Contact between children in permanent foster care and their parents and family

This paper looks at the factors which various stakeholders consider when making decisions about frequency, location and involvement in contact, the reasons why these decisions are made and their implications.

This paper is based on international and local research and Barnardos’ experience over thirty years of providing contact in crisis and short-term care, permanent foster care and open adoptions. It considers contact decisions within the framework of current legal and practice methods in NSW. The broad principles may be applicable to other settings. We recognise that contact can include children and adults other than the parents.

The fundamental concern in decisions is to identify clearly the purpose of the contact. In restoration and assessment placements (such as Interim Orders or voluntary placements), contact is important to support the child’s bond to their parent (James, Monn et al. 2008; Triseliotis 2010; Schofield and Simmonds 2011; Jamal and Tregeagle 2013). In contrast, if the child is in long-term care, the goal of contact is to recognise the child’s sense of their past identity while not interfering with the current needs for belonging (Macaskill 2002). As a child’s care plan evolves, the purpose and nature of contact will change and decisions need to be responsive to that change.

‘Child focused’ contact must be the goal of all stakeholders. Decisions about frequency of contact should not be made as a matter of course or, at worst, trade frequency of contact in order to get parents to agree to long-term orders. Frequency decisions should involve the care plan, but should also take into consideration the opinion of the child and the child’s age and safety. Decisions about the location of contact need to ‘normalise’ the setting whilst keeping the child safe. Decisions about who is involved in contact should be governed by the importance of other people to the child, now and into the future, and should limit the amount of ‘stranger’ involvement. There should be resistance to any unnecessary concern about risk (Sen and Broadhurst 2011).

Child focused decisions should consider both the immediate situation and the longer-term welfare of the child. The child’s need for permanent decisions about the future means that carers’ and parents’ needs, while important, should be secondary considerations in all decision-making.

Frequency

The frequency of contact is affected by the care plan, which provides both an assessment and plans for restoration or permanent removal from parents’ care.

When a child is removed from his or her family and placed in care, little may be known of their history or the prospects for restoration. In this case, the immediate need is to establish a respectful relationship with parents. There should be an assumption that parents will be worried and anxious about their child, as well as being fearful about themselves. There should be rapid introduction to the carer in a safe venue. Parents need to understand that the non-government agency will contribute to decision-making about the child’s future but it is not the ultimate decision maker. As well, they should understand that the caseworker’s role is to assess the family and the parent’s capacity and commitment to the child.

Where safety of the child has been established, the level of contact should balance the child’s attachment to their parents in an age appropriate manner, against allowing parents to attend to practical matters which are stopping them from caring for the child. Ideally, a baby or toddler should have contact with their parents and siblings every few days and older children should see parents at least weekly.

Where the care plan looks highly likely to plan for restoration, research shows that maintaining contact is strongly linked to successful return home (Biehal 2006; Sen and Broadhurst 2011). Contact will keep parents involved and allow for a smoother transition from placement to the child’s own home. It provides the opportunity to observe how parents are organising their lives and the priority they are giving to the child. It also helps parents receive the message that they are a valuable part of the child’s life.

Assessment of whether a child should have a Care Plan for restoration is sometimes unclear. Assessing motivation of parents who are especially under stress at this time may be difficult.
Issues such as alcohol or drug use need ongoing monitoring but whether or not parents should attend contact is a clearer issue. Inappropriate assistance to attend contact should be resisted. This may involve collecting parents to take to contact or taking the child long distances to ensure a parent ease of visitation. Indeed, in NSW, an ancillary industry of 'contact transport' has grown up. Often workers are influenced by the desire to assist parents with contact visiting or to reassure a child. But motivation for change is the most vital part of assessment and the observed attendance of parents is most clearly, in our experience, associated with motivation for ongoing care of the child and needs to occur to assist decisions for the child’s future life.

Where it is clear that the child will not return to live at home or the child/parents clearly do not want contact, then visits with parents should be scaled back. Contact should be at a level which will be sustainable over time and which will allow the child to develop attachments to their new family. The goal of contact when a child moves permanently away from their birth parents is generally to acknowledge the past:

- To understand the biological and historic past and prevent unhealthy idealisation of the birth family
- To counter a child’s feeling of blame or rejection
- For older children, to assure them of the parents’ safety.

Contact can also enhance the new family's sense of entitlement to the child (Macaskill 2002).

Decision-making must be child focused whilst acknowledging that parents may experience considerable emotional pain. The child’s past attachments need to be recognised. This will vary enormously and will depend on the child’s age and history. When determining an initial plan for long-term care, workers should consider the difficulty in recruiting new long-term foster or adoptive parents if contact regimes are onerous. Unrealistic plans can jeopardise the child’s chance of finding a secure new family.

For a child, contact should be considered in relation to his or her differing needs and should take into account siblings and extended family members, some of whom are not able to attend contact together. It is not unusual for contact to include a range of times and places with differing sets of children/adults and to provide a strong disincentive to permanent placements.

