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PERMANENCY PLANNING IN FOSTER CARE: A RESEARCH REVIEW AND

GUIDELINES FOR PRACTITIONERS

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Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners

Abstract

Permanency planning is a *systematic*, *goal-directed* and *timely* approach to case planning for children subject to child protection intervention, aimed at promoting stability and continuity. This paper reviews research into the area of permanency planning within the foster care system, with the aim of promoting research-informed policy and practice. Research published in both journals and books between 1998 and 2005 was reviewed. Exceptions to this were previously published seminal articles and texts that are theoretically and empirically important. The results of this review indicate that permanency planning is theoretically informed by attachment theory and understandings of child development and identity formation. Decision-making should be individualised, timely and culturally appropriate. Children themselves, their parents and carers all need to be involved in planning. Practitioners must be prepared to undertake extensive observation and assessment to serve the best interests of children when making permanency decisions.

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Key words: permanency, planning, foster care, attachment

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Introduction

Timely and sustainable decision-making about long-term care arrangements for children in care is crucial to their future protection and well-being. Decisions about permanent care arrangements need to be evidence-informed, as these are high-stakes decisions with far-reaching consequences for children, not only about their physical safety but about their social and emotional well-being now and into the future (Maluccio, Fein & Davis 1994). Practitioners need up-to-date knowledge to inform permanency planning decisions about children and families, however many do not have the time to seek out and critically examine relevant literature. The purpose of this review is to present current research on permanency planning to assist policy makers and practitioners with decision-making. There are many helpful studies that provide a strong body of evidence for best practice in permanency planning, with consistent findings on some key issues. But on other issues, findings are mixed. This underscores the necessity for practitioners to remember that each child has unique needs and circumstances, and as such, information gathering and decision making should incorporate these individual needs. Additionally, in making clinical judgements about permanency issues, information from the professional knowledge base needs to be considered alongside relevant legislation and policy.

What is Permanency Planning?

In the child protection field, permanency planning is the process of making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging. The seminal US study *Children in Need of Parents* (Maas & Engler 1959) found that large numbers of children in care were languishing in out-of-home placements with no clear plans for their future. Later studies confirmed that 'drift in care' resulted in children being deprived of a sense of belonging and identity forged from experiences of family, community, cultural and school ties, with negative consequences flowing on into adulthood.

Since the mid-1970s, permanency planning has been a guiding principle in child protection (Fein & Maluccio 1992). Initially for children in out-of-home care, the concept of permanency planning now encompasses a *systematic*, *goal-directed* and *timely* approach to case planning for *all* children subject to child protection intervention, aimed at promoting stability and continuity (Maluccio, Fein & Olmstead 1986; Marsh & Triseliotis 1993; Thoburn 1994). The underlying rationale is that when children cannot be protected within their family and are removed from home, often the best outcome is effective intervention that improves their parents' skills or capacity to care for them and enables them to return home. If this is not possible, other permanent care arrangements should be determined as soon as possible. Permanent options generally include preventing unnecessary placements through family preservation; return home ('reunification'); permanent foster care or relative care (with or without guardianship); and adoption. All of these permanent options have a place. There is no evidence that one option is universally better than another – the best arrangement depends upon the circumstances of an individual child and his/her family (Barber & Delfabbro 2005; Parkinson 2003; Thoburn 2003).

Since the 1990s there has been a renewed focus on permanency planning. The number of children in care has increased, there is more pressure on the foster care system, and placement instability has become a major problem. In US and UK legislation and policy, permanency planning now involves shorter timeframes for decision-making and the positioning of adoption as the government's preferred permanent placement when reunification is not possible (Parkinson 2003).

