

## Article

# Looked After Children: The Reluctant State and Moral Salvation

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**Abstract:** Over the past fifty years, public care for children in England has undergone a significant transformation moving almost exclusively towards foster care as the preferred mode of delivery. The most recent data from the Department for Education for the year ending 31 March 2018, reported that 73% of all Looked After Children (LAC) were placed in foster care with just 8% in residential placements. Compared to an almost even split of 45% of children in Foster Care (or ‘boarded out’) and 42% of children in residential care in 1966, the scale of this shift becomes apparent. This transformation has taken place in the context of a social policy discourse promoted by successive governments, which has privileged foster care as the most suitable place for children needing out-of-home public care. The main argument in this article is that the rationale for the state’s growing interest in children (in particular those children who are considered a social problem) and the emerging social policy solutions, i.e., foster care, are driven by particular political and economic agendas which have historically paid little attention to the needs of these children and young people. This article explores the relationship between the state, the child and their family and the drivers for this transformation in children’s public care making use of a genealogical approach to identify the key social, political and historical factors, which have provided the context for this change. It examines the increasing interest of the state in the lives of children and families and the associated motivation for the emerging objectification of children. The role of the state in locating the family as the ideal place for children’s socialisation and moral guidance will be explored, with a focus on the political and economic motivations for privileging foster care. Consideration will also be paid to the potential implications of this transformation for children and young people who require public care.

**Keywords:** looked after children; public care; foster care; reluctant state and moral salvation

## 1. Introduction

Over the past fifty years, public care for children in England has undergone a significant transformation moving almost exclusively towards foster care as the preferred mode of delivery. The most recent data from the Department for Education for the year ending 31 March 2018, reported that 73% of all Looked After Children (LAC) were placed in foster care with just 8% in residential placements (DfE 2018). Compared to an almost even split of 45% of children in Foster Care (or ‘boarded out’) and 42% of children in residential care in 1966 (Bebbington and Miles 1990), the scale of this shift becomes apparent.

This transformation has been driven by a social policy discourse promoted by successive governments, which has privileged foster care as the most suitable place for children needing out-of-home public care. According to the Oxford English Dictionary (2018) privilege is defined as ‘A special right, advantage, or immunity granted or available only to a particular person or group’. Therefore, in terms of the public care of children and young people, the argument being made is that foster carers have been granted, through the exercise of state social policy, a special right or advantage. Research exploring the impact of care, such as that conducted by Ofsted (2012), reports

that although the majority of care leavers felt that entering care had made their lives better (61%), a significant minority reported that entering care had made their lives worse (26%). Therefore, there are good reasons to explore whether the provision of public care is meeting the needs of all children and young people.

Although there has arguably been a long-standing preference for foster care from as early as the mid-nineteenth century (Packman 1975), the work of the Curtis Committee and the subsequent Children Act 1948 enshrined in law its privileged position which has since been reinforced by successive governments. Under Section 13 of the Children Act 1948, which details the 'Mode of provision of accommodation and maintenance' for children requiring local authority care, it is stated that:

13 (1) Subject to the provisions of this section, a local authority shall discharge their duty to provide accommodation and maintenance for a child in their care—

(a) by boarding him out on such terms as to payment by the authority and otherwise as the authority may, subject to the provisions of this Act and regulations thereunder, determine;

or

(b) where it is not practicable or desirable for the time being to make arrangements for boarding-out, by maintaining the child in a home provided under this Part of this Act or by placing him in a voluntary home the managers of which are willing to receive him.

This clearly indicated that in the first instance children requiring local authority care were to be boarded out (placed in foster care) and only if this was not practicable or desirable should a children's home be considered.

This privilege was reinforced by the influential work of Dr John Bowlby in respect of 'attachment theory' as outlined in his monograph for the World Health Organisation 'Maternal Care and Mental Health' in 1951 (Bowlby 1951) and his later book 'Childcare and the growth of love' in 1953 (Bowlby 1953). For Packman, Bowlby was pivotal in convincing governments that 'The value placed on a warm, intimate and continuous relationship with his mother (or permanent mother substitute—one person who steadily "mothers" him) meant that if a child had to be separated from his parents, the best remedy was not an institution, but an adoptive or foster home, where the optimum conditions for his mental health would prevail' (Packman 1975, p. 22). Bowlby's ideas were warmly received by the Curtis Committee (1946) who, according to (Packman 1975, p. 5), had been tasked in the wake of the death of Dennis O'Neill to explore existing methods of care and consider how best to provide public care. As one of the key witnesses to the Curtis inquiry, Bowlby's ideas were influential in shaping the work of Children's Officers introduced as part of the Children Act 1948 reforms. Packman (1975, p. 23) argues that 'There is no doubt that Bowlby exerted a profound influence on the new service ... much of what he wrote was directed specifically at the new service, and as early as 1951 he addressed the annual conference of the Association of Children's Officers'. From both the conception of the Children Act 1948 and in its application in the work of the Children's Officers' who headed the new Children's Departments, foster care was being promoted as the best place for children requiring public care, reinforced by the influential work of Bowlby. Other key witnesses to the Curtis inquiry such as Dr Winnicott and Dr Isaacs also advocated for the importance of maternal care, taking influence from psychodynamic theory, which further supported the emphasis on foster care (Packman 1975, p. 22).

It was during this era that foster care emerged as the placement of choice for the state but its dominance as the main source of public care provision was further cemented by a series of key reports. Firstly, the landmark 'Children Who Wait' report (Rowe and Lambert 1973) which argued that every child had a right to family care. This report also contributed to the assumption that substitute family care (including foster care) can provide a consistency in relationships that residential care cannot (Smith et al. 2017). Furthermore, there were a series of reports which bore witness to the widespread and extended abuse of children in residential care settings in the 1990s (Utting 1991, 1997; Waterhouse 2000) which had a serious and long-term impact on the reputation of residential care in England and Wales.

