Making sense of children’s development, and in particular the impact of maltreatment and loss on children’s minds and behaviour, is an essential part both of listening to children and facilitating their participation in family placement decision-making. **Gillian Schofield** suggests that an understanding of developmental theory can help practitioners to identify children’s strengths and difficulties, make sense of children’s communications and enable children to feel more valued and effective. A number of key areas of development are linked together into a model that highlights the complex transactional and psychosocial nature of development, while encouraging practitioners to use this knowledge to support and empower children.

**Gillian Schofield** is Senior Lecturer, School of Social Work and Psychosocial Sciences, and Co-Director, Centre for Research on the Child and Family, University of East Anglia, Norwich

**Key words:** developmental model, psychosocial, children’s voices

**Introduction**
When decisions are to be made in local authority planning meetings, reviews, adoption panels and courts about the placement of children in foster care and adoption, many factors and points of view need to be taken into account. Children who are separated from their families of origin find themselves the focus of elaborate professional networks and dauntingly complicated procedures. This is not an experience which any child would find easy to manage. For children who are separated following troubled, confusing and often abusive or neglectful experiences in their closest relationships, it challenges most profoundly their fragile sense of who they are and where they fit in the world. The decisions that need to be made are life changing: What kind of placement? What kind of family? What kind of contact with significant people? These are decisions which can create beneficial turning points or downward spirals that may affect the rest of children’s lives.

It is not surprising in this context that the duty of courts, local authorities and other agencies to listen to children and take their wishes and feelings into account has presented a number of challenges for family placement decision-making. Primarily these arise from the possible tensions between, on the one hand, the child’s right to be heard, as enshrined in the United Nations Convention on the Rights of the Child and the Children Act 1989, and on the other hand, the duty to make decisions that are in the child’s best interests. Children have the right to participate in important decisions, but they also have the right to have their welfare protected. One way of reconciling the potentially competing but potentially complementary discourses of participation rights and welfare rights may be to take an approach that draws on theories of child development. This can assist both in the task of ascertaining the wishes and feelings of children and in the way in which courts, panels and planning meetings take the evidence of those wishes and feelings into account. At its simplest, it can be argued that not only is it a child’s right to participate in decision-making, but that increasing the accuracy of our understanding of the mind of the child, their thoughts, feelings and hopes for the future, will also contribute to a more accurate assessment of the likely outcomes of different care plan options. In addition, if the process is appropriately and sensitively handled within the inter-agency network, enabling the child to participate in the process of decision-making can also be developmentally beneficial and help the child to feel both more valued and more competent.

It has been suggested that social workers rely too heavily and uncritically on developmental theory and that developmental approaches which appear to cast the professional in the role of expert ‘may silence the voice of child’ (Taylor, 2004, p 233). This article will argue that, on the contrary, more accurate understanding of the way in which different areas of development interact with each
other and with children’s histories of abuse and neglect can generate practice that liberates children and gives them a more effective voice. Listening to individual children when making decisions in family placement is not simply about offering them the right to contribute views on placement choices or levels of birth family contact. It is about understanding children’s point of view as well as their developmental needs, striving to make sense of what their lives have meant to them and seeing the world through their eyes. It is about working with them to anticipate, plan for and create a pathway that will bring them their best chance of stability, happiness and personal fulfilment in family and community life.

Developmental model

Behind our understanding of child development lies a wealth of theory and research that continues to evolve and produce new debates. This knowledge base will be represented in this article by a summary model that seeks to capture some of the main themes that can help us understand and integrate different developmental perspectives (see Figure 1, adapted from Schofield, 2002). It offers the possibility of using developmental insights to assist with the dilemmas around both listening to children and taking what they say into account. Translating theory into practice is never straightforward, but this model provides a framework and a language that may be helpful to practitioners in trying to make sense of the rewards and challenges they face in listening to children. It draws on a number of key developmental theories that are relevant from infancy to adulthood, including attachment (eg Bowlby, 1969; Howe et al, 1999; Schofield and Beek, in press a; Schofield and Beek, forthcoming), cognitive development (eg Piaget, 1977; Vygotsky, 1978) and resilience (eg, Fonagy et al, 1994; Rutter, 1999; Gilligan, 2001; Cairns, 2002; Schofield and Beek in press b).

Affect, cognition and autonomy interact developmentally from infancy to adulthood. A sense of security and a capacity to manage feelings liberates children both to think flexibly and to be effective. In contrast, abuse, neglect and fear make it hard for children to trust other people, to think clearly and to communicate in words about their feelings. The notion that ‘the social worker’s role in these circumstances is simply to listen without interruption and to record and evaluate what has been said’, as suggested in the Laming report into the death of Victoria Climbié (Stationery Office, 2003, p 238), and highlighted in Cooper (2005, p 7), disregards the complex way in which children’s minds defend against the full impact of trauma, and abused children can lose hope in the possibility of ‘making a claim for rescue’ (Rustin, 2005, p 14).

In applying this developmental framework to family placement practice, further elements must be added, in particular the psychosocial goals of belonging, family membership and identity. This means that the model must draw also on the literature relating to kinship (Allan, 1996), adoption (Brodzinsky, 1990; Howe, 1998; Neil, 2000) and foster care (Schofield et al, 2000, Wilson et al, 2003, Beek and Schofield, 2004; Sinclair et al, 2004).