However, permanency planning is not only about placement. Most importantly, permanency planning is about *relationships, identity and a sense of belonging* (Brydon 2004; Fein & Maluccio 1992; Lahti 1982; Sanchez 2004). It is recognised that continuity and stability are not only found through placement, but that enduring relationships can be

established and maintained through family contact (including with extended family such as grandparents, cousins etc.), community connections and relationships at school (Holland, Faulkner & Peres-del-Aguila 2005). For example, when the preferred placement option for a young person is to live independently, an important part of permanency planning would be to foster secure connections with nurturing adults (such as former foster carers, an older sibling or other family members) with whom they will have lifetime relationships. The three aspects of permanency are: *physical* (safe, stable living environments); *relational* (stable, unconditional emotional connections); and *legal* (officially determined by the child welfare system). The relational dimension is very important to children (Barber & Delfabbro 2005; Sanchez 2004). Continuity in a placement is different from a 'sense of permanence' (Lahti 1982), and a placement that does not meet a child's social and emotional as well as physical needs is unlikely to result in permanence.

Why is permanency planning important?

Stability, continuity and a sense of self

Barth (1997; p. 616) cites evidence from child development experts that 'multiple placements are a developmental hazard; children benefit from consistent and uninterrupted parenting and suffer from the reverse'. Stability of placement is associated with positive outcomes in the transition to adulthood for young people leaving care (Cashmore & Paxton 1996). Family stability greatly facilitates child development. For children in care, stable and nurturing carers can bolster their resilience and ameliorate the negative impacts of previous instability (Harden 2004). Unfortunately most children in care have experienced extensive upheaval and uncertainty, both before and after contact with the statutory system. Placement often disrupts connections not only with parents, but also with siblings, grandparents, school friends and other significant people in the child's life. This separation from family and friends can lead to psychological difficulties in developing a sense of self, especially for children in

care for long periods. For instance, they may have a partial or confusing picture of how they came to be where they are, and where they belong. In addition, they must deal with more than the usual identity formation questions of 'who am I' – they also have 'why me?' questions (Neil, Beek & Schofield 2003). Permanency planning is intended to respond to these two essential and related elements of well-being: a sense of permanence and stability and a sense of personal and cultural identity (Thoburn 2002). Children need support in negotiating the multiple transitions that being in care entails, and these supports are not all provided by a placement. Permanency planning must be comprehensive, traversing all aspects of child well-being.

Attachment

Attachment theory provides a major theoretical foundation for permanency planning. Attachment is the 'deep and enduring connection established between a child and carer in the first several years of life' (Levy & Orlans 1998; p.1). The quality of this attachment impacts on an individual's social functioning, well-being and competency and can have a profound influence on every aspect of his or her life. The concept of attachment is grounded in the work of John Bowlby. Bowlby's (1969, 1982) explanation for attachment was based on his observational work with 'young delinquents' who had experienced significant separations and disruptions in early childhood, and also on animal imprinting studies. Bowlby concluded that attachment was essential for biological survival and that humans, like animals, behave in ways to elicit a carer response. The level and quality of this carer responsiveness was later established as being a major factor in a child's attachment to a carer. Hence varying levels of responsiveness resulted in different styles of attachment, categorised as secure, anxious resistant, avoidant or disorganised-disorientated (Ainsworth, Blehar, Waters & Wall 1978; Main & Soloman 1986).

It is argued that this response factor to the child is most influential in a child's first three years of life (Berk 2000; Bowlby 1969), during which there are four stages of attachment development. The stages are not necessarily linear and children may experience them at varying ages due to individual and contextual differences:

1)   pre-attachment phase (generally birth to 6-8 weeks)

2)   attachment-in-making phase (generally 6-8 weeks to 6-8 months)

3)   'clear-cut' attachment phase (generally 6-8 months to 18 months, and up to 3 years)

4)   formation of a reciprocal relationship phase (generally 18 months to 2-3 years and on).

