

Family Contact

The Child's Voice



The Guidebook to child-centred contact; for parents,
foster carers, and childcare professionals

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1. Author and Guidebook Introduction

This guidebook has been inspired by all the families I have met over the last two decades. My name is Lisa O'Reilly and I have over twenty years' experience working with children and families. My own practice experience includes child protection social work; foster care; play therapy; training development and delivery; attachment research; parenting support; and acting as Guardian Ad Litem (representing the voices of children in court proceedings) for the children.

In my practice experience I have specialised in and applied the paradigms of the voice of the child, play-based engagement with children, emotional release, and attachment theory. I have contributed to the development of these areas internationally by engaging in research and publishing academically in peer-reviewed journals. My next publication will share how Attachment Play was introduced in child protection and fostering social work in Ireland, with the aim to optimise the child-caregiver relationship, dealing with challenging behaviour and emotional release in children.

In 2016, I authored the national training programme for social work and frontline practitioners on 'Linking Attachment Theory to Practice'. I was project lead on the TUSLA (Child and Family Agency) National Development Team. In addition, I participated on the national development team for 'Direct Work with Children'. These programmes continue to be the educational support structures for social work, childcare, and family support practitioners on the frontline.

I have taught as an associate guest lecturer at the National University of Ireland, Galway, for ten years, specialising in the areas of child and family social work, communicating with children and attachment theory. At the National University, I engaged in practice teaching opportunities for student social workers and marked assessments for the Practice Teacher Training Diploma.

In 2008, I completed a two-year Diploma in Play Therapy at the Children's Therapy Centre in Westmeath, Ireland. Before completing my Diploma in Play Therapy, I commenced my PhD with the National University of Ireland, Galway to study the benefits of using play to engage with children in the child protection system. In 2008, I designed a Play Skills Training

Programme and assessed this for efficacy in supporting social workers in their communication with children during child protection assessments. The social workers evaluated the applied efficacy of this approach in their practice over a six-month period, noting the following ten developments in their practice with children in the child protection system:

1. They started to create a child-friendly environment when meeting children
2. They felt more confident engaging with children
3. They found the assessments process to be more child-friendly
4. They felt the voice of the child received greater representation within their assessments
5. They felt more enthused about their work with children
6. They used their time with children differently and were more playful in all interactions
7. The worksheets with pictures were the preferred tool to promote communication
8. They engaged in and/or observed children's play during visits to their homes
9. They found communication was enhanced during playful meetings with children
10. They found communication was enhanced during interviews with children.

After completing my PhD in 2012, in relation to supporting professionals to engage with children in an age-appropriate manner, my research practice progressed to enhancing adults engagement with children (O'Reilly, 2020a;2020b; 2021). I completed the Theraplay Level 1 training in 2015, a therapeutic approach which aims to enhance attachment security between children and caregivers using playful engagement. I am currently studying Psychology and my research is focused on optimising children's family contact. I have been practising as a Guardian ad Litem for over six years now. In this role, I represent the voices of children in court proceedings, and I make recommendations for their best interests. I also work as an independent advocate for children involved with child protection social work services and children in foster care. I am a committee member on the board for Irish Attachment in Action, and in 2019 I facilitated an Attachment Play Workshop at their Annual Conference held in the Helix Theatre in Dublin. I have been delivering Attachment Play workshops with the Irish Association of Social Workers for over five years now.

This guidebook was created to support parents, foster carers, and childcare professionals with family contact for children in foster care. The terms 'contact' and 'access' will be used

interchangeably when referring to the time that children in care spend with members of their family. The child will be referred to as 'him' or 'her' in different sections of the book. Family contact can be very stressful for children to manage, and they need support with it, before it is paused or diminished. This guidebook was created from my experience working with children in foster care as a social worker, a play therapist, a researcher, and a Guardian ad Litem. I am the director of Gallore Child and Family Services, and my colleagues and I are deeply committed to optimising children's experiences of family contact. Helen Tully, Guardian ad Litem has contributed to this guidebook by sharing experiences, insights, and research into sibling contact. Sarah Murphy, Guardian ad Litem shares experiences of working in the field of adoption in relation to the importance of family contact for children separated from their birth parents.

2. What is Family Contact



Family Contact or Access

When children are separated from their birth parents, they are typically placed in alternative care situations; either foster care, relative care, or residential care. Family contact (contact with their original family situation) for children in foster care is the bridge that connects the child's foster placement to the home environment from which they were removed. The bridge between these lives supports children in managing transition

in a healthy and positive way. Children need to maintain a sense of their past, and family contact helps them to connect their past, present and future. If this is not correctly done children struggle to recall a coherent narrative to their lives. Significant relationships, life sequences, and special occasions may all become problematically jumbled in the child's mind. This psychological outcome is distressing for children, it is heart-breaking for parents, while foster carers may feel utterly helpless in trying to help the child make sense of their lives. Avoidance of such negative outcomes is therefore a key concern in understanding both the nature and applied use of family contact.

When contact occurs in a safe and positive way for children, they are best supported in forming new bonds and attachments with their foster family. This also provides opportunity for the children to enjoy relationships with their birth family, and to heal from relational issues that may have caused them significant harm.

In its Annual Report for 2020, the Child and Family Agency Tusla outlined that there were 5,882 children in state care in Ireland at the end of 2020, 91% of whom were in foster care.

Many of these children will have suffered from emotional, physical, sexual abuse or neglect. Most children and young people in the care system have experienced some degree of adversity in their lives. These experiences will continue to have an emotional impact on them after they leave their home environment. Access needs to be as positive and safe as possible for the young person. Humphreys and Kiraly (2009) states *'Where there has been previous abuse - and it is safe to have some form of contact - then the child must be supported to avoid re-traumatisation'* (quoted from Uniting Care, Children, Young People and Families, 2010, p.4).

Every child requires their own family access assessment and access plan, and these processes will be referred to throughout this guidebook.

Ways to maintain contact: There are many ways that children in foster care can maintain contact with their significant people. This contact can occur directly or indirectly. Direct contact refers to physical meetings between the young person and their birth family members and/or significant others. This bridging contact can also be carried out using telephone calls, text messages, and emails. Indirect contact usually involves

correspondence (of some form) from members of the birth family and/or significant others, usually through a third party. I recommend that children in foster care are aware that they can send letters and/or artwork to members of their birth family when they feel like doing this. Children must be equipped with skills to share their wishes in relation to family contact, outside of formal processes such as care planning meetings. It is important that a child does not feel pressure to do this at any given time, but this should be a natural part of their existence in out of home care. These allowances support the role of the child's agency and voice, which will be discussed as a key factor in later sections.

Gobind (2013, p.10) uses Quinton, Rushton, Dance and Mayes (1997) definition of 'contact' and describes it as *'any kind of intentional communication that occurs between a child and an individual that the child considers to be a significant person in their life (such as: birth parents, siblings, grandparents, prior foster/adoptive parents, or extended family members), while a child is in out-of-home care'*. Neil & Howe, 2004; Sen & Broadhurst (2011) maintain *'The type and form of contact as well as the on-going management of contact needs to consider the age the child has been placed into care, their attachment and relationship with birth parents and the developmental stage of the child'* (quoted in Uniting Care, Children, Young People and Families, 2010, p.10). These

definitions are a key starting point for our understanding, into how family contact is both formed and can be evaluated for its efficacy in developmental outcomes for the child.

In my experience of supporting children with family contact professional views are vast and varied. Despite this potential variation, I have no doubt that all professionals working on the frontline with children and families have the child's best interests at heart. It is concerning, however, that there is minimal guidance and consistency in relation to optimising family contact for children in foster care. This guide was created to help birth parents build positive and lasting relationships with their children using playful engagement. In addition, the same playful engagement can be applied to support foster carers in helping the children in their care release any pent-up emotions which may follow family contact. If you are a parent reader, it is hoped you will find useful and practical ideas here, that can directly help you in this aim. Next, we will examine in more detail the reasons we should consider a child in foster care's access with their parents to be of central importance.

The Importance of Family Contact

In my practice I mostly hear access being referred to as something that is important for a child's sense of identity. This is true, as a central area of developmental concern, but family contact is also much more than that. The National Standards for Foster Care, published in 2003, state that when children are placed in suitably matched foster placements, and experience positive relationships with their birth family, the objectives for foster care are being accomplished in a more holistic manner. Family contact for children in care that is positive in nature, is crucial to a child's sense of self, self-concept, identity, and healing process. Family contact for children in foster care is a time for building bonds and relationships. It is a time for healing and rebuilding, where required, the child's self-concept. During the process of family contact children also develop a greater sense and understanding of their identity.

During the early stages of childcare proceedings, when children first enter the care system, professionals do assess the child-parent relationship during access. Parents and children can often find the experience of supervised access challenging; however, access is a key time to assess strengths and concerns within the child-parent relationship. Maluccio, Fein & Olmstead (1986, p.164) maintain that:

‘Regularly scheduled visits are valuable as a means of helping the child maintain his or her sense of connectedness and identity with the biological family. Even when children cannot live with their biological parents, they continue to belong to them. This is particularly true when children are living in ‘limbo’, that period in which there is grave uncertainty about where they will grow up, that state of feeling that they belong to nobody. Regardless of the outcome, their sense of roots and heritage should be theirs to keep. This identity is best preserved when regularly scheduled visits are planned and encouraged’.

In their literature review on ‘Contact between children in out-of-home care and their birth families’ Scott, Neill, and Minge (2005) echo the importance of family connection on a more practical level, in stating that the main purpose of family contact is:

- To promote and prepare for reunification
- To preserve family ties when the child is in long-term out of home care.
- To assess and enhance the child-parent relationship.

Access can be used to help build secure and positive attachment relationships when reunification is being assessed,

and no long-term planning has occurred for the children. When plans of a permanent nature have been made in relation to children's care status, it is not typical for children to develop attachments during family contact, unless there is a clear reunification process in motion. A statement and claim that may cause great confusion to birth parents (and to myself or others involved in cases) is that access is a time to '*build attachment*' between children in foster care and their birth parents. This term is widely misused and not appropriate where children are in long-term foster care.

Only where there is a clear reunification plan in motion, should this term be aptly applied as attachments are being built. When there is no longer-term reunification plan in motion the goal of access is not to build attachments. Children in long-term foster care have a more centrally important need to build attachments to their foster carers, as they are, and will continue to be, the child's primary caregivers. This guidebook does not focus on attachment relationships, and more detailed information can be attained in *The Everyday Guide to Attachment, Play, Connection and Emotional Release*.

Lucey, Sturge, Fellow-Smith & Reder (2003) states '*that children are entitled to the facts about themselves such as who their parents are, and the reasons certain things have*

happened in their lives'. In *Uniting Care, Children, Young People and Families* (2010, p.5) Taplin (2005) states that *'contact allows a child to gain an understanding of their origins, the reasons they entered care and helps them maintain their cultural identity'*. The link can therefore be clearly seen, between the applied use and process of family contact and the underlying self-development and understanding the child possesses. Smariga (2007, p. 6) describes and explains the benefits of birth family access for infants in care:

'it promotes healthy development and reduces negative impacts of separation for the child and parents, establishes and strengthens the parent-child relationship, eases the pain of separation and loss for the child and parent, keeps hope alive for the parent and enhances parents' motivation to change, involves parents in their child's everyday activities and keeps them abreast of the child's development, helps parents gain confidence in their ability to care for their child and allows parents to learn and practice new skills, provides a setting for the case worker or parenting coach to suggest how to improve parent-child interactions, allows foster parents to support birth parents and model positive parenting skills, provides information to the court on the family's progress (or lack of progress) towards their goals, facilitates family assessments and can help the court determine whether

reunification is the best permanency option for the child, helps with the transition to reunification’.

This view for the variety of psycho-socio benefits and outcomes linked to the family contact process is also supported by Gobind (2013, p17) who states ‘*some researchers argue that it is beneficial for children in care to have contact with their birth families as it enables them to further develop and maintain relationships with their birth families, maintain their sense of identity and cultural background, and have a general understanding of their family background and why they are in care.....it is argued that contact with birth families facilitates the process of restoration and reunification as well as enhances the child’s psychological health and welfare by minimising feelings of loss and grief*’ (Fratter, 1996; Ryburn, 1998, Ryburn, 1999).