The child’s sense of self and their capacity to be resilient in the face of life challenges build on these different ingredients. Children will have strengths as well as difficulties that derive from their genetic, birth family and care histories; both must be identified in order to maximise the child’s capacity to speak and be heard. Children’s stories must then be set in an ecological framework (Bronfenbrenner, 1979; Jack, 2001), since children’s minds and behaviour develop both in the context of close relationships and in the world of peers, school, community and culture.

In explaining the model, some reference will be made to the types of decisions in which listening to children can be particularly problematic. Case material from practice and research will be used to illustrate both the developmental model and the practice issues that arise. Each section of the model will be considered in turn, with interactions between different aspects being highlighted. The aim is to provide a concise but holistic picture of...
The voice of the child: a developmental model

**Affect**
- Feeling and expressing happiness/pride/sadness/anger/shame
- Feelings about self and others
- Regulating affect
- Accepting mixed feelings
- Loving/feeling loveable
- Feeling valued as a person/valuing the self – self-esteem

**Autonomy**
- Exploring, learning about the world
- Enjoying play and work
- Self-efficacy, agency
- Flexible use of self and others
- Becoming competent
- Internal locus of control
- Acting rather than reacting/planning

**Cognition**
- Thinking about other minds and one’s own, reflective function, perspective-taking
- Reflecting on and managing feelings and behaviour
- Making choices/choosing strategies
- Making sense of the past

**Belonging**
- Family membership
- Family solidarity – sources of practical and emotional support
- Family rituals, culture, norms, values, aspirations
- Personal identity – ethnicity, gender, religion, class
- Peer relationships

**The developing self**
- Inner and outer worlds
- Felt security/insecurity
- Self-esteem
- Self-efficacy
- Coping strategies – ability to adapt
- Capacity to think and plan
- Belonging – families, cultures, people, places
- Resilience

The development of a child’s mind and behaviour, a framework in which the significance of listening to children can be understood.

**Affect**

When evidence and reports are presented about children to courts, panels and other planning forums, it is expected that children’s feelings about their birth families, their foster families, their adoptive families, their siblings, their friends and themselves will be described in some detail. Very often children’s feelings are presented both in terms of what they have *said* (whether incidentally or when asked directly as part of the assessment work) and what may be deduced from their *behaviour*. Neither of these sources of information is unproblematic as a basis for decision-making and so it is helpful to start by thinking about children’s emotional development and the ways in which feelings are both felt and expressed.

A child’s expressions of emotion and ability to put their feelings into words...
will vary greatly depending on their experience in close relationships. Particularly important will be those experiences in the formative period of infancy, but also through the pre-school years as language develops. The capacity to name emotions, for example, relies on the child’s developing sense of the meaning and specificity of different emotions, on their developing language skills and on the ability to put those two together in conversation with others. Securely attached children who have experienced sensitive caregiving and attunement will have seen their caregiver’s face reflecting back to them from birth those early feelings of joy and sadness, love and anger, trust and fear. There will have been a synchrony between caregiver and infant that allows this mirroring to be precisely timed and accurate. The caregiver’s face moderates and contains the infant’s feelings in a predictable way that allows the child to continue to feel and express the full range of emotions without fear of being overwhelmed by them. As Fonagy et al. (2002, p 37) have described, this process enables the child to manage or regulate their feelings through a process of mentalisation. The result is that ‘The infant learns that arousal in the presence of the caregiver will not lead to disorganisation beyond his coping capabilities.’ As children mature they become able to regulate feelings in the absence of the caregiver, but they need to draw on a mental representation of an available and responsive attachment figure. They are then better able to acknowledge positive and negative feelings, think about them and express them appropriately without undue anxiety.

Where children have experienced a lack of synchrony and accurate mirroring – where, for example, the infant’s happy, anxious or angry face is met with a blank face, as in post-natal depression perhaps, or a fearful face, as in a caregiver struggling with domestic violence – the child becomes confused and uncertain about the feelings that they are experiencing and may begin to be overwhelmed by them. This is a complex process, but its outcome can determine the extent to which a child can accept, express and regulate their own feelings and over time begin to read and negotiate with the feelings of others.

Research has demonstrated the consequences of this developmentally. For example, the difficulty in expressing emotions for children in neglectful or maltreating families often focuses on a reluctance to express negative emotions in the presence of caregivers, since these may prove provocative and therefore dangerous. As early as the second year of life, it has been found that children who have been maltreated will not only show fewer negative emotions, but may also display false positive affect (Crittenden and DiLalla, 1988).

Insecurely attached children through the pre-school years and into middle childhood need to develop strategies for managing their feelings in order to stay safe when close to caregivers who are not sensitive and available and may be frightening (Ainsworth et al., 1978; Crittenden, 1995; Howe et al., 1999; Howe, 2005; Schofield and Beek, forthcoming). More defended, avoidant children will shut down on their feelings to stay close to a caregiver who cannot cope with emotional demands, whereas ambivalent, resistant children will use displays of feelings to gain the attention of and control of unpredictably available caregivers. Maltreated children, who are most likely to be disorganised in attachment terms, will find proximity to the attachment figure anxiety provoking rather than comforting. In early infancy they may seem helpless and show contradictory, confused behaviours (Crittenden, 1995; Howe, 2005), but as disorganised children move through into the pre-school years, middle childhood and adolescence, they become increasingly hypervigilant of their caregivers. Such children are likely to develop strategies to control others in order to stay safe. They may use placatory displays of care and affection, which work in the short term but are likely to seem false and manipulative over time. Alternatively, displays of punitive anger and aggression may frighten others into backing away but leave the child feeling even more isolated. These are anxious children who need safe proximity and comfort but whose behaviour communicates a differ-
ent message: keep your distance, I can’t trust you.