How a child experiences these stages not only establishes their attachment style with a carer but also has been shown to influence their personality and perception of self and others - their 'internal working model'(Berk 2000; Bowlby 1969). So a child who experiences responsive, nurturing and consistent caregiving is more likely to be securely attached and have a positive self image. This optimistic view of the self also extends to others who are perceived as trustworthy, caring and protective (Howe, Dooley & Hinings 2000). In contrast, a child who experiences inconsistent, unresponsive or insensitive caregiving can develop an insecure attachment style and have an internal working model that perceives themselves, their environment and others negatively or untrustworthy (Berk 2000). Attachment theory highlights the importance of children having the opportunity to experience and maintain positive relationships. Knowledge of different styles of attachment by children facilitates understanding of why some children may exhibit extreme reactions to separation (protest, sadness, detachment) and the 'symptomatology they develop once they are confronted with returning to their original family after a long period of fostering' (Gauthier, Fortin & Jeliu 2004; p. 382). Attachment theory helps practitioners to 'make sense of' (that is, assess) information that is gathered in relation to a child (Howe *et al.* 2000). For young children

particularly, it signals the importance of facilitating positive caring experiences characterised by sensitivity, predictability and continuity.

While attachment theory has important insights, it is not sufficient to rely upon it in permanency decision-making. For example, while Bowlby argued maternal deprivation in the early years had lifelong effects, later evidence showed this was incorrect. There is enormous variation in children's responses to adversity, with some showing high levels of resilience (Rutter 1999). Also, the empirical basis for the theory (that is, experiments on animals and the 'strange situation' methodology) limit its explanatory power. Longitudinal studies have found that predictions based on attachment theory are unreliable (Barth, Crea, John, Thoburn & Quinton 2005). There may be reasons for a child's behaviour not related to attachment, such as agency practices that create insecurity, or a child's temperament, or cultural differences (Bolen 2000). For example, moving a child to a new placement without preparation or warning may lead to disruptive behaviours; and just as there are cross-cultural differences in attitudes to childhood and parenting, research has found there are cultural differences in attachment patterns (Bolen 2000). Because of the limitations of attachment theory, it is important to consider alternative explanations for concerning behaviours when assessing a child's needs and planning interventions.

Child development

There are other theoretical schemas that make important contributions to permanency planning, such as child development theory, theories of identity formation, and socio-cultural theories that highlight the social influences on our sense of self and belonging. These approaches emphasise that people develop through the experience of interacting with other people and with social arrangements. They call attention to concepts such as race, ethnicity, socio-economic status and gender, as well as proximal family influences, in shaping our behaviours and our sense of self. Bio-ecological or life course approaches to human

development regard child development as resulting from the complex interactions between a child and his or her environment (Bronfenbrenner 1979). Accordingly, child well-being is influenced by the characteristics of the individual child plus family, social, cultural and political factors. The premises of bio-ecological theories are particularly relevant to understanding the experiences of children in the child welfare system, highlighting not only the importance of primary attachments, but also the interconnectedness of individual and environmental influences, and the effect of ecological experiences such as the quality of neighbourhoods, communities and social policies on child development (Wulczyn, Barth, Yuan, Harden & Landsverk 2005). A life course perspective encourages age-differentiated assessment and intervention, since research shows that age is a significant factor in both case processing (decision-making about interventions) and placement outcomes (Sellick & Thoburn 2002; Wulczyn *et al.* 2005).

Cultural identity formation

Racial and ethnic identity formation is an important developmental task for children from preschool through to adolescence, and children need to have experiences that promote a healthy sense of self and collective belonging (Harden 2004). Aboriginal and Torres Strait Islander children in care may face particular challenges in the process of cultural identity formation. Children's lack of knowledge or understanding of their Aboriginality as a result of being placed in out-of-home care has been linked to poor emotional well-being and mental health problems in later life, with negative outcomes for individuals and communities (Cunneen & Libesman 2000). This literature suggests that racial and ethnic identity should be factored into all aspects of permanency planning, necessitating the involvement of family members and Indigenous community child protection agencies in planning. There should be particular caution about making permanent arrangements for Indigenous children with non-

Indigenous carers, and such plans must include arrangements for the child to retain or regain their cultural connectedness.

