Care planning and contact. Practical issues and concerns.


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CARE PLANNING AND CONTACT:
PRACTICAL ISSUES AND CONCERNS

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The legal requirements regarding parental and family contact with children who are the subjects of care proceedings and/or who are in care are clearly laid out under Articles 29 and 53, Children (NI) Order 1995. It is direct contact that is supervised by social services that is the subject of this discussion. The benefits of contact for the child are said to relate to: the development of a personal narrative and identity formation (who am I, where do I come from, why am I here, what has happened to me, where do I belong, who is in my family); restoration and rehabilitation back to the family unit; support of self esteem and sense of wellbeing; and the support of some form of continuity for the child between the present and the past where this is deemed to be in the best interest of the child (McVey et al. 2010; Farmer, 2009; Sen and Broadhurst, 2011).

The concerns regarding contact for the child relate to: re-exposure to traumatic, abusive and dysfunctional relationships; disruption to daily routine especially in infancy where the timing, transport arrangements for and venue of contact may interrupt the developing feeding/sleeping routine of a young child and where exposure to multiple adults connected with the contact arrangement may impact on the formation of attachment relationships (Kenrick, 2009; Humphreys and Kiraly, 2009, 2011); detrimental impact on new placement arrangements in terms of establishing new relationships, settling in and placement disruption rates (Moyers, 2006; Kenrick, 2009, Humphreys and Kiraly, 2009, 2011); confusion and raised false expectations for the child in terms of when and if they will return home.

In recent reviews of research regarding contact for children in care a range of factors have been identified as likely to have an influence on outcomes in contact arrangements for the child including (among others): the age of the child and their own views; family background and reasons for care admission; the degree of parental cooperation with social services; the attitude and capacity of the new carers to manage the contact arrangements; the support and/or training made available to parents, children, social workers and carers; and the likelihood of rehabilitation (Sen and Broadhurst, 2011, p. 306). Sen and Broadhurst (2011, p. 305-306) importantly conclude that ‘there is little evidence that contact alone will determine such positive outcomes. Indeed, poorly planned, poor quality and unsupported contact may be harmful for children, particularly where this is a history of maltreatment’. Importantly available evidence is not unequivocal and can be contested on differing grounds as indicated in a paper by Dale (2011).

In terms of the arrangements for supervised contact it is often the case that social care and social work professionals are asked to supervise contact. There are several issues that they commonly have to contend with. These are listed and discussed briefly below:

Role – are we, as social workers, given guidance about and clear about their role in relation to the supervision of contact? Should they act as the passive observer tucked in a corner taking notes of the dynamics, interactions, structure and content of the contact session or should they get involved – modelling out appropriate interactions and intervening to offer support, guidance, boundaries and advice?

Reactions/responses – are social workers aware of and given space to reflect on and
make sense of their own influence that they bring to bear in contact sessions? Are we able to identify the impact on family dynamics by our presence in the room?

**Resources** – are we properly equipped (in terms of time, training, transport, rooms/venues, toys/resources) to offer high quality and meaningful contact?

**Recording** – are we sure that we know what we are looking for, how to record it and what sense we are to make of what we see? Should we describe our factual observations or analyze? If we are to record factual observations how are we to do this? If we analyze what theoretical and organizational frameworks should underpin our analysis?

**Research** – are we aware of policy, practice and research developments in relation to the observation and supervision of contact? Are we aware of the variety of tools, frameworks and techniques that are available for the observation of children in their relationships with others? Can we adapt these to develop best practice models?

Recently and in response to growing concerns about the quality and impact of contact arrangements on very young children in care Coram (2012, p. 4) have produced practice guidance to guide courts and professionals. It states that there should be the following:

**Settling in time** – the courts to allow a settling in period of no more than 14 days with the foster carers before contact begins to allow the baby to settle and develop positive attachments without diminishing the established child/birth parent relationship;

**Consistency of escort** – the same person to bring the baby to and from the contact venue;

**Short travel time** – the distance between foster placement and contact venue to be no greater than 20 miles;

**Regularity of contact** – ideally no more than three times a week, to reduce disruption to the infant’s routine while maintaining close and consistent contact with birth parents;

**Length of contact** – sessions should be no longer than two hours and should be purposeful in developing the child/birth parent relationship;

**Consistency of timetabling** – sessions to be at the same time each day wherever possible;

**Continuity of care** – the foster carers to remain on site during contact so they are available to support the birth parent in meeting the needs of the child;

**Transition time** – a ten minute transition period at the start and end of contact so the foster carer(s) and birth parents can communicate regarding the baby’s needs, preferences and progress, and build a positive, supportive relationship which facilitates the needs of the child being placed at the centre of the contact process.

In Northern Ireland discussion between professionals involved with infants in care and their contact arrangements might usefully identify practice guidelines similar to those above that we could all sign up to. In relation to practice guidance the Health and Social Care Board in Northern Ireland finalized their work on Practice Guidance on Assessing and Planning Contact for Looked after Children in December 2012 to help staff in assessing and planning contact. The guidance is just that – guidance as opposed to statutory regulations. It defines the legal context of contact, the differing types of contact (ranging from supervised to supported arrangements) and includes proformas detailing contact agreements and the assessment of contact. This will provide a
useful document to those tasked with setting up and providing evidence on the nature and quality of contact arrangements. However, the issuing of this guidance needs to be accompanied by a review of the training and resource needs to support the development of positive and meaningful contact for children in care where there is a supervision requirement.

References


Dale, P. (2011) Restrictions on Natural Parent Contact with Infants During Care Proceedings – Some Cautions about Recent Research and Developing Practice. www.peterdale.co.uk