Attachment theory proposes that these defensive strategies are associated with the need to reduce anxiety, especially anxiety around proximity to and separation from attachment figures. It is therefore likely that children who are then separated, for example when they come into foster care or move into adoption, will intensify these ways of expressing or avoiding the expression of emotion, achieving or denying the need for proximity, controlling others or being quietly compliant (Schofield, 1998b; Schofield and Beek, forthcoming). Even when children remain in the birth family during court proceedings, it is likely that anxiety about the possibility of separation will intensify insecure defensive strategies. For many maltreated children who come into foster care and adoption, such heightened separation anxiety will have been cumulative in the context of previous fears of separation and loss generated by domestic violence, parental drug and alcohol misuse or direct threats to the child that the parent will commit suicide or abandon them in other ways. Once in their new family, children may smile as if nothing has happened, but will be monitoring the carers’ faces and behaviours in anticipation of danger. As one foster carer put it, ‘He watches my face. He monitors me the whole time. It’s quite unnerving.’ (Beek and Schofield, 2004, p 88). Even pre-school children may deal with their anxiety by controlling, being aggressive or being contemptuous of their new carers – contempt which may be accompanied by a smile.

What are the implications of these developmental consequences of maltreatment and separation for listening to children’s feelings? If we look back to the two main sources of evidence mentioned above – the child’s directly expressed feelings and conclusions drawn from observation of the child’s behaviour – it is clear that very great care needs to be taken, even by professionals who have listened carefully to what children say and are well informed about developmental processes. Children who profess not to care about contact with their mother and who are rather distant and cool in their mother’s presence may yet be gaining some comfort and reassurance from regular contact. In contrast, the child who is effusively sentimental about a father, rushes up to him and gives him a kiss, may have been physically or sexually abused, be very afraid and be in need of protection. Such behaviours reflect strategies for survival that make sense in the context of children’s relationship histories, but can be very confusing for practitioners to interpret. Where a practitioner suspects that there is cause for concern around a child’s relationships, very detailed accounts of the child’s history, behaviour in different settings and ways of communicating feelings need to be documented.

The recognition of this counter-intuitive and developmentally complex context is not an argument for disregarding children’s accounts of their feelings or evidence from their behaviour (Schofield and Thoburn, 1996). A number of points need to be made here that reinforce both the importance of taking into account developmental factors and the developmental benefit to the child of observing and listening to children in order to understand their feelings.

First, children from troubled relationships of the kind most likely to have preceded a child coming into care and the case coming to court will almost certainly have complex and mixed feelings about their significant others. Understanding the developmental context, for example that a particular child tends to shut down on their feelings or to pretend all is well when they are actually highly distressed, allows social workers and others responsible for ascertaining children’s wishes and feelings to comprehend the more subtle processes involved. The child who says ‘I don’t care about my mum’ may still need help in thinking positively about contact. In contrast, the compulsive caregiving of the disorganised child at contact may be reported by professionals as a ‘strong attachment’, often viewed positively, when in fact it should be understood to be an insecure attachment that holds risks for the child.
Case example

Amanda (age 13) was excluded from the adoption plans made for her younger siblings when she was six years old because she was deemed to be ‘strongly attached’ to her very disturbed and aggressive birth mother as a result of her intense preoccupation and concern about her. The court was advised that, on the basis of this attachment, Amanda needed a long-term placement that was not thought of as ‘permanent’ (ie exclusive) and would allow frequent contact. Some years on and in spite of being in a stable long-term foster placement, Amanda is a young teenager who continues to struggle with frequent phone calls from her mother about her health and financial problems, including demands that Amanda demonstrate her love for her. Amanda is unable to concentrate on school or activities and is already seeming emotionally burnt out, while her siblings are thriving. (Beek and Schofield, 2004)

The lesson from this case is not about the adoption or long-term foster care choice or about contact per se, but it suggests the ways in which developmental theory can be misused. Notions of ‘strong’ or ‘weak’ attachment are very unhelpful and need to be consistently replaced by clarity about the behavioural evidence of secure and insecure attachment, especially in the context of permanence planning for children.

Children coming into foster care and adoption from abusive or neglectful families are likely to have negative feelings about themselves. Even where families have simply been unable to cope and ask for children to be accommodated, children can feel rejected and powerless. The process of court and local authority involvement and the many associated anxieties may confirm for children and young people that they are indeed the problem and that it is their ‘badness’ that has provoked the storm that is now breaking around themselves and their family.

Consulting children in this state, although challenging, gives them the message that their feelings are of significance. This is important in itself, but the message needs to be more subtle. In particular, children in this situation benefit most from the sensitivity of professional listeners who understand that children may both love and fear their mother; that they may be anxious about and concerned for their father; that they may both need and envy their brothers or sisters; that they both long for but distrust closeness with new carers; or that they both resent and appreciate the work that social workers are doing on their behalf. Subtlety based on understanding of normal developmental processes and the impact of maltreatment, adversity and separation enables children to give and professionals to receive a more complete picture of their feelings.

This is beneficial for decision-making, but can also benefit children’s development. Children need help to realise that their contradictory feelings are understandable and normal in the circumstances. They need to stop feeling as if they are going mad when they long to see family members who let them down, or when they look forward to contact but are overwhelmed by anxiety, and behave so badly that their mother says she won’t come again. Listening to children requires workers, foster carers and adoptive parents to form an alliance with the child and to work together on making sense of unexpected behaviour by taking a more subtle approach to feelings. Children need, of course, to feel loved and valued in their foster or adoptive home as a starting point, since without trust in the relationship they will find it impossible to allow these difficult feelings to be acknowledged.