Edwards (2003) claims that in order for access visits to be beneficial they should have sufficient regularity and duration to facilitate enrichment of the parent-child relationship and demonstrate to the child their parent’s on-going interest and involvement in them. The Maine Department of Human Services Practice Manual (2002) also specifies a list of reasons to sustain access with family members and significant others:

- to maintain, ascertain, and support a mutually beneficial parent-child relationship
- to help a child cope with any impact of being separated from his family and familiar environment for the child to maintain relationships with sibling(s), and other family members or significant others who may have an emotional relationship with the child, when appropriate
- to appreciate that sibling relationships are separate and individual that visitation between siblings can be essential and promote visits between siblings as long as these visits are not damaging to a child's wellbeing to establish which (if any) extended family members or significant others in the child's life should visit the child, how they are important to the child, and if they provide a positive support for a child.
- to provide an ongoing assessment opportunity of a parent's ability to care for and protect their child and the parent's motivation and capacity to change the behaviours that initiated the child coming into care.
- to offer a teaching opportunity for parents to learn parenting skills, put those skills into practice and

receive feedback on their progress, as consistent with the Family Plan.

Haight, Kagle & Black, 2003 (also quoted in Contact between children in out-of-home care and their birth families, 2005, p.4) recommends that young children and their parents: *“require more frequent and prolonged visits than are typical of most foster care visiting plans ... visits with infants and toddlers should occur more than once a week, for several hours at a time, and encompass caregiving activities. By the fourth or fifth year of life, most children who have adjusted to foster care may be able to maintain their connection with their parents through less frequent visits supplemented by letters and phone calls”*. (Haight et al., 2003: 199). This also indicates that it is not only the quality but amount, duration and frequency measures for family contact that can impact on key goals in the use of contact at earlier stages of the process. This can be seen as an evolving approach, however, that can be adjusted in quantity measures, and some quality measures, at later stages of the contact process. This, in turn, reflects the developmental approach to childhood, recognising that all children will be on a developmental curve and do not remain with the same needs at different points in time.

3. The Child's Voice in Relation to Family Contact



Recent years have witnessed a seismic shift towards recognising the importance of the voice of the child in society. In particular, national policy documents have highlighted the need to listen to the views of children and young people, to value their contribution within society and to recognise their active role as citizens (Department of Children and Youth

Affairs, 2014, 2015; Government of Ireland, 2000). The voice of the child is often referred to as his ‘expressed views or wishes’. If this were the only element of the child’s voice the non-verbal child or baby would have no voice. The term of ‘agency’ has also been used to refer to children’s active role and participation in their own lives. This term allows a slightly wider definition, which can include the role that a younger or non-verbal child may play in their own lives and experiences (e.g., Waller, 2009).

The idea of the voice of the child can therefore be said to include both the more directly verbal and more action-oriented understanding of children’s own behaviours. The inclusion of the voice of the child can also be viewed from a rights-based perspective, aligning strongly with key policy agreements such as the United Nations (UN) Convention on the Rights of the Child (United Nations General Assembly [UNGA], 1989). In addition, solid links have been recognised between voice and overall child development. Specifically, ‘*listening to and involving children and young people*’ has been recognised by the Department of Children and Youth Affairs DCYA as one of the key transformational goals in supporting children ‘*to realise their maximum potential now and in the future*’ (DCYA, 2014 p.vi). Taken together, these approaches and

policy show that understanding of the right for children to play a key role in their own lives, remains a fundamental world-wide goal.

Chapman, Wall & Barth (2004) highlight that *'building an understanding of children's thoughts and feelings about visits with family members into assessment processes could assist with incorporating a child's voice into decisions around contact'* (quoted in Uniting Care, Children, Young People and Families 2010, p.9). The child's views should be seen as a critical factor in relation to their access. A wider assessment needs to be conducted in relation to fully ascertaining the child's voice and best interests. This process will be discussed later in this guidebook.

The persistent nature and policy basis for a right of access has been discussed by Nestor (2016, p.319): *'Childcare professionals and the judiciary alike recognise the importance of ensuring that children in care maintain contact with their parents and extended family members'*. Nestor highlights that *'there has long been widespread acceptance in child welfare cases of the principle that access is the right of the child'*. To link with applied use of this idea Nestor recommends that

‘when dealing with the issue of access, a fair balance must be struck between the interests of the child and those of the parent. Supervised access bridges the gap between keeping children safe and supporting the family relationship and parental rights’ (Nestor 2016, p.319).

Section 37 of The Childcare Act (1991) in Ireland states that the health board shall *‘facilitate reasonable access to the child by his parents’* however, access can be refused on grounds of safeguarding or promoting the child’s welfare. Section 47 states that any party dissatisfied with access arrangements can have them reviewed through the courts. Section 37 of the Child Care Act 1991 states that “The Child and Family Agency is obliged to facilitate reasonable access to a child in care for his parents, any person acting in loco parentis or any other person, who in the opinion of the Child and Family Agency, has a bona fide interest in the child. Such access may include allowing the child to reside temporarily with any such person, including overnight stays”. The United Nations Convention on the Rights of the Child (UNCRC) states that children are to be viewed as active individuals, and they should have as full an input as possible into matters affecting them. This policy direction links directly to bestowed rights for the child in choices regarding their family relations, and

therefore family contact. Article 8 of the UNCRC protects children's rights to preserve their identity, and this includes their family relations. The key text in Article 8 indicates this fundamental principle:

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.
2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 9 (3) of the UNCRC states that '*states parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests*'. To emphasise the role of children's voice and agency Article 12 of the UNCRC outlines that due weight must be given to the views of children who are capable of forming views and expressing them. The European

Convention of Human Rights (ECHR) has basis in Irish law since 2003 and states that in order to restrict access between a parent and a child it:

1. Must be in accordance with the law
2. Pursue a legitimate aim
3. Be necessary in a democratic society

This has been criticised for being too broad in definition, but the ECHR argues that flexibility is required, as law relating to children cannot be too rigid due to need for allowing case-by-case analysis. This lack of clarity and potential for interpretation almost certainly guarantees that decisions on any future contact/access will be at the discretion of individual judges/social workers.

Considering an earlier stage in care arrangement processes, The National Standards for Foster Care (2003, Section 2) outlines the importance of children's contact with family and friends, at the point where consideration is being given to foster placements, and how social workers are responsible for ensuring this contact is maintained. In my experience the child's birth family contact can be such a feat to get right, it is

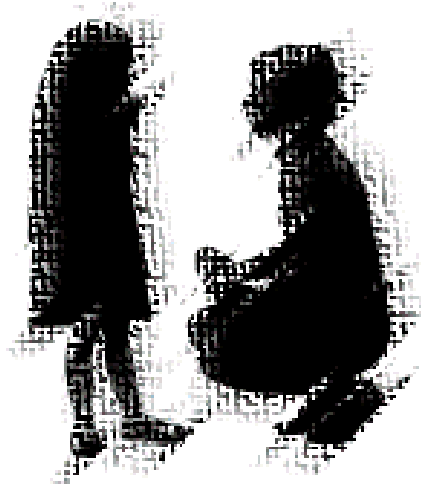
rare that children in foster care get the opportunity to maintain significant relationships with family members such as grandparents, aunts, uncles, cousins, and friends. Access plans are a central component which needs to be developed early within the process, before a child is placed with foster parents. Plans should outline access arrangements for parent(s) and child and should also include timeframe for a case review. Section 16(G) states that it is the duty of foster carers 'to cooperate with the health board in facilitating access to the child by a parent'. Planning of arrangements, with good cooperation, for contact are a central feature that can reduce difficulty and aid efficacy for the child and adults involved. This is directly reflected in policy guidance as above.

Corbett and Coulter (2019) draw attention to the extent to which a child's view may impact court proceedings yet may vary in perceptions that are presented for such cases. They highlight how '*the attitude of social workers varies greatly*' and that '*there is no consistency in the reference to the views of the child from social workers and in the weight given to them, which should be related to their age and maturity*' (Corbett and Coulter, 2019, p.35). This indicates the fact that, while policy and theory may emphasise the voice and agency of children, applied consideration for the children's own

perspective and participation may not always be consistently present.

To ascertain the voice of the child in social work assessments, professionals must use age-appropriate skills to engage with children and discern the reality of the child's perspective. Method for this process should also be considered. Children's views cannot be sought by use of direct questioning and filling in forms as would be done for adult cases. Practitioners must build relationships with children using processes such as play skills to learn about their voice, wishes, and feelings (O'Reilly, 2013;2014; O'Reilly and Dolan 2016; 2017a; 2017b).

4. Challenges for Children with Access



Birth parents must be acutely aware of challenges that arise specific to their children, when birth family contact occurs, or even when it does not occur. It is important to be aware that their child adapts to life in foster care because they have had to, and not because they have chosen this life and new family setting. This is not highlighted to be critical of birth parents who are also likely to have had difficult life experiences. This is solely to emphasise that access needs to be a positive and safe experience for children.

Children are faced with the challenge of forming new attachments when they are placed in care, and it is hugely positive if they are able to form these new attachments. Parents should not see this as a threat, as such a positive outcome can highlight the strengths in the relationship they have with their child. One of the most common challenges that I observe for children during contact is the pressure they face trying to conceal that they are getting on well in their placement. Children do not want to upset their parents by speaking positively about their placement. In addition, they do not want to experience anger or threat from their parents in relation to the bonds they have been forced to make. I understand that this is difficult for parents to observe, but to support their child, they need to try to not express any obstructive feelings during contact and allow a positive release to a professional or a supportive adult in their lives.

Most of the young people in the care system have experienced adversity in their lives. Contact needs to be as positive and conflict free as possible for the child. If parents have any issues in relation to the care of their children, or in relation to contact they need to discuss this with the professionals outside of access. It is imperative that the children are not exposed to hostility and/or issues that need to be worked through by the adults.

Contact involving all family members is important, but there can be difficulties in sibling interactions during access, as they individually need and may demand so much from their parents in this short space of time. Moyers, Farmer, and Lipscombe (2006) stress the importance of considering each child's needs and the specific family dynamics. They highlight how each child will have different experiences of living in the family home. Moyers, Farmer, and Lipscombe (2006) remind professionals to be conscious of the different relationship each child may have with their parents. For example, one child may be the favourite or another the scapegoat. Some children feel additional pressure to represent the experiences that occurred in the family home, and some children may pressure others to express a view that it wants to return home. It is important for children to have individual contact with their parents, and for this to be assessed by their social worker for such factors to be considered objectively.

When full family visits occur, they can be chaotic and difficult to ascertain how each child is managing the contact. Gobind (2013, p.18) states that, '*at present, the main focus of research on contact arrangements should be targeted at identifying which children, under what circumstances may benefit from contact or be harmed by contact*'. Moyers, Farmer, and

Lipscombe (2006) state that the main problematic issues that can arise in access for young people are:

- Unreliable contact - parents not attending or being late for access.
- Unsuitable amounts of access – having too much contact which might get in the way of other pursuits.
- Lack of supervision with older children in access leading to the young person being in danger of being physically or sexually abused.
- A recurrence of adverse relationships, unresolved attachment difficulties recreated during access.
- Access made hostile or disagreeable by family members either speaking adversely about the young person's foster carers or challenging authority.

Family contact will undoubtedly give rise to strong emotions, and children often let us know this through their behaviours. This can be typically observed through behaviours such as tantrums, presenting as withdrawn or challenging in demeanour. As these can be emotional experiences, following birth family contact, and the break in their structured routine in foster care, children are likely to need a few days to recover. It is important that professionals and foster carers expect that

a child may be out of sorts following access for reasons such as:

- Unresolved grief (potentially for the birth family experience and past life)
- Contact is too infrequent to support natural relationships
- Contact is too frequent (as an emotionally draining experience)
- Foster carers not truly accepting a child's birth family
- Parents disrespecting the foster family (creating conflict with the child's new attachments)

It is healthy for children to demonstrate these natural conflicts and struggles, and I am generally more concerned for those children that do not share this confusion and grief. When children are emotional or out of sorts following family contact it is imperative that they are supported in holding or expressing their feelings. It is important that foster carers and professionals acknowledge the reality of such feelings in their children. Children can be supported in these moments with statements such as, '*it can be hard meeting your parents after so long*', or '*it must be difficult to say goodbye again*'. Adults

do not need to jump in with fixing statements or distracting statements such *'you have football training tonight and that will cheer you up'* or *'we can get you a treat on the way home'*.

It is important that professionals think of all interpretations for children's presentation and arising challenges following access. The answer is not always to stop access due to challenges presented. Access is stopped too often in response to these issues without the necessary supports being put in place. Before access is paused or the frequency lessened, it is imperative that the following supports have been exhausted:

- Age-appropriate direct work with the child to support the expression of feelings linked to access.
- Natural life-story work to ensure the child's past life is connected to their current life and they are able and allowed to make their own sense of this.
- Birth parents to engage with support approaches and agencies to support the parents' understanding of their child's needs during access.
- Birth parents to be supported with ideas on how to positively engage with their children.

- Foster carers to be supported to encourage the child around birth family contact, and to demonstrate their acceptance of these crucial relationships and experiences.

5. Child-Centred Access Plans



Preparation and pre-planning can be a keyway by which the challenges and difficult feelings, for both children and adults, are reduced for access experiences.