Babies, toddlers and young children will not need much contact as their attachments to their birth parents are likely to be weaker. In these cases, priority should be given to attachment to the child’s new permanent family. Contact with the birth parents two to three times a year may be adequate when a child under 5 years of age will be in care for the next 14 years.

When the children are over 6 years of age, Barnardos would generally work towards contact occurring face to face 3-4 times per year to assist the child to understand their own identity (Macaskill 2002).

However, older children must be consulted and have their pre-existing attachments to parents acknowledged. It must be recognised that their existing attachments may be dysfunctional or pose problems. Some of these children may want more contact but, where a child has lived with abuse and neglect, they may not want to have any contact. Consultation with older children should be ongoing as children change. By the time they reach adolescence, young people should be encouraged to make their own contact arrangements.

Workers should consider a range of contact options; ongoing contact may not necessarily be face to face but may be by social media, photographs and letters.

**Location of contact visits – aim for normalisation**

Decisions about the location of contact should consider the comfort of children, carers and parents. When the purpose of the contact is assessment for restoration, it is important that parents show their commitment to the child themselves and make the effort to attend the venue most suited to the child.

Ideally, contact may occur in the carers’ home when it is safe to do so, though choosing this location may require trust to develop between carers and birth families. Use of the carers' home should be encouraged when restoration has been decided upon and should take place as early as possible. Using the carer’s home normalises contacts, assists parents to take care of the child and shows the child that carers have faith in the parents (Sen and Broadhurst 2011). Visits in the carer's home may also provide some parents with the opportunity to learn child management skills from supportive carers in a non-oppressive environment. However, some parents disagree and prefer a more neutral contact environment.

If restoration is not the plan and if contact cannot take place in the carer’s home, it should take place as near to the child’s placement situation as possible, in a child-friendly venue and where birth parents or relatives feel welcome. Venues should allow for informal contact between carers and parents so that information on the child may be shared. For example, there should be a shared waiting area where natural conversations with foster carers may occur.

**Transport**

Travel to contact visits should aim to minimise stress on children and carers. Research shows that there can be considerable distress for young children caused by transporting babies or toddlers to contact visits (Humphreys and Kiraly 2009; Humphreys and Kiraly 2011).
Carers should be involved with any transportation that may be needed. Taking and bringing a child to and from contact can provide valuable opportunities to understand the child’s experience and to debrief the child if things have gone badly. If children return confused and distressed from frequent and often unsatisfactory contact, [stress] can considerably add to their difficulties in aiding recovery [from significant abuse and neglect] (Schofield and Simmonds 2011 p.72-73). Financial costs to carers should be considered by the agency and additional casework time may be necessary to ensure contact goes ahead.

It is essential that parents, who are usually living in poverty, should not be excluded from contact because they cannot afford to see their children. Workers should ensure that cost and locations are not barriers to contact (for example, they should be close to public transport).

Supervision of contact

Where supervision of contact is needed, the goal should be for familiar people to be present and the situation to be as normal as possible. Carers are the preferred people to host the contact visit as they can provide an informal atmosphere for parents and maintain the day to day activities for the child. Their involvement can help support the child, particularly when they can measure the child’s emotional reactions to a visit and interpret adult behavior towards the child. There is evidence that a carer’s presence can help a child to cope with any difficulties that may emerge during contact and … carers can be crucial to making contact work effectively (Sen and Broadhurst 2011 p.280). Caseworkers familiar to the child may need to step in when carers are unable to be involved in supervision, or if the carers have other childcare responsibilities. Strangers should not be used to supervise contact because this is alienating for children and parents who then must make a new relationship or understand why a stranger is involved. External supervisors may not have adequate training to support the child or assess the impact of the contact.

Who should be included in contact planning

A family’s kinship ties and different family structures must be taken into consideration and respected when planning contact. In addition to parents, siblings and extended family, particularly grandparents, should be included in contact planning. It is important to consider historical and socio-cultural factors relating to Aboriginal and Torres Strait Islander families and communities.

Problems during contact

Caseworkers must be sensitive to situations in which children or parents become distressed during contact.

If the child does not want to attend, caseworkers should explore this issue with carers and parents.

Parents may not arrive for contact appointments, may be substance affected or may be distressed during contact, which will be distressing to a child. Caseworkers must assess the meaning and reasons for this behaviour carefully. Every effort should be made to ensure the contact experience does not contribute to distress.

Summary

Contact is essential for children in both restoration and long-term care although the purpose may vary, evolve and change. Supportive and collaborative relationships are important and normalisation of the child’s experience should be the goal. Carers have an important role and their involvement should be maximised, unless there is danger from birth parents. Carers should meet and work with parents to improve the contact experience and carers should be supported and trained to assist. Children and birth families should be consulted about contact arrangements and their needs accommodated.

Further Reading