Autonomy

One of the major developmental tasks from infancy to adolescence to adulthood is to manage and balance dependency and autonomy. Healthy development is often a process of two steps forward and one back, as the toddler and the adolescent may at one moment demand the right to make their own decisions and the next moment demand to be picked up — whether in the parental arms as a toddler or in the parental taxi as an adolescent. Negotiating this area of development is a
challenge for all parents, but negotiating how much autonomy to allow looked after children when decisions are made about their lives and their futures causes practitioners similar types of anxiety. The risks and benefits of giving or withholding power and choice in situations of very great seriousness lie at the heart of the debate between children’s participation rights and children’s best interests. In family placement, listening to children’s voices can be a means both of protecting healthy development and of facilitating the development of self-efficacy and autonomy.

Infants are not born as passive beings, but as unique active individuals who will make an impact on their environment. As Howe et al (1999) put it, babies need and enjoy having control and influencing others. Minutes after birth, in the delivery room, babies can make the smallest of sounds, flash a glance or wave a hand, and get their parents cooing in satisfaction, gazing fondly back or cuddling them tight. Many of these early interactions give the powerful message to infants that they are important and influential people who can make things happen. As a result, even waving the rattle in an apparently random way rapidly becomes a co-ordinated and purposeful endeavour, having the magical consequence of making a sound (on demand) and attracting (on demand) the admiring looks and words of the important people in their lives.

This potential for self-efficacy builds on the secure base established by the predictable availability, interest and emotional containment offered by the sensitive caregiver. The hungry infant learns first that they do not need to keep crying at full volume because the mother’s step on the stair means food is at hand. The child is then free to learn the increasingly subtle aspects of relationships and their power within them. The 12-month-old in the high chair who smiles engagingly at the father while preparing to drop the eggy toast on the new carpet may not understand the cost of carpets nor the complex feelings of the adult, but is aware that this is a game that will provoke a reaction, and in fact tests out the boundaries of paternal patience. Important lessons are learned, but the outcome will depend on the safety and sensitivity of the parent’s response. Children’s striving towards what Sroufe (1997) has called agency holds risks and benefits for children which adults need to help them manage. Parents who are themselves secure and autonomous do not only allow but actively promote children’s agency, while providing safe boundaries and safety nets within the context of the relationship. The child acquires an internal locus of control, rather than needing imposed constraints, but this negotiated outcome arises in the context of a co-operative relationship. Thus the goal of ‘autonomy’, even in adolescence and adult life, is perhaps most helpfully understood in terms of the negotiated interdependence which family life, friendship groups, romantic relationships, workplace teams and communities can provide. Autonomy is about the flexible use of self and others.

For children whose early caregiving experiences are characterised by insensitive, neglectful or abusive care, the experience of striving for personal power and efficacy is fraught with difficulties and even dangers. The parent who has unresolved trauma from their own childhood, and/or is currently vulnerable and under pressure through domestic violence, drug misuse or mental health problems, may experience the crying baby or the toddler in the high chair about to drop the eggy toast as deliberately launching a personal attack. The parent’s own sense of helplessness and inability to regulate feelings of sadness and anger means that the child’s expression of need or assertion of will is seen as behaviour that must be controlled, suppressed or even punished. This response may be to protect the parent, although it may be defended as a necessary part of ‘firm’ parenting. The parent who experiences any signs of assertiveness as the child being too powerful may come to feel that giving a child choices would be ‘giving in’. In more extreme cases, parents can come to fear being controlled by the child, even the infant, thus giving the extremely anxiety-provoking message to the child that he or she is a very powerful
and dangerous person who cannot be contained. This makes it almost impossible (in the absence of other caregiving experiences) for the child to regulate feelings or behaviour in order to achieve self-efficacy in a way that meets their needs.

A contrasting but linked developmental experience around autonomy occurs when parents respond to the child's attempt at expressing feelings or developing agency by simply ignoring the child. In these circumstances, children are also likely to feel chaotic and unregulated. Some children may become excessively self-reliant, since this seems to be more acceptable to the parent. However, this strategy lacks the interpersonal relatedness which makes the exercise of agency safe. Again, subtlety in assessment is of the essence, since the self-reliant child may be described as 'resilient' at points when such behaviour is developmentally inappropriate. Resilience is a core concept here but, like autonomy, needs to be understood in terms of the child's flexible use of self and the support of others to achieve goals (Rutter, 1999; Gilligan, 2001).

Throughout childhood children are expected to make decisions, from ‘Who shall I play with?’ and ‘What shall I make from playdough today?’ in playgroup, to choosing subjects for GCSE. Children pick from a range of informal or formal options and make those choices with or without external support and consultation. When looked after children are invited to participate in decision-making they are offered the opportunity to influence decisions that will affect their future in highly significant ways. They may be contributing a general picture of wishes and feelings in relation to certain people and situations, or they may be faced with very specific and often stark options: Do I want to go home, stay with my foster family, move to another foster family or be placed for adoption? What type/level of contact do I want? Which of my siblings do I want to see most often?

For children who have experienced exercising appropriate autonomy, making decisions is achieved by a combination of careful thinking through and asking advice from key trustworthy others. They can think, act and plan rather than react to events. But for children who have been discouraged from asserting themselves in their birth families, who feel helpless, who perhaps feel that they are powerful but bad or who have had an excessive degree of self-reliance, it is very difficult to know where to start. These are the children who need most help to ensure that when momentous decisions are made about their lives, they are considered to have views worthy of consideration. This moment in their lives is a time of crisis, but it can also be an opportunity for a different experience of being valued, one that itself can be a positive turning point.

