

RESTRICTIONS ON NATURAL PARENT CONTACT WITH INFANTS DURING CARE PROCEEDINGS – SOME CAUTIONS ABOUT RECENT RESEARCH AND DEVELOPING PRACTICE

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The Family Justice Review Interim Report (Ministry of Justice, March 2011) addresses a wide range of issues concerning the efficacy and cost-effectiveness of systems and services aimed at protecting children and (hopefully) supporting families. Such reviews (like the Munro Review of Child Protection published in May 2011) depend on evidence submitted by interested parties and relevant published research; and the review process in such a complex area is undoubtedly daunting. However, given the significance of the issues at stake – particularly in court cases that could result in the compulsory adoption of children – it is vital that the Family Justice Review recommendations stem from research that has been considered very carefully. This paper addresses concerns about recent research – quoted with uncritical approval by the Family Justice Review Interim Report – that frequent contact between infants separated from their natural parents during child protection proceedings may be inherently harmful to their development and well being. The Report states, at paras 4.61 & 4.62:

4.61 During long proceedings, children will often be cared for outside the family home, for example in a temporary foster placement, but will continue to have contact with their birth family. For understandable reasons, courts frequently order high levels of contact – small children and babies may have contact with parents during proceedings as frequently as five times a week for several hours at a time, often involving considerable travel for the child.

4.62 These arrangements can be damaging for children. Recent studies give detailed accounts of the stressful and negative impact on infants of high levels of contact during care proceedings. They expose the distress that infants

often experience during the daily contact sessions, the disruption to their daily routine and the impact of often long-distance transport arrangements on the infant. This disturbance can last throughout proceedings causing distress to both infant and carer.

The references accompanying these comments are:

i) J. Kenrick, *Concurrent planning: A retrospective study of the continuities and discontinuities of care and their impact on the development of infant and young children placed for adoption by the Coram Concurrent Planning project*, *Adoption and Fostering*, 33(4) pp. 5-18 (2009)

ii) J. Kenrick, J. *Concurrent Planning* (2) 'The rollercoaster of uncertainty'. *Adoption and Fostering*, 34(2) pp. 38-48 (2010)

iii) C. Humphreys and M. Kiraly *Baby on Board: Executive Summary: Report of the Infants in Care and Family Contact Research Project*, University of Melbourne (2009)

These studies merit more detailed consideration than has been given to them by the Family Justice Review Interim Report, or the recent article in *Family Law* 'Contact for Infants Subject to Care Proceedings' by G. Schofield & J. Simmonds [June 2011 617–622]. Also, the Family Justice Review Interim Report appears not to have considered alternative research perspectives and conclusions. The 2010 Family Justice Council *Conference on Infant Contact* (with only one dissenting voice) expressed interest and approval in moves to limit parent–infant contact based on these two research studies. One participant even went so far as to welcome the impact that reductions in public service resources will have on reducing the ability of local authorities to promote frequent contact:

"...current resource constraints might actually be in the children's interest. If frequent contact cannot be arranged due to lack of resources and the parent isn't really fulfilling the child's needs then maybe this is the one time where

certainly the current trends may be doing something for children.” (Dr Danya Glaser, Infant Contact: Family Justice Council debate and panel discussion (8/12/2010))

THE KENRICK RESEARCH

This was a small-scale study involving parents who adopted children through the *Coram Adoption Agency Concurrent Planning (CP) Project*. The author conducted interviews with 26 adopting parents who had had infants placed with them between April 2001 – October 2005. The interviews took place between February 2006 – July 2007.

Concurrent Planning projects originated in the USA in the 1980s to prevent children ‘drifting’ in insecure substitute care placements. Babies involved in such projects have been removed (often at birth) from their natural mothers, and are placed with prospective adoptive carers who will ultimately adopt them if efforts aimed at reunification to their natural parents are not successful. In theory intensive resources are devoted to promoting reunification whilst, if not successful, the infant already is forming close bonds/attachments with substitute carers which will become permanent. One of the criticisms of concurrent planning however is that the intensive services to promote reunification are often notable by their absence, and that the initial placement with the CP carers represents a *fait accompli*.

