Working out family access issues for children in care in New Zealand

Pauline Mossman discusses the purpose of access

Introduction

The purpose of the access is at the very heart of access arrangements for children in care. It is commonly assumed, unless there has been a clear written statement to the contrary, that while a parent continues to visit there is still a possibility that he or she will resume the care of the child at some time. When there is no clarity about where the child will live out their childhood, the timeframes involved or the purpose of access, considerable anxiety is created for children, caregivers and the biological families (Adcock and White, 1980).

Usually there are three reasons for access for children in care:

1. To enable parents and relatives to maintain attachment and continuity for the purpose of prevention of family breakdown and to assist in the child's return home.

2. So parents, relatives and the child can maintain a relationship to ensure that even if the child may not return home, they will still know their identity, enjoy ongoing biological family links and have this supplementary support.

3. For a child to have knowledge of their identity rather than to maintain a relationship with their biological family. This is generally in situations when there is high conflict or when there are concerns for the child's safety.

In some cases there are reasons why access does not or should not occur. Access arrangements should be subject to review as a child moves into different developmental stages. Circumstances and needs change for children and adults, and what may have been suitable at one time at a later stage might not meet the needs of the child or young person.

Access for the purpose of family reunification

Most children would like to be able to grow up in the safe care of their biological parents, or parent, if that is realistic and possible. When children come into care, a risk estimation and a parenting capacity assessment should be completed that will give all decision makers, including family, information that will decide whether a reunification strategy is appropriate. An early prognostic assessment is essential (Katz Spoonmore and Robinson, 2000), and social workers must be realistic about clients with a poor prognosis. If

chances for reunification are remote, plans should be made early in the case planning stage to create a stable alternative placement for the child.

In the majority of cases, the preferred plan is to return the child to their parent or primary caregiver. To achieve this, the plan will need to detail how often access is to occur and what is to occur during this access to help achieve the goal of family restoration. These plans are generally initiated through a family group conference, where a complete reunification plan is able to be made and would sensibly include details about access. Such details ought to be SMART – Specific, Measurable, Achievable, Reviewed, and Time-framed. Frequent contact with parents is repeatedly promoted by specialists in foster care as one of the best predictors of the child's rehabilitation with their birth family. The literature generally supports the idea that a maximum push toward restoration of the child with the biological family immediately following placement minimises the risk of unplanned and unnecessary drift. The frequency of contact required for the purpose of a child returning home depends on the child's age and developmental needs. Generally the younger the child, the more frequent the access needs to be, because attachment must be maintained and very small children are unable to hold the absent parent in their memory for more than a few days.

Access for the purpose of supporting the child's development in their new permanent care arrangement

Even when a return home is impossible, children who come into care, particularly those at an older age and who have meaningful ties to a birth parent and biological family, may need some enduring arrangement that allows safe contact.

If the biological parents or family are to remain involved in a new permanent care arrangement then careful thought must go into any plans for the situation to be helpful rather than confusing (Steinhauer, 1991). The birth family, new family and social workers all need to be clear on and agree on their respective roles in the life of the child. This includes accepting the need to avoid competing for the child's allegiance. Any contact that undermines the child's relationship with the primary caregiving family will inevitably prove confusing and upsetting for the child.

■ ■ ■ ■ ■

The frequency of contact required for the purpose of a child returning home depends on the child's age and developmental needs

■ ■ ■ ■ ■

It can be damaging because it interferes with the child committing to and investing in those who are carrying out the day-to-day parenting. Any participation by the birth family can only succeed if they are willing to respect and support the role of the new family as the child's primary caregivers. Some parents and families can do this and the children end up getting the best of both worlds. The primary focus for the child is the achievement of a permanent home. For this to happen, the child must be given the opportunity to form a significant psychological attachment to their new family group where they can develop a real sense of belonging in that family. When a child is in a new permanent home, a key variable in determining the frequency of access is the level of harmony, good will and cooperation the parties have toward each other. Importantly, access should not become a stressful situation for the child and their new family.