Perhaps the most helpful model for local authorities, courts and practitioners is the most obvious – the model of the responsible parent, who both treats the child with respect as an autonomous being and feels accountable for protecting the child's interests in the present and the future. An infrequently quoted part of the Children Act 1989 Guidance offers some wise counsel:

*Children should feel that they have been properly consulted, that their views have been properly considered and that they have participated as partners in the decision-making process. However, they should not be made to feel that the burden of decision-making has fallen totally upon them.* (Vol 3, Para 5.35)

This guidance stresses the difference between process and outcome. The responsible parent and practitioner need to ensure that the child has evidence that they have been heard and the reasons why, if it is the case, a different outcome is proposed from that which they expressly desire.

**Case example**

Maria was a 15-year-old with a mild learning difficulty and a long history of sexual abuse and neglect. Her learning disabled mother had not been able to protect her from a number of abusive partners. Maria was actively involved in the care proceedings, being separately
represented and having the opportunity to confer with both the guardian ad litem and her solicitor. Maria’s expressed wish to return home was conveyed to the court by her solicitor who tested the evidence with this position in mind. The guardian ad litem also presented the court with Maria’s wishes and feelings, several of which were incompatible, e.g. ‘I want to return home and look after my mother but I want myself and my younger siblings to be safe.’ Although the court made the care order, Maria had been actively involved and had seen evidence of her wishes being taken into account. For instance, she was shown the guardian ad litem report and was informed that the judgment had included reference to her expressed wishes and the reasons why the court had felt that her welfare could not be protected were she to return home. (Schofield and Thoburn, 1996)

For Maria, the court proceedings were lengthy and frustrating, with many delays and points at which she had felt powerless, just as she had felt in her birth family. However, the process of consultation, the experience of being treated with respect and listened to by a number of professionals and knowing that this distant body called ‘the court’ had heard her words was probably the first time that she had felt a sense of personal efficacy. Meeting with powerful people like solicitors can be daunting and being asked for her views might have seemed a rather too dramatic shift towards putting her ‘in charge’. However, throughout the process Maria was assured by the social worker, the solicitor and the guardian that whatever the expressed wishes of children or parents, or the recommendations of different professionals in the case, the court would make a decision based on all the evidence of what would be in her best interests. This seemed a very developmentally appropriate message for a previously uncared for, unprotected as well as unheard 15-year-old.

Cognition
The expression and regulation of feelings and the appropriate development of autonomy in children cannot be achieved without the fundamental development of the capacity to think, about the self, about others and about the world around them. This capacity has many components: some have genetic roots, such as intelligence; others are associated with age and developmental stage; and others are influenced by environmental factors, ranging from nutrition and teratogens during pregnancy (e.g. Foetal Alcohol Syndrome affecting brain development) through to the quality of relationship environments.

Evidence from research in cognitive development (e.g. Piaget, 1977) suggests that children’s thinking is qualitatively different in infancy, childhood and adolescence, as they move from sensory-motor stages in infancy to more concrete and rule-bound middle childhood and on to the more flexible and abstract thinking of adolescent and adult minds. The shifts in thinking towards increasing complexity and abstraction have great significance for professionals and families. As Brodzinsky (1990) suggested, for example, the adopted child who starts to ask questions about their birth family at the age of seven is less likely to be reacting to a change in feelings about her or his adoptive family than to be simply showing the appropriate cognitive shift that leads to more questions about social rules, how the world works and where they fit.

These shifts towards increasing complexity are not automatic with advancing age and will still depend on the quality of experience. Cognition, like affect and autonomy, is particularly affected by the more extreme experiences of maltreatment. Listening to children, reaching an understanding of the thinking as well as the feeling mind of a child, requires a firm foundation of knowledge about nature, nurture and the interaction between the child’s mind and the environment in which they are growing and developing. Vygotsky (1978) suggested that although children can learn through their own exploration, there is a gap, which he called the ‘Zone of Proximal Development’, between the developmental level achievable by independent problem-solving and the level of potential development achievable in a social context, i.e. with the support and direct teach-
ing of adults and other more competent children. Through a process often referred to as ‘scaffolding’, the child is enabled to build competence and go into areas that they would not otherwise be able to reach. This offers a model for understanding the social context of children’s developing capacity to think and also how that competence can be diminished or promoted by the absence or availability of this kind of support.

From birth, the human mind is engaging with, trying to make sense of and adapting to its environment. That environment in the first instance is likely to be dominated by the face and mind of the primary caregivers. When infants gaze into their parents’ eyes, they are seeking not only a feeling response, but also information about the mind of the parent, the self and the outside world. The child’s emerging ability to think about his or her own mind and the minds of others has come to be called ‘reflective function’:

Reflective function enables children to conceive of others’ beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretence, plans and so on...

Exploring the meaning of the actions of others is crucially linked to the child’s ability to label and find meaningful his or her own experience. This may make a critical contribution to affect regulation, impulse control, self-monitoring, and the experience of self-agency. (Fonagy and Target, 1997, p 682)

The experience of the caregiver’s mind as offering containment and a secure base over time becomes internalised in the child’s mind through a process of mental representation, so that, for example, the physical presence of the caregiver becomes less necessary as the child moves through the toddler years. These mental representations form cognitive structures known as internal working models (Bowlby, 1969), which define children’s expectations and beliefs about self and others and will influence the way in which they enter new situations. Where those expectations are positive, children trust new environments and their own capacity to adapt to them.