The Coram Adoption Services Concurrent Planning Project was developed in 1999. Twenty-six adopting parents were identified by the Coram agency to take part in the research, and all had to live within a 20 mile radius of the agency in central London (although this was later extended to include the wider area within the boundary of the circular M25 motorway). Twenty-seven infants were involved in the study and Kenrick notes that the majority of these had had two previous foster placements before being placed with the CP prospective adoptive parents. During the concurrent planning assessment phase, 23 of these infants had continuing direct contact with at least one natural parent (the other four had no continuing direct contact with a natural parent during the concurrent assessment phase).

Only one out of the 27 infants was reunified to a birth parent. This is an extremely low reunification rate of 3.7%; compared, for example with a reunification rate of 39% for a similar sample of natural parents reported by the Wells St (London) *Family Drug & Alcohol Court Evaluation Project* (Brunel University, Final Report, 2011). The natural parents of the 27 infants in the Kenrick study were a group with a high rate of serious drug/alcohol additions: 14/23 in the group of parents who had a degree of continuing contact during the CP assessment phase (and all four in the group with no continuing direct contact). Consequently, of the natural parents as a whole 18/26 (69%) had serious continuing drug/alcohol problems. A significant (but unstated) proportion of the infants appear to have been born suffering the effects of pre-natal drug/alcohol exposure (and a number had to experience a hospital detoxification at birth). It is important to be aware that this is a natural parent sample with specific severe problems (drugs/alcohol) – and the sample is not representative of natural parents as a whole who have had babies/infants removed from their care for varied other reasons.

The major focus of the Kenrick research is the impact on the infants of continuing contact with their natural parents during the CP assessment programme. Kenrick records serious concerns expressed by CP carers (that is the prospective adopters) that the infants during the CP assessment programme had continuing contact with their natural parents “*up to 5 times per week*”. Apparently (and in my view very surprisingly) notwithstanding where the infants were living with their CP carers (within the very large M25 boundary) all contact sessions between the infants and their natural parents had to take place in a portacabin at the Coram offices in central London. Not surprisingly, this involved a great deal of traveling for the infants and their prospective adoptive parents (about which the latter expressed great concern).

The primary focus of the Kenrick study is on the retrospective views of adoptive parents of the CP assessment process. The adoptive parents as a group were strongly of the view that much of the continuing contact with natural parents had not been beneficial for the child; that such contacts

had been too frequent (and had begun too soon after placement); and that the journeys to and from contact diminished the ability of the infant to enjoy the ‘continuity’ of the prospective adoptive home.

It is on this basis that Kenrick questions the frequency and benefits of high levels of on-going contact between natural parents and their separated children prior to a court decision being taken about the long-term future of the children. Such a view is already taking root within statutory social work services in England and N. Ireland, with such research being cited as justification for significantly limiting natural parent/child contact.

LIMITATIONS OF THE KENRICK RESEARCH

Methodologically there are limitations to the Kenrick research that restrict the value of its conclusions a) with regard to social work policy regarding natural parent/infant contact; and b) influencing opinion about the value (or not) of such contact in any individual case. I shall outline five particular methodological limitations.

1. Independence of the researcher. The researcher/author Jenny Kenrick is described as: “*an Honorary Consultant Child Psychotherapist in the Child and Family Department at the Tavistock Clinic, London*”. The two published papers in the journal *Adoption & Fostering* do not make any reference to the association between the Tavistock Clinic (as the researching body) and the Coram Adoption Agency (the service being researched). It is not clear from the published papers to what extent (if any) the researcher has previous links with the Coram agency. However in response to my enquiry, the author stated that she had been the Tavistock representative on the Coram Adoption Panel until 2006 (Kenrick, personal communication, May 2011). This should have been made clear in the publications, as it indicates that the researcher and the researched have had previous association in other roles including a shared theoretical perspective that may have affected the design, implementation, analysis and conclusions of the study.

2. Research commissioning. An associated question relates to how the research was commissioned, financed, managed and peer-reviewed. In response to my enquiry the author clarified that the research was self-financed following her employment at the Tavistock Clinic but was “*neither commissioned nor funded, other than with a small grant from the Tavistock and Portman NHS Trust towards travel*” (Kenrick, personal communication, May 2011). The question stemming from these two points that should have been addressed in the publications is: Given the historical close association between the Tavistock Clinic and the Coram Adoption Agency – how neutral and independent was the researcher in this study?