This foster care privilege discourse is also present in the Care Matters green paper, which states that ‘a residential setting will best meet the needs of some children but for the majority of children in care a placement in a family environment will be most suitable’ (DfES 2006, p. 46). Such rhetoric was legitimised in New Labour government (1997–2010) policy by statistics which suggest that children in foster care placements for example are much more likely to achieve 5+ GCSE/GNVQ (General Certificate of Secondary Education/General National Vocational Qualification) A–C grades than their counterparts in residential care placements (DfES 2006, Annexe C). The privilege afforded to foster care can also be witnessed in the ‘staying put’ initiative introduced as part of the provisions of the Children and Families Act 2014 by the Coalition government (2010–2015), which places a legal duty on Local Authorities to provide financial support for every young person in England who wants to stay with their foster carers until they are 21. There is currently no such support available for young people in residential care placements, as the ‘staying close’ initiative does not support young people to stay in their residential care placements but merely enables them to live locally and maintain links to their former care home.

Furthermore, in the recent review of residential care, Narey (2016) stated that ‘it is entirely proper for local authorities, at least initially, to pursue fostering as the first choice for children in care’, going on to argue that ‘local authorities must treat it as the first option’ (Narey 2016, p. 21). This review was clearly significant for the current Conservative government, which indicated in its recent ‘Putting children first’ programme for children’s social care (DfE 2016) support for Narey’s recommendations. This resulted in the recent ‘Foster Care in England’ review (Narey and Owers 2018), which discusses at great length the actions needed to secure and cement the position of foster care. There is clear evidence here in support of foster care as the first choice for children requiring public care.

However, this transformation has emerged in the context of the growing influence of neo-liberal political ideology which seeks to identify ways in which targeted welfare interventions can reduce the overall financial burden of children and families needing welfare support on society. As such, the New Labour government (1997–2010) identified LAC/care leavers as prime candidates for their social investment agenda, which aimed to reduce both the direct costs of welfare provision as well as ‘ameliorating the contributions of this group to the prosperity of society as a whole’ (Cronin 2013, p. 92). It is undoubtedly the case, that the relative weekly costs of foster care (£676) and residential care (£2898) as noted by Berridge et al. (2012) have played a significant role in this transformation. The cost-saving potential of foster care featured recently in the government’s ‘Putting children first’ programme for children’s social care (DfE 2016) informed by the Narey Review of Children’s Residential Care in England (2016), which advocates for the increasing use of foster care to reduce care costs. In fact, there is evidence that, in the wake of Bowlby’s influential ideas on attachment theory, the opportunity offered by foster care provision to cut costs were attractive at all levels of government. As stated in a Home Office circular in November 1952 ‘boarding out is the least expensive method of child care both in money and manpower and in the present financial condition of the country it is imperative to exercise the strictest economy’ (as cited in Packman 1975, p. 24). Parker (1965), in his book ‘Decision in Childcare’, pointed out that in 1952/3 the average cost of institutional care was 2.9 times than that of boarding out (foster care) and this gap widened to 3.7 times by 1961/2. It seems apparent that the potential financial savings offered by foster care provision have been attractive to the state for some time.

There are also reasons to revisit the focus on attachment theory as a rationale for privileging foster care, as there have been some significant critiques of these ideas. According to Field (1996), attachment theory relies heavily on momentary stressful situations as its evidence base with a focus on the mother or an alternative primary carer. It does not take adequate account of a broader range of potential attachment figures or opportunities for attachments at different stages in our lives. Vicedo (2017), referring to the work of Margaret Mead, reiterates the limitations of attachment theory which focuses on one single figure in the child’s life (mother) whilst dismissing the extensive cross-cultural evidence of the value of a wider network of adults being involved in the child’s upbringing. Vicedo (2017) argues

that attachment theory fails to take account of the child's cultural context and the extensive evidence that, in many societies, children are taken care of by a wide range of family as well as members of their local community. Furthermore, Smith, Cameron and Reimer ([Smith et al. 2017](#)) caution against the 'overuse' of attachment theory and suggest greater consideration of the conditions in which key relationships develop and the stability of placements. Therefore, it is perfectly reasonable to suggest that children and young people have the potential to form attachments or key relationships with whoever is providing their care and at different points in their care experience. In fact, residential care, for example, could provide a number of adults for the child to connect with, which may result in them having a greater chance of establishing a meaningful attachment or relationship with a key adult ([Furnivall 2011](#)).

There is also cause to view with caution comparative outcomes for children and young people in foster care and residential care in England, as they often have considerably different care journeys. Children in residential care often experience greater levels of instability, as this form of care has become a 'last resort' ([Petrie et al. 2006](#)) where other forms of care have failed. In other European countries, outcomes for LAC in different types of placements do not necessarily mirror the English experience, with in some cases more positive outcomes for children and young people in residential care ([Petrie et al. 2006](#)). There are of course difficulties when attempting such comparisons in terms of thresholds for entry into public care and the investment in these services in different countries but what is clear is the absence of a clear social policy consensus across these countries which favours foster care over residential care for all children. In comparison to the position of residential care in England, in other European countries 'residential accommodation is more likely to be seen as a positive placement option for children and young people than as something of a last resort' ([Petrie et al. 2006](#), p. 92).

The impact of this privilege on practice is noted in a National Audit Office report, which stated 'Local authorities base decisions on children's placements on short-term affordability rather than on places to best meet the children's needs' ([NAO 2014](#), p. 9). The NSPCC (National Society for the Prevention of Cruelty to Children) speculate that 'There may be rules in place that affect placement decisions, such as a rule that the child's first placement should be with an in-house foster carer, to reduce the use of higher cost placements' ([NSPCC 2015](#), p. 24). [Hart et al. \(2015\)](#) state that children tend to experience a series of unsuccessful foster placements before residential care is discussed by social services. However, what is not clear is the impact this foster care privilege may have had on a group of vulnerable children and young people for whom the option of a placement, for example in a residential care home, may be more appropriate.