Where children have found that their caregivers’ mind is not safely available to them, for example in cases of physical abuse, parental drug misuse or where caregivers have unresolved trauma from the past, children find it difficult to make sense of others or to reflect on and find their own experiences of the world meaningful. This leaves children with eruptions of feelings and thoughts that cannot be organised and anxieties that cannot be resolved. This in turn contributes to a poorly developed sense of self and uncertainty about how to act in relationships, whether in families or at school. Children who cannot understand that other people have ideas, intentions or emotions that are different from their own and are poor at ‘mind-reading’ will find it more difficult to co-operate, be empathic and negotiate in day-to-day living with other people. Vigilant maltreated children, in particular, may have been able to anticipate and try to avoid parental anger in the birth family, but with peers and adults outside the birth family or in new families they tend to see hostile intention in positive or even neutral acts, thus creating the potential for wariness, conflict and impoverished relationships.

In neglectful or maltreating families, negative internal working models of the self and others develop, which makes trusting others who may try to offer good care, such as foster carers or adoptive parents, too risky. Such children have mental representations which are so distinctively distorted that far from being able to accept or welcome appropriate care when it is offered by new carers, they will misinterpret what is happening, reframing it to fit their own expected model:

The individual may so distrust both affect and cognition that even discrepant information may not trigger the mind to re-explore reality. Instead the mind may determine that this too is trickery and deception or that the risk of mistakenly responding as though it were true is too great to be tolerated. In such cases, the representation of reality is like a false, inverted mirror image in which good and bad, true and false are reversed. (Crittenden, 1995, p 401)
This quotation summarises well the way in which maltreated children are not able to process new information about reality, for example that loving foster carers or adoptive parents are not like previous caregivers and that perhaps the concept of ‘parents’ might need to be changed. When driven by anxiety about survival, it may seem safer to believe that this is just another trick.

Alongside the presence of safe intersubjectivity between children and caregivers, the child’s thinking capacity is also enhanced by the predictable shape of events provided by the caregiver. The soothing voice, gentle touch, ritual and regularity around such events as feeding, bathing and bedtime provide the child not only with a positive sense of self, but also a view of the world as a reliable place that makes sense. The running commentary provided by parents when caring for a child, changing a nappy or getting a child ready for school, will reduce anxiety and enable the child to have a sense of the pattern of events. As the child acquires language, the parents’ commentary on time – yesterday, this afternoon, after the parental cup of tea, tomorrow, next week – offers them helpfully structured meanings and sequences to events that aid anticipation and preparedness, thus reducing anxiety and promoting competence and confidence. However, where caregiving is chaotic and uncertain, where the availability of care and the pattern of events are unpredictable, children may become anxious and unco-operative or helpless.

The importance of the development of a flexibly thinking, reflective mind that can approach new situations with confidence and adaptive strategies highlights the risks and difficulties for those children who do not have this capacity. This is highly relevant for those who seek to ascertain, understand and take into account the wishes of children. The challenges for professional practice operate at several levels. Problems with children’s thinking interact with difficulties in naming feelings and exercising autonomy. Key here is the fact that a relatively high order of thinking is required when children are asked to offer a view on the big questions (eg Adoption or long-term foster care?); when they are invited to share thoughts about aspects of the options available (eg How much contact? Move of school? Separation from siblings?); or even when the assessment simply needs to establish how the child makes sense of the fact that they are now in foster or adoptive care (eg Was I taken away, given away, rescued or kidnapped? – see Fahlberg, 1994).

Children and young people cannot exercise autonomy without having some understanding of the options, some sense of what different families and legal choices will mean to their everyday lives. Those children whose thinking is at a very concrete level because of their age, or who are anxiously confused owing to not having experienced the containing mind of a caregiver find it very difficult, if not impossible, to engage easily with a discussion about hypothetical situations. Given that trained professionals often struggle to retain all the details and ramifications of different options involved in care planning, it is hardly surprising that children frequently find this beyond their developing capacities. For children, thinking about the risks and benefits of possible futures is not only difficult but painful. Engaging with thinking about feelings and choices in the context of survival needs requires emotional strength as well as cognitive coherence.

However, as with affect and autonomy, the more that psychology teaches us about the complexity of children’s thinking, the impact of adversity on young minds and the challenge for children of thinking about the options for their future, the more effort needs to be put into using that knowledge to promote children’s effective participation. Such understanding can be used to ensure that as accurate a picture as possible of the way children think, as well as feel, about their world is available for those charged with deciding a child’s future. Although Maria, in the case example given earlier, had a degree of learning difficulty as well as a traumatic past, it was possible to support her and engage in a debate with her that recognised that she as a person and her ideas were valued, respected and...
made sense in the circumstances. She needed help to express her wish to protect her mother, but also herself and her younger brother, from abuse, even while understanding that these were mutually incompatible goals. She needed time and help to see that the foster family care, with which she had been ‘threatened’ if she disclosed her sexual abuse, was able to establish her successfully in regular schooling, help her to regain control of her own body and support her in planning for a more stable future. But it was essential that it was acknowledged that her sense of hurt and loss was intense, would not disappear and would need to be sensitively managed at each stage into adult life, including if and when she herself became a parent.