3. Sample selection. A limitation of major significance is that the Kenrick research focused only on the retrospective views of the 26 adoptive parents (apart from some input from the only mother in the sample who had her child returned to her care). There is an almost total absence of perspective from the natural parents as a whole, from extended family members, other professionals involved, and from case records. Social work policy on the advantages and disadvantages of different levels of contact between natural parents and their separated children should not be based on the retrospective views of adopting parents alone. The adopting parents have a specific agenda, in that they were the beneficiaries of the natural parents’ failure in the CP assessment process. The author describes how grateful the adoptive parents were as a group to the Coram agency; and such benefit, dependence and gratitude does not provide a good methodological basis for dispassionate analysis of complex issues.

A second concern about sample selection is that the researcher allowed the Coram agency to exclude five cases from the sample being interviewed and studied. No explanation is given for this except that it was at the “*discretion of the project organiser*” (p7). Further information about this process of exclusion is needed to clarify that this did not result in a skewing of the findings in any particular direction, thus contributing to a bias in the analysis. From a qualitative research methods perspective, an analysis of the views of the five excluded cases would have been both valuable and pertinent.

4. Observations of contact. The reason why the babies/infants in this study had such long journeys to and from contact sessions with their natural parents is because all contact sessions were required to take place at the Coram agency in central London. Apparently, also, all contact sessions for all of the cases were observed (and assessed) by a single Coram agency professional. However, no information is provided about this observer; and there are no separate independent observations of the nature and quality of the contact sessions.

Experience shows that different observers may make very different observations of parent-child contact sessions, and draw differing conclusions about the quality of parent-child relationships (including attachment). This study is wholly dependent on the observations of the Coram adoption agency worker with regard to natural parent/child contact sessions. At the very least, the neutrality of such observations (in the context of a potential pro-adoption bias) can be questioned.

The author does not question the practice of requiring babies/infants to undertake the long journeys to the Coram agency for contact sessions with natural parents. The fact that the infants were said to be tired and distressed from such journeys highlights that the venue for contact was not appropriate for the infants. It is difficult not to form the impression that the long journeys these infants had to endure were primarily for the convenience of the Coram adoption agency. To what extent might some of the negative observations of natural parent/child contacts have been more positive if contact had been facilitated in natural surroundings local to the infants' current carers' homes? What was the negative impact on the natural parents (e.g. anxiety or even intimidation) of being observed in contact sessions located in the very agency that they knew was working toward the adoption of their child?

Travel time and stresses for infants from contact should not be an issue for most infants in the UK. In the Australian study, much was made of this, as sometimes the distances between the foster carers and the natural parents were indeed huge. Kenrick made a similar point about stresses

on infants having to travel for contact across congested Greater London for contact. There are several critical points to be made about this.

First, I have already commented on the practice in the Coram Adoption Agency of requiring all contacts to be in a portacabin at the Coram Agency central London base. Why was it required that infants travel from anywhere within the M25 to the Coram agency for contact? Why could contact not have been arranged at a comfortable venue located in the concurrent carers' locality? The problem here is not the travel itself, but the unreasonable requirement of the Coram agency that contact take place on its own premises.

Second, such concern about travel distances and times in central London is not generalisable to much of the UK. Cases in Bristol, Basingstoke, Brighton, Belfast, Barry, Balmoral, Bradford or Bournemouth, and most towns and cities, do not have transport delays and congestion on the scale of London. Third, foster carers should be recruited and rewarded on the basis that the role includes (when appropriate) facilitating natural parent contact in their own homes, totally avoiding the need for infant travel. In my experience this does occur in a small proportion of cases, and it can be very effective. The potential for it to do so in a higher proportion of cases (but by no means all) is an untapped resource (particularly in Northern Ireland where it is virtually unknown in the context of a very rigid and restrictive fostering culture).

Fourth, no baby or infant (or indeed any child) should be collected and taken to contact (no matter what distance) by professional strangers. I recall a recent highly contentious case where a succession of contact supervisors who were strangers to a little girl, began calling at the foster home to take her to contact. The girl expressed anxiety about leaving the foster home. The local authority interpreted this as the child communicating that she did not want to see her natural parents. Not using strangers to transport children to contact sessions is a matter of basic professional good practice and minimal standards. Such practice, when it occurs (for resource or

other reasons) should be firmly challenged by Children’s Guardians, Independent Reviewing Officers and the court as being harmful to the child’s well being and completely unacceptable.