Research with care leavers also reports the negative impact on LAC of numerous placement moves and the subsequent inability to form secure relationships essential for successful transitions into independence ([Stein 2005](#)). This is a particular problem in respect of the UK model, as in a recent survey by [The Fostering Network \(2015\)](#) it was reported that 40% of fostered teenagers were already living with their third foster carer and 29% of children aged 5–10 years were also living with their third foster carer. Recent research ([Kerr 2016](#)), also reports that increasing numbers of children are experiencing foster care breakdowns as a result of a fostering first policy, even if the child's needs might be better met by a residential placement. Furthermore, such children whose final placement (after multiple foster care placements) was in a residential care home have the worst outcomes.

It is not therefore inconceivable that the absence of placement options may have contributed to the frequency of placement moves for some children and young people. According to Hannon, Wood and Cazalet ([Hannon et al. 2010](#), p. 11), 'the complex make-up of the care population reaffirms the range of purposes the system serves and the limitations inherent in pursuing a 'one size fits all' approach'. Therefore, it seems reasonable to hypothesise that limiting placement options in public care may be contributing to the poor experiences and outcomes for those children and young people requiring this provision.

This article will therefore consider the drivers for this transformation in public care which has seen the vast majority of public care being provided by foster carers. It will examine drivers in terms of

the social policy justifications for privileging foster care with reference to key social, historical and political factors. It will consider the implications of privileging foster care in terms of meeting the care needs of these children and young people.

## 2. Theoretical Position

In this article, the work of Michel Foucault has been influential in providing a theoretical framework and it is intended that some of his key ideas will be employed in the subsequent discussions as Foucault intended:

I would like my books to be a kind of tool-box which others can rummage through to find a tool which they can use however they wish in their own area . . . I write for users, not readers. (Foucault 1974, pp. 523–24)

Foucault explores the socially constructed nature of our existence, with a particular interest in our social and cultural history. In his paper *The Subject and Power*, Foucault stated:

I would like to say, first of all, what has been the goal of my work during the last twenty years. It has not been to analyse the phenomena of power, nor to elaborate the foundations of such an analysis. My objective, instead, has been to create a history of the different modes by which, in our culture, human beings are made subjects. (Foucault 1982, p. 777)

Although he does become involved in discussions about the exercise of power, his interest appears to be in the ways in which human beings are made subjects and it is his explanation of this process (which he calls the process of objectification) which is particularly useful in the investigation of the emerging perception of children requiring public care. For Foucault (1982), there were three modes of objectification which transformed human beings into subjects. The first mode occurs through inquiry into human behaviour and existence, seeking to give itself the status of a science, or the emergence of social sciences claiming to have scientific insights into human behaviour/existence. The second mode of objectification involves ‘dividing practices’ whereby the subject or individual is drawn from a rather undifferentiated mass and, through the exercise of social science, becomes classified, confined and contained as a member of a particular group, i.e., the poor, the insane, the vagabond or the ‘looked after child’. The final mode is where the individual turns themselves into the subject. This process is particularly useful in illuminating how the Looked After Child becomes the subject in terms of classification, control and containment. Foucault (1982) was also interested in the ‘art of government’ and how the state exercised power to govern. One of the key tools in this process, according to Foucault, was ‘normalisation’ whereby, through the exercise of medicine, psychiatry and the social sciences, increasing attention was paid to what is normal and what is not in a given population. The process of ‘normalisation’ served two key purposes to isolate ‘anomalies’ in the social body, which then provided the opportunity to normalise these anomalies through corrective or therapeutic procedures. In *Discipline and Punishment*, Foucault reflects on modern approaches to control, which turn the individual into a ‘case’ through the process of observation, judgement and examination, which elicits the truth about them and their necessary treatment (Foucault 1991). These ideas will be utilised to illuminate the ways in which children requiring public care are isolated as anomalies, how the truth about them is portrayed and their subsequent treatment justified. The concept of the ‘dominant discourse’ will be utilised to consider how LAC and their treatment are articulated and operationalized through the use of state-approved language and ideas.

## 3. The Reluctant State

In this first theme, it is intended to explore the increasing objectification of the child and the motivations for the state’s growing interest in its ‘normalisation’ (Foucault 1982). This process will be located in terms of Foucault’s ‘art of government’ (Foucault 1982) and the exercise of power to govern the lives of children. Historical, political and social academic commentary will be utilised to locate the



emergence of particular ‘discourses’ which sought to objectify, normalise and justify the governing of childhood.

Although there is a long history in Britain of looking after the poor, there is an equally long history of the state’s reluctance to intervene in the lives of individuals and families. [Yeo and Lovell \(2002\)](#) state that there is evidence that, as early as the fourteenth century, a law was passed to support those who were out of work. Later in 1536, ‘parishes were authorised to collect money to support the poor and the community were expected to take some responsibility for the unemployed, sick and disabled’ ([Yeo and Lovell 2002](#), p. 171). However, it is also apparent from historical record that these parishes were reluctant to offer support except where absolutely necessary:

Whereas women big with bastard children are frequently intruding themselves into this parish for the purpose of lying-in, the overseers will prosecute all who harbour or take them in as lodgers. (Swinney’s Birmingham Chronicle, September 1799)

This reluctance was also at the heart of the 1834 Poor Law Amendment Act, which was introduced to address concerns that previous provisions had not offered an effective deterrent to those seeking support. This Act was designed to deter people from seeking support, which would result in almost all submitting themselves to the harsh conditions of the workhouse (which for families meant being separated from each other and working very long hours) in exchange for meagre relief. For [Shaw and Frost \(2013\)](#), these workhouses were designed to ensure only the most desperate would seek assistance. The prime purpose of this Act for [Jackson \(2006\)](#) was to prevent people from becoming a burden on the state and the limitation of expenditure. Furthermore, for [Stanley \(2012, p. 247\)](#), ‘The Poor Law deterrence ethic was based on the idea that support was not assumed to be a municipal responsibility’. This reflected the established relationship between the state and the private family, which affirmed the patriarchal tradition that it was the responsibility of the head of the household to provide for his family. It was clearly the case that, at this point, the state was reasserting its reluctance to offer support and the dominant discourse implied that those forced to seek assistance were deficient in the necessary moral calibre to work hard and provide for themselves.