It is important to bear in mind that, because the messages that children give to birth families or foster carers if they express their wishes in an open way may make subsequent relationships difficult, children may decide that it is better not to speak out. They may find it hard to say they want to go home for fear of upsetting their current foster carers. In contrast, children who fear going home or simply know that their future will be more secure if fostered or adopted may still be reluctant to be documented as saying so. As most children continue to want some contact with birth relatives, and many want contact with former foster carers, it may seem easier, once children know that the social work plan is in the direction that reflects their wishes, to let the local authority take that burden away from them.

Children’s reluctance to be drawn on what they ‘really’ want is not only a reasonable response in many circumstances, but should be seen as an equally legitimate exercise of their participation rights – the right to choose not to participate. Too often it seems that planning meetings and courts hold the belief that because the child’s view is so central to the decision-making process, pressure must be brought to bear on the practitioner and the child to come up with a clear answer. Further experts may even be called in to ‘extract’ the wishes and feelings from children where social workers or guardians have ‘failed’ to do so. This process can be oppressive or even abusive rather than empowering, and great care should be taken to ensure that the child’s full circumstances and the implications of ‘participation’ for them in the longer term are taken into account.

**Belonging**

For children facing separation from birth families and moves into or between different kinds of family care (eg with kinship carers, foster carers or adoptive parents), it is important to include in our model a more psychosocial dimension of development – the significance of belonging. Although understanding the quality of close relationships within families is an essential part of listening to children, family placement decisions almost invariably have to deal with options that will potentially re-orientate the child in terms of their family memberships and their identities. Although ‘belonging’ may seem a relatively straightforward concept, many children find it hard to think about or express their ideas and feelings about where they currently belong or would like to belong in the future; they may want to belong in different ways to several families.

The value of family membership is at the heart of family law and family placement practice, and yet it becomes a seriously contested concept when we are weighing up the quality of family membership associated with different biological, legal or procedural ties, as happens regularly when decisions are made about routes to permanence in birth family, adoption or foster care. Such a weighing process about belonging, at least as much as in respect of the quality of relationships, needs to take place with a lifespan perspective in mind – a further challenge for practitioners and for children and young people participating in decision-making.

The power of family membership and its effect on children’s thinking helps explain a number of phenomena. Children expressing a wish to remain with a neglectful or abusive caregiver, for example, can be understood in terms of the psychology of trauma and insecure attachment.
relationships. For most children, however, there is also a strong sense of both the familiar culture, norms and values of their family and the cultural norm of living with your real family in a society in which family remains our primary identity. Family is often linked to a number of other sources of identity, such as ethnicity, religion, school and community, and all of these areas of belonging may also be affected by placement decisions. It is not surprising that children struggle with the risk of losing a birth family and a birth family identity and need extra help to think about what it might be like to join a new family or how contact might bridge that gap.

Allan (1996) suggests that a useful way of understanding family membership and kinship ties in families is to think in terms of the ‘diffuse enduring solidarity’ that they offer. Solidarity, he says, is reflected in the persistence of ‘obligations, rights, privileges and responsibilities’ across the lifespan. Although this sociological theory was developed in relation to birth families and kinship networks, fostered children (Schofield, 2003; Beek and Schofield, 2004) and adopted children (Thomas and Beckford et al., 1999) can also articulate vividly the meaning of this sense of solidarity as it affects them in families with no biological ties. Adopted children have legal ties which support this sense of family, but many adults who grew up in foster care will still say of their foster parents, ‘They are my real parents. I don’t care what anyone says!’ (Schofield 2002, 2003). This establishment of family membership can apply whether children were placed in infancy or in their teens. Long-term foster carers and adoptive parents reciprocate by talking about their children as being definitely ‘part of the family’ (Howe, 1996; Beek and Schofield, 2004).

Outcomes for fostered and adopted adults demonstrate the power and importance of family membership across the lifespan. This quotation is from a 29-year-old man, who is talking about how he would describe his relationship with his foster mother, with whom he was placed at the age of four:

*Mother and son. She looked at me as her son and I looked at her as my mum sort of thing. Even though when you’re 18 you officially leave care but we kept in touch. We go round there for dinner, she comes round here. She classes my children as her grandchildren.* (Schofield, 2003, p 42)

Increasingly, as we look to foster care to provide permanence for looked after children and as adoption becomes more likely to include some form of contact, their sense of belonging is likely to incorporate multiple families, often offering different kinds of role and meaning in children’s lives. Although management of multiple family identities will always represent a challenge, it appears from research to be entirely possible to have ties and resources of different kinds within a number of ‘families’ in childhood and adult life. Adults from successful permanent placements are most likely to take their norms, values and aspirations from their adoptive or long-term foster family, but may still value some aspects of birth family culture and appreciate receiving a ‘congratulations on the new baby’ card from the birth family, a former foster carer, a key residential worker or a social worker (see stories in Schofield, 2003). In contrast, care pathways that do not provide any family to which young people can belong, and to which they can turn as of right in adult life, leave vulnerable young people socially dislocated and very much adrift, as the leaving care literature suggests (Biehal et al., 1995). Sinclair et al (2004) found that children’s wishes to stay in their foster family beyond 18 were too often not being listened to or acted on.

In court proceedings and other planning forums where wishes and feelings about family membership may need to be taken into account, children are often being invited to comment not only on current families but also on options based on hypothetical family situations. Children may find it difficult to evaluate mixed feelings and uncertain thoughts about current or hypothetical future family ties. On the whole they do not want to lose any relationships. But in many ways it is easier to talk about feelings, about loving...
or falling out with or worrying about family members, than it is for the child to capture the essence of what it means to belong, to feel part of the close family, the extended family, the friendship group, the neighbourhood, the area. As children are increasingly moved to different parts of the country in order to find a possible placement or a suitable new family, the additional impact of geographical dislocation – even at the level of a child just ‘talking funny’ at school – may need to be thought about by the child if they are to contribute in an informed way to decision-making.