5. Partial perspective. Finally, the researcher does not present any information about the ‘other side’ of the concurrent assessment process, that is: “...a scheme in which both rehabilitation to birth parents and adoption would be worked on concurrently, with intensive resources deployed for each alternative”. (2009 p.5). If, as this study and that of Humphreys and Kiraly (2009) suggest, it is the case that higher levels of direct natural parent/child contact do not correlate with a higher potential for reunification – it is vital that such researchers provide significant detail and analysis of the nature of the “intensive resources” that were provided to promote reunification. Kenrick is silent on this matter. Sadly, this supports a widespread suspicion that *concurrent planning* in practice rarely involves the provision of promised intensive family preservation services that might result in successful reunifications (or kinship placements).

THE HUMPHREYS/KIRALY RESEARCH

This study was undertaken at the School of Health Sciences, University of Melbourne. The focus was to explore current arrangements for separated infants to have care with their natural parents; and to identify issues that affect the infants’ experiences of such contact. This review draws on two published sources relating to their study:

1. C. Humphreys & M. Kiraly *Baby on Board: Report of the Infants in Care and Family Contact research Project*. University of Melbourne: School of Nursing and Social Work (2009)
2. C. Humphreys & M. Kiraly *High-frequency family contact: a road to nowhere for infants*. *Child & Family Social Work* 16(1) 1-11 (2011) (first published online 20/6/2010)

The aim of the study was to develop “a better understanding of infants’ best interests in relation to intensive family contact during protective placements” (2009 p7). The authors explicitly recognise and address the tension between the view that high levels of parental contact might be needed to maximize the

chances of family reunification and that “*infants also need safety, tranquility and stability of care in order to thrive*” (2009 p7). The study involved three methods: i) an audit of 119 case files of all infants aged 12 months or less in ‘out of home care’ on 1/8/2007 (in the care of the Department of Human Services in Victoria); ii) 11 Focus Groups; and iii) 5 interviews.

The ‘*Baby on Board*’ report is an interesting and valuable publication (particularly the research review). It is in fact a preliminary report on Stage 1 of a two-stage project. The respondents in the Humphreys & Kiraly study also expressed concerns about the frequency of natural parent contact with separated children; and the negative impact on the children of having to endure long journeys to such contacts. Similar to Kenrick, a significant (but unstated) proportion of the infants were in ‘protective care’ because of their parents’ serious drug/alcohol problems. As with all research studies there are methodological limitations. In particular the study a) does not have long term follow up data, b) there were no independent observations of the impact of natural parents’ contacts with their separated children; c) the focus groups that provide the source of the data were dominated by social workers and foster parents, and d) the study does not elicit and analyse the views of natural parents about contact arrangements and experiences. In my view, this fourth omission is particularly unfortunate (and is acknowledged as such by the authors). Also, in an academic peer-review context, there would be debate and challenge about the appropriateness and limitations of the attachment theory ‘presumptions’ that are presented as the basis of the study. As with the Kenrick study, the Humphreys and Kiraly research is beginning to permeate into child protection practice with regard to justifying severe limitations on natural parental contact with separated babies, infants and children.

The Humphreys & Kiraly review of the contact literature is informative, and overall does not support interpretations stemming from it to minimise natural parent/child contacts in individual cases. In fact, the review of the contact research literature in relation to separated infants and natural parents emphasises the vital element of constructive, frequent and meaningful contact.

The importance of constructive supportive services to maintain families intact is also stressed.

Indeed, the final paragraph of the report states:

Improving the circumstances of parental contact for infants, and indeed the living situation for infants in care in general, will not be easy. This highlights the imperative of focusing resources on placement prevention and family strengthening, to ensure that the minimum possible number of infants are taken into care, for the minimum possible time to ensure their safety and well-being (Humphreys & Kiraly 2009,p 67).

