is based on recent research and contemporary policy, practice, and theoretical deliberations, addressing many problems and dilemmas as well as possible solutions for looked-after children. The chapters are concerned with children in substitute care, and with what happens to them. Do they become happier, better adjusted to social demands, more stable in emotional expressions, better prepared for life in terms of learning skills, and are they adequately socialised, educated, and competent in social and economic functioning? Different routes, and often complex and painful processes, are described to illustrate children's journeys to presumed stable and helpful placements. For some, these journeys are very difficult and unhelpful, while for others they are more enjoyable and successful. Why this is the case is the subject of discussion in the chapters that follow.

Each chapter is written as a separate piece of empirical or theoretical research, connected one way or another with issues associated with children in substitute care and the processes involved in getting there. Each chapter has to be read, therefore, as a separate piece of work covering different areas of looked-after children's lives, taking into account their needs, care plans, rights, and participations in decision-making. Management, in terms of resource allocation, competence, and suitability of care staff, as well as the philosophy and theoretical bases governing policies and procedures of children in need of care and protection when living away from home are also discussed. The book is organised into five Parts and contains 15 chapters.

Part I, entitled 'The Need for a Good Start in Life: Attachment, Bonding, and Children's Rights', deals with the fundamental needs of children to become attached to their parents and carers, to survive in infancy, and to lay the foundations for

the future development of relationships with adults and peers. Chapter 1 gives a brief overview of foster and residential care and describes the organisation of the book. Jane Aldgate, in Chapter 2, discusses the theory of attachment and how new attachments can be built with substitute carers. Additionally, she emphasises the importance of promoting resilience by identifying protective factors in each looked-after child, the environment in which it lives, and how it might make the best out of life.

In Chapter 3, Emma Larkin brings to our attention the importance of early bonding between parents (primarily mothers) and a baby, and discusses how an emotional link based on commitment, love, and sacrifice helps the child to build trust in people and to see the world around as friendly and good. What stands in the way of bond development and how adoptive or foster parents can build an emotional link lasting a lifetime are discussed.

Chapter 4 addresses the rights of children, specifically those in substitute care. Rosemary Kilpatrick discusses what stands in the way of successful and meaningful implementation of the Convention on the Rights of the Child and puts forward ways in which children might be seen as human beings capable of expressing opinions, feelings, and wishes to be respected and taken seriously into consideration.

Part II, 'Pathways to Permanency', consists of three chapters covering: a 10-year follow-up study on children in long-term foster care; kinship foster care; and permanency through adoption. In Chapter 5, Colette McAuley shares the outcomes of a small-scale study of a cohort of young people and their perspectives of being brought up in foster homes. The implications for policy and evidence-based practice are discussed. Chapter 6 brings to our attention the positives and negatives of being fostered by the extended family. Una Lernihan and Greg Kelly argue that kin-foster care offers a family for life and, therefore, should be advocated and promoted whenever possible and appropriate. Dominic McSherry and Emma Larkin look at the outcomes of adopted children in Chapter 7. Dominic McSherry and Emma Larkin also argue that residential care is needed for some hard-to-place and very disturbed teenagers, but the way it is managed, staffed, and resourced has to change. They explore recent moves towards specialised residential provision within Northern Ireland and other parts of the UK.

Part III, 'Residential and Mixed Care', explores the state of residential care in the UK, and the serious shortcomings in the quality and intensity of helping strategies for very needy children. Impoverished resources, lack of appropriate selection of trained staff, and unsuitable allocation of placements for youngsters with specific problems requiring expert attention are explored. Abuse and bullying, and the high cost of running residential institutions, as well as the general perceptions and theoretical framework that residential care is bad for the children are discussed in Chapter 8 by Dominic McSherry and Emma Larkin. This chapter will examine the level of permanency (adoption, long-term foster care, and return home) achieved over a two-year period for a population (n = 384) of children in

Northern Ireland who were looked after (on Care Order or Accommodated) on 31 March 2000. A key issue examined is the extent to which this reflects a placement geographical lottery in Northern Ireland, i.e. the child's placement being dependent upon the particular policies of the Trust that has responsibility for them. This raises major issues in terms of ensuring that all looked-after children have the same opportunities to gain the types of long-term placement that are best suited to their long-term needs. In Chapter 9, Tom Teggart explores the mental-health needs of looked-after children, shares research outcomes pointing to the wide range of factors contributing to the development of mental-health problems, and debates to what extent the mental-health needs of these children are being met. He also reflects on models of service that may best deliver suitable help.

Chapter 10 explores the care planning of over 100 looked-after children and the decision-making processes regarding their assessed needs, such as developmental attainments, health, education, and leisure. Helga Sneddon shares research findings regarding the existence, suitability, and implementation of care plans while in State care, comparing identified needs at the time of removal from home, and after a year of being looked after in either residential or foster care.

Stan Houston, in Chapter 11, writes about the use of positive psychology to help young people overcome some of their deep-seated emotional and behavioural problems. He makes some suggestions as to how residential staff can become more skilled and confident when dealing with young people with challenging behaviour in residential care. He explores various theories such as emotional intelligence and their application to inform practice, policy, and service planning.

Part IV, 'Court and Family Support Pathways to Substitute Care', is concerned with the process leading to substitute care such as: accommodation of children in need of care and protection provided on a voluntary basis; compulsory care proceedings; the length and cost of court proceedings, and effects on children and their families; and participation of children in decision-making regarding their future.

In Chapter 12, Theresa Donaldson examines difficulties in the management of cases inside and outside the court process. She discusses the role played by legal and social work practitioners in situations where children become looked after through voluntary and compulsory interventions. Case studies are provided to illustrate enforced accommodation as a means to start court proceedings, the consequences for these children, and the effects on their families.

Chapter 13 deals with the consequences of prolonged delays in care proceedings. Dominic McSherry discusses the results of the research project examining 'no delay and the child welfare is paramount' principles in decision-making when cases go through the courts. Apart from the cost to the children, he looks at the financial cost to the social services and questions the necessity for such expense.

In Chapter 14, Karen Winter examines the participation of looked-after children in public law proceedings. She explores the reasons and importance of increased

emphasis on children's participation; the perceived benefits of participation; and looked-after children's experiences in this area, including their feelings and wishes. She explores the suitability of methods and techniques in communicating with children and ways of enabling and encouraging them to express their preferences and wishes. Attention is drawn to the absence of children in the court process which, she argues, requires active action for positive change.

Part V, 'Messages from Research', contains one integrative chapter that pulls together messages arising from research as discussed in different parts. Some recommendations are put forward, based on current understanding of what are the needs of children entering substitute care and how these needs are being met; what resources, skills, training, and support are required to assist children and families in need; and what changes are needed in the perceptions and attitudes of service providers, policy-makers, and practitioners regarding children in substitute care.

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