However, several factors were influential in focusing the attention of the state on the general welfare of the population in the late nineteenth century and the conditions for childhood. [Parton \(2006\)](#) suggests one of the key factors which affected the relationship between the state and the general population was the increasing industrialisation/urbanisation of society and the emergence of a capitalist economy and intense agriculture. This was most notable during the industrial revolution, which saw the development of mass production methods requiring the steady supply of healthy workers into factories built in rapidly expanding cities across the country. [Stewart \(1995, p. 93\)](#) suggests this concern was also related to Britain’s global economic position, ‘Considerable concern was expressed in the 1900s about Britain’s child population amidst fears of ‘racial decline’ and imperial and economic competition. In particular, it was the children of the poor who appeared to present the greatest danger to Britain’s world position’. Another key factor was the growing concern regarding the general health of the nation, as conscription for the Boer War had proven that worrying numbers of the population were not ‘fighting fit’ ([Foley 2001](#)) which could hamper the nation’s security and its ability to exercise its military strength in a global context. [Lavalette and Cunningham \(2002\)](#) noted there was also growing concern amongst the dominant class within Britain, about the threat of serious social disorder because of the rise of ‘unionism’ in response to the extent of poverty amongst the urban poor who were increasingly being exposed to the brutal realities of industrialisation. These factors contributed to the increasing interest of the state in the lives of its population, as Foucault notes ‘The art of government . . . is concerned with . . . how to introduce economy, that is the correct manner of managing individuals, goods and wealth . . . how to introduce this meticulous attention . . . into the management of the state’ (cited in [Rabinow 1991, p. 18](#)). The focus of this interest increasingly fell on how the conditions for childhood were contributing to these social problems and how the state could intervene to ensure the supply of healthy citizens for commerce and national security and to avert the threat of social disorder. Therefore, the ‘objectification’ ([Foucault 1982](#)) of the child provided the means by which the state could address

many of these emerging social issues by locating the anomalies to 'normal' child development and treat them.

This interest in the conditions for childhood was also found in the growing child welfare movement which emerged during the industrial revolution and was driven by philanthropists such as Lord Shaftesbury who had become concerned about the conditions in which children were engaged in the labour market. The efforts of these social reformers cannot be underestimated however, as noted by [Hendrick \(1997, p. 24\)](#), even Lord Shaftesbury was influenced by the existing relationship between the state and the private family when asked about proposing legislation for child protection in 1881 he replied it was 'of so private, internal and domestic a character as to be beyond the reach of legislation'. [Hendrick \(1997\)](#) stated that, in spite of the significant child welfare movement of the late nineteenth century, there existed a dualism in attitudes where 'The child victim was nearly always seen as harbouring the possibility of another condition, one that was sensed to be threatening to moral fibre, sexual propriety, the sanctity of the family, the preservation of the race, law and order, and the wider reaches of citizenship' ([Hendrick 1997, p. 24](#)). The concept of the threat posed by this lack of the necessary morality in children became a significant discourse which sought to justify the state's interest.

The emergence of the social sciences provided the tools for the state objectification of the child, as scientific inquiry was creating new knowledge on 'normal' physical and psychological child development. For [Parton \(2006, p. 12\)](#), 'as the social body became subjected to new government norms, for example the registration of births, marriages, deaths, types and numbers of crimes, new realms of social visibility became the object of investigation'. Subsequently, the child became the subject of increasing levels of scrutiny, surveillance and observation in the clamour to claim new insights into the 'nature' of childhood. [Rose \(1989, p. 45\)](#) suggests 'The modern child has become the focus of innumerable projects that purport to safeguard it from physical, sexual and moral danger, to ensure its 'normal' development, to actively promote certain capacities or attributes'. The growth of scientific rationality and the subsequent emergence of new technologies resulted in institutional sites (schools, hospitals and prisons) for this scrutiny, surveillance and observation which provided detailed knowledge on children and possible ways to intervene to tackle social problems ([Parton 2006](#)). It became increasingly possible to articulate the 'nature' of normal development and the rationale for state intervention when this was not achieved.

Once the process of inquiry into human behaviour legitimises a social science-based knowledge of normal childhood or child development, it is then possible to move to the second mode of objectification of the child which focuses on 'anomalies' and, by utilising 'dividing practices', the subject is drawn out, classified, confined and contained as a member of a particular group ([Foucault 1982](#)). This process operates to both formalise the state-approved purpose of childhood, i.e., to produce law abiding, hard-working, compliant adults and to locate 'anomalies' or 'problem' children who need treatment or correction to ensure they adhere to the required norm. This standardisation or 'normalisation' of childhood provided the opportunity for the state to maximise the potential of the national resource that babies and children represented ([Foley 2001](#)). Subsequently, particular interest was paid to the social problems children pose and almost exclusively poor working-class children became the subject of the state's attention as many social problems became attributed to them ([Goldson 2002; Hendrick 2003](#)). State interventions, as a result of delinquency or child neglect, through the process of observation, judgement and examination sought to elicit the truth about these problem poor working-class children and their necessary treatment in order to ensure that they adhered to the emerging dominant discourse that a 'normal' childhood would result in law abiding, hard-working and compliant adults.