DISCUSSION OF THE IMPLICATIONS OF THE KENRICK, AND HUMPHREYS/KIRALY RESEARCH

The theoretical basis for both studies is psychoanalytic and attachment theory. Both sets of theories have extensive histories, and (some but by no means all) service providers (including some therapeutic clinics and adoption agencies) base their practice principles around such models of understanding. However, psychoanalytic and attachment theories are only a subsection of the wider theoretical base that can be called upon to help understand human development, behaviour and relationships. Many other theories with equivalent pedigrees exist that promote equivalent understanding in quite different ways (see P. Dale *Adults Abused As Children: Experiences of Counselling and Psychotherapy*, London: Sage Publications 1999 (8–20) for a brief review).

The importance of this point is that the theoretical basis of psychoanalysis and attachment theory should not be accepted without reference to a) the limitations of such theories and b) their controversial nature. This is particularly pertinent to Kenrick's reference to John Bowlby (2009 p. 7) where the author writes: "*Bowlby (1969) drew attention to how an infant's 'capacity to cope with stress' correlates to specific maternal behaviours*". Kenrick however omits to discuss how it was Bowlby and associates who drew attention to the severe negative emotional consequences for young children of being separated from their natural parents. There is a substantial literature in the attachment field outlining the deleterious consequences of minimising parental contact with separated

children; as well as research with children in care who express their desire for greater family contact.

The development of attachment theory (in the 1950s and 1960s) was based on observations of infants' responses to separation and loss of mother figures. Bowlby (*Maternal Care and Mental Health*. WHO Monograph Series No.2 Geneva: World Health Organization, (1951)) developed the theory in relation to maternal deprivation. The studies by the Robertson's (*Some responses of young children to loss of maternal care*. Nursing Times 49, 382-6 (1953)) on young children admitted to hospital construed reactions to prolonged separation as involving three stages of adaptation: *protest*, *despair* and then *detachment*. This resulted in significant changes in hospital visiting policies (to open visiting arrangements) – previously parental visits had been restricted so that the infants would 'settle'.

Kenrick does not acknowledge this very significant issue. Her argument, based on the views of grateful adoptive parents, is that a) there should be a gap in contact following infants being placed with CP carers (explicitly so that the infants can 'settle'); and b) that natural parent/infant contact should not be at 'high' levels such as 5 times per week. This view fails to consider the deleterious impact upon infants of separation from their natural parents. Kenrick (and her sample of adoptive parents) assume that the observations of stress, distress or 'discontinuities' displayed by the infants are a consequence of unsatisfactory experiences relating to on-going contact with their natural parents. However the alternative possibility of infant unease during natural parent contact being a signal of distress stemming from the separation itself ('protest' or 'despair') should be given equal consideration – rather than the assumption being made that it is the contact itself that is upsetting for the child. When this is wrongly interpreted, the 'cure' (to reduce natural parent contact) risks precipitating the child into the 'detached' separation reaction (which is then erroneously construed as being 'settled').

At no point does Kenrick acknowledge from either a theoretical or empirical basis the emotional

and developmental harm that can be caused to infants through unnecessary separations from natural parents (which stem from over-estimation of risks). Whilst Kenrick (and her adoptive parent interviewees) may be correct to conclude that this particular sample of natural parents (with significant drug/alcohol problems) were largely unable to provide positive experiences for their infants during contacts – this finding cannot be extended to the wider range of natural parents and infants who have been separated pending assessment for other reasons. Kenrick does not acknowledge this limitation, and it does not appear to have been noted by the Family Justice Review Infant Contact seminar, nor the Family Justice Review Interim Report.

Another limitation in the analysis presented by Kenrick, is the clear presumption that adoption is necessarily a good thing. In fact, compulsory adoption (where the lack of consent of the natural parents is judicially overridden) is both highly contentious on ethical grounds and significantly under-researched in terms of long-term outcomes. Compulsory adoption is peculiar to child protection systems in the UK and USA, and is largely unknown throughout the rest of the world. Valid reservations about the process of compulsory adoption include:

- False-positive high-risk identifications (adoptions are irreversible even when the grounds for original concern are subsequently proved to be unreliable)
- Disproportionate outcomes (less draconian measures may provide sufficient stability and protection)
- Total cessation of natural family contact ('letterbox' contact does not maintain a meaningful family connection)
- A non-trivial rate of adoption failures (adoption is not a panacea).