As with other aspects of the model, conversations with children and young people about family belonging provide an opportunity not only to gather evidence for the decision, but also to help the child think about and evaluate aspects of their family memberships as part of the process of refining their sense of self. Even very settled adopted children express strong but complex feelings about staying ‘in touch’ with birth family members and former foster families (Thomas and Beckford et al., 1999). This is clearly an area in which plans made at the start of a placement need to be very sensitively reviewed as children develop and their needs and circumstances change. Although evidence regarding the desirable plans for a child’s family memberships, especially in respect of contact in permanent placements (Neil and Howe, 2004), regularly refers to ‘roots and identity’, it seems that ‘belonging’ is an area of developmental benefit and risk that needs to be more subtly defined and understood by practitioners, foster carers, adoptive parents and decision-makers if we are to be sensitive to the messages we hear when children talk about their different families.

The developing self

These different aspects of children’s development are inevitably linked to the child’s evolving sense of self. Feeling loved and loveable and knowing that caregivers are predictable and available, for example, liberates the child’s capacity for exploration and for autonomy, but also increases the likelihood of an improved capacity to think things through. Mutual emotional commitment in turn can bind the foster or adoptive family together with the child in ways that promote a sense of family membership. This is a psychosocial and ecological model in which inner and outer worlds interact (Schofield, 1998a), so that experiences in school and peer groups will be both affecting and being affected by the child’s capacity to think, manage affect and behaviour, and feel competent to use their own resources and the support of others. The more secure children feel, the more likely it is that they will be able to think logically and flexibly and be comfortable in expressing a range of feelings. The more insecure and anxious they feel, the more help they will need to be able to access and communicate these feelings.

The developmental goal of resilience (Fonagy et al., 1994; Gilligan, 2001; Schofield and Beek, in press b) is built from these same building blocks – security, regulating emotion, self-esteem, autonomy, self-efficacy, reflective function and, it is possible to argue, identity and a sense of belonging. These all contribute to fortifying the child in times of stress and enabling them to meet developmental and life-event challenges. Environments will be interacting with different factors in the child to influence developmental pathways and the development of resilience. Although we can and must use theory and research to help understand the likely interaction between children’s development and their environments, each child’s pathway will be unique.

Implications for practice

Listening to children as part of decision-making processes in family placement entails taking account of this rich developmental picture. It involves being aware of the challenges and subtleties of establishing a partnership with children that can enable them to communicate what they think or feel and to express their views on the directions which their lives might take. Children themselves will not be aware of this complex developmental picture, but professionals need to recognise it on their behalf and can very often use this awareness to help children
make better sense of their experiences. The message that it is not unusual for children to have mixed feelings, for example, is a simple one, but can bring a great deal of relief to troubled children.

Listening to children above all needs to be an active process and this too can draw on developmental theory. Children in foster care and adoption are on a difficult journey. They need a companion and they need a framework to help them think about it and feel safe. This is a child describing how his adoptive mother helped him to manage a particularly difficult part of his journey – the court processes and delays leading up to the making of an adoption order:

Mum referred to it as like a train. And then we started, and then we were going along, and we had to stop at a station, and we go along again and we break down and then we got stuck up a hill. Stuff like that. (Thomas, adopted child, age 9; Thomas and Beckford et al., 1999, p 73)

For this mother and son the train metaphor gave them a familiar and comfortable reference point; delays happen and can be upsetting but journeys are completed. She also gave the simple message that she would be there on the train with him, however long the journey took.

Practitioners can also accompany children on this journey. As an adult who grew up in foster care recalled, there was a turning point in his adolescence when he was becoming increasingly aggressive and he needed help from a worker to make sense of his past and get some sense of direction:

She didn’t preach to me. I could open up to her. She made my life like a road and said, ‘Right, let’s walk down this road together and tell me what you come to.’ It was then me that come to it and I could get there in my own time. (Patrick, age 23; Schofield, 2003, p 53)

Active listening by workers who understand the complexities of development, the need for children to take the lead in a safe environment and the need to find ways to reach each child, whatever their history or ability to communicate, is the only way in which we can hope to achieve the best outcomes for children.

Acknowledgements
This article is based by permission on a paper entitled ‘Voice of the child in care proceedings: a developmental model’, first presented at the President’s Interdisciplinary Committee Biennial Conference on The Voice of the Child at Dartington (September 2003) and published by Jordans in Hearing the Children (Thorpe and Cadbury, 2004 – see review pp 103–04).

References


Beek M and Schofield G, Providing a Secure Base in Long-term Foster Care, London: BAAF, 2004


Cairns K, Attachment, Trauma and Resilience, London: BAAF, 2002


Howe D, Adopters on Adoption, London: BAAF, 1996


Neil E and Howe D (eds), Contact in Adoption and Permanent Foster Care: Research, theory and practice, London: BAAF, 2004


Schofield G, Beek M, Sargent K with Thoburn J, Growing up in Foster Care, London: BAAF, 2000


Schofield G and Beek M, ‘Providing a secure base in long-term foster family care’, Attachment and Human Development, in press a


Schofield G and Beek M, Attachment Handbook for Foster Care and Adoption, London: BAAF, forthcoming


© Gillian Schofield 2005