[Editorial]

[Title]

**It takes a city**

**Dennis Golm**Editor-in-Chief

First, I would like to start this editorial by expressing a heartfelt ‘Thank you’ to Roger Bullock for handing over his torch to me; I hope to do him justice. I am delighted to be the new Editor-in-Chief of a journal which shines through its multidisciplinary contributors and readership.

With this in mind, I thought a good way of starting my editorship would be to reflect on what the journal embodies and how this relates to children with care experience. An old African proverb states that it takes a village to raise a child. This saying indicates that each child benefits from support from outside their core family unit. Often this may include a social network of relatives, family friends, peers and mentors such as teachers. The reality of a child in the care system may look quite different. In the UK, most of these children will have experienced neglect or abuse within their birth family (Department for Education [DfE], 2022). Some will have experienced adversity before they were even born in the form of exposure to drugs or alcohol in the womb (Mather, 2015; Popova et al., 2019). For the majority of children in the care system, these early traumatic experiences lead to temporary or, in extreme cases, permanent separation from their birth parents (DfE, 2022). Changes in foster care placements and the impermanence of relationships that comes with them may have further negative consequences on their development (Newton, Litrownik and Landsverk, 2000). We know from a plethora of studies that adverse early experiences can hugely impact a child’s developmental trajectory as they are associated with a multitude of negative developmental outcomes including mental health problems (Norman et al., 2012), lower academic achievement (McGuire and Jackson, 2018) and attachment problems (Baer and Martinez, 2006). Additionally, the complex question of causality aside, neurodevelopmental diagnoses such as attention deficit hyperactivity disorder or autism are overrepresented amongst children in care (Ogundele, 2020; Parsons et al., 2019). This ‘double jeopardy’ of trauma and neurodevelopmental conditions might pose additional risks to development (Gajwani and Minnis, 2023). To adequately support these vulnerable young people, a village is simply not enough. Instead, it takes a city.

Within this city, we have social, educational and clinical services, research organisations and policy makers. Social services provide care arrangements and pre- and post-adoption support. Educational services may include educational psychologists, virtual and special schools, teachers with specialised training or trauma-informed and/or nurturing whole-school approaches. Clinical services may range from broader mental health services to specialised trauma or care-experienced children’s services such as the National Adoption and Fostering Clinic in London. Lastly, we have research organisations such as universities whose academics create new knowledge through careful scientific research. This knowledge is then taught to the next generation of practitioners and researchers as part of their degree and disseminated through scientific journals and outreach activities to eventually inform policy and practice. Of course, as we know from Bronfenbrenner’s (1978) ecological systems theory, different variables at the level of the ‘village’ (or the ‘city’) interact with each other and with those more proximal and intrinsic to the developing child in complex ways. Because of that, the different parts of the city must work together to provide the best holistic care to these vulnerable people and their network of foster and kinship carers, special guardians, biological and adoptive parents.

I would like to provide an example of this with regard to research–stakeholder interactions. To increase knowledge and the evidence base for helpful practices, research relies on the participation of relevant stakeholders. While studies should always be informed by existing theories and evidence, research is a two-way street. Scientific research should be participatory and, ideally, informed by the targeted stakeholders as its success relies on their participation. I would encourage researchers to consult with their stakeholders, particularly care-experienced people. After all, they are the experts of their own experiences. Equally, I would encourage care-experienced people and their networks to support and take part in research studies to facilitate scientific progress. Of course, this also extends to collaborations between research and social, educational and clinical services.

In this spirit, the March 2023 issue of *Adoption & Fostering* nicely reflects research across a variety of service providers and stakeholders, and amplifies the voices of care-experienced people. In this issue, educational, clinical and social services are discussed. The stakeholders targeted include care-experienced people, counsellors and prospective adopters. Hayley Alderson and colleagues present a qualitative study in which they explored care-experienced young people’s experiences with alcohol use. Karen Kenny has studied the educational experiences of people who have left or are currently in care and encourages us to rethink our definition of *education*. Karen Zilberstein’s article focuses on the treatment of children with reactive attachment disorder (RAD) and disinhibited social engagement disorder (DESD) and presents two case examples. Tam Cane introduces the BRAC2eD model as a de-biasing tool for social workers to support adoption assessments with prospective adopters from ethnic minorities. Finally, Lizette Nolte and Caoimhe Forbes describe the findings from their interviews with counsellors who support birth relatives whose children have been taken into care.

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