False positive high-risk identifications: Compulsory adoption is often referred to as being the most draconian outcome in UK law since the abolition of the death penalty. In cases of murder, the death penalty was imposed following a finding of guilty by a jury at the criminal standard of proof (beyond reasonable doubt). The outcome of compulsory adoption occurs on the basis of

findings by a single judge at the lower civil level of proof (balance of probabilities). In both scenarios, miscarriages of justice are known to occur. In the same way as a hanged man cannot be revived and reprieved, children who have been wrongly subject to compulsory adoption cannot be returned to their innocent parents. [e.g. *Norfolk County Council v Webster* [2007] 2 FLR 415]. Faster compulsory adoption raises the risks of inadequate exploration of alternatives and scrutiny of the justice of the process.

Disproportionate outcomes: According to Kenrick, the stated premiss of concurrent planning is that “*both rehabilitation to birth parents and adoption would be worked on concurrently, with intensive resources deployed for each alternative*” (2009 p5). I have already noted that Kenrick has not provided any information from the study about the nature of ‘intensive’ services that were provided for the natural parents by the Coram agency to promote the possibility of reunification. However, Kenrick does acknowledge that in general child protection practice (not involving specialist agencies such as the Coram) it is unlikely that local authorities will have the resources (professional skills and time) to undertake the pro-reunification interventions required by the theoretical model of concurrent planning.

Situations increasingly arise where it is technically feasible and professionally reasonable to provide intensive assessment and reunification services, but this does not occur for resource reasons. Too often, as noted recently by a High Court Judge, families are severely disadvantaged by inadequately resourced and skilled child protection and family support services:

“I am often struck in these cases by the paucity of help for parents in the community, especially for parents who lack familial support. By comparison, the level of help and respite provided for foster carers seems for some reason to be very much greater...An outcome of permanent removal of children from their families is, too often, as much an indictment of a failed system as it is of inadequate parents.” (Mr Justice Weir, High Court of Justice in Northern Ireland, 2010). [*Belfast Health & Social Care Trust v SM* [2010] NIFam (28 June 2010)]

Arranging a compulsory adoption is a far simpler (and much cheaper) professional task for local authorities than undertaking complex assessments and managing reunification programmes. In this situation the danger is that adoption routinely becomes the first plan of local authorities – the first, rather than the last resort (when all reasonable efforts to promote reunification have failed).

Total cessation of natural family contact: In the sample reported in Kenrick's study it is remarkable that only one of the 27 children who were adopted was subsequently allowed to have any direct contact with any natural family members. That is to say, all but one of the compulsory adoptions in this study were *closed* adoptions, with only 'letterbox' contact being offered by the agency as a means of sustaining some level of natural family awareness. Kenrick (as past member of the Coram Adoption Panel) does not question the appropriateness of this practice. It is clear from the enthusiastic tone of her comments that *closed adoptions* was the policy of the Coram adoption agency, and this view would have been inculcated into the beliefs of the adopting parents through their preparatory training sessions. Whilst the Coram parents expressed views about the benefits of having met the natural parents, it clearly did not come into their awareness that on-going direct post-adoption contact can be of great lifelong benefit to adopted children in appropriate circumstances.

Kenrick ignores the literature on the benefits of direct on-going post adoption contact. I have noted elsewhere (P. Dale *Child Protection Assessment Following Serious Injuries to Infants: Fine Judgements* Chichester: John Wiley & Sons (2005)) that traditionally (since the 1920s) adoption practice involved the:

“...legal transfer of babies from shameful unmarried mothers to anonymous childless couples. The process was private (the relinquishing mother know nothing about the adopters), secret (the adoptee was rarely informed of family history) and closed (all contact between natural parent(s) and the adopted infant was totally severed). It is now generally recognised that such practice was psychologically misguided, and across decades commentators have questioned the maladaptive

effects on the development of individual identity of adopted children/adults who did not have full information about their family, and genetic and cultural backgrounds. Concerns about the consequences of such 'genealogical bewilderment' were raised. Extensive research in the 1980s and 1990s raised further doubts about the social transplantation model of closed adoption in respect of healthy identity formation and stability of placements." (p. 200-1)

Research on post-adoption contact has noted a history of somewhat polarised views within the professional community about the benefits and drawbacks of direct post-adoption contact (and these debates continue in the present day). However, there is developing a general consensus in modern post-adoption research that some level of on-going direct contact between the adopted child and his/her natural family is either a beneficial factor, or a neutral factor in relation to the success of adoptive placements (Grotevant, H. *Contact after adoption: outcomes for infant placements in the USA*. in: Neil, E. & Howe, D. (eds) *Contact in Adoption and Permanent Foster Care: Research, Theory and Practice*. London: BAAF (2004)).

