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Introduction and context

INTRODUCTION

Planning contact in the context of permanence is a complex and challenging area for social workers, and there is anecdotal evidence to suggest that social workers often struggle with this aspect of their work. Local authorities, Health and Social Care Trusts in Northern Ireland,¹ and adoption and fostering agencies often have very different cultures around contact, and it is only the best informed practitioners who are confident in using research evidence to justify the contact plans they are making.

This practice guide is designed to assist social workers and managers in this difficult area, and replaces an older BAAF practice guide (Barker *et al*, 1999) that contained much useful information, but has become increasingly outdated. The guide is deliberately a short one. It aims to present the issues in a way that is easily accessible to hard-pressed social workers; and in so doing, leave them better placed to make informed decisions resulting in improved outcomes for children. It is a tool to inform practice and not an academic text.

If social workers who are making contact plans for children in the context of permanence are familiar with the ideas contained in this guide, they will be able to present well argued and reasoned justifications for the contact plans set out in written reports² including court reports. It is also hoped that this guide will help social workers feel more confident in recommending particular contact plans, and that they will feel better able to defend their positions under examination.

Readers do need to be clear about the limitations of this practice guide. It is focused very clearly on the making of contact plans as part of a permanence plan; it is not about implementing, supporting or reviewing these plans. It does not address questions about how written

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- 1 Where local authorities are referenced in the remainder of this guide, this reference will include Health and Social Care Trusts in Northern Ireland where relevant.
 - 2 In England this will usually be the Child's Permanence Report (CPR), in Wales the Child's Adoption Assessment Report (CAAR), and in Scotland and Northern Ireland the BAAF Form E.

contact plans should be constructed; how children, parents and others should be prepared for contact; where contact should take place; how supervision should be undertaken; whether contact should coincide with special times such as festivals and birthdays; or how letterbox services can be organised. These important questions are for elsewhere and not for this practice guide.

Neither does this guide offer any easy answers to questions about what contact plan is appropriate to any particular situation; on the contrary, a consistent theme is the importance of assessing individual circumstances, a task that demands time and effort in the context of good professional working relationships with children and families. There are no easy shortcuts in this work, although a well-informed and robust contact plan is less likely to be challenged, and so may save time, effort and delay in the long run.

It is important to be clear about the limitations of contact planning in permanence, and to understand that any agreed plan is only an initial plan that must be viewed as flexible and subject to changing needs and circumstances. It is impossible to accurately predict a child's contact needs for the long-term future because of all the potential variables that may arise over time, and so any identified plan must only be seen as a starting point and not a fixed arrangement for the duration of a child's minority.

Birth families need to understand that they have no "entitlement" in relation to having prescribed fixed arrangements if these arrangements cease to be appropriate; and adopters need to understand that contact levels might need to increase or decrease, or structurally change, depending on the child's changing needs. Some practitioners will argue that coming up with any meaningful plan prior to placement is impossible, but whatever the merits of this view, the courts will nevertheless usually require some indication about what is envisaged at the outset.

This guide is written primarily with children's social workers in mind; a tool to help them in planning contact for children moving to permanence. However, it will also be of interest to adoption and fostering workers who need to ensure that when assessing and preparing permanent carers, they are doing so with a good understanding of what children need. New permanent families must genuinely understand the benefits that can be achieved from contact for both them and their children, and also recognise that the contact plan will need to be seen as a starting point; something that must be subject to review and change.

The practice guide is structured in the following way. Chapter 1 sets out the history and context of contact, and Chapter 2 considers the purpose of contact in the context of a child moving to a new permanent family. Chapter 3 brings together the research evidence, and Chapter 4 looks

at the legal context for each of the four countries of the UK. Chapter 5 looks at what should be considered when assessing and formulating a contact plan. Chapter 6 explores myths in contact planning, and Chapter 7 looks at contact in kinship placements before Chapter 8 brings together the various themes in a conclusion. An appendix provides some anonymised case studies based on real examples.

DEFINITIONS

Permanence

Although at times this practice guide might appear to emphasise adoption as the most common permanence arrangement, the issues discussed will apply in the range of legal frameworks for permanence, including permanent fostering and special guardianship.

Contact

The term *contact* encompasses different forms of direct and indirect communication between a child and his or her carers with a range of people including birth parents, siblings, extended family members and previous carers.

Direct contact is used primarily to mean face-to-face contact, but can also involve communication by letter, cards, telephone, email or through social networking media. The key issue is that the contact is directly between the child and the other person, whatever the medium for doing this.

Indirect contact describes any communication that involves going through a third party, usually the adoption agency. This is often described as letterbox contact, and can be used for the exchange of letters, cards, photographs and presents. There are some indications that in the near future communication through social networking media might also be managed through a third party, and so this could also potentially be indirect contact.

Openness

It is not possible to make sense of contact issues without a consideration and understanding of *openness* (Brodzinsky, 2005), a concept that is discussed throughout this guide. This term came to be used to describe situations that stressed a more inclusive and less secretive approach to contact issues in adoption. Some practitioners have used the term to refer to situations involving direct contact, but openness does not

necessarily need to involve direct contact, and can be seen in both psychological and structural terms.