#### 4. Moral Salvation

In this theme, it is intended to explore how, through the process of objectifying the child, 'dividing practices' are used to classify, confine and contain 'anomalies' to normal child development. It will also consider how, through the 'art of government', these 'anomalies' are to be treated ([Foucault 1982](#)). Once again, historical, political and social academic commentary will be utilised to locate

the emergence of particular 'discourses' which sought to justify the governing of childhood through state-sponsored treatment.

Early examples of state intervention in the form of the poor laws, focused on the rescue and reclamation of children who were generally viewed with distaste having been exposed to moral faults such as dishonesty, idleness, lying and whose character was in desperate need of re-shaping (Hendrick 2003). In the seventeenth and eighteenth century, poor law children were 'boarded out' as apprentices with the aim of preparing them for independence, employment and a morally upstanding adulthood (Hendrick 2003). For Shaw and Frost (2013, p. 22), 'The focus at all times was on the reformation of the abhorrent individual in the hope that in the right environment and with the correct instruction, they would renounce the ways of their parents and lead 'decent' law-abiding lives'. Later in the mid-nineteenth century, this instruction was provided in district schools for poor law children and in industrial schools for children who were found begging, suffering from parental neglect and/or beyond parental control. These institutions were designed to not only offer care and protection to the children, but to also insulate them from the contagion of 'moral contamination' (Goldson 2002). These social problems were very much perceived as the consequence of individual failure and a lack of the necessary morality, which could be addressed by separating the child from the source of their contamination and re-educating them. The language of 'moral contamination' and the children's need for character re-shaping is indicative of the early existence of a 'normal' child discourse and the state's role in their rehabilitation.

However, poor working-class mothers were increasingly seen as responsible for these social problems and they were viewed as worthless and untrustworthy. This was even the case according to Foley (2001, p. 12), 'when there were obvious reasons for the need for them to be cared for away from home, e.g., single mothers, especially if they had not been married, had no way of supporting themselves except through domestic service, which normally involved living in, with no possibility of taking the child with them'. This attitude was also apparent in the emigration programmes of the late-nineteenth and early-twentieth centuries, which saw children shipped to Canada, South Africa, Australia and New Zealand. For Hendrick (2003), this policy was driven by four principal reasons. Firstly, that it was cheaper to ship them than to provide them with care. Secondly, it would help reduce the numbers of the degenerate poor who posed a moral, economic and political danger to respectable society. Thirdly, it was an effective way of consolidating the enduring influence of the empire and finally it provided an effective way of rescuing these children from the damnation of the slums and the moral contamination of their parents. Hendrick (2003) notes that, in the state's management of children needing alternative care, there is a long history of a policy of active severance from their 'dissolute' and 'degenerative' parents. He suggests that, in terms of 'boarding out', it was felt that 'the severance of the child from any connection with its natural family was regarded as crucial for the success of the policy' (Hendrick 2003, p. 42). He goes on to explain that little attention was paid to the possibility that the child's parents (with the support of public funds) may have been the best people to care for their children, such was the attitude towards these parents. For him, there was no evidence of any policy to rehabilitate these children to their parents. The focus on the working-class family as the cause of the child's contamination came to play a key role in eliciting the truth about them and their necessary treatment (Foucault 1991). The language used to describe the failure of the working-class mother reinforces the moral contamination discourse and acts to legitimise the intervention of the state. Increasingly, the working-class family became a crucial site for intervention and attention (Jones 2002; Wyness 2006). Working-class mothers were blamed for the bad management of their households, their ignorance concerning the care of children and their lack of a proper sense of maternal obligation. This language implied that 'normal' child development was the responsibility of the mother and she was to be held accountable for this by the state. Subsequently, 'schools for mothers' opened in the early part of the 20th century which provided guidance in appropriate 'mothercraft' (Foley 2001). This complemented the existing work of charitable organisations, which saw middle-class women offering advice and guidance on the correct form of domestic organisation. For the middle-class



mother, according to [Parton \(2006, p. 14\)](#), this 'charitable work not only provided the opportunity to display the success of her husband but also furthered the notion of the idealised mother, and wife for working-class women to emulate'. This was part of wider state-sponsored programme in which the modern private family was to emerge as a key site for addressing social problems and the social adjustment of the individual was to become the required outcome of satisfactory family life ([Parton 2006](#)). The state-approved private nuclear family became charged with the moral and social guidance of their children, as it was felt that 'natural bonds of love and affection between mother and child were also likely to be seen as an insurance against criminality' ([Wyness 2006, p. 97](#)) and other social problems. Many of the social problems which the working-class mother and her family were charged with addressing could easily be attributed to the widespread poverty, unemployment and hardship of the time; however the state was determined to locate the responsibility for these problems with the working-class family ([Goldson 2002; Jones 2002; Foley 2001](#)). [Lavalette and Cunningham \(2002, p. 21\)](#) noted 'the dominant class focused on the need to pursue a 'remoralising' agenda that focused on the control of the unruly working-class youth and the promotion of a set of family values to curb disorder and family breakdown'. Subsequent legislative changes such as the Prevention of Cruelty to Children Act of 1889 enabled coercive intervention in the form of the threat and removal of children to stimulate the process of conforming to these new family norms. The deficient child was the cause of a deficient family unable to provide the love and guidance necessary to produce a morally upstanding citizen.

The state increasingly saw the modern family as the site for the appropriate moral guidance of the child to ensure their 'normal' development and in instances where this was not taking place the assumption was that the family/parents/mother was dysfunctional. Subsequently, those poor working-class mothers who became the subject of the state's attention became classified as lacking the necessary skills/attributes to undertake this key task without guidance around how to adhere to the emerging ideal form of motherhood (increasingly modelled on middle-class mothers). Those poor working-class mothers perceived by the state as not being able to adhere to the desired norms, became classified as a potential threat to the child in the form of their 'moral contamination'. As such, policies of severance from the family were pursued as essential to the child's reformation and reclamation. Therefore, the dominant discourse, which locates the lack of morality as the cause of these social problems and identifies the family as the site of both this contamination and the child's salvation, seems to make significant assumptions about the needs of the child in terms of its necessary treatment. The reparation of the child's moral fibre could only be undertaken in normal loving family environment.