A non-trivial rate of adoption failures: Kenrick does not make any reference to an established body of follow up research which highlights that adoptive placements are by no means always entirely successful. Approximately 20% break down at some stage; and significant proportions of adopted adults report various degrees of dissatisfaction with their experience of having been adopted. Often such dissatisfaction stems from a sense of confusion about identity and the need to search, discover and reconnect with their genetic and cultural identity and origins (K. Owusu-Bempah *Children and Separation: Socio-genealogical Connectedness Perspective*. London: Routledge (2007)).

Such searching and reconnecting is a more problematic and poignant experience for adopted adults who were not enabled to maintain direct links with their natural families during their childhoods. The recent ITV television documentary series *Long Lost Families* (which undertakes well-resourced searching and arranges reunions following long-term total separations) is a poignant illustration of the pain from separation/loss and the aching for reunion. Other

publications highlight the same themes, for example:

- A.L. Baden, *Counselling adopted persons in adulthood: integrating practice and research*. The Counselling Psychologist, 35, 6 868-901 (2007);
- K. Carr, *Adoption Undone: A Painful Story of an Adoption Breakdown* London: BAAF (2007);
- Coulter, T. (2006) *Opening Up Family Courts* http://www.unity-injustice.co.uk/tammy_speech.htm.
- M. Riben, *Shedding Light on the Dark Side of Adoption*. USA: Harlo Press (1988);
- C. Smith & J. Logan, *After Adoption: Direct Contact and Relationships*. London: Routledge (2004)
- J. Triseliotis, J. Feast & F. Kyle, *The Adoption Triangle Revisited: A Study of Adoption, Search and Reunion Experiences*. London: BAAF (2005);
- N. N. Verrier, *The Primal Wound: Understanding the Adopted Child*. USA: Gateway Press (1993);
- N.N. Verrier, *The Adopted Child Grows Up: Coming Home to Self*. USA: Gateway Press (2003);

This mixed body of research and powerful personal experiences illustrates how important it is that the impact of the research of Kenrick, and Humphreys/Kiraly (which stems almost wholly from the adopters' perspectives) does not reinforce tendencies for resource-drained local authorities to construe compulsory adoption as a panacea – a quick, cheap and necessarily successful outcome for children. Apart from the significant human rights and social engineering implications, failed adoptions cause enormous damage to children. Adoptions can and do break down and it is not unknown for even quite young children to be returned into the care system having lost both their natural and adoptive families.

EMOTIONAL AND DEVELOPMENTAL HARM FROM SEPARATION, AND THE POSITIVE PROMOTION OF NATURAL PARENT CONTACT

There is an established research-based alternative perspective to the Kenrick/Coram view that it is in the best interests of separated infants and children to have very limited (if any) contact with their natural parents and families. Two important sources of the pro-contact model will be briefly reviewed:

1. M. Smariga, M. *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know*. USA: American Bar Association & ZERO TO THREE (2007)
2. M. Duxbury, M. *Making Room in Our Hearts: Keeping Family Ties Through Open Adoption*. New York: Routledge (2007)

SMARIGA

The publication by Margaret Smariga is an authoritative Practice & Policy Brief financed by the American Bar Association and the federal Government. It originates from the ZERO TO THREE Policy centre, which is a USA research based independent programme that: “*brings the voice of babies and toddlers to public policy at the federal, state, and community levels by translating scientific research into language that is accessible to policy makers...*” (introduction, no page number). The publication makes reference to a range of programmes that promote constructive and purposeful ‘visitation’ (the US term for contact) between separated natural parents/infants. One example (typical of several intensive projects described) is the programme in Miami where the juvenile court can refer:

“maltreated toddlers and their parents to a 25-week child-parent psychotherapy program with a trained infant mental health clinician. Individualized therapeutic intervention and parental guidance are provided to help parents learn to play reciprocally with their child, understand their child’s nonverbal cues, and support their child’s healthy development.”

