An Open Letter to Josh MacAlister MP

Dear Josh, During our recent discussions, you posed an important question: What should frontline professionals working with children in permanence be trained to understand?

This letter represents the collective response of the PATCH community and the emerging **Child in Focus Network**—a collaboration bringing together professionals, researchers and people with lived experience who share a common ambition: to improve outcomes for children living in permanence through knowledge, collaboration and evidence-informed practice.

We believe the answer is clear. Frontline professionals do not simply require more training; they require a shared national knowledge framework that reflects contemporary scientific understanding of child development and equips them to recognise, understand and respond to the complexity experienced by children who have lived through adversity.

Over the past three decades, our understanding of child development has advanced significantly. Research in neuroscience, neuropsychology, developmental psychology, prenatal development, attachment, epigenetics, Foetal Alcohol Spectrum Disorder, toxic stress and developmental trauma has fundamentally changed our understanding of how early experiences shape children's development. Yet the knowledge underpinning many frontline systems has not evolved at the same pace. Professionals continue to make life-changing decisions without consistently being equipped with the breadth of understanding now available.

This is not a criticism of the workforce. It is a recognition that professional education has not kept pace with science. Knowledge is not an academic exercise; it is the foundation of better decision-making. Knowledge strengthens professional curiosity, reduces reliance on assumptions, improves assessment, supports earlier intervention and enables professionals to see children through a developmental rather than behavioural lens. Ultimately, better knowledge changes practice, and better practice changes children's lives.

Children living in permanence often present with some of the most complex developmental journeys within children's services. Their lives may have been shaped by combinations of prenatal adversity, disrupted attachment, abuse, neglect, loss, separation, grief, neurodevelopmental differences, trauma, identity challenges, educational disruption and transgenerational influences. These experiences do not occur in isolation. They interact,

accumulate and continue to influence development long after legal permanence has been achieved.

No single factor explains a child's presentation. Development is shaped by the interaction of biological, prenatal, neurodevelopmental, psychological, relational and environmental influences, all of which must be considered if children are to be truly understood.

Permanence provides safety, stability and opportunity. It does not erase developmental injury. A court order cannot remove the biological, neurological, psychological or relational adaptations that children have developed in response to adversity. Permanence changes a child's legal status; it does not conclude their developmental journey. For many children, permanence represents the beginning of recovery rather than its completion. The knowledge required after permanence may therefore be greater, not less, than the knowledge required before it.

Too often, however, children continue to be understood through isolated behaviours rather than through the developmental pathways that explain them. Behaviour becomes the focus while the developmental story remains unseen. Risk is managed without fully understanding its origins. Families seek help only after difficulties have escalated into crisis. Opportunities for prevention are missed because systems are designed to respond to thresholds rather than developmental trajectories.

Current systems are largely organised around responding to crisis once harm has become visible. Children experiencing disrupted childhood development require anticipatory practice—professionals who can recognise predictable developmental trajectories, understand cumulative risk and intervene before difficulties become entrenched. Prevention should become the natural consequence of understanding development, not simply the aspiration of policy.

At PATCH, we describe this through the concept of HARM Seen—understanding the cumulative impact of Hurt, Abuse, Rupture and Memory on children's development. HARM Seen is not simply another trauma model. It is an invitation to understand the whole child, the world of the child and the journey of the child through a developmental lens. When harm remains unseen, interventions often respond to what is immediately observable rather than to the developmental mechanisms driving the child's presentation. As a result, children's needs remain misunderstood, families become overwhelmed, professionals become increasingly reactive and public services incur escalating social and economic costs. The fundamental shift required is from asking, "What is wrong with this child?" to asking, "What has shaped this child's development, and what do they need now?"

The greatest challenge facing children living in permanence is therefore not simply the adversity they have experienced. It is whether the professionals responsible for supporting them possess the knowledge required to understand how that adversity continues to shape development.

Where knowledge is absent, assumptions inevitably emerge. Assumptions create bias. Bias influences professional judgement. Judgement shapes intervention. Intervention shapes outcomes. When repeated across organisations, these patterns contribute to cultures in which families are viewed through deficit narratives rather than developmental understanding. Decisions become increasingly reactive, opportunities for early intervention diminish, and children experience repeated cycles of crisis rather than sustained recovery.

We believe the next stage of reform must therefore move beyond improving individual practice and instead strengthen the knowledge that underpins the entire system.

Rather than asking professionals to become clinicians, we should equip them with sufficient knowledge to ask better questions, recognise developmental complexity, work collaboratively with specialist services and make more informed decisions. Knowledge should strengthen professional curiosity, improve judgement and increase confidence—not replace clinical expertise.

We believe every frontline professional working with children in permanence should possess a shared understanding of:

- child development across biological, prenatal, psychological, relational and environmental domains;
- the cumulative impact of adversity, trauma, abuse, neglect, grief, loss and disrupted attachment;
- neurobiology, neuropsychology, neurodevelopment and executive functioning;
- behaviour as developmental communication rather than wilful defiance;
- professional curiosity, reflective judgement and the influence of cognitive bias;
- multidisciplinary formulation and collaborative decision-making;
- working in partnership with families to promote recovery, resilience and long-term developmental outcomes.