The growing interest of the state in childhood appeared to be motivated in the main by the desire to ensure maximum value could be secured from this human capital through what [Foucault \(1991\)](#) called 'the art of government'. The emergence of the social sciences enabled the 'anomalies', i.e., those children who were not conforming to the state's expectations of 'normal' child development, to be 'divided out' and classified as vulnerable to the threat of 'moral contamination', which was resulting in the social problems of delinquency, poor health and neglect. These children became the subject of state intervention, with the focus on treatment to enable them to resume their moral responsibility to become law-abiding, hard working, independent and compliant adults. In terms of Foucault's theories of objectification of the subject, the 'looked after child' having been identified as an anomaly to normal child development, has become the subject of classification and so have their needs. That is, through the process of objectifying these children, assumptions have been made that their needs are similar or uniform. Therefore, through the process of objectification and 'dividing practices', moral contamination has been located as the reason for their need for public care and therefore moral salvation and guidance is the solution. It is at this point that the state utilises the influential work of Bowlby, Winnicott and Isaacs to promote foster care as the best alternative if a child had to be separated from their parents to support their moral and social development ([Packman 1975](#)). Subsequently, the state sought to justify its treatment of these children and young people through state-sponsored 'alternative family' parenting, i.e., foster care to address their 'moral contamination'.

## 5. The State of Care—Implications for Children Requiring Public Care

Social reforms in the post-war era transformed welfare provisions in England, which resulted in the emergence of the welfare state as we know it today. This era also witnessed a significant reform of provisions for LAC, which located alternative family care (foster care) as the ideal place for the vulnerable 'looked after child'. There was a view of the family as a 'therapeutic agent' providing the perfect place to produce future democratic citizens (Hendrick 1997). The argument being made in this paper is that, through the application of a Foucauldian analysis, it is apparent that, through the 'art of government' (Foucault 1982), the state has sought to objectify LAC as anomalies to normal child development. The process of objectification has turned LAC into 'cases' which require containment from the source of their moral contamination (birth family) and particular corrective or therapeutic treatment via the state-approved family (foster care). However, there are some significant problems with the assumptions inherent in the design and current provision of care, which fail to adequately take account of the diversity of the needs of this group of children and young people. The following discussion will explore some of the key implications of this shift to foster care as the preferred place for children requiring public care.

### 5.1. Placement Stability

The issue of placement stability for LAC was explored by Bullock and Blower (2013), who compared the placements experienced by children entering care in England and Wales in 1980 ( $n = 450$ ) and 2010 ( $n = 430$ ). They noted that although residential care was widely used in 1980, both as an initial placement and following foster care disruption, by 2010 its use had significantly reduced. They also referred to the demise of observation and assessment centres in favour of an almost exclusive use of foster care. When looking at placement stability and the number of placement moves experienced by children in care (both of which are widely accepted to be significant factors in improving the quality of care), they found that the growth in use of foster care had not resulted in greater stability or reduction in placement moves. In fact, for short-stay placements (less than 6 months), there was evidence of greater placement instability in 2010 compared to 1980, with greater numbers of children experiencing placement changes and three times more children in 2010 experiencing three or more placements compared to those in 1980. For longer-stay placements (more than 12 months), there was only a slight increase in overall placement stability, with the percentage of children experiencing three or more placements greater in 2010 compared to 1980. This research indicates that the increased use of foster care in preference to residential care has not resulted in greater stability for children in care and, in some instances, it has may have worsened placement stability. Although there are inevitable limitations in this comparative, quantitative data which do not offer any insights into the lived experiences of these children and young people, it does provide compelling evidence of a negative impact on placement stability for LAC, which is widely accepted to be a key component in positive outcomes (Stein 2005; Allen 2003; Stanley 2007).

Kerr (2016) also found evidence of increasing placement stability in his exploration of the ability of the current care system to meet the needs of LAC in the context of the increasing use of foster care and the marginalisation of residential care. He concluded that the outcomes for LAC were not improving and that, in some areas, such as their emotional and mental health needs, they were getting worse. He also found there was no evidence that the increased use of foster care was able to meet a large percentage of the care population's needs or improve their outcomes. His findings indicate that the growth in use of foster care may be increasing the number of placement breakdowns due to high-need young people being inappropriately placed in foster care instead of residential care. There was evidence that those participants who were older (on average between the ages of 45–54 years old) and therefore would have experienced care during the 1970s and 1980s on average experienced three placements. The younger cohort (on average between the ages of 16–24 years old) who would have experienced care during the 1990s and 2000s on average experienced four placements. This difference was also replicated for the care leavers in this study who had the most disturbed care experience,

with the older cohort experiencing on average ten placements with the younger cohort experiencing eleven placements. This is significant, as the number of care placements experienced on average appears to increase as the provision of foster care grows (Kerr 2016, p. 269). In this research, a mixed method approach was utilised, which included the collection of primary data from a sample of care leavers to provide insight into their experiences and care outcomes. This supports the quantitative, comparative data from the Bullock and Blower (2013) study. The issue of placement instability was also reported by Norgate et al. (2012), who found the lack of placement options to be one of the most significant factors impacting on placement instability according to social workers ( $n = 71$ ) in one local authority in England with higher than average rates of placement change. They found that when asked what factors were associated with placement instability, these social workers rated a 'lack of choice of placements available' the second most significant factor behind 'lack of accessible mental health services'. Furthermore, they went on to more specifically locate the 'limited choice of residential placements', 'limited choice of foster care placements', 'lack of a specific type of placement' and the 'number of different types of placement available'. When asked about factors which contributed to unplanned placement moves, these social workers felt that the 'mismatch between need and placement' was the second most significant factor behind 'behaviour of the child'. In terms of the factor which could have prevented unplanned placement moves, social workers felt that 'better initial matching of child to placement' was again the second most significant factor behind 'support to foster carer'. When asked about the most important change required to reduce placement instability, social workers clearly identified more placement options as fundamental. Norgate et al. (2012) concluded that a key problem was 'inadequacies in the placements available ... this meant that matching needs to the skills of the available carers was an unattainable aspiration, with there being little real choice over the placement of the child, thus making it more likely to fail' (p. 15).

