Establishing permanency for children – the issues of contact between children in permanent foster care and their birth families

Barnardos Australia

Background - legislation to enhance permanency

The Permanency Planning amendments to the NSW Children and Young Persons (Care and Protection) Act 1998, were intended to address the problem of a lack of stability in the lives of children who live in out-of-home care. In introducing the Act the Minister stated that it would prevent the detrimental impact of multiple unplanned placements, failed attempts at restoration to birth parents, and the problem of drifting in care.

This article was compiled by Susan Tregeagle and Tina Smith, Senior Managers, and Louise Voigt, Chief Executive Officer. The article draws on research and Barnardos’ experience in adoption and permanent care within the Find-a-Family Program in NSW. This program specialises in placement of children who have complex needs and are ‘hard to place’.

The permanency planning amendments were prompted in part by a belief that children and young people could not “psychologically attach” to new families without a clear plan for permanency. In Barnardos experience a child’s attachment to their new family and their potential for future stability can be placed at risk by too many visits or unrealistic or poorly managed contact arrangements.

Determining the frequency of contact\(^1\) between a child or young person and their birth family, together with the type of contact, is very important to future stability of the placement and permanency outcomes for children and young people.

\(^1\) In this paper, contact refers to an exchange of information and telephone call, as well as face to face meetings between children and their birth families. Where restoration is the goal visits should be maximised, but for children in permanent out-of-home care, contact must be set at a level which does not interfere with a child or young person’s growing attachment to their new family.
Studies of older age adoption show that it is possible for children and young people to attach to a new family (Rushton and Mayes, 1997, quote Kadushin 1970; Tizard, 1977; Triseliotis and Russell, 1984 and Nelson 1985). The process of reattachment to a new family is now known to be complex and appears to be affected by the child’s age, understanding of the notion of time, frequency and regularity of contact with birth family members. It is also influenced by the strengths of the child’s initial primary attachments and foster parent’s support of the child’s identification with the family of origin.

Hess (1982) notes, The visitation plan either supports or inhibits the child’s attachment with birth parents or permanent caretakers. Contact aimed at eventual return needs to be clearly distinguished from contact designed to ensure continuity of relationship or what Anthony Maluccio has called ‘connectedness’

**The importance of contact for children and young people in permanent care**

Barnardos approach, based on research and the agency’s practice experience, is that some form of contact must be considered in every care plan to meet the child or young person’s need for a sense of identity through having an understanding of personal history.

Some children who come into care at primary school age, or adolescents who need permanent care, need to maintain important attachments from their past. It is important that primary aged children do not develop unrealistic ideas about the reason that they are in care. Realistic contact can also assist a child’s self worth in the sense that they may better cope with any feeling of rejection or abandonment.

Macaskill (2002) concludes, Children need to be connected to their biological and historical past if they are going to grow up with a positive self image and identity. Contact satisfies the child’s need for information and prevents the unhealthy idealisation of the birth family.

For many there are strong feelings of attachment to the birth family even if ambivalent and complex; despite, or because of, their experience of abuse or neglect and poor parenting. If there is not some opportunity to explore and understand this emotional link with their birth family, then long term adjustment to alternate care may be difficult. Macaskill (2002) concludes, Contact counters the child’s feelings of rejection and self blame through evidence of the birth family’s continued interest. An older child or young person may need to deal with a range of complex emotions when moving into a permanent foster home. These may include conflicts of loyalty, guilt, anger, grief and fear, particularly for those who have come into permanent care directly from a birth parent’s care, or are adolescent. A study of long term placements indicated that children, even though abused by their parents, could maintain deep feelings about them for a long time. (Jackson and Thomas, 1991, p.101). Children may have considerable ambivalence about removal from their birth family and subsequent concern over reattachment to a new family. They may feel loss and grief and, for older children, there may be guilt at “leaving” and not protecting their parent.

Research such as Cashmore and Paxman’s study of state wards leaving care (1996) and practice experience indicate that some young people who have grown up in care eventually reunite with their birth parents and that
there may be positive support offered particularly where birth parents’ life circumstances have improved. Contact is a means of developing positive future relationships, but without visits this option is lost. This is particularly the case when children come into care when older than six, or when a child has powerful individual needs.