This is not intended to create specialists in every discipline. Rather, it establishes a common foundation of knowledge that enables professionals across health, education, social care, justice and policing to work from a shared understanding of children's development. Although this letter has been prompted by children living in permanence, the principles apply equally across children's social care, education, health, safeguarding and youth justice. Contemporary knowledge of child development should underpin every professional decision involving children whose development has been shaped by adversity.

Children cannot be understood through a single lens because their development has never occurred through a single influence. Professional knowledge must therefore be equally integrated, recognising the interaction of biology, prenatal development, neurodevelopment, adversity, relationships, environment and lived experience if children are to be truly seen. It is only through this whole-child perspective that professionals can move beyond managing behaviour to understanding the developmental journey that has shaped it.

This case is reinforced by the Department for Education-commissioned Family Routes study. Its first-wave findings show that many adopted and special guardianship young people have experienced significant pre-birth and early-childhood risk exposures, and that families need timely, informed support from social care, mental health and education services throughout childhood and adolescence. The study cautions that its early findings are based on self-selecting samples, but its direction of travel is clear: permanence does not remove the need for knowledgeable, joined-up support.

The Independent Review of Children's Social Care likewise called for a highly skilled and knowledgeable workforce, multidisciplinary Family Help and stronger multi-agency working. While the review included a welcome chapter on modernising adoption contact, it did not set out an equivalent, cross-system knowledge offer for professionals supporting children after permanence. A National Knowledge Framework would provide a practical way to close that gap.

We therefore ask Government to commission the development of a National Knowledge Framework for Children Living in Permanence. Co-produced with professionals, researchers and people with lived experience, this framework should underpin qualifying education, post-qualifying learning, continuing professional development, statutory guidance and multi-agency practice. It should provide a consistent, evidence-informed foundation for professional decision-making across health, education, children's social care, justice and policing.

Alongside this, there is an opportunity to strengthen the wider structures surrounding permanence by embedding developmental science within professional standards, commissioning arrangements, inspection frameworks and policy guidance. Doing so would support a shift from reactive crisis management towards anticipatory, preventative practice that recognises children's developmental trajectories before difficulties become entrenched.

This is not simply about improving professional education. It is about ensuring that systems themselves are capable of understanding the children they exist to serve.

The Child in Focus Network has emerged from a shared recognition that no single organisation holds all the answers. By bringing together scientific evidence, professional expertise and lived experience, we hope to contribute constructively to the development of a national approach that reflects the complexity of children's developmental journeys while remaining practical for frontline services. We would welcome the opportunity to meet with you and colleagues to discuss these proposals in more detail and to introduce the Child in Focus Network. We believe there is a genuine opportunity to work collaboratively with Government to develop a shared National Knowledge Framework that reflects contemporary science, professional expertise and lived experience, ensuring children living in permanence are supported by systems that truly understand them.

Your question challenged us to consider what frontline professionals should understand. Our conclusion is that improving outcomes for children living in permanence will not be achieved through additional isolated training programmes, but through a shared knowledge framework

that reflects contemporary science and supports confident, compassionate and evidence-informed practice. We hope this letter marks the beginning of an ongoing conversation and would welcome the opportunity to discuss these proposals with you and the Child in Focus Network.

Yours sincerely,

Fiona Wells — **PATCH**

Clare Solomans — **atStake**

Euan Preston — **The Potato Group**

& the Child In Focus Network

To respond to this letter please email patch@patch.org.uk

Evidence And Policy Base

The proposal is informed by the following Government, commissioning and research evidence:

Department for Education (2026). *Family Routes: exploring the needs, experiences and outcomes of young people growing up in adoption and special guardianship*.

MacAlister, J. (2022). *The Independent Review of Children's Social Care: Final Report*. Commissioned by the Department for Education.

National Institute for Health and Care Excellence (2022). *Fetal alcohol spectrum disorder: Quality Standard QS204*.

McLaughlin, K. A., Weissman, D. G. and Bitrán, D. (2019). *Childhood adversity and neural development: a systematic review*. Annual Review of Developmental Psychology, 1, 277–312. https://doi.org/10.1146/annurev-devpsych-121318-084950.

Johnson, D., Policelli, J., Li, M. et al. (2021). *Associations of early-life threat and deprivation with executive functioning in childhood and adolescence: a systematic review and meta-analysis*. JAMA Pediatrics, 175(11), e212511. https://doi.org/10.1001/jamapediatrics.2021.2511.

Shonkoff, J. P., Garner, A. S. et al. (2012). *The lifelong effects of early childhood adversity and toxic stress*. Pediatrics, 129(1), e232–e246. https://doi.org/10.1542/peds.2011-2663.

National Institute for Health and Care Excellence (2015). *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (NG26)*.

Selwyn, J., Wijedasa, D. and Meakings, S. (2014). *Beyond the Adoption Order: challenges, interventions and adoption disruption*. Department for Education-funded research report.

Department for Education (2026). *Delivering the Children's Social Care Reset: an implementation plan for local partners 2026–2029*. Sets out the Government's planned national professional-development offer and clearer workforce standards.

Department for Education (2016). *The Evaluation of the Adoption Support Fund*. Found modest but meaningful improvements following support, while children's needs remained high and complex.