McAuley (2000) also reported that, in Northern Ireland, limited placement options (in particular the absence of residential care options) were contributing to placement instability and, in some cases, compromising the safety of children as 'placement shortage leads to some children being left at home against their best wishes or placed in a residential unit or foster home not well suited to meeting their needs' (p. 51). Farmer and Pollock (1999) interviewed a sample of 40 LAC who were sexually abused and/or abusing young people aged 10 or over. They found very limited attempts (in less than one third of placements) to consider how that young person would fit with others in the setting. This meant that the potential risks which the child posed to others or vice-versa were not addressed. In some cases, this was attributed to the unplanned nature of the placement but it was also a consequence of the lack of placement options. Furthermore, they found that in just under half of the sample, no information about the young person's history of sexual abuse or abusing behaviour was given to the caregivers. They found that in these instances, there were times when the social workers did not inform caregivers about the children's backgrounds for fear they would lose the chance to make the placement. In this instance, the needs of the child/young person have been compromised by the lack of appropriate placement options.

Ward (2009) explored placement stability for 242 LAC over a three and half year period in six Local Authorities. She discovered that, during this period, 965 placements were made and that the average (median) placement length for foster care was four months and for residential care three and a half months. Although most of these placement moves were planned and initiated by the Local Authority, they were often instigated by resources or practical issues around placement suitability. Ward (2009) concluded that placement instability was 'built in' to the system and had major implications for children in terms of friendships/relationships, trust, education and health care. She also concluded that the 'costs of care and a shortage of suitable placements have meant that the decision to admit is often put off until a crisis forces the issue' (Ward 2009, p. 16). The absence of long-term placement stability was also reported by McGrath-Lone et al. (2018) who reported in their longitudinal case history research that only 4% of their significant sample ( $N = 16,000$ ) could be described as 'long-term stable' with most children (58.4%) having a care history classified as 'short-term care'.

It is apparent that the current provision of care and the preference for foster care may have contributed to a failure to provide significant numbers of children and young people with the placement stability which has been widely acknowledged as a key component in their positive outcomes (Stein 2005; Allen 2003; Stanley 2007). It seems possible that the state objectification of LAC and their subsequent prescribed 'treatment' via foster care has been promoted despite some evidence that this form of care interferes with placement stability for some children and young people. Here the 'art of government' and the exercise of state power designed to ensure maximum value could be secured from human capital (Foucault 1991) overpowers the needs of the minority, such is the power of the dominant discourse around the importance of family care.

### 5.2. Meeting Placement Needs

Pithouse and Crowley (2001) explored care provisions in Wales and highlighted some problems with the preferential use of foster care. They noted that, as in England, there had been 'a decisive shift from residential care to fostering. In Wales, in 1997, there were around nine children in foster care for every one child in residential care' (Pithouse and Crowley 2001, p. 48). Their survey included returns from 19 of the 22 unitary authorities in Wales and covered 90% of children and young people. They found that the reduced use of residential care and the widespread use of foster care were creating problems particularly in accommodating sibling groups and providing specialist placements for children who might represent a threat to other children. Overall, they found that there was little evidence of any attempts to meet the needs of children and young people via planned placements. The overwhelming message in this research was that placements were often crisis-led and that just finding a placement was the best outcome. This research makes significant claims about the limitations of a care system where one form of placement provision is given preference. It also highlights the potential consequences of privileging foster care where there is clearly a need for a range of placement options.

There is also evidence from some children and young people that foster care does not meet their specific needs and may contribute to placement breakdown. Barry (2001) interviewed 34 young people aged 14 to 25 years who had experienced care in Scotland. Most of the young people had experienced residential care and foster care, whether as respite, short-term or long-term placements. The young people reported that 'they could not relax in foster homes, partly because it was someone else's house but mainly because they were wary of carers usurping the role their own parents should have been taking' (Barry 2001, p. 13). They felt that the foster carers own children were given preferential treatment, leaving them feeling alienated. The young people also reported that foster care seemed to have more rules and idiosyncrasies than residential care and felt that foster care was not an 'appropriate alternative to their own families and they resented the often-poor replication of 'family life' (Barry 2001, p. 30). Some of these feelings were reported by Emond (2002) who engaged in a piece of ethnographic research in two children's homes in the North East of Scotland. For these young people, the preference for residential care over foster care 'appeared to have much to do with their sense of family identity and the avoidance of confusion over loyalty' (Emond 2002, p. 35). In both of these studies, the views of the care-experienced participants illuminate some significant problems with an increasingly narrow provision of care in terms of meeting children and young people's needs. The emphasis of these research studies is on exploring the lived experiences of a relatively small sample but the accounts provide some powerful insights.

### 5.3. Limiting Placement Options

Privileging foster care and subsequently limiting placement options may also have implications for those children and young people who do find themselves in residential care placements as a 'last resort' (Petrie et al. 2006) when other forms of care (mostly foster care) have failed. Taylor (2003) explored the relationship between criminal justice and the care experience by interviewing care leavers (n = 39). The young people reported that there was a negative stigma attached to children in residential care and the study noted a more significant relationship between those in residential care and offending

behaviour. The author notes that, due to the marginalised position of residential care, many of the resident children and young people display the most challenging behaviour. This, combined with a general sense of powerlessness amongst the staff, can result in relying on the criminal justice system as a means of exerting control, which ultimately contributes to the children and young people's challenging behaviour being met with police interventions and criminal records. This is an issue which was also more recently reported by the Howard League for Penal Reform in their report 'Criminal Care: Children's homes and criminalising children' ([The Howard League for Penal Reform 2016](#)). The position of residential care as a last resort and the consequences for those children and young people who live in these placements is also explored by [Bullock \(2009\)](#) and [Ainsworth and Thoburn \(2014\)](#) who recognise the challenging behaviour of the residents and the inability of the homes to meet their needs. It is apparent that the power of the discourse around the preference for family care may result in some children experiencing a series of failed foster care placements which not only contribute to their problems, but also create a very challenging residential care environment.