It is important that children are supported with age-appropriate access plans to ensure that access arrangements are predictable for them, and they know what is happening. In my practice I always recommend that children have an age-appropriate calendar depicting when access will occur for them. I often hear reluctance to do this, from professionals who are concerned that a child may be let down if a parent tends to be

inconsistent in their attendance at access. I feel it is important that children know that their social worker has arranged the access for them, and if the parent fails to attend then the child needs to be given age-appropriate information about why they did not attend. In addition, the child needs to be supported to express their emotions in relation to this disappointment. This allows the active role and agency of the child to be recognised, as part of the planning and organisation processes.

Scott, Neill, & Minge (2005) state that the development of access plans is a significant element in ensuring that access is a means to positive outcomes for the child. The plan should include:

- Permanency planning whether for reunification or long-term care
- Form a contact schedule including visiting plans and timing
- Support for birth parents to develop their parenting and problem-solving abilities so that the reasons why the child is in care are addressed
- Emotional support and assistance for children
- Training and assistance for foster carers

(Cited in 'Uniting Care, Children, Young People and Families', 2010, p.11)

Scott, Neill, & Minge (2005) state where reunification is not the longer-term objective, caseworkers need to consider the following factors when creating an access plan:

- Family history and quality of relationship
- Birth parents' approach towards case plan initiatives and placement
- Age, requirements and wants of the child
- Wishes of the extended birth family
- Quality and supervision of contact.
- Assessment of contact as part of the case plan

To further define the key elements of pre-planning in creation of positive contact delivery and outcomes, Cherry (1994) states that establishing regularity of access in a case plan or court order is influenced by the following factors:

- history of the parent-child relationship
- parental enthusiasm

- parental reaction to child's needs and interests
- parental capacity to provide for the child's physical needs
- safety of the child
- geographical distance between parent and child
- finances/means
- the emotional effect of access on the child
- the child's or young person's wishes.

(Cited in 'Contact between children in out-of-home care and their birth families', 2005, p.18)

The child's individual plan for family contact must also incorporate their parent's needs, to ensure they have safe and positive time and experience together. Loar (1998) states that many access plans mistakenly assume that parents:

- know how to play with their child, and that a safe location is all that is necessary for a visiting plan
- know how to engage respectfully with their child, and that verbal abuse is linked to stress
- know how to use toys to play together with their child
- know how to get pleasure from their child's company

- have leisure and recreational skills separate to drugs, alcohol, sex, danger, and violence
- recognise what their child goes through if they do not show up for the visit
- can disconnect from the visit their frustration, shame, and embarrassment about the child's removal from them
- can read to the child, and can read and comprehend court reports, contracts, priorities, major and minor obligations. (Loar, 1998, p. 47)

(Cited in 'Contact between children in out-of-home care and their birth families', 2005, p.28)

The range of factors, that have been discussed in this section, involved in planning access reveals that both practical and psychological perspectives should be considered. A full consideration, for potential areas of challenge or difficulty, during the planning of access can allow a more positive experience to take place, and ultimately more positive outcomes for the child and parents involved. This process should recognise the participation of both child and adult parties involved.

6. Understanding and Supporting the Child's Emotions



Children often tell us that they need something through the display of big emotions, and in practice it is common for adults to feel overwhelmed by these demonstrations of feelings and to request that they cease (O'Reilly, 2020). Howe (2010) stresses the importance of parents and caregivers assuring children that emotions are natural, and they need not overwhelm us.

It is important for childcare professionals and parents to remember that children will commonly release frustrations that have been building up over the course of a day in different ways. This can also be a variable phenomenon when family contact is considered. Family contact can be filled with positive emotions one day and negative emotions or challenging behaviours on another occasion. The change in behaviour is often an expression of frustrations to parents and represents big emotions that need to be released by the child. This type of behaviour is normal and can be a positive sign because it shows that children feel confident to be themselves and express what they are feeling. Again, we can note that many behaviours that may be superficially perceived as negative are in fact central to connection for children and need to be released and acknowledged by the adults involved.

Children often need a great deal of connection and attention from their parents during family contact. Connection for children is an important need, and when they feel disconnected from their parents this often results in challenging behaviours. Children are not as able to verbalise this need, so when their parents are disconnected from them during access, they act out in different ways to gain the attention and connection that they need. When children feel connected to their birth parents

and/or their caregivers through moments of laughter, play and physical contact they are enabled to release pent up feelings of frustration and powerlessness that they cannot express verbally. During moments of connection children often release tears, anger, tantrums, and other feelings that are often viewed as the child being challenging and/or disobedient. These moments make it more difficult for the parents to remain connected, but they are crucial moments for the child to release pent up emotions and embrace life in a more positive and carefree manner (O'Reilly, 2020).

It is hoped that during this time of connection children have an opportunity to release any of these feelings in a playful way. In doing so, it will prevent these frustrations building up to the point where children can become extremely challenging. Rose (2015, p.36) describes how 'Connection plus release helps children (and us) return to their natural desire to connect, cooperate and contribute'. Children generally cannot approach us and say, 'I need some connection'. Their need for connection is often communicated instead by behaviours that generate unpleasant responses from their caregivers. Children use coded messages such as screaming, hitting, throwing objects, or saying disrespectful things that result in adults disconnecting further from them and asking them to go away

and calm down. The behaviours can instead be seen as representing the child's 'voice' and communication within contact and connection processes. This is a more positive way for parents to try to understand such behaviours that can encourage a more beneficial outcome for both adult and child involved in the connection.

Too often I observe access being paused or decreased, due to the expression of big emotions. It is important to observe how different the effects are for the child, when we initially respond with empathy instead, and acknowledge that they are 'feeling frustrated' and/or 'feeling annoyed' about something. When we respond in this more constructive and accepting manner, we will cause connection with the child and their feelings. It is important that parents understand that their child may need to share feelings such as loss, anger, and disappointment with them. When children are afforded the opportunity to have their feelings acknowledged and heard they are usually more able to move forward more positively in the relationship. Rose (2015, p.38) encourages significant adults and parents to listen to children's feelings and uses the very useful phrase to 'connect but not correct'. She asserts that while the aim is to help the child stop the negative behaviour, which is a symptom of pent-up feelings, it is also to help them express the related

feelings so they can ‘return to their natural state of connection and cooperation’. Rose stresses the importance of being and presenting both loving and calm while avoiding more negative responses such as criticism, disconnection, shame, and punishment.

Children also need support from their foster carers and professionals following access periods. Their possible feelings of grief, confusion, and/or worry about their birth family relationships needs to be acknowledged. Children need to feel understood and listened to. Foster carers often talk about how children’s behaviours escalate or become more challenging following access. Children can themselves recognise this and have spoken with me about how they ‘*feel bad*’ because of their attitude in their placement following family contact. On further exploration of feelings children describe feelings of loss and pain due to family separation. Some children experience years of grief emotions due to being separated from their siblings and parents who they love.

The period following birth family contact is a critical time where children to return to their connection with their primary caregivers. In this time, it is important that children should not

have the added burden of considering how their mood and/or behaviour is affecting their foster carers. Siegal and Bryson (2015 p.92) state that, '*Connection is about walking through the hard times with our children and being there for them when they're emotionally suffering, just like we would if they scraped their knee and were physically suffering*'.

With the support of the significant adults in their lives, children will develop skills to be able to work through relationship difficulties, in parallel they will feel calmer and more regulated in working through their emotional states. This approach is also consistent with the role of response in the attachment cycle, with correct and sensitive response to challenging behaviours supported. Emotional development and positive attachment have been more broadly theorised to depend upon such sensitivity of interaction with children (Bowlby, 1969). This should be considered especially relevant for children dealing with the emotional challenges of care and family contact.

Birth parents often share with me the dilemma that they experience during access if the child behaves inappropriately, and they feel the child '*needs discipline or boundaries*'. Their

time with their child is generally supervised with detailed notes being taken about their response to their child, and they feel under pressure to provide the child with appropriate discipline. It is my recommendation that during this time the parent should not feel under pressure to perform in this way, and in contrast it is important that they respond by acknowledging their child's feelings and try to learn what they need in this moment. Siegal and Bryson (2015) explain that when children are crying and having tantrums that their lower brain (the primitive emotional brain) is highly activated, and they feel under attack. During these moments they do not hear or fully process the cross words of their parent, which will only cause the child to become more dysregulated and feel under greater attack. Siegal and Bryson encourage the use of connection at this type of moment to support the child to regulate. When the child becomes regulated and feels more connected, which can take anywhere from a few minutes to a few hours, it will be a much better time to appeal to their upper brain (more sophisticated logical brain) and discuss more appropriate ways of behaving. When a child feels connected and regulated her learning ability is enhanced.

In order to deal with some of the challenges presented by the emotions of the child, when parents attend access with their children it is important that the child remains the focus of their attention throughout this precious time. Mobile telephones

should be turned off and put away as they cause a great deal of distraction away from the child. Parents are often nervous attending access, especially if it is being observed or supervised by a professional though this is understandable. Play can conversely build shared attention and is a developmentally appropriate way to engage with children that can help them to move out of disconnected states, and to work through issues that have made them feel disconnected from their parents, peers, and other adults. Play shared between a child and a parent helps to heal from lonely and painful feelings of disconnection. All relationships experience moments of disconnection but can hopefully be repaired through connection. Prolonged periods of disconnection can be challenging for children and these prolonged periods will take longer to heal from emotionally.

7. Family Contact: A Time for Healing



Family contact is an important time for children to experience healing after any hurts they have suffered in their parent’s care, and through the separation from their birth family. Lucey, Sturge, Fellow-Smith & Reder (2003) maintain that *“contact could allow a forum for reparation where the maltreated child could address the negative feelings they have about an event or person. It may allow the child or young person to talk through their feelings directly with their parent(s) and receive acknowledgment”* (Uniting Care, Children, Young People and Families, 2010, p.4). In his book *The Law of Childcare* Jim Nestor (2016, p. 319) states, *‘Even*

in cases of severe abuse and neglect at the hands of parents or carers, provided the welfare of the child can be guaranteed, the benefits of contact are many and varied. Contact gives the child the security of knowing that, for all their shortcomings, his parents still love him. The child retains the necessary sense of family and personal identity. This, in turn enables the child who is placed with foster carers or relatives to commit himself to the substitute family, in the knowledge that his parents approve this arrangement, thereby increasing the chances of the placement being successful).

When support is extended to birth parents in a non-judgemental way, they can gain better insight into the effects their choices have had on their children's development and functioning. If a parent truly accepts responsibility for their actions, family contact can provide an important opportunity, for the parent to tell their child that they are sorry, and this can initiate an important pathway in the child's healing process. However, parents should not engage in dialogue of this kind without the support of the child's social worker or social care worker. This process needs to be carefully planned and is often best actioned and controlled by such professionals using the 'words and pictures tool' from the Signs of Safety Model (Turnell, 2014).

I recommend that parents use play to aid communication with their children during access and to facilitate a fun experience. Children's play can be better appreciated when recognized as their natural and therefore richer medium of communicating. Most children can express themselves more directly and fully through self-directed spontaneous play, than they do verbally. For children 'to play out' their feelings and experiences, is the most natural self-healing process they can engage in (Landreth, 2002).

Deignan (2010) conducted a study of a young adult's experience of access while in care. She described how the child's need for healing, both in terms of their birth family relationships and their identity were the most important results highlighted. This was seen as a primary need irrespective of whether or not the child returned home. Birth family access was identified as an essential time to enable this necessary healing. Young people sought valuable and regular access with siblings and other family members, in order to feel a stronger sense of their own identity as well as a motivation to access personal supports. They felt that access was purposeful in maintaining links with family members and in particular siblings. However, the young people did not feel their experiences of access fulfilled these fundamental needs.

Deignan (2010) claims that in order to make access more healing for young people all that is required is a refocusing of social work practice to place more emphasis on therapeutic outcomes for young people. Deignan (2010) goes on to state that *‘there are no real legislative or resource barriers preventing social workers from facilitating more meaningful contact for children’*.

During family contact it is important that parents are encouraged and supported to engage in play with their child. Play is the primary way that children learn about the world and start to organise and understand their experiences. Through play, children have opportunities to gain mastery over their world as they experiment and explore with toys and play media and can explore being in control of situations in ways that are not possible in the real world. In play, children can create a world as they would like it to be. This represents a key demonstration and area for the child’s agency and ‘voice’ to be presented. This can be starkly contrasted with the difficulties presented by an abstract use of spoken language as communication or representation of their reality. In support of this view Play Therapy Ireland (2008, cited in O’Reilly, 2020) states that symbolic and fantasy play are the child’s most powerful method of communication. The next section of this

guidebook will elaborate further on the healing powers of play, and how children can be supported through play-based engagement with significant adults.