Finally Macaskill points out that there are sometimes advantages for the new family in maintaining contact. *Contact is said to enhance the adoptive parent’s sense of entitlement to the child, legitimising their parenting role and making it easier to talk to the child about the nature of their relationship.*

In some situations with children who have a pre-existing, positive attachment to extended family members, this can be mobilised to actively support a long term placement. Visits may help to reassure the child of the continuing interest of their relative(s). Such family members sometimes can offer weekend or holiday care to a young person.

**The dangers of inappropriate levels of contact in establishing a permanent new family situation**

Although contact in most situations is desirable, out-of-home care practice has generally been characterised by inadequate planning of contact to support early restoration to birth parents, as well as a lack of clarity of the function of contact in long term care. Contact in permanent care remains a complex issue for the child, carer and birth parents. A range of factors need to be understood and managed.

- **Birth parents’ attitudes may significantly affect the freedom of the child to reattach to a new family.** Some parents may not be fully prepared to give up their parental rights, and may work to subvert the care plan. Contact may be used by birth parents to subtly or blatantly destabilise the new placement. Birth parents may have grief reactions that may prove to be a significant problem for the child, for example the child may not want to add to the parent’s grief by attaching to a new family. Parents’ grief may affect their behaviour at visits - for example being drug affected during visits may be a way of coping with seeing a child. Haight et al (2002) report that contact early in care may be greeted by birth parents with *grief, trauma and rage about forced separation from their children.*

- **Birth parents may have strong motivation to avoid feeling that their children are better off with other carers, such as denial of initial problems, or an attempt to vindicate their own parenting.** Fear may also be an issue operating in a child’s mind where there has been abuse. For this reason the contact plan, its frequency and type, needs to be very clear with regards to a child’s safety.

- **A number of issues may confront a new carer in relation to a child or young person’s contact with their birth family as they look to accept the child or children into their family.** They may feel that now that they are responsible for the child
this relationship may be damaged by visits with birth family and the potential for split loyalties. Conflicting views about how the child should be treated may cause real dilemmas for carers. For some carers difficulties in coping with the child’s behaviour after visits are a major issue. And they may feel that visits are unnecessary if the child is very young or does not have an attachment to the natural parent, or there is a very negative attachment.

- The carer’s ability to form a strong attachment may well be inhibited and fail to develop due to fear of possible restoration to the birth family and frequent visiting.
- Threat of harm from violent or disturbed parents or more frequently, statements that the birth parent will seek to have the child restored, may place stress on foster carers. These stresses can destabilise a placement without any realistic chance of restoration. Lack of professional support during contact are also issues which may negatively affect a placement.

Professional understanding is growing on the best ways to manage contact for children. Macaskill (2002) stresses the importance of thorough consultation between all parties about contact plans, in order to ensure that issues are fully explored prior to placement. Children’s views are particularly important in developing a workable plan. Resources must be considered in making contact happen in the most comfortable way for all parties.

It should also be recognised that it is very difficult to find families prepared to foster children. Unrealistic visitation plans, committing a foster family to onerous or distressing conditions, will greatly reduce the possibility of finding children a permanent placement.

**What sort of contact is right?**

“Contact”, is a loosely defined term, used very vaguely by welfare and legal professions. Macaskill (2002) warns us of the need to be clear. She defines “contact” as ranging from exchange of letters annually, swapping photographs, infrequent supervised visits to infrequent or frequent meetings, which can be either supervised or informal.

In considering the most appropriate forms of contact, legal and welfare decision makers need to consider the goal of the contact. Is it aiming at developing identity or is it encouraging old attachments? The age of the child, their history and the child’s wishes are critical. For example a baby or toddler may have limited need to continue or develop an attachment to birth parents who they may not remember from visit to visit. Face to face contact at first may be distressing to the child and the carer, so, in this case stories about a family and exchange of photographs or cards can be introduced prior to any visits. Birth parents are often able to provide photos and important information about a child’s history, which can then be incorporated into the child’s Life Story Book. A young person with a history of extreme physical or sexual abuse, may fear to see their birth parents and be traumatised by visits, and may only want details of the birth parent’s history. However an older child who has come immediately from their parent’s care, and who is concerned about their parent may need the reassurance of visits in the birth parent’s home.
What amount of visiting is right?