The position of residential care as a last resort may have particular implications when considering the evidence that residential care may be able to meet the needs of particular children and young people. The children and young people in [Barry's \(2001\)](#) research clearly preferred residential care because it was less intense than foster care and they could blend into the background. They also felt that there were always other young people around and a wealth of different adult personalities and perspectives available. The young people in [Emond's \(2002\)](#) research felt the resident 'group' served several important purposes including, the opportunity to live alongside young people who had similar experiences and the value of being able to share and discuss these experiences and learn from one another. [Carter's \(2011\)](#) work on a large-group therapeutic community for 15–25 year olds, although based on the accounts of a very small group of ex and current residents, offers further potential benefits for some children and young people. These young people (n = 8) commented on the larger community offering a opportunity to develop key social skills, the value of a larger staff team where 'you can get little bits from each person' (p. 156) and living alongside kids who have the same experiences as you and can understand you. These young people lived in a range of previous placements including foster and adoptive families but the sense of ownership and fond familiarity they felt contrasted with other placements they described. [Carter \(2011\)](#) found that the outcomes for the residents in this residential community outperformed those of other LAC. There is also evidence of support for the role of residential care in the systematic review of literature concerning children placed in residential care undertaken by [Steels and Simpson \(2017\)](#). They report that 'children tend to have a series of unsuccessful foster placements before residential care is discussed' (p. 1707) but found clear evidence of the potential benefit of this form of care for some children and young people. They found that children in residential care settings can make positive relationships, which aid social and emotional development and that such settings often provide therapeutic treatment. They conclude that 'Whilst residential care is regularly used as a 'last resort', the findings in this systematic review suggest that residential care can be the most appropriate placement option for many children and that many children adapt, settle and achieve positive outcomes whilst in residential care' ([Steels and Simpson 2017](#), p. 1718).

This message was also evident in research undertaken by the Care Leavers Association ([Duncalf 2010](#)) who found that, of the 310 care leavers surveyed, almost one-third more reported a 'mainly positive' experience of residential care compared to those who had experienced foster care. In this sample, almost a third had only been in children's homes with small numbers having been in foster care only but, significantly, a quarter had experience of both forms of care. In addition to this, two-thirds of the sample were over the age of 40 (with over a third being 50+) and as such they may have been in care when residential care did not inhabit such a marginalised position. It seems, for this group of care leavers, residential care on balance was more positive than foster care. Therefore, this evidence seems to suggest that limiting children and young people's access to a range of placement options (including residential care) maybe creating problems for those that could receive significant benefits from such



options. Again, it seems that the power of the state to prescribe the preferred 'treatment' for LAC in the form of foster care for all appears to be silencing the voices of the minority whose care needs are being sidelined for the benefit of the state.

## 6. Conclusions

Clearly, there are problems with current care provisions and there is a need to provide more placement options to meet the diverse needs of children and young people. Reflecting on the experience of children placed in externally purchased residential care, [Bullock \(2009\)](#) argues that we need to increase the options available to meet the needs of a diverse group of children and young people and states 'no single solution can meet all of their needs' (p. 45). [Coman and Devaney \(2011\)](#) state that 'looked-after children are not a homogenous population and there is great variance in terms of their needs' (p. 40) and go on to advocate for assessments which better understand their holistic needs. [Forrester \(2008\)](#) considers why the care system might be failing some children and argues that we need to better understand the individual experiences of each child and young person. He argues that 'to begin to do justice to the needs of children in care we need to start a debate that acknowledges the complexity of these issues' ([Forrester 2008](#), p. 209). Therefore, the argument being made here is that the movement to an increasingly narrow range of placement options, which essentially assumes that foster care alone can meet the needs of this diverse group of children and young people, is problematic.

This article has made use of a genealogical approach, in particular the ideas of Foucault, to explore how we have arrived at this situation and how social, historical and political factors have contributed to the privileging of foster care for LAC. It has identified how the state has objectified LAC as anomalies to 'normal' child development and turned them into 'cases' requiring confinement, containment and treatment. Through the 'art of government' and the exercise of state power, foster care has been promoted as the preferred form of treatment for LAC in spite of the evidence that this form of care does not meet the needs of all LAC and may in fact have contributed to placement instability for some LAC. It is apparent that Foucault's ideas around 'dominant discourse' and the exercise of power to legitimise the privileging of foster care as the necessary treatment for LAC is helpful in understanding how we have arrived at the current context for care provision for children and young people. The promotion of foster care as the preferred place for children who require public care is supported by state policy and practice which legitimises this form of care as providing the loving warmth environment required to enable successful socialisation/moralisation. It is also convenient in the 'art of government' ([Foucault 1982](#)), where the focus is on the reduction of state expenditure on welfare and 'ameliorating the contributions of this group to the prosperity of society as a whole' ([Cronin 2013](#), p. 92).

This article has offered some critical reflections on the current provision of public care for children and young people and the troubled privilege offered to foster care. It has drawn attention to the key social, political and historical factors which have provided a context for the move towards foster care as the preferred mode of delivery and considered some of the implications of this transformation for children and young people who require public care. It has identified arguments for a wider range of care placement options for children and young people in order to meet their needs. It has also begun to explore the views of care-experienced adults on their care placements and in particular highlighted an indication that, for some, residential care was the preferred option, with foster care creating particular problems.

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