8. Child-centred Discipline during Access



Parents often worry about not responding appropriately to their child in access if they misbehave. They worry about being judged for not providing boundaries and about discipline having a negative impact on their time together. Two useful principles to remember here are: Discipline should mean to teach. Discipline should not mean to punish.

In their book 'No Drama Discipline' Siegal and Bryson (2014) encourage adults to respond in a way that builds a constructive

relationship with your child, rather than one that shames or punishes your child. Being respectful and positively affective, with clear boundaries in place, builds connections in the child's brain and increases their emotional and social skills. The overriding aim of discipline should be to teach, but this *does not mean to punish* is the mantra to repeat. Learning through gentle instruction and setting limits while being emotionally attuned to your child supports beneficial brain development in the most positive way. Discipline should be nurturing and sensitive in nature, with the goal to improve children's ability to control themselves always in mind.

No Drama Discipline (Bryson and Siegel, 2014) recommends that caregivers try to 'Connect and Redirect'. This translates in practice as using connection with your child when she is behaving in a challenging or unsafe manner. To redirect does not mean to distract, which is a frequent misinterpretation I have heard being used many times. Bryson and Siegel highlight the importance of redirecting children's behaviour specifically to more appropriate ways of behaving when they are feeling connected to you. Redirect them to more appropriate behaviour where emotions are calm. I have also learned that it is important for the caregiver to feel and express calm, to optimise this process. It may be worth waiting a few

minutes if you (as the adult caregiver) also need time to calm down.

Children learn better ways to control themselves and deal with conflict where connection, calmness and control of emotion are used. When we connect emotionally, children feel the full and positive impact of our love and affection for them. They feel less under threat in relation to their behaviour and our disapproval. Children learn better, including about their behaviour, when we communicate with them in an age-appropriate way and include them in problem solving this way.

It is important to remind and reassure your child that all children and adults are learning all the time. Let them know that everyone makes mistakes and adults do too. During the non-directive play therapy process, children are always assured that ‘accidents happen in here’ and accidents are normal and ok (O’Reilly, 2020). Children need to see that their caregivers make mistakes, and they need to see them take full responsibility for their actions. It is important for adults to be aware that when children are acting out, they are telling us that something is not right with them. They do not have the developed verbal language abilities to explain a build-up of

stress or worry and they are not misbehaving to annoy other people. It is important that we think about reasons why a child may be behaving the way that they are behaving - the situational factors that could be involved. This can also include the basic questions:

- Are they hungry?
- Are they tired right now?
- Could they be coming down with something?
- What do I want them to learn?
- Is now the best time to address this learning need, or can I leave it until later?

(O'Reilly, 2020).

Too often I hear adults saying, '*they are just doing that now because they are looking for attention*' or similar interpretation of a child's behaviour. Attention should be considered a key component for the sensitive interactions required by children (O'Reilly, 2020). For this reason, it is crucial that parents minimise their own distractions such as mobile phone use during access. In addition, it is often important they do not overwhelm their children with news about other relatives or significant people during access as the

child needs to be fully in the present moment with their parents.

A child-centred way to practically address limits and boundaries is a simple tool called the ACT model (Landreth, 2005) defined with the three principles:

A: Acknowledge the feeling, e.g. I can see that you are upset right now.

C: Communicate the limit, e.g. I am not willing for you to hit me, or the toys are not for breaking.

T: Target an alternative, e.g., if you feel like hitting something right now you can hit this pillow/teddy/bean bag. If a child has an impulse to hit out it is important that impulse is acknowledged, but a safe way to deal with this impulse is explored.

9. Sibling Rivalry during Family Contact



Sibling rivalry is commonly a challenge for any family with two or more children. Children often demand a high level of need from their parents during access. When families come together for access children can feel the need to compete with each other for their parents' time and attention. Children do not need to be treated equally, rather they need to be treated uniquely according to the nature of each child's needs. For example, instead of saying *'I am spending ten minutes with your sister, and I will spend ten minutes with you'* say *'I am giving your sister time with this puzzle it is important to her.'*

As soon as I'm finished, I want to hear what's important to you'. Faber (1987) has used the phrase 'To be loved uniquely for one's own self- is to be loved as much as we need to be loved' to emphasise the importance of recognising uniqueness within care of children and siblings.

It is crucial that all access assessments ensure that each child has the time that they need with their parents during family contact. Sibling rivalry, as an impact on this time, can cause a great deal of tension for children and their parents. The following types of play activity and strategies can be very helpful in managing and helping reduce any sibling rivalry problems that may be present:

Move play time outdoors, where there are less toys to argue over and more space to allow children to run off tension, which together can prove to be a be very positive experience for dissipating sibling rivalry and tension.

If two parents are present it can be helpful for each child to have some time to connect with a parent alone, which can also be a positive way to dissipate the tension. At this point it could be helpful to acknowledge and indicate how difficult sharing

can be, and how hard it is to be the youngest or the oldest. This also recognises the child's uniqueness, as discussed above.

It is important to acknowledge to children that it is very hard to share their toys or possessions, and that you are willing to support them with this. Young siblings will often require the support of their caregiver with sharing, while sometimes the child who is trying to grab the toy will require the caregiver present to share these big feelings of needs with.

If two parents are available, offer the child ten-minutes of specific play. If a child is feeling completely disconnected or dysregulated, then they might want exactly what the other child has, and that commonly includes the caregiver and their attention. This can be achieved by giving specific time periods of play or activity.

I also recommend acknowledging a child's feelings for how hard it can be sometimes to have a younger sibling who takes up a lot of the caregiver's time. We spend a lot of time trying to highlight the positives for children controlling how they feel about that sibling need.

Introducing a game with a challenge, and recommending that they are a team, can help cohesion among the wider sibling group. We often create a den that they need to get to, but they need to get past the dinosaur lurking outside of the den. This involves them working together to 'trick' me and win back their den and reflects the role-playing benefits which can allow a child to express themselves and their own agency.

Consistently introduce and express affection and warmth rather than anger and shame. These suggestions do not often result in immediate co-operation, but they can be very effective in dissipating any tension and aggression due to sibling relations.

10. Play: The Language of Children



Play is first and foremost playful. Play occupies a realm outside of everyday events. It has to do with imaginings and trial action. Anything is possible, and no consequences need intrude. Outcome is open-ended and up for grabs. Play can be infinite or finite, depending on the whim of the player(s); play is active, not static. It emerges as part of the movements of actions and ideas across space and time. Play activity is of crucial importance to children of all ages. It provides a context for social relationships and spontaneous learning. It can follow sets of rules private or shared. Play activity is characteristic of living and life. It provides a medium for the

growth of a sense of self, competence, and confidence in the surrounding world.

Chazen

(2002, p.19)

Children in foster care can experience prolonged periods without contact and this has been specifically challenging during the Covid-19 Pandemic. In this section of the guidebook play activities will be described that can support connection and healing during access, which may be particularly important if contact has been limited. For seventeen years, I have been using play in my practice, with children in foster care. The use of play has had a transformational effect on my work and my life. The simplicity and magic of play with children allows adults to enter a world, alongside the children, that has limitless possibilities and fun.

Children have played throughout the ages, and museums show us that children from various historical cultures played with toys such as miniature doll-like figures. However, play was not considered to be an important or relevant activity for children until the late 1800s. Earlier thoughts perceived play

as a way of using up surplus energy or passing on religious and cultural traditions (Gitlin-Weiner et al, 2000). Erikson (1965, pp. 214-15) highlighted that, ‘the child brings into his play whatever aspect of his ego has been ruffled most ... to play it out is the most natural self-healing method childhood affords’ (Quoted in O’Reilly, 2013). Play provides children with opportunities to safely act out and explore situations which are distressing, challenging, and confusing to them. Small children do not possess the verbal language required to express and share their feelings and experiences, so play is able to represent the child’s agency and voice, allowing a form of communication, through their play actions and behaviours.

We can examine specific areas of difficulty that may benefit from an applied play-based approach. During family contact parents ask their children several questions about the time between their visits. I often observe disappointment or frustration when children do not provide fluid accounts of this. The child can sense these feelings of disappointment, but when a child is able to ‘play out’ a scene from settings such as school it can be incredible how much adults can then learn about her day in school from details within such play. Playing out incidents that happened in settings such as school also allows the child to process and make sense of all the dynamics that

have occurred around them. This represents a positive connection and shared communication between the child and adult.

During family contact the children themselves will often have play ideas and impulses that they need to play-out. It is important for parents to be kept up to date on their child's play interests and hobbies, as this will support their confidence when meeting with their child, especially when play-related activity begins. Parents should not attempt to interpret or analyse their child's play activities. Their attention and connection are all that their child needs from them in supporting their play activity. Play can be described as the child's natural medium of communication, and self-directed play provides a natural way for them to express themselves. Dr Garry Landreth, Play Therapist, maintains that children are more comfortable with play than using solely verbal communication. He even goes so far to state that when adults initiate verbal contact with a child, an immediate automatic barrier is created, as the child must instead meet the adult's preferred method of communication. The use of language of words, as an abstract concept, can be a hindrance to communication for the child. In contrast, play allows a child-

based form of communication that permits the child to demonstrate their own form of ‘voice’ in the conversation.

Play for babies and young infants is very important during access. Bairead (2020, p.133-134) recommends the following types of play activities between infants and parents:

0 – 6 weeks – talking (note initially from the parent), mimicking, colour, light, and your face will all engage and entertain your baby. Talking, singing, rocking, and bouncing on your knee are physical areas to play with.

6 – 12 weeks – talking, mimicking, making faces, blowing raspberries, rattles, music, singing, patting, handing toys back and forth with baby, helping baby to roll/grab toys (when on belly or hanging about them).

12 – 24 weeks – talking, mimicking, peek a boo, sitting up, touch and feel toys, music, singing.

3 – 6 months – talking, mimicking, stacking (and knocking over), exploring with food, water play, rolling balls back and forth. To this point some early formation of shared attention can have been based on good connection during play examples.

6 – 9 months – talking, mimicking, repeating words and sounds, following cues (baby pointing, reaching, vocally indicating), exploring food, shape sorting, filling, and emptying boxes, music and movement, banging pots, looking at picture books/touch and feel books together. Shared attention can be seen more as these play areas are added.

12 – 18 months – talking, repeating words, filling in the blanks with sentences (but asking baby to).

Supporting baby's movement/walking, following baby's choice of toys, sharing, asking baby to "help", music and dance, musical toys, reading stories with pictures, messy play, exploratory play (hiding behind

curtains/hands and baby can mimic), hiding and finding toys/snacks, sand/water play, paint and crayons, baby puzzles. Language and exploration, with good connection to the adult, will be becoming clearer and definitively developed. This links to the increase in complexity for game ideas suggested, supporting, and encouraging both development and attachment for these later 'baby' stages.

When planning for family access it is helpful to consider the following six Principal Categories of a child's play (O'Reilly, 2013:2020):

1. Active Play – Crawling, moving running, climbing, all of which control the head, body, and limbs
2. Exploratory Play – Looking and listening and a certain amount of activity, especially hand skills
3. Imitative Play – Looking, listening, and remembering e.g., Peek-a-boo
4. Constructional Play – Precise manipulation and forward planning e.g., Building blocks

5. Make Believe/Pretend Play – Imitation, creativity, and communication e.g., Shop or house
6. Games with Rules – Involve understanding, motivation, and social adaptation

These categories can also each be related to specific aspects of development, ranging from physical to cognitive aspects of developmental support.

In relation to the development of social skills, play between children and adults is a powerful way to engage and build connection (Cohen, 2009). Play can be a practically applied method by which to build connection with children, while supporting the release of feelings and working through challenging behaviours in a manner that is respectful of the child's age and stage of development (Solter, 2013).

Playing with children promotes key impacts that include the stimulation of fun/pleasure, connection, emotional release, and healing. Again, I want to highlight that Access is not a time for strengthening a child's attachment security to their parents if there is no plan in place for the child to return home. The use of play in access is instead about building connection

and relationships; having fun; and providing children with an age-appropriate way to release any emotions that they may have from seeing or from not seeing their parent.

Play is a developmentally appropriate way to connect with children. It is a technique that can be used by any adult, and it does not require intensive training and qualifications. Any significant adult can use Attachment Play to effectively engage with a child (Solter, 2013). Many adults will have engaged in forms of attachment play activities with children previously implicitly but may not fully understand how beneficial this is to the child, or deliberately promoted this approach in play activity. Attachment Play provides a therapeutic experience for children, which non-therapists can learn to use deliberately. For children 'to play out' feelings and experiences, is the most natural self-healing process they can engage in (Landreth, 2002).