The needs of children from other minority ethnic or racial groups should also be considered. Evidence from England shows that permanent trans-racial placements can succeed, but the age of the child when first placed is important. For instance, such placements are more successful if the child is an infant, and success declines as the child gets older (Moffatt & Thoburn 2001). The research recognises that placement stability is not the only criteria for success; the perspectives of the child and family are also important. It concludes that some white families can successfully parent children of a different ethnic origin, including helping them deal with the adverse effects of racism and feel pride in their culture and heritage, but compared with 'matched' carers, the task is more difficult (Moffatt & Thoburn 2001).

Concurrent planning

Concurrent planning is a relatively new model of permanency planning that involves working with families towards reunification while also developing alternative permanency plans (Katz 1999). The main benefit of this is to encourage consideration of permanency from the beginning of placement, reducing short-term thinking and thus multiple placements. Concurrent planning is associated with expedited timeframes and its rationale relates particularly to the length of time it can take to finalise legally permanent arrangements such as adoption. It aims to avoid the timelags associated with sequential planning by assessing the likelihood of reunification when the child first enters out-of-home care and, when the prognosis for reunification is poor, beginning work on a permanency plan at the same time as providing reunification services.

Concerns have been raised that concurrent planning undermines reunification efforts, particularly when agencies are not adequately resourced to provide comprehensive or

intensive services to families (D'Andrade, Frame & Berrick 2006). But to date, evaluation efforts have been limited. There is no clear evidence that concurrent planning affects permanency outcomes, in part because its implementation is at the beginning stages in most jurisdictions (D'Andrade *et al.* 2006).

Practice Issues

Permanent options

For children who cannot return home, stable long-term out-of-home care arrangements are the route to better health, education and social development. Where possible, work should be undertaken to keep children safe with family or relatives and therefore minimise the trauma of separation and placement adjustment. If out-of-home care is necessary, family reunification should be the aim, providing the home environment is safe. If family reunification is not possible, alternative permanency options should be pursued for the child 'with attention to lifetime family connections that can be nurtured and preserved' (Mallon & Leashore 2002; p. 96). Alternative options include permanent foster care or relative care, with or without guardianship, and adoption. All these arrangements have a place, depending upon the circumstances of an individual child. At times there has been an undervaluing of temporary foster care, but research shows the outcomes from confirming a current temporary placement as permanent are as good as from other permanent arrangements (Sellick & Thoburn 2002). In an Australian study, Barber and Delfabbro (2005) found that long-term foster care was a positive experience for the majority of children, with improvements in psycho-social adjustment and most children being very satisfied with most aspects of their placement. But more than one long-term option may be viable, so options can be considered concurrently, rather than sequentially.

Timeframes

There is considerable debate about appropriate timeframes for permanency planning. Timelines have become shorter as agencies have sought to address the problems of placement instability and demands on the foster care system. Timely decision-making that is responsive to children's development is very important. However, it is vital to child-centred practice that timelines do not drive decision-making: the paramountcy principle should prevail (Thoburn 2003). There are different issues at stake for infants and adolescents; differences in risk levels; differences in child needs; and differences in the quality of relationships between the child and the parents that influence the optimum timing of permanency planning. Decisions should neither be unduly delayed nor rushed. Depending upon the circumstances of a child entering care, it may be clear very quickly that prospects for returning home are minimal and alternative permanent arrangements should be made. Conversely an unrealistic timeframe may have the effect of limiting the option of returning home for a child. From a US perspective, Barth (1997) argues that twelve-month or two-year goals for achieving permanency are unrealistic, and successful reunifications continue to occur at a substantial rate for children in care after two years.

Assessment

A number of authors have provided useful guidelines on the type of information that should be gathered and weighed up when permanency planning. The content areas suggested for assessment are summarised below.