Given the advantages of maintaining some level of contact to maintain a sense of identity, but acknowledging the complexity of relationships that this may entail, what level of visiting, is desirable in permanent placements?

Barnardos believes that the major principle in considering this question must be to maximise the child’s attachment to their new permanent care family, while fostering a sense of identity. Given the importance of achieving long term stable and secure relationships in a damaged child’s life, the aim should be to arrange appropriate and manageable visits and utilising all forms of contact, whilst maximising attachment to the new family.

When making a permanency order, Barnardos recommends that Courts should set minimum levels of contact and should include extended family and siblings in their consideration.

Care Plans should always reflect the child or young person’s identity and attachments. Review of Care Plans should ensure flexibility and reflect the child’s changing needs. Therefore, there should be regular reviews of the nature and frequency of visits and other contact throughout the child’s time in care. Those who know the child well and their changing needs, such as the caseworker in consultation with carer and child should then develop more extensive contact if it is desirable.

Determining the level of contact should take into account: age, needs of the child, and their life experience. In our experience, general minimum levels of contact should range from contact via information for tiny infants who have never lived at home to two visits for preschoolers and after that age, four contacts per year is generally appropriate. Visiting more frequently than this can be determined by those with most current information about the child as part of a care plan. Adolescents will often make their own decisions about visiting levels, and can be given support and advice with these decisions.

International research on older age adoptions provides support for this approach. In adoption placements, when contact with birth parents was established at a level greater than four times annually, the frequency usually had to be reduced to make it more viable (Macaskill 2002 P.137). ….or for it to be sustainable on a long term basis. (Macaskill p.142)

For children who come into care in the primary school years and who have well established attachments to their parents more regular visits should be considered although minimum orders of no more than 2-4 times per year.
are recommended. Workers who have ongoing responsibility for the child and an understanding of the child’s personal history should consider more frequent contact. Barnardos experience indicates that this can be up to 8-10 times per year. It is important that consultation between all parties should take place to determine this contact level and the child’s views should be actively sought. Carers should be sought who recognise the need for this type of contact.

More frequent visiting with parents can be achieved for those rare children in the care system who have very positive attachments to their birth family but who are comfortable with and attached to their carers. In these cases both sets of parents may relate well. These children are, in effect, in a shared care arrangements which may alter over time eg. in response to a parent’s chronic illness.

All contact arrangements have to be realistic. Macaskill states *It is essential that a frequency of contact be established at a level that is manageable for all parties. The age, developmental level and emotional resilience of the child needs to be taken into account and also the attitudes of the adults.* (Macaskill p.152)

**What should the care plan look like?**

Decisions about contact with birth parents, siblings and extended family need to be written clearly into the child’s care plan. It must be clear from the beginning which people will be involved in contact and how often. Whilst flexibility is important, contact arrangements should never be vague nor should responsibility for their development be left solely in the hands of the parties directly involved. Instead, clear and detailed contact plans need to be fully negotiated between professionals and all the parties concerned. Written contact agreements enhance clarity and prevent misunderstandings. (Macaskill 2002 p145).

If visiting is an option for contact Macaskill states that it is inappropriate to allow a ‘contact plan’ to evolve in an ad hoc manner. The importance of adults meeting prior to the first visit is vital in overcoming contact problems. Attention to details such as place of contact, the attendance of one of the new carers and the presence of a written contract all affect the success of initial contact visits. Contact agreements can establish what names are to be used for the new carers so as to cause the least possible emotional difficulties.

The timing of the first visit is seen as especially important: when birth relatives approve of a placement the first visit can be reassuring and should happen very quickly. When birth family are highly antagonistic a delay may be required. In Barnardos
experience it takes over a year for most birth parents to be able to work cooperatively on the visiting schedule even when workers consult them over these arrangements in the beginning. At this time face to face contact becomes more productive. Both birth parents and the new family may need to work through personal issues in relation to this issue. Training of foster carers should focus on the needs of children who have attachments to their birth family and who need reasonable levels of visiting and support of this by their carers.