Attachment Play is a term originally coined by Dr Aletha Solter, a developmental psychologist (Solter, 2013). It is used to describe a type of play-based engagement that supports both connection with the caregiver, and the release of pent-up feelings and emotion. This special combination of fun and

laughter can diminish frustration and bring greater regulation in the child's behaviour. This approach supports children in their ability to co-operate because they are not feeling as frustrated and powered over by the adult. Connection is fundamentally related to shared attention, which is emphasised by this play approach and co-operation involved.

Attachment play is a positive experience that involves laughter and enjoyment and that is shared by both caregiver and child (Solter, 2013). This is important because laughter reduces frustration, fear, anxiety, and anger. When attachment play techniques are applied, they can be initiated either by the caregiver or the child. This provides a great flexibility to the process. Children often have their own ideas and can let us know what they need to work through. The child's own role, with agency and action, is emphasised and rewarded by this allowance. Caregivers can introduce activities to help with specific challenges that arise if needed. So, this can be child or adult led as an activity.

Separation from others is a challenging but important concept for children to learn and understand. Games such as 'peekaboo' or 'hide and seek' can support separation issues

for children and many adults will have engaged in these activities. It is important not to overly prolong the separation aspect of this play, and everyone is familiar with the positivity of laughter and excitement at the moments of eye-contact and reunion.

Distraction from child-directed play activity is something to consider carefully. Parents should not be under pressure to arrive at access with bags of treats and toys. On special occasions this can be important to children however when it occurs at every access it takes away from the child's opportunity to engage with their parents. Play does not require any special equipment and can take place at any time with minimal planning. Play can involve toys and objects within the home and activities can also be varied daily (Solter, 2013). If the adult introduces a game or activity, it is important to follow cues of the laughter and enjoyment displayed by the child. This again emphasises the child's active role and agency in this process.

If strong emotions are expressed during any of the above play experiences, we should be mindful that the carer is advised not to punish, shame, or restrict the expression but to become

further connected to the child and listen to these feelings. The simple tenet is ‘no to the behaviour, yes to the feelings’ (Siegal and Bryson, 2015).

These guidelines can help construct a positive and unforced play experience, that develops the connection between child and adult, as well as key developmental areas for the child, in an implicit and natural way.

In the following section of the book, we will examine some of the specific subsets and examples of play types, for their nature, suggested guidelines, and potential impacts for the child and adults involved.

11. Play Ideas for Children during Access



To optimise the child's family time, it is important that parents are supported to make plans for the visit. Professionals should ensure that parents are kept up to date on the child's interests as they change and develop in foster care. Parents should not be under pressure to arrive with gifts and must remember that their children want and need to have time with them. This section of the guidebook discusses different play ideas for parents to consider - for their time with their child/ren.

Painting: Children love to paint. There is great excitement and pleasure in discovering what they can do during painting.

Painting allows expression when the child is still largely non-verbal and provides many choices which are theirs to make, therefore representing a great example of children's voice being demonstrated. Seeing what they can create and do builds self-confidence. Painting can also provide release from tension and a chance to express emotions such as frustration, aggression and rejection that are often more difficult to express. Painting is relaxing and has a therapeutic action on the individual. This type of play activity can also relate to safe release of emotions and expression as discussed previously. In addition, this represents the possibility for the playing out of previous experiences previously described in this book.

What should we NOT do: it is important to watch children unobtrusively, and instead try to observe the stages of development they go through during painting. Unless the child asks for your help, never attempt to show a child how to draw or paint. Interference means stopping an expression of themselves and blocks the formation of her thoughts. Interference by an adult can result in slowing down the child's process. It is important not impose adult standards on the child's painting and allow children to learn for themselves. They are developing the ability to express their voice and communication through this activity. When we interfere in the

child's process she then starts to think about our expectations and what might impress us, and this changes the process completely for her. This lack of constraints can support the expression and playing out of experiences ideas.

How should we react: Reflect to the child the content of their picture e.g., '*you drew a house here; you made new colours by mixing the paint*'. In my applied experience, the first time I did this I was quite nervous when a child I did not know very well said, '*Lisa do you like my painting?*'. Being conditioned at that time to say that it was lovely, was how I wanted to respond. I tried the technique of reflecting content, and I was amazed to see how his focus returned to what he had done rather than himself, focusing on whether I liked the picture. I pointed out what he had drawn and the new colours he had made. To see the little boy's excitement connecting with what he had done, rather than trying to please me, was a transformative moment for me in my engagement with children.

Though we should not directly guide the painting activity, parents can also ask positive questions to stimulate thoughts during painting. For example: '*Did you enjoy painting that?*' or '*Shall we hang it up to dry?*'. It also good to ask child to tell

you about their picture or creation. This builds a further connection between you and the child, and it also helps them connect with their creations, while adding another layer of the child's expressive voice to the activity. Free painting leads to self-confidence and self-esteem in the child. In general, this is therefore both a social connection and self-development area of play.

Clay and Play-dough: Children love to play with clay and playdough. The squeezing and exploring of textures can be cathartic and fun. These materials are great for promoting imaginative play and a fun way to develop hand skills. Working with clay or playdough can be soothing to experience, and help children deal with feelings of anxiety or stress that may be stirred during family contact. Using clay and playdough can also help children express their feelings, as an aid to limited language in younger children. In this respect, this type of play presents similar benefits of the child's role and voice to those we discussed for painting. Parents should not be under financial pressure for contact with their children and it is useful that Playdough is economical to make. Children can engage in that as a further play-based activity, as they love to help mixing the flour, olive oil, salt, and food colour, with additions such as glitter possible variations to try.

While using these materials encourage your child to make her own creations, play an active role, and to enjoy the process. Remember that 'doing' is more important than the end-product. Encourage her to explore language such as what it feels like; what shapes are forming; different sizes and mixing colours as descriptions. Modelling tools such as plastic knives, spoons, rolling pin, biscuit cutters, garlic crusher and any relevant tools. Working with clay helps a child come face to face with what is happening in their mind. This can support their expression, aside from language use, while promoting connection with adult.

Puppets: As tools for play puppets are wonderful for the development of the child's own ideas and help express creative abilities. Using puppets helps to provide a safe distance from reality in which she can explore aspects her world in a secure environment. Puppet-play is highly adaptable so can be used on most occasions when the adult wants to connect with a child in a playful way. When you play with your child using puppets this engagement can be helpful for speech difficulties and can improve child's ability to express herself both verbally and using physical forms of communication such as body language. Confidence can be developed as the child can initiate ideas and be involved in

decision making. Social skills can be developed by learning to co-operate and take turns in a playful way. These areas are consistent with the previous issues of exploring and making sense of previous experiences for the child, with the use of play-acting and role-playing for communication of ideas (as opposed to simply using language).

Play-Bag Collectibles: I generally observe parents bringing a multitude of presents to access with their children, and I worry that the gifts can distract from the child-parent engagement. I recommend that parents gather, over time, a special play bag that is used for their time together. The following toys were recommended during my play therapy training as the essential toolkit for therapists who were travelling to different venues, to meet children. Some or all of these materials are available in access venues. I recommend that parents, foster carers and professionals have a similar play bag that they use for their special play time:

- Figurines: people, soldiers, heroes; dolls house and furniture
- Toy food, Animals, Vehicles
- Puppets and finger puppets; baby doll and bottle

- Toy money/cash register, soft toys
- Squeezy paints and homemade palette (egg carton)
- Markers/pencils/crayons/paper/cardboard/lollipop sticks, any craft material- egg cartons, smoothie cups etc.

Presenting and allowing this wide range of materials for imaginary play facilitates a potentially wide range of ideas, for the child to choose from. This can allow boundless expression and development of representation for the child in this way and does not overly constrain play. Giving choice to the child is a key approach for supporting their own active role and agency in this process, as further examined in the next section.

Non-directive/Child-led Play: is self-directed by the child and the adult follows her lead entirely. During family contact most parents feel a need to ‘perform’, or actively demonstrate their role, when invited to play with their child. In my applied experiences with play, what I have learned from my early awkwardness with play activity, is that child-led play can take the pressure to create the fun away from the adult. Allowing the child to lead in play activity promotes confidence and builds imagination, while the parent can support this process

by giving full attention to the child's direction of the play experience. This can create a strong recognition of the child's perception of their own agency and active participation.

Child-led play has been described as the best way to connect with children and to enhance relationships (Solter, 2013). The guiding principle in child-led play is that the child is free to choose how she will use the time. The child leads, and the adult follows her lead entirely (Landreth, 2002). Child-led engagement requires a little practice, as adults may not be used to releasing some of their control during play, and there are some basic skills required by the adult. During access parents should consistently remember to allow the child to lead the play. A key skill in this type of engagement is for the adult to comment or name what the child is doing. This descriptive approach is often enough to show the child that the parent is connecting and affirming the choices she is making. While child-led play requires practice to unlearn our potentially pre-existing adult directive and controlling methods, my applied experience has shown me that this way of engaging with children is a great way for adults to become reacquainted and familiar with play.

This type of play experience relieves much of the pressure for adult initiated play, while also supporting the child's development and self-concept in multiple ways. When initially introducing child-led play into your access with your child it is important to consider the amount of time you can commit to it, as she will enjoy it and seek it. It is helpful to be clear about boundaries for when and how often it can occur. If you have one hour of access you can be clear with your child that they are the boss of play, and you as the adult will provide more practical issues such as safety and mealtimes.

One reason to plan some guidance more generally is that children respond well to and are happy with consistency and predictability. For example, if this more flexible play experience can regularly occur for twenty minutes during access time, this will become predictable for the child, and is something that they will look forward to. For the play session it is helpful to set a timer to mark the beginning and end of this special play time. This can help the adult give their full attention when it is for a set time, and the child will jointly know the parameters of this special play experience. During this dedicated time, it is important for the adult to show a genuine interest and listen to the child by paying full attention. The basic principle of this engagement is that the adult follows

the child's lead and only joins in the play when and if they are invited to do so. When invited into the play it is empowering for the child when the adult asks, 'what would you like me to do in this game/play?'. At such moments the child has constructed their own play activity and environment and will have shown an acceptance for the adult to make a connection with them, through such play engagement.

Symbolic play: with specific props or themes can be especially effective for helping children to heal from trauma. This approach involves a more directive role, offering the child a specific toy or play theme, e.g., playing and interacting with toy dogs to help with a child's fear of dogs. This can be very useful for behavioural issues, such as toilet training, sibling rivalry or lack of cooperation. Symbolic play can provide a more targeted approach to play, where the adult may be aware of a specific issue, they wish to help the child engage with positively. As with many play activity approaches, this provides a safe way for the child to interact with potentially difficult feelings or issues.

Contingency play: is defined as any activity where the adult's behaviour is predictably repeated and is contingent, and therefore reliant, on the child's behaviour. This is a great way to establish a connection, as this play depends on reciprocal

interaction e.g., child may throw doll on the ground – adult will then say ‘ouch’. The child will laugh if enjoying activity and repeat it over and over, reinforcing the connection between the child and adult in this way. Piggyback rides that follow the child’s nonverbal instruction also demonstrate a repeated activity cycle, while linking to the ideas of child-directed play discussed previously.

Nonsense play: is any activity in which a child may deliberately act silly, make obvious mistakes or playfully exaggerate situations, emotions or conflicts. This only qualifies as Attachment Play when it involves both child and caregiver interaction. Exaggeration play can resolve discipline issues by exaggerating conflicts to the point of becoming ridiculous, e.g., the child will not take a bath – caregiver can pretend to be a bulldozer going to dig all the dirt off. This type of activity can be seen to stretch the cognitive development in children, by enhancing understanding of concepts. In addition, joint play of this form builds the idea of ‘shared’ attention and understanding, as concepts are only nonsense if there is a joint understanding for what is known to be wrong. During the Covid-19 Pandemic, my brother chased my children around the garden pretending he was the ‘Coronavirus’, and the laughter and physical activity they experienced within this

play helped them to release some of the fear and tension building at that time.

Separation games: are defined as activities where short visual and spatial separation occurs between the caregiver and child, e.g., peekaboo, hide-and-seek. Babies from six to eighteen months love these games and the stress released through laughter helps the child deal with separation anxiety. The important element is the moment of visual and physical reconnection. As indicated earlier, separation play should not be too excessive in extent of separation, to avoid any undue distress. This activity can help build a powerful level of connection, as both child and adult are essential to the activity and process.

Power-reversal games: are an important and influential subset of play activities in which the adult plays a less adult role such as being frightened, weak, clumsy, or angry. An example of this is a gentle or simulated pillow fight where the adult pretends that the child has knocked him or her over. The laughter during this play is therapeutic as it releases tension and anxiety resulting from feelings of lack of power for the child. This play can also support healing from adult-imposed

trauma, such as abuse, in teaching a more positive perception of interaction with an adult.