Family strengths and resilience: An ecological assessment that considers the person in their entire environment and circumstances is helpful (Risley-Curtiss, Stromwall, Hunt & Teska 2004). Assessment should be ongoing and communicated clearly with families, in order to ensure that planned goals and outcomes are monitored, celebrated and/or revised.

Attachment issues to consider include:

- History of the child's relationship with their parents, reactions on separation, reactions separating from carers, reactions before and after visits (Gauthier *et al*. 2004)

- Child's attachments to significant others including siblings (Schofield 2005; Sellick & Thoburn 2002)

- Child's relationship and attachment to carers, remembering that length of time in a placement does not determine the nature of the attachment

- Observation of interaction patterns between the parent and child and between the carer and child, including the mood, attitudes and behaviour individuals display towards each other (Gauthier *et al.* 2004)

The concepts of attachment, commitment and involvement are inter-related. Attachment entails observing the level and amount of positive interactions (such as smiling, kissing, hugging, proximity seeking towards each other). Commitment refers to the regularity of visits between parent and child and frequency of cancellations. Commitment to visits may provide insight into the level of effort parents will go to in reunifying with their child. Involvement entails considering how opportunities are utilised to continue to involve a child in family activities (Ansay & Perkins 2001).

Child's age, development and needs: The characteristics and needs of children will influence the permanency options that can be considered. A thorough assessment would take into account the physical, social and emotional needs of the child now and into the future, and resources available for meeting the child's needs. This would include health and educational needs, emotional and behavioural issues, the child's recreational interests and temperament, and cultural needs. Age is a significant factor: 'For younger children, there is greater urgency about the achievement of permanent outcomes, their developmental timeframes being significantly different to those of adults' (Brydon 2004; p. 18). Older children may need more time to adjust to decisions about permanent arrangements (Sellick & Thoburn 2002), and

many older children will not be prepared to settle into a new family unless they can go on seeing their birth family (Thoburn 2003). Schofield (2005) outlines how an understanding of child development can be useful in strengthening the voice of the child in placement decision-making.

Perspectives of other professionals and carers: The opinions of professionals from other agencies who are working with the family should be sought about the child's needs and the parent's capacity to care safely for the child. This can help determine the rationale for prolonging reunification goals or moving more expediently towards other permanency options, or the 'likelihood of sustainability of parenting adequacy over the course of childhood' (Risley-Curtiss *et al*. 2004; p. 9). Carers are likely to hold valuable information about the child's needs, personality and behaviour.

Participatory planning and decision making

Research is clear that working collaboratively with family members leads to good decision-making and positive outcomes in child protection (Dartington Social Research Unit [DSRU] 1995; Shemmings & Shemmings 1996). More than a matter of parent's rights to be involved, parental participation is essential to the principle of the child's interests being paramount, because working in partnership with parents leads to better outcomes for children (DSRU 1995). Follow-up studies indicate that about 85% of young people return to live with their birth families at some time, and that 'paradoxically, the family from which the child has been removed ends up as the most likely source of permanence' (Bullock, Axford, Little & Morpeth 2003; p. 28). Since return is the norm, it is important to try to maintain family relationships, as these are important to most people, even if their family experience is not entirely positive.

Failure to take into account the perceptions of family members (including children) has implications for the quality of assessment and intervention. The process of decision-

making in relation to permanency planning can be very difficult at times. However, a vital component of good decision-making is ongoing, inclusive and participatory case planning with the families concerned. Although this could be considered basic to good practice, research suggests that parental perspectives and involvement are often overlooked and devalued. Alpert (2005) reports that parents may feel dissatisfied, confused, unclear, not respected, helpless, inconsistently communicated with, or not actively involved in decision-making. This can delay or undermine permanency decisions. Practice principles that actively encourage parent involvement include:

- Family-centred and strengths or needs-based practice. The family is viewed and treated as 'important, efficacious, dynamic participants in service plan creation and execution' (Alpert 2005; p. 363);

- Cultural competency and respect for diversity (Mallon & Leashore 2002);