Access primarily for the child to know their biological identity

Access for the child can be detrimental when the biological parents or family are unable to emotionally support the decision that the child is in a permanent placement. The Children, Young Persons, and Their Families Act 1989 is quite clear that the child's welfare and interests shall be the first and paramount consideration. Consistent with this legislation, the child must be given the opportunity to form a significant psychological attachment to their new family group. The development of attachment between the child and parent figures is crucial to the healthy psychological development of the child. If there is conflict, or ongoing protection issues then very limited access or cessation of access is recommended. The person or persons involved may be willing to receive assistance to learn ways to make their contact positive and supportive, and once the desired changes are made the situation can be reviewed.

If direct access with a parent is not appropriate, there are other ways for children to get identity information, such as through photos, family tree information, stories, mementos and contact with other biological relatives.

Supervised access

During contact, the influence of a perpetrator on a child victim can be substantial and may not be recognised by a supervisor. A child can be influenced by physical movements and glances, and the smell and the clothing of an offender, which may trigger traumatic memories. Certain foods, toys or books brought by the perpetrator may also have strong negative connotations. In cases where the other parent or relatives who have an allegiance to the perpetrator want access, then the child's mental wellbeing may

be jeopardised. Access needs to be carefully supervised at these times.

Questions to be considered in supervised access include:

1. Does the purpose of the access have a focus on the child's needs?

2. Can the child choose to have time out when access visits are held in confined spaces?

3. Do the supervisors have the experience to notice family members displaying any subtle controlling behaviours?

4. Are there enough supervisors for access arrangements involving more than one child, such as accompanying family members and children on toilet visits and ensuring a supervisor stays with any other children?

Supervision must focus on emotional factors and not simply the removal of the opportunity for physical violence to occur. The use of friends and family as supervisors is usually inappropriate because it can place them in a compromising situation. It is important to note that unless supervised access has a therapeutic component it is unlikely to change family dynamics (Smith, 2000).

Termination of contact

In justifying the decision to terminate contact, the benefits of access must be identified and measured against the losses and the risks involved (Adcock and White, 1980). When termination of contact is suggested this means ending direct contact, but, as already stated, visiting is only one way of providing a child with a relationship and knowledge about their family of origin.

Delays in making decisions can be detrimental to a child's welfare. Not to terminate contact may subject a child to an unacceptable degree

of instability and insecurity (Foord, 1987). Any uncertainty over access arrangements may prevent a child establishing a relationship with a permanent alternative family.

Criteria for terminating parental contact include:

- a restraining order being in force

- abuse or neglect of the child during contact

- the child not wanting contact

- a threat of violence to the child

- ongoing obnoxious adult behaviour affecting the child's stability and security

- undermining of the placement

- a lack of reliability and regularity about visits that repeatedly inflicts a sense of rejection on the child

- inability to work with others toward the casework permanency goal

- repeated violations of the terms of contact.

When termination of visits is considered, it is easy to become confused about whose interests are being served (Foord, 1987). When faced with parents who have been deprived, and whose own lives are unhappy, it can seem that it is adding to their misery to deprive them of contact with their child. The needs of the child must come first, and the purpose of access must be to keep those needs to the forefront and ensure any arrangements put in place add to the wellbeing of the child.

REFERENCES

Adcock, M and White, R. (1980) *Terminating Parental Contact: An exploration of the issues relating to children in care*. Association of British Adoption and Fostering Agencies. London.

Foord, H. (1987) *Access: Children in care and their families*. University of Bristol. England.

Katz, L, Spoonmore, N and Robinson, C. (2000) *Concurrent Planning: From permanency planning to permanency action*. Lutheran Social Services. Washington DC.

Smith, L. (2000) 'To See or Not to See.' In *Butterworths Family Law Journal* September 2000. Pp 161-169.

Steinhauer, P D. (1991) *The Least Detrimental Alternative: A systematic guide to case planning and decision making for children in care*. University of Toronto Press. Canada.

Pauline Mossman is a care specialist at Child, Youth and Family, Midlands.