Power reversal play allows the child to role play as such things as a fairy tale character, a superhero, or a powerful creature that they can relate to. When using power reversal play it is still important to state limitations when necessary. A key limit of the power of reversal play is that nobody gets hurt. During a play activity such as this, a great deal of laughter will occur, especially when an adult falls over in an exaggerated manner. This will make the child feel very powerful and may help develop their self-esteem if this is needed.

It is also the case that younger children may feel powered over by older siblings, as they do not have the same abilities as the older child. Playing out this frustration and experiencing power through play can be very therapeutic to process the emotions that comes with the feelings of powerlessness or imbalance. Family development can be indirectly related as a potential benefit, due to this self-development.

Giving power in play can help children repair from any negative feelings of being powerless. It can be very positive to

offer them opportunity to play the parent while you play the child. This kind of role play can also generate a lot of laughter and a lot of healing for children. This supports the development of understanding for different types of relations with adults in addition, supporting good connection too, with power relations demonstrated in play by both parties.

Experiencing power is important because being a child can be a very frustrating experience. Adults are constantly repeating limits and boundaries restricting their own agentic actions in what they are permitted to do. When we allow children to feel powerful and take charge for a few minutes, the theory tells us that they are less likely to feel frustrated with the expectations placed upon them throughout the day, and they will be more inclined to be cooperative (Solter, 2013).

To develop on some specific details, some suggested forms of play will now be described. You may wish to experiment with the following types of power-reversal play:

- Use the child's name to play the Simple Simon game e.g., 'Emma says to hop on your left leg'.

- Gentle pillow fights with the adult falling in an exaggerated and playful way. Hit only as hard as it takes to illicit lots of laughter.
- Tie your child up with toilet-roll (easily broken) insisting that they will never break free from this position.
- Follow the Leader instructs you to do everything that your child wants to do, and it is important for you do that unless the direction is truly unsafe.
- Child-led play time where play activity is chosen from a wider range of activity, and she is reminded that she ‘is the boss of play’ and you ‘are the boss of safety if needed’.

The Regressive Play Experience: can be observed during family access. Regressive play refers to play experiences when children revert to earlier, or younger, developmental stages. This type of play is particularly important in times when children are behaving in ways that are representative of a much earlier than their age or stage of development. I have observed parents and foster carers become worried if this is shown by the child and attempt to intervene in a way that leads the child out of this type of play or behaviour. When children behave in this manner it is important to connect with them at that level as they are indicating a basic need or working through

something significant that they cannot express in words. Language itself may be limited for the child, while playing these roles can communicate ideas non-verbally, they have about themselves as growing children.

There are different areas of regressive behaviour. Children can suddenly start to have toileting accidents after being fully trained for over a year. This can occur before or after family contact. Regressive behaviour can be observed when your six-year-old child starts having temper tantrums like those that they had at the age of three years old. A common regressive behaviour is when older children revert to using speech like a baby to engage with their caregiver or others. Regressive behaviours often occur when children are seeking more, or different, attention from their caregivers. In these moments it is important that regression is responded to with extra love, empathy, and curiosity. It is very normal for all children to regress at times when they may be feeling stressed or unsure. Development is also something that is naturally variable, so some temporary regression is natural at times, and should be treated that way by adults. Behaviours generally last for a few days at most, and there is no need to worry. If the child does not seem to be able to move forward from a long period of regression it will always be of benefit to speak with a

professional. The main thing is to relax and give your child the connection that they need to work through their stress.

Children in foster care often engage in regressive play activities around the birth of a sibling. This can be particularly challenging for a child in foster care if the new sibling remains in the birth parent's care. They seek the same level of adult attention that the baby is receiving, and desperately want to experience this care, eye-contact and interaction. This can be related to the idea of attachment behaviours, which are often also essentially regressive in nature, for example crying. Too often, this is responded to in a negative manner, by sentiments highlighting that they are the 'big' sibling and there is no need to be acting like a baby.

I recommend, instead, that parents are supported by professionals to talk to their child about when they were a baby and the things they liked. Parents can sing a lullaby or describe play that the child enjoyed when they were a baby. As referred to earlier in this guidebook children in foster care and late adopted children often have many questions about themselves as babies that cannot be answered with certainty. These issues are important for the child's understanding of their self and

identity. I always encourage professionals to support parents and foster carers to co-create an album for the child that provides pictures and a narrative about their life. This can be a very helpful activity for a child's sense of self, identity, and sense of belonging. When regression occurs it can be very helpful to look through this album that represents her story.

Please do not worry that you are encouraging them or facilitating ongoing regression in their development. It is important to understand and believe that by responding to them gently and supportively you are connecting with them in the way that they need you to. This is an essential tenet of responsiveness being appropriate to the child's current needs in their development. It is also useful to understand that temporary regression is normal aspect of behaviour and development in children, in particular where they may be experiencing difficult feelings.

Activity with physical body contact: is a type of play activity that requires careful, professional, consideration by the child's social worker. Parents often share with me how they are terrified to touch their children during access, as they worry as to how this will be interpreted by professionals. This can also

vary between different children. Some children may have the need for physical touch with their parents, while with other children this requires careful assessment and planning. Play that encourages physical contact while respecting the child's boundaries enhances connection. The mutual enjoyment of playing and touching is powerful in strengthening attachment and bonding. Touch represents a powerful form of dyadic interaction between adult and child. Such play has the power to repair the damage of traumatic separations. Connecting physically through play can support creation of feelings of self-worth, safety and belonging for children. This area of play also represents some of the most direct connection and interaction behaviours that support positive attachment.

Cooperative games: are activities can help strengthen connection by allowing children to tell cooperative stories or engage in related activity, such as building block towers working together with adults. Opportunities for connection without the threat of 'losing' the game in any form make this type of play special for connection. Child and adult (or other children) can work towards a common goal and no-one loses. An example of cooperative games includes many children working together to keep balloons in the air or sharing chairs in musical chairs. This can encourage social areas of

development and learning, alongside the connections supported by this type of play activity.

12. Sibling Access

by Helen Tully, Guardian ad Litem



Helen Tully is a Guardian ad Litem with Gallore Child and Family Services. Helen's practice is deeply embedded in children's rights, and she is a strong advocate for sibling access and positive family contact. In her role as a Guardian ad Litem, Helen represents the voices of children in their childcare proceedings and advocates for their best interests to be met.

Helen has over nineteen years' experience in the field of child protection, child welfare, fostering, and family support. Helen worked for nine years in children's residential services and family support. This myriad of experience has enriched

Helen's insight into to the importance of sibling contact for families that are separated. Throughout Helen's career, she has acquired extensive experience of organising, supporting, facilitating, and supervising family contact.

Sometimes prior to entering the foster care system children may have lived with more than one family. For this reason, an initial challenge can be the difficulty in identifying siblings. Indeed, at times children may have had one or more foster placement breakdown. Within these placements children may have formed sibling type relationships with their foster siblings, with whom they have no biological connection to. *'Very often people hold a restrictive definition of what a sibling is which requires that children have a biological parent in common'* (Child welfare and information gateway, 2019). Research suggests that *'biological relatedness is not associated with young children's perceptions of closeness of siblings; being a full, half, or stepsibling did not influence their perception of closeness'* (Sturgess, Dunn, & Davies,2001). According to the Child Welfare Information Gateway (2013), *'Children may have more expansive definitions of who their siblings are; they may include biological siblings, step siblings, foster siblings, or other close relatives or nonrelatives with whom they live or have lived'*. It

is clear that research indicates perception of sibling relations by children extends beyond the simple biological definition of relatedness and can occur in all family environments as a natural outcome of that setting.

Sibling relationships are essential to children, and the maintenance of sibling ties *'can nurture a sense of stability and continuity in the lives of foster youth'* (Herrick & Piccus, 2005, p.851). Siblings that experience abuse or neglect by their caregivers have strong ties to one another, demonstrating the importance of connection of experience in forming sibling relations.

'Having a brother or sister provides children with a peer partner with whom they can explore their environments, navigate social and cognitive challenges, and learn skills' (Richardson & Yates, 2014). Sibling relationships can provide a source of continuity throughout a child's lifetime and can be the longest relationships that people experience. Unfortunately, though, *'many siblings may be separated upon removal and not have frequent contact while in care'* (Wojciak, McWey, & Helfrich, 2013). For some siblings in the care system, their separation or infrequent contact can

cause those relationships to wither in nature, sometimes to the point of permanent estrangement. The following sections outline the importance of sibling contact when it is assessed to be safe and in the best interests of the child.

All children have a right to see their brothers and sisters when it is safe to do so and considered to be in their best interests. Efforts need to be made to make contact safe and positive before ruling it out. When children are placed in care placements this is often not achieved, or plans put in place in relation to sibling contact are not meaningful enough and left at the discretion of carers to organize themselves. Article 8 of the UN Convention on the Rights of the Child (UNCRC) highlights that *'states should respect the right of the child to preserve certain aspects of their identity, including their family relations'*. *In most instances a child's relationship with his or her sibling should be recognized as lifelong and a vital factor for a child's sense of identity throughout his/her life'*.

The Child Care (placement of children in Foster Care) Regulations 1995 require that a care plan is drawn up for the child, which sets out among other things, the support to be provided to the child and the foster parents, and the

arrangements for access to the child in foster care by parents or relatives. This supports the relation of siblings as key contact figures for the child.

The National Standards for Foster Care (Department of Health and Children, 2003) highlights the importance of sibling contact: *‘Siblings are placed together where possible, taking account of their wishes. If they are not accommodated together, arrangements are made for them to have high levels of contact, including holidays together, provided this is in their best interest’* (Department of Health and Children, 2003, p.11). While these standards are not enforced in law, they are the Standards which guide professional practice, therefore proposing that sibling contact should always be given careful consideration and assessment.

According to Cooper (2013), numerous studies have shown that children enjoy frequent contact with their siblings (O’Neill, 1997 cited in Buckley, 2002, p. 234; Dyas, 1998 cited in Buckley, 2020) and more recent studies report that children would prefer more contact with their siblings than any other family member (Daly & Gilligan, 2005; Ofsted, 2009; McEvoy & Smith, 2011). Despite how well-planned a child’s

entry into care is and regardless of the reason for the child's admission to care, being removed from their family and their home can be a traumatic experience for children. This separation can cause children to feel worried and confused. The findings on siblings suggest that is a key relationship within these difficulties. 'They can experience a sense of a loss of identity, self-esteem, and a sense of belonging, which can be exacerbated by separation from a sibling' (Wojciak, McWey, & Waid, 2018).

Adapting to life in foster care is not easy for children. They must adjust to the new environments, caretakers, and schedules away from their families. Fear of losing siblings can lead to feelings of insecurity, sadness, isolation, loneliness, and anxiety. This fear can often be a cause for significant anguish on a range of levels.

For siblings who are not residing in the same care placements, contact is an important means of sustaining their relationship, enabling them to stay 'familiar' with each other and remain 'close' despite no longer living together. This contact may be important in reducing the more negative effects discussed above.

In ascertaining children's wishes and voice in this area of their lives, a high number of children in care tell us they want to have contact with their siblings. Children communicate that sibling contact is important to them. It is my experience that maintaining contact with siblings is one of their highest priorities. Positive sibling contact can assist in the development of self-esteem, identity, stability, and love. It can be a source of stability and continuity for the child. Sibling contact can provide children and young people with a sense of belonging that can last into adulthood.

Many children who enter care have experienced neglect or abuse at home. Very often the only positive, reassuring and long-lasting relationships they have is with their siblings. They have a shared experience together. Regardless of how difficult those experiences were, it is only their siblings and themselves that will ever truly 'know' what the experiences were like from personal experience.

Older siblings very often take on the role of protector of their younger siblings. For younger children their older sibling may have been the only person who has ever kept them safe. While no child should have to take on this role, it is a fact that they

often do. For these siblings to then later be separated is extremely difficult. Contact in such circumstances is crucial as this separation can create an anxiety for both the younger and older sibling.

When siblings are separated from each other they often worry about their siblings in other care homes or those remaining with birth families. Through my experience of representing children's views and wishes in care proceedings I learned that, regardless of the reassurance provided to children in care, some of them will continue to worry about their siblings until they can see for themselves that their sibling is safe and doing ok. Without this knowledge, it is my experience that children in care worry that their sibling may be unsafe. Contact can help reassure them by letting them see that their siblings are all right more directly.