- Open and inclusive practice, with full disclosure to parents about the importance of stability and continuity in the lives of their children (Mallon & Leashore 2002);

- Non-adversarial approaches to problem solving and service delivery (Mallon & Leashore 2002);

- Recognising, acknowledging and working with the power imbalance between the parent, the carer and the case worker. This involves facilitating a working partnership that is characterised by sharing information and full disclosure about issues of concern, clear expectations, shared decision-making and goal setting, respectful behaviour, recognition of positive gains and achievements, authenticity and honesty (Alpert 2005; Petras, Massat & Essex 2002);

- Use of family group meetings and advocacy where possible (Holland *et al.* 2005); and

- Involving children in decision-making where developmentally appropriate (Holland *et al.* 2005).

Planning

Planning for children's stability and security should be key objectives in any case plan. Research has unequivocally identified that uncertainty, instability and disruption can have a negative effect on a child's wellbeing and development. 'Thus, planning for children's permanency as well as their safety and developmental wellbeing should begin when a family first comes in contact with the child welfare agency – with families actively included in individualized case planning, service delivery, and decision-making about where their child will grow up' (Mallon & Leashore 2002). Key considerations for practice are:

- Assessments must be individualized to arrive at the best permanency outcome in a timely manner so as to support a child's emotional and developmental needs;

- Early intervention or prevention approaches are more effective because they may prevent or shorten out-of-home care. Early interventions should focus on improving the parents' situations and abilities as well as working towards extended family and community support;

- Ensure frequent, quality and meaningful child-parent visits and other contact where appropriate;

- Work that focuses on repairing compromised parent-child relations may be required

- Child, parent and carer reactions to separation, reunification and contact should be recognised, prepared for and worked through in a timely manner. Children's complex and often contradictory feelings should be expected and acknowledged (Schofield 2005);

- Rupturing a positive attachment for a child can produce both short-term and long-term consequences. Repeated ruptures, including a rupture from a positive care provider, can cause severe trauma to a child, which may also result in an inability to attach and trust others. Intervention strategies (such as modifications to parenting practices,

building the child's social and cognitive skills, behaviour management strategies, and therapeutic interventions aimed at improving the caregiver-child relationship [Barth *et al.* 2005]) must be instituted in an attempt to remedy this effect; and

- Continuity and stability are protective factors for children (Bullock, Gooch & Little 1998). Children need relationships characterised by regular affection and care (Holland *et al.* 2005).

Family contact

The benefits of regular contact between children and their biological parents and other family members have been well recognised by research. Quality contact increases the likelihood of reunification so it is important to foster frequent contact from the very beginning of placement. Family contact is also associated with improved placement stability (Thoburn 2003). Birth family contact, even post-adoption, does not impede attachment to the new family unless the child consistently refuses contact and/or the child is scared about contact. A common mistake in permanency planning is underestimating children's need for continuity and connections with family and culture of origin. Research shows ongoing contact is a protective factor that improves placement stability, it is not generally destabilising. However, contact does require careful consideration given the variety of reactions that all parties may experience. Decisions about the purpose, frequency and nature of contact need to be assessed for each individual child and family. Both risks and benefits need to be considered. As Sinclair (2005; p. 62) explains '…contact may be a psychological necessity, something which is necessary to quell unbearable longing, or bring reality to a distorted picture. For others it may be put on the back burner'. Possible feelings and issues for parties involved in contact may include for the parent, anger and rage about the separation, grief, hopelessness, depression and difficulty in saying goodbye to a child. For children involved, there is usually a degree of anxiety, sadness, anger and fear, but pleasure and ambivalence may also be felt.