Structural openness most commonly refers to direct or indirect contact but could also include working closely with birth family members in relation to identifying appropriate adopters, exchanging information prior to placement, and a one-off introductory meeting between birth family and adopters.

Psychological openness describes a state of mind, often of adopters, where this openness is reflected in how they communicate with their child about the fact that he or she is adopted, and their sensitivity as to how that may feel for the child at different stages in their life. The term can apply equally to other permanence arrangements.

HISTORICAL CONTEXT

The historical context in relation to adoption and contact has been set out in a number of texts (Barker *et al*, 1999; MacCaskill, 2002; Neil and Howe, 2004; Smith and Logan, 2004; Young and Neil, 2009). Prior to the 1970s, adoption in the UK was primarily used to find families for healthy babies, and it was felt that a “clean break” from the past was best for both the child and the birth family. For the most part, these arrangements were characterised by secrecy and shame, and contact with birth family after adoption was extremely rare. It was believed that these “closed” adoptions would protect both the child and birth mother from the stigma of illegitimacy, and allow them both to move on without unhelpful interference from or thoughts about the past. During this period, toddlers and older children entering the care system were accommodated in foster care or residential homes, and were rarely considered for adoption.

The 1970s saw the emergence of the “permanence movement” that emphasised the need to promote adoption for older and otherwise “hard to place” children, that in some parts of the UK often meant black children. Older black children, who had hitherto been placed primarily with foster carers, were now being placed for adoption, usually with white families, and according to Weise (1987), ‘permanence for the black child became synonymous with the concept of transracial adoption’.

In making adoption plans for older children, professionals tended to favour approaches to contact that had been hitherto applied to traditional baby adoptions, but the older children often had established relationships with their birth family, and were understandably reluctant to relinquish these. Furthermore, the severance of links with birth relatives and the wider community had an added dimension for

transracially placed black children, and black parents and professionals began to challenge the dominant closed models of permanence, noting that inclusive approaches to permanence – usually in the form of kinship arrangements – were commonplace in non-Western societies.

Alongside these developments, researchers had already started to raise questions about the psychological needs of children living away from their birth families. Sants (1964) identified the 'genealogically bewildered child' as having no or uncertain knowledge about his or her biological parents, with an associated impact on identity formation. Triseliotis (1973) detailed the need for children in care to know about their origins, reflecting the emerging evidence from adopted adults who revealed that the closed models of adoption left them with unresolved questions about their family history, culture and identity. Rowe and Lambert (1973) emphasised the importance of contact with birth families as part of planning for the rehabilitation home of children who were in foster care or residential settings.

Contact emerged as a professional issue in this context, and by the 1980s there was a growing awareness of the need for more openness and less secrecy in adoption and permanence. It is significant that the Children Act 1989 in England and Wales, the Children (Scotland) Act 1995 and the Children (Northern Ireland) Order 1995, gave recognition to the importance of contact for children in care, and increased or clarified the rights of children, parents and other family members to seek contact.

Practice in the UK has also been influenced by practice and research from elsewhere, and by the 1990s the benefits of openness were evident in New Zealand and the US. Maori practices in New Zealand challenged the traditional assumptions about the need for secrecy in adoption practice; and practice in the US was indicating that more open adoption involving direct contact could work well for all parties (see Neil and Howe, 2004).

Probably the most significant development of the 2000s is the growth of social networking (Fursland, 2010) that makes it much easier for separated people to make contact with each other directly. For many adopted and fostered people this has been very positive, but it also means that birth parents and others can attempt to trace children in order to subvert any agreed contact plans, and curious children and young people can relatively easily locate members of their birth family outside of any agreed plans. This development has the potential for breaching confidentiality and allows for unexpected and unplanned contact, bringing anxiety and stress to all parties. This growth in social networking brings huge challenges to those planning contact in permanence and needs to be considered at all stages of the process.

CURRENT DATA

We do not have reliable data about the level and type of contact experienced by adopted children. *The Prime Minister's Review of Adoption* (Performance and Innovation Unit, 2000) for England and Wales used an estimate that 70 per cent of adopted children have some contact, either direct or indirect. Neil (2002), in a study of children placed when they were under four years of age, found that 89 per cent had plans for some sort of ongoing contact with their birth family, including 17 per cent with a plan that included direct contact with adult birth family members. Biehal *et al's* (2010) study showed 15 per cent of adopted children were having face-to-face contact with a birth parent (often where children had been adopted by foster carers) and about half were having letterbox contact. Lowe *et al* (1999), who considered an older aged sample, found that 39 per cent of children were having direct contact with an adult birth family member. It is generally considered that contact levels between adopted siblings are higher than this.

In terms of permanent foster care, it is estimated that about 60 per cent of children have face-to-face contact with at least one birth parent (Cleaver, 2000; Neil and Howe, 2004) although a higher figure of 81 per cent is cited by Biehal *et al* (2010).

It is clear from these discussions that there has been a move from the traditional closed approach that characterised permanence pre-1970s, to a situation where the benefits of openness are now widely recognised; but which is also now seriously complicated by developments in social networking. The fact is that the vast majority of children in adoptive homes or in foster care will have some sort of ongoing contact with their birth family, and the challenge for practitioners is to make sure that when considering contact plans, they do this in a way that achieves the best possible outcomes for the individual children in each set of circumstances.