Research over the years has shown that children often feel unheard and disempowered in relation to contact with their siblings (Kosonen, 1996; Deady, 2002; Festinger, 1983 cited in Leathers, 2005, p. 817; Hegar, 2005; Fox & Berrick, 2007; Ofsted, 2009). Given the importance of sibling relationships for the positive outcomes they can generate, it is imperative, if

possible and deemed to be in the child's best interest, to place siblings together. However, given the lack of care placements that may be available in current times this is not always possible. In these cases where joint placement is not possible, the Child and Family Agency should seek ways for siblings to remain connected while they are in foster care, or after they have aged out of care. Sibling contact should be viewed as a priority when children wish to have this contact, and where there has been no allegation of abuse or any other extenuating safety issue involving siblings.

It is my experience that, because of difficulty in sourcing placements, frequently siblings are placed in placements far apart in location. This can create a difficulty for the Child and Family Agency in facilitating sibling contact. However, it is crucial that consideration is given to what is in the child's best interest, what are the child's wishes, and remember these children did not choose to be living such a long distance from their siblings. That said, it is imperative that professionals responsible for the care of these children take responsibility for putting appropriate sibling contact plans in place, to ensure children have adequate contact with their siblings - which in my experience most children in care want.

It is important for children that social workers value and play a greater role in facilitating contact between siblings in foster care. Gogarty argues (1995, p. 116); *'It is the responsibility of the social worker to build a relationship with the child to the point where he or she is sensitively aware of the child's needs for and response to access, and how this can be met'*. The nature of contact a child or young person has with their siblings should be determined by what is in the best interests of the child. Each child's needs, wishes and welfare must be considered when making decisions about their contact plans. Gaining a greater understanding of the child's own perception of their relationship with their siblings can be helpful in making decisions regarding sibling contact, and the meaning of the relationship to the child may also change and be influenced by a child's stage of development (Hindle, 2000 and Leathers, 2005).

Plans for promoting and maintaining sibling contact should be included as a key part of every child's care plan. The care plan should clearly set out contact arrangements. These should be reviewed regularly to make sure the plan continues to be in the best interest of the child and to take the child's wishes and views into consideration. However, while in the majority of cases sibling contact is beneficial for the child, it may not be

appropriate in every case. Relationships can be complex and can often involve some level of risk, which should also be assessed professionally. Sibling contact must be included in access plans as referred to earlier in this guidebook.

Social workers and foster carers have key roles to play in the facilitation of contact between siblings. Foster carers need to be supported to do this by their social worker. At the preplacement meeting foster carers should be informed by the Child and Family Agency what the expectation is in terms of facilitating sibling contact. This guidance should outline how often contact is likely to take place and what they will be required to do to facilitate this contact. Very often discussions in relation to sibling contact take place post placement. Occasionally foster carers then advise that they are unable to facilitate sibling contact. It is important and should be considered a priority for children in care that this contact is supported by their foster carers. Ideally, foster carers should rotate having sibling access in their homes to ensure siblings get to see where each other lives.

When organising sibling contact it is important that adequate consideration is given to the duration of contact, how frequently it will occur, while ensuring the venue is child friendly. Often when siblings, particularly of a younger age, meet each other they understandably become overexcited as they have not seen their siblings for some time. In such instances it can take them time to regulate their behaviour and emotions and become fully present. When children are in an overexcited state, they do not have quality time with their siblings. Taken this into consideration the duration of contact should provide adequate time to address and cope with this.

Sibling contact is imperative for children in care who are separated from their brothers and sisters, when this contact is deemed to be in the child's best interest. This consistent and regular contact can help a child to feel safe, secure and give them the stability they need to develop in key social and psychological aspects. For children in care very often maintaining sibling contact is priority for them. For these reasons, sibling contact must be prioritised by professionals and adult carers, when it is deemed to be in the child's best interest.

13. Effects of Poor Contact

by Sarah Murphy, Guardian ad Litem



Sarah Murphy is a Guardian ad Litem with Gallore Child and Family Services. Sarah has over twenty-one years' experience working with children and families. Her extensive practice experience includes a wide range of applied areas: family support, child protection, children in care, fostering, separated children seeking asylum, juvenile criminal justice, adoption, medical social work, and disability advocacy.

Sarah's practice experience covers this unique wide range of expertise in representing children's voices in the settings of foster care, child protection, disabilities, adoption, and children seeking asylum. Sarah has over two decades of experience working with children in foster care. Sarah's practice with children in foster care was enriched by the ten years that she worked in the adoption services. This range of experience has given Sarah insight into the life-long impact of the separation of children from their families of origin. Sarah's unique experience is particularly important in representing the voices of children with disabilities involved in care proceedings. In this chapter, Sarah shares her insights, research, and experience in relation to the importance of family contact and the challenges with family contact.

There is some cross-over between the literature on contact in long-term foster care and contact in open adoption, and studies on both have informed the debate (Tansley, 2014). A longitudinal study of access in the UK post adoption, with a sample of thirty-six children who were placed mainly from care and before the age of three, described the relationship that developed with birth relatives through access. These relationships were found to be more like they would be with an aunt or friend of the family rather than a close relative or

parent. Such a finding fits with other studies into the relationships of young, adopted children (e.g., Neil 2002). This situation can be confusing for the children and a deeply painful experience for the parents. Contact for parents can also cause uncomfortable feelings of guilt, shame, grief, and loss. There are few things in life as painful as losing your child to the child protection system, watching them relating to somebody else as their parent, and calling those people ‘mammy or daddy’.

Considering the potential for upset and risk to placement stability why have contact at all? Particularly for children in long term placements who are embedded in their foster family and unlikely to ever go home.

Until relatively recently when children were permanently separated from their birth families a ‘clean slate’ break was thought to be ultimately kinder and safer for both children and adults. The prevailing wisdom was that this would mitigate against what Murphy and Jenkins (2012) described as ‘*divided loyalties*’ between both families. It was also supported as a reduction of personal and internal conflict that can be caused for children, by the challenge of trying to incorporate into their

lives these two families whose members may not like or trust each other (Tobin, 2013). The thinking at that time was that babies should be moved to their new families as early as possible, so they will not be confused about growing up with information that they had a different family.

From my experience, and those reflected in research, it is common for many adopted adults to report a lifelong sense of loss. These feelings often trigger a strong urge for information and/or a deep desire to meet birth family (Howe and Feast 2003, Triseliotis et al 2005)

Nancy Newton Verrier describes adoptees experience of a deep sense of loss, in particular the loss of the birth mother, as the '*Primal Wound*' (Newton Venier1993). She writes: '*I don't believe it is possible to sever the tie with the biological mother and replace her with another primary caregiver, no matter how warm, caring and motivated she may be without psychological consequences for the child*' (p19) and that as a consequence we '*have to understand what we are doing when we take (a child) from their mother*' (p13). She quotes the testimonies of many adult adoptees from her ten years of research to illustrate this sense of pain that something is

missing. Gerald for example states: *'Even though I was an adult when I found out that I was adopted I have always felt incomplete, as if something got lost between the hospital and home – or maybe even before that'* or Paul *'I'll feel as if I'll never know who I am until I find her (birthmother). It isn't just a genetic thing. It's who I am – more like the soul, more like the real self'* (p33). Such testimonies illustrate this deep sense of pain and perception of something missing.

In my practise experience many adult adoptees have also often referred to such loss in terms of their sense of self. Identity is a complex concept, the discovery of the self a lifelong journey, however it is in childhood that the blueprint is set. We grow and start to know who we are by what we experience, by what our family says and does day in day out, and how we are linked to other family members. Thus, weaving a web of interconnectedness that helps us find our own place in the world. Belonging is a key psychological need. *'Human beings are social beings and the need to belong is as fundamental as the need for touch'* (Van Gouling 2010 p22). How often do we hear things like *'you are just like your father'*, *'you have your aunty Phil's sense of style'*? In the UK now the ethos has changed and most children not living long term with their families are in open adoption arrangements with information

about and contact with birth family. This represents an acknowledgement for these fundamental needs for understanding and relation to their birth families.

A longitudinal study by David Howe, with one hundred and twenty adoptive families, describes how most adoptive parents had started off with a *'fierce belief in the primacy of upbringing and a strong rejection of the idea that genes and biology would have a significant impact on the development of their child'* (Howe 2002 p 136). However, as the children grew up and their adoptive parents became more relaxed and comfortable about the impact inheritance played, they conceded that some of the basic features of their children's make up, including temperament, personality, and intelligence, seemed to come from within them and were not learned. They described mannerisms, interests, talents, behaviours, skills and even career paths that children took that were similar to their birth parents. This demonstrates the role of a child's nature, set aside from that of nurture, in understanding our children.

When you grow up with your birth family, development of a sense of self is assisted and influenced greatly by the evidence of all of such shared features with other family members. You hear the stories that tie together your past, present and future,

which help to answer the profound question ‘*Who am I?*’ This is a question I have heard many adopted adults ask, who face the challenge of many gaps in knowledge, complicating for them the completion of this important self-developmental task.

In my experience, many adults adopted in the closed system in Ireland, where information on their birth identity is not freely shared, are unable to build a coherent story around their differences from their adopted families. Loss of identity for adults adopted in the closed adoption system is an extreme example of the ‘clean slate’ approach, which has caused psychological distress for many. In recognition of this there has been a fundamental shift in adoption policy and practice, with movement towards open adoption, promoted by adoption social workers in assessments of applicants and in post-placement visits. However, contact with birth family, and information sharing, is still at the discretion of the adoptive parents, while legally adult adoptees still do not have a stand-alone right to information about their birth families or even their birth certificates. The current Adoption Bill going through the Oireachtas is designed to address these problems but remains decades behind the practises in our neighbouring countries.

Communication is also a central element for children growing and developing in family settings. Children who live with their birth families have opportunity to learn about their past, and the means to being able to understand it and themselves, through stories and ongoing discussions with their parents, siblings, and wider family. Children like to hear stories about themselves, in particular about the time before they have their own conscious memories. Baby photographs, stories about the hospital and coming home, mementos from that time hold such significance. When my own father, a typical unsentimental Irish man, died and I found my baby hospital wristband in his bedside locker I was moved in a way that is difficult to describe.

For adults adopted as babies and many children in care, particularly those placed at a very young age, a lot of this important early information and significant memorabilia is lost. I was peripherally involved in a Tusla project that matched adult adoptees with mementos and photographs from their first months of life, while being cared for pre-adoption in a nursery; a type of mother and baby home institution run by a religious order where mothers did not stay. These mementos included hospital wristbands, photographs the young nursery nurses had taken of them as babies, ribbons, toys, booties etc.

The recovery of these precious items decades later had such a profound impact on these adoptees, who had little or no information about that period of their life or birth family. Prospective adoptive parents in intercountry adoptions are encouraged to collect memorabilia for their child which can be held in a memory box for them. They are encouraged to display some of these items in the home, along with photographs of the child's early life from before they were removed from their country of origin and adopted. Foster carers of children in care can also be supported to do this for the children they foster. It is very important that information and mementos from the child's early life are seen to be treasured and not lost.

Life story work is a technique often used with children after they have been in care for a long period, which recognises the importance of integrating the past, present and future for a child. However unfortunately by this time much of that original rich information may be lost. It is important that, where possible, it is collated at the time and kept for the child. Displayed photographs in the foster carers house of the child's life pre-care, photo albums, memory boxes of significant items from the child's past can all help the child integrate their separate identities and normalise separation from their birth

family. They are also a concrete way of showing the child there is acceptance of their other family, and that they hold a part of their identity that is rooted in their origins, which is not being whitewashed out but instead respected and encouraged by their foster carers.

There is a tendency sometimes for contact with the birth family to drift as a focus, as children grow older in their long-term placements, but it is important for adults to take measures to mitigate against this. Contact can provide reassurance to a child in care that everything is ok with their birth family, while also help to temper unrealistic or unwanted fantasies about them. In my experience with adopted adults sometimes reunions with birth family decades after separation can prove disappointing for both parties, with any idealised expectations not always matching the reality. The birth mothers expect the child that they relinquished many years earlier and can find it difficult and even disappointing to see an adult instead, and to face the reality of all those lost years. Adult adoptees report similar emotions, their mothers not living up to the idealised person years of fantasy has created in their mind. Adoption social workers should look to prepare both parties for such potential disappointment and maintain realistic expectations.

In adoption it is accepted that the desire for information about one's identity is different to the desire to meet with birth family. Sometimes children in care do not want to have face to face contact with their family. This should be explored with the child, it is not a caveat to leave well enough alone and cease all contact, but nor should children be forced into meeting with family when it is not in their best interests. Adult adoptees sometimes talk about negative feelings of betrayal and may wait until their adoptive parents are very elderly or dead before searching. Professionals also need to be mindful that children in care may subconsciously not wish to upset their foster carers. Children can also pick up any resistance to access by the adults in their lives. This range of issues can present different forms of barrier to contact.