Children may experience nightmares, sleep disturbance, crying, or oppositional behaviour. Carers may also experience strong emotions as they prepare the child for the visit and support him or her afterwards and provide emotional support during transitions. Carers may be disappointed or angry if visits are cancelled at the last moment. Finally the worker's tasks and role needs to be considered, as there may be confusion as to what is expected of them. For instance, is the worker's purpose safety monitoring and assessment, or is it more the case that they need to help facilitate a meaningful interaction between parent and child? (Gauthier *et al.* 2004; Haight, Black, Mangelsdoft, Giorgio, Tata, Schoppe & Szewczyk 2002).

A clear practice implication is the importance of preparing all parties for contact. This involves more than organising the practical aspects of schedules, tasks and activities. Time should be set aside to discuss and prepare for the possible feelings and psychosocial issues that may emerge. All parties may require support and coaching *before and after* a visit. For example, for a parent this could entail discussing prior to a visit possible feelings and reactions in a supportive and empathic way. Carers may need advice and assistance with appropriately responding to a child's reactions before and following a visit (Haight *et al.* 2002).

A pleasant physical setting that is comfortable, child-friendly, interesting and facilitates a positive parent-child interaction is necessary. Because the quality of family contact is vital to permanency planning decisions, it is essential that the practitioner assesses contact – its impact on the child, and the interaction between the parents and the child. During visits, the worker often has a safety monitoring role, and this task needs to be performed sensitively and as unobtrusively as possible, so as not to inhibit the interaction. Supervising practitioners should be aiming to support the parent-child relationship (Haight *et al.* 2002). Indirect contact should be encouraged. Photos, letters, birthday cards, telephone calls and emails can be highly valued and prized by all involved (Sinclair 2005).

Clyman, Harden and Little (2002) discuss family contact as an intervention for infants and toddlers. They recommend that for young children, visits should commence immediately following placement, be frequent and close together, and occur in a setting that is comfortable for the child. The importance of preserving consistency and predictability for infants and toddlers (for example, same routine, same food, same clothes, special toys, same language) is highlighted. Consider arranging contact visits where the child is living (that is, at the carer's home). Positive relationships with carers should not be severed once reunification has occurred as this can constitute another loss for the child (Clyman *et al.* 2002). These principles can be achieved by encouraging a collaborative, positive relationship between the carer and the birth parent/s.

Indigenous status should also be taken into account when arranging and assessing contact. Because of the history between child welfare authorities and Indigenous communities, suspicion and mistrust has arisen whereby many people are afraid of the Department and avoid contact. Good practice requires engaging with parents, involving the Indigenous community agency and working hard to achieve good contact, because the outcomes for the child are likely to be better.

Factors that increase the likelihood of return

Bullock *et al.* (1998) reported on a number of factors that indicated the likelihood of a child's return home. These factors are:

- The quality of the parent-child and child-sibling relationship;

- The initial separation was negotiated as a voluntary arrangement;

- There was good quality and meaningful contact and involvement (including visits, phone calls and letters) to encourage family links;

- The family was prepared and realistic about the anxiety associated with reunion and return;

- The child was not the offender;

- The family considered themselves a family and the child had a role and territory in the family;

- Issues leading to separation were resolved; and

- There was inclusive and participatory case planning and decision-making with the family.

These factors are not predictive but they can help guide professionals towards good decisions about whether a child should or should not return home. The most significant key to likelihood of reunification, regardless of age, was the quality of the parent-child relationship. This underscores the importance of assessing the child-parent bond.

Conclusion

Permanency planning is the process of making long-term care arrangements for children with families that offer lifetime relationships and a sense of belonging. The important theories and concepts underpinning permanency planning are: stability, security, identity formation, attachment and child development. Permanency plans must be timely, culturally appropriate and collaboratively determined in order to achieve optimum outcomes for children and families. The practice implications for permanency planning are: individualise decision-making; facilitate good quality, meaningful family contact; nurture positive attachments; and facilitate continuity and stability for children through various avenues such as school, extended family, recreational interests, neighbourhood ties and cultural links, as well as through placement. A permanent placement is more than a long-term placement; it is a placement that meets a child's social, emotional and physical needs.

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