**Where visiting doesn’t work**

Barnardos believes that reducing the minimum level of contact is a most serious matter in the lifetime of a person who grows up in care, if they entered care past infancy. Consequently ceasing visits must be done with in depth psychological assessment, which confirms that maintaining face to face contact is doing serious damage. This is a rare situation, but where contact reawakens a sense of trauma and causes significant harm to the child, it may be necessary.

It should also be acknowledged that visiting may not happen because of children and young people’s refusal to be involved, or birth parents failure or inability to adhere to arrangements. There are also instances when a sibling group have come into care due to severe abuse and neglect where the oldest child or children have refused contact and are apprehensive about their younger siblings having contact with the birth parent(s). It reawakens their memory of earlier traumas and heightens their protective stance towards their younger siblings.

Participation of children and young people in their ongoing care plan and its development is essential and helps ensure that carers are not put into stressful situations of having to get children to comply with an emotionally unacceptable plan.

Parents may not comply with visiting regimes for a variety of reasons, including grief and the difficulties which led to the child coming into care, such as drug addiction. On-going work with birth parents can assist them with an acceptance of their child’s placement and often leads to more regular attendance at visits. It

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**Casework support to give contact the best possible chance should include:**

- Consultation between all parties prior to initial contact and a written plan for contact
- Training of carers to understand the importance of that child’s attachment to birth family or need for information about their identity
- Adequate resources should be allocated to birth parents to facilitate the contact and this should be part of the proposed care plan
- Face to face meetings between carers and birth family and agency should be held prior to the first contact
- Careful consideration should be given to the timing of the first contact of the child with his/her birth family
- Venues, presence of carers or case-workers in preparation of the child and birth family must be considered carefully
- Processes for review should be established
- Coordination and facilitation of on-going contact should be undertaken by the Agency if appropriate even after adoption has been finalised.
can be very distressing for children and adolescents when they are disappointed by parents’ non-attendance at arranged meetings. If difficulties continue for a prolonged period of time increasing other options for contact, such as passing on of information, letters and cards rather than visits may be more appropriate.

Visits to siblings not in placement with the child and significant others

Sibling relationships are amongst the longest relationships that people have, and are deserving of particular attention. Wherever possible Barnardos would seek to place siblings together, however where that has not been possible special consideration is given to sibling visits. Older children and adolescents who have entered care are often highly dependent on their siblings, as they have been through trauma together, and may have bonded more closely where there has not been a strong parental figure. In our experience, carers, looking after siblings in separate placements, who have met each other prior to placement and have been prepared for contact and working together work quickly towards regular and informal contact as part of their on-going activities.

Sibling contact is often undertaken at a considerably more frequent rate than that of other birth family contact. Nevertheless it is our view that contact with siblings and extended birth family, should be considered as important but needs to be viewed in the light of the child’s need to attach to their new family.

Summary

This paper argues that the “best interests” of a child in a permanent placement is served by promoting attachment to their new family. Contact, whether through visiting or other options, should be maintained at a minimal level determined by the Courts unless there is expert evidence to the contrary. Decision making should be child focused. Babies and toddlers with critical needs to develop attachments to their primary carers should have minimum visitation to enable them and their carers to meet their needs and thereby avoid any distress. Visits for older children above a minimum level should be dictated by knowledge of the child’s needs, views and life experiences. Children should know, or know of their parents and what brought them into care; be given ample opportunity to express love and concern for their parents and avoid grief attached to any sense of total abandonment. Wherever possible caring, life long relationships should be encouraged in the lives of children and young people. Barnar-
The dos approach is that some form of contact must be considered in every care plan to meet the individual’s need for sense of identity through a realistic understanding of personal history. All these arrangements need to be reviewed regularly and should be related to the child’s current needs and expression of their views.

All of us may envisage idealised fostering arrangements. However, experience and research shows that conflict and misunderstandings threaten the longer term placement of children in the care system unless the carers’ emotional needs to attach are part of the consideration. Children are placed with ordinary families within the community and so frequency of contact should be at a level that all parties, carers, birth family and child, can manage and facilitate the recruitment of sufficiency of carers if we are to avoid a series of placements for children in long-term care, rather than the permanency they need.

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