There are also specific times when contact is not possible, not in the child's best interests, or the parent is unavailable. During these times the child should continue to have access to age-appropriate information about their birth family and know, where possible, that they will be supported to resume contact when suitable. Where contact is not possible with one family member alternative family members should be explored. Contact does not have to be face to face, so examples such as online gaming with siblings, text messaging, seeing or sending

photographs or short videos of significant events in the child's or family's lives are all still significant, and forms of indirect contact that might be more appropriate. Professionals and foster carers can help the child to maintain psychological bonds with their family through raising conversations in normal contexts about them, such as '*your mum was a good singer*' or '*you have nice black hair like your dad*'. For children with very negative experiences of their parents, or where parents have committed serious crimes such as murder or sexual assault, this may not be appropriate, and they may require specific therapeutic counselling support to help to come to terms with this reality.

Children often possess a natural curiosity about their family, which may ebb and flow in strength at different times in their lives and development. Adolescence is a time and period of development of particular interest for identity. It can be very stressful for a young person to make contact with relatives if they have had a long gap in contact, and that they may have built up unrealistic fantasies in that time (Thonburg *et al* 2000).

Social media sites, which are prevalent in many adolescents' lives, make it much easier for children and young people to search and make contact with others without any input or support from their foster carers or social workers. Many young people who have grown up in care where contact has drifted take it upon themselves to search for and connect with birth family. An online study by FosterClub, the national US network for young people in foster care, which had 79 responses from young people in foster care, found that 74% had used the internet to search for family (Bodner and Knapp 2011). For some it was a very positive experience and social media, gaming or other online communication can be a good way to restart or develop contact with boundaries. As one respondent in the survey said '*Facebook allows me to keep in contact with siblings while keeping a safe distance. I'm not sure I'm ready for a normal relationship with them*' (p28). Taking charge of a search can provide a sense of control, something which is attractive to children in care who have had adults make lots of important decisions about their lives. This is also my experience with adult adoptees who have been denied access to their information by adoption agencies.

The use of the internet in adoption tracing, including resources such as DNA ancestry search sites, are often very successful

in finding extended family members. The outcomes of children finding and connecting with birth family on their own, or vice versa, can sometimes be a negative experience however, with difficulty such as placement disruption, divided loyalties and conflict, secrecy and pressure, disillusionment and further rejection, abuse, or even re-traumatising (Fursland 2011). While specifically referring to adopted children, what can be called 'communicative openness' should be sought. This entails adoptive parents sharing information, showing they recognise the importance of birth family and maintaining long term contact, which can mitigate against any negative outcomes due to children making searches and contact in secrecy.

Ideally young people's birth families and foster carers would work in partnership with one another. However, in reality working partnerships can be perforated with difficulties, conflicts, and ambiguities (Thoburn et al 1995), and often it is contact that can cast a spotlight on these challenges. Of central importance to the success of contact are the relationship skills of the adults, their ability to manage difficult emotions and negotiate respective power (MacDonald and McSherry 2011). Parents need to be supported to help adjust to their changed role in the child's life, and if they lack necessary skills to

interact appropriately or play with the child during access should be assisted in this. The ability of the foster carers to accept the birth families ongoing and everlasting physical and emotional place in the child's life is also key (Butler and Charles 1999). What is important for all involved is clarity over the purpose of the contact, being consulted about how it is set up, valuing it as important, being flexible about it changing over time to reflect the developmental stages of the child, and ultimately a commitment to make it work. This final aim is to benefit both the child and all adults involved for all outcomes.

The Northern Irish Care Pathways and Outcomes longitudinal study followed 374 children under the age of five who were in care on the 31st of March 2000. This research found that a small cohort of the young people interviewed had troubled or mixed feelings about contact with their birth family, expressing anger at what they perceived as multiple rejection and abandonment (Fargas and McSherry 2018). In the face of such potentially challenging psychological issues, it is vitally important every effort is made to support vulnerable parents in understanding the importance of their relationship with their child, and the potential impact of less positive, inconsistent or less meaningful contact.

14. Optimising Family Contact - Key Principles



The *Report of the Working Group on Foster Care* (2001a) states that, '*It is important for everyone to have a sense of their own identity and it is particularly the case for children in care*'. Research and experience show that the longer children are in care contact between children and their families tends to diminish. It should be the child and family social worker's responsibility to endeavour to maintain as much contact as is reasonably possible between children and their own parents, considering the child's safety. It is recommended that the child

and family social worker manage contact in line with the agreement in the care plan. In circumstance where contact is minimal social workers must ensure that the child has up to date knowledge of his or her family and their circumstances' (Nestor, 2016, p.319). This represents the fundamental goal and rationale for the importance of optimising all experiences of family contact, for the child involved.

The needs of every child and family differ within the context of family access. As referred to earlier in this guidebook the venue for access needs to be carefully considered and changed regularly to truly understand what works best for each child and family. Some children need to see their parents individually or in smaller groups. Other children prefer meeting their parents with full sibling groups. In some circumstances children do better with frequent access visits of short duration and some children prefer longer access visits with a lesser frequency. It is imperative that access is reviewed regularly, and multiple possibilities tried to understand what is in the best interests of the child (Wilson, 2019).

The Role of Foster Carers: The literature highlights that foster carers who have open discussions with their foster

children about their past, their relationships with their birth family and who are supportive of contact are essential to positive outcomes for contact visits' (Taplin, 2005). Beek & Schofield (2004) also support this view and emphasise the importance of having foster carers involved in meetings and during the planning stages of access.

Lifestory Work: Children need to know about their families. It is important that they have regular updates from the professionals caring for them. The research states that children who know, and continue to have an attachment to, their family members will be better equipped to form new attachments with their foster carers (McWey & Mullis, 2004). The importance of positive connections with all adults, with which children have contact and support from, is a central principle to work towards. This represents a holistic view of the child's support structure.

Locations for Access: The setting where family contact takes place can play a key role in a child's birth family contact. The locations for access should be varied to see what works best for the child. Some access can be positive within social work departments, and some children and parents struggle in these

more professional environments. Although children have typically experienced help in social work departments, they may give rise to memories of worry and/or hostility from times preceding their admission to care. I have observed children being dysregulated at access that took place in these environments, but then manage very well in a less formal location such as a park where they can enjoy physical movement. However, the social work centres do provide some benefits such as privacy and more intimate engagement. The location can also be varied during contact. If for example family contact is one hour, then it could be beneficial to spend thirty minutes outdoors and thirty minutes indoors. If the weather does not permit outdoor engagement, then please refer to some of the play-based ideas discussed in this guidebook, as suggestions for supporting children with any feelings of anxiety or worry.

The Irish National Standards for Foster Care (2003, 2.9) states, ‘where possible, access takes place in the foster home. Health Boards provide suitable and appropriate access facilities for those visits that take place outside of the foster or family home’. In my experience it is rare for family contact to take place in the child’s birth family home. When this is possible, however, it is very positive for the child on multiple levels. In

practice, it is rare for family access to take place in the family home. When the child is settled in foster care and permanent plans have been made, I believe children should be supported to have more safe and positive contact in the family home. They will be drawn to their family and home of origin as they reach the age of eighteen years, and they need more support to begin this development with this while they are in care.

These location variations also support the idea that children like to experience different types of access with their birth family. It is important that the children themselves are also consulted in relation to this. I have observed adolescents to prefer that this contact takes place in a more private way or doing activities where they are less likely to have to explain their circumstances to peers, they may not know well. This may form part of the decision for where to location a contact arrangement.

Guiding research to optimise contact: A study conducted by Collings, Wright & Spencer, (2019, p.4) in the Institute of Open Adoption Studies into Family Connections and Contact to understand what support families want and need, in order to make access a meaningful and enhancing part of children's

lives. This includes what barriers may present, including access to casework information that may help make decisions to support building of trust and confidence between parents and carers. One of the main themes of this study was ‘getting to know each other’ where it was discovered that:

- Birth parents and carers largely came from very different worlds and feeling empathy for each other was often difficult. Foster carers lacked understanding for example, when birth parents did not show up to access or arrived under the influence of alcohol or drugs.
- Professionals played a central role in helping carers and birth parents get beyond formality and superficial interaction.
- Carers and birth parents frequently had to overcome fears about how they would be perceived by the other person, feelings of awkwardness, or doubts about their role in the child’s life.
- Participants who had been able to get to know each other conveyed that there was a feeling of relief when they met, and this had demystified the other person in their mind, eased the tension and fear, and enabled them to see each other as people.

(Collings, Wright & Spencer, 2019, p.15–16)

These principles suggest that it can be a central concern, in arranging family contact, to facilitate the positive basis of relations between birth parents and carers. This can give a solid foundation for which suggestions of other aspects of contact in this book can proceed in planning and carrying out contact. Where all parties are cooperating positively this can be achieved more easily and effectively.

Another theme of this study was 'making family time'. Some families were able to enjoy the opportunity to spend time with family members, rather than viewing access as a legal requirement or a date marked on the calendar. Birth parents had to accept that their parenting role had undergone a major change, and carers had to accept that it was normal for birth parents to continue to be emotionally invested in their children. Acceptance is therefore a key central principle for more optimal contact to be achieved. Clear boundaries about what to envisage about access help to reduce stress and prevent conflict between birth parents and carers. It also helped children feel safe and secure in their relationships.

The key findings from the study (Collings, Wright & Spencer, 2019, p.16) were stated as:

- Professionals could achieve an important mediation role between carers and birth parents, demonstrating

active listening and understanding, and supporting birth parents to attend access visits.

- The form of contact in place and the access to professional support for contact prompted the quality of relationships between carers and birth parents. Supervised contact was linked to under-developed relationships between adults.
- Young people in care sought consultation about their views of whether seeing some birth relatives was in their best interests and about access planning.
- Children wanted contact to be a special time, and many desired to spend more time with birth relatives, particularly siblings. Children avoided mentioning topics that might cause upset to parents so that contact visits would be happy and positive.
- Access experiences for children and birth relatives were influenced by communication that took place outside of contact and frequently did not involve children directly, such as those between caseworkers, birth parents or carers.
- Agency processes could get in the way of adults developing relationships when carers and birth parents were not encouraged to get to know each other or be more flexible.

- Agencies could be perceived to take sides by both carers and birth parents, stressing the need for distinct and transparent communication.
- The experience of child removal was a source of ongoing grief and suffering for birth parents, irrespective of how much time had passed.
- Carers who had transformed their opinions and approach to access from a legal requirement to a fulfilling time with family shared common qualities of being positive and enthusiastic, understanding, and cooperative.
- Contact was perceived positively by adults when birth parents were capable of accepting a new parenting role and carers could understand that birth parents had a genuine emotional investment in their child's life.

Taplin (2005) maintain that *'when assessments are being made around the birth parent's engagement with the child, the appropriateness of the parents' behaviour and their ability to adapt to their child's changing needs should be accounted for'* (Uniting Care, Children, Young People and Families, 2010, p.10). This also emphasises the importance of helping parents involved to hold a positive perception of

the reasoning behind all contact arrangements, and the fact this is a cooperative exercise in order to benefit the child.

15. Concluding Perspectives for Ongoing Consideration



Children in foster care need and want a positive relationship with their birth family. They have a right to this, and this is achievable with the right supports and approaches to family contact. Children need to be supported in an age-appropriate way to have a coherent narrative of their life-story and significant relationships. Fundamentally, all arrangements surrounding contact, ideas for activity and experiences during contact, and all adult parties involved, must be seen to be working towards the most positive outcomes for the child involved. It is through this combination of efforts, that the most optimal psychological and social outcomes, including

developmental progress, can be encouraged and nurtured. The child should remain at the centre of all aims and practical applied approaches, at all times.

Birth Parents: it is in your child's best interests to have a positive relationship with you. Please do not let any setbacks make you think any differently to this. All relationships have ups and downs, and this can be particularly difficult during brief encounters with high value. Please do not withdraw from contact. Engage with the professionals and other carers involved in supporting your child and try to consider the efforts they are making to ensure your contact and relationship to your child is a positive one.

Foster Carers: As carers to children in long-term care you are providing a key and necessary support for the children involved. This is recognised by all parties involved, not least the children for whom you care for and will come to know as individuals, who have faced difficult lives and challenges. You can support those children, not only through your own care, but with a supportive approach to the family contact those children have need for.

Professionals supporting children are integral to optimising a child's experience of family contact, as a central connection between the different parties of adult caregivers, birth parents, and of course the children involved. The child in foster care needs their social worker and/or access worker to support them with the creation of positive family contact. The professionals involved are key figures in both a pre-access and post access engagement with the child. Children in foster care have developed great resilience and access does not need to be perfect from a professional perspective. If an issue occurs such as a parent becoming emotional, professionals should look to support the child as a central concern and understand that contact involves big feelings for parents as well as children. The professional support provided can be a central support structure, for all of the above parties to work successfully together, to create the most optimal family contact experiences for the adults, and ultimately for the child.

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