(p.24)

The Miami project reports a reunification rate of 86% with no subsequent further reports of abuse or neglect (S.J. Leathers *Parental visiting and family reunification: could inclusive practice make a difference?* Child Welfare 81(4) 595-616 (2002)). Such intense interventions are clearly what is envisaged in the proper interpretation of concurrent planning where ‘intensive resources are devoted to promoting reunification’. From her review of the effectiveness of such intensive programmes Smariga outlines key issues relating to the structure and process of natural parent/infant contact in preparation for reunification (or until reunification has been ruled out as an option). These can be categorised as:

- Harmful impact from separation
- Value of contact
- Purposeful structure of contact
- Experiences of contact
- Professional misconceptions re contact
- Impact of inadequate resources

These key points can be best illustrated by direct quotations from the Smariga report:

Harmful impact from separation

...children who are removed from home, particularly those who are very young, are exposed to a new danger – the emotional and developmental harm that can result from separation. (p1)...The younger the child and the longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm to the child. Therefore, frequent, meaningful parent-child visits are critical of infants and toddlers in foster care. (p1)

Children placed in care between six months and three years of age are particularly vulnerable to separation and more likely to experience subsequent emotional disturbances. (p5)... Because physical proximity with the caregiver is central to the attachment process for infants and toddlers, an infant should ideally spend time with the parent(s) daily, and a toddler should see the parent(s) at least every two-to-three days. (p11)

Value of contact

Smariga provides a detailed analysis of the benefits of contact a) for the infants themselves and b) as a therapeutic motivator for their parents with regard to potential reunification:

To promote attachment and strengthen the parent-child relationship, very young children in foster care need frequent and consistent contact with their parents. In many jurisdictions, visits consist of brief, weekly encounters, in a neutral settings, under the supervision of a caseworker. (p5)

Smariga (at page 5) quotes the American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care (2000):

For younger children, this type of visit is not conducive to optimal parent-child interaction and may minimally serve the parents' needs for ongoing contact with the child or may even be harmful for the child. A young child's trust, love, and identification are based on uninterrupted, day-to-day relationships. Weekly or other sporadic "visits" stretch the bounds of a young child's sense of time and do not allow for a psychologically meaningful relationship with estranged parents... For parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship

In contrast to the suggestions made by Humphreys/Kiraly, and Kenrick that higher levels of contact may not be associated with rates of reunification, Smariga writes:

Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care, promotes healthy attachment, and reduces the negative effects of separation for the child and the parents (p7)

In a growing number of communities, the parent visits the child in the foster home. This model of care, known as inclusive practice, regards the foster parent as a temporary caregiver for the child and a supportive role model for the parents. Researchers have found strong links between inclusive visiting practices and (1) frequency of mothers' visits and (2) chances of reunification (Leathers 2002 op cit). Parent-child visits in foster homes can only succeed if

the foster parents' role as mentor to the parent is clearly defined from the outset and the foster parents are trained and supported. (p11)

Unless the court finds substantial evidence to believe that visitation or supervised visitation would place the child's life, health, or safety at risk, the parent should be allowed to visit his or her child. (p7)

Purposeful structure of contact

Again, in contrast to the contact context outlined by Humphreys/Kiraly & Kenrick where infants have long tiring journeys to contact sessions in agency locations; Smariga outlines the benefits of contact being local, informal and flexible – including high levels of collaboration between foster carers and natural parents:

Family visitation is a cooperative venture, and all participants (parents, foster parents, relatives, caseworkers, the court, lawyers, and service providers) must work together to ensure that visits “meet the attachment and connectedness needs of children and their families...” p7)

If reunification is a permanency option, very young children should be placed in out-of-home care as near to their biological parents(s)' home as possible to allow frequent visitations. Travelling long distances to visits is inconvenient for everyone involved and is hard on young children. Infants and toddlers who arrive at a visit after a lengthy confinement in their car seat may be cranky or sleepy from the trip, which detracts from the quality of the visit. (p9)

...visitation activities allow the parents to learn and practice new skills and behaviors. Visits typically occur more frequently, for longer periods, in a greater variety of settings, and with gradually reduced supervision as the parent assumes more and more responsibility for the child. (p10)

The visitation plan should encourage the birth parent to directly care for the child as much as possible, and family visits should take place in the least restrictive, most natural setting that can ensure the safety and well-being of the child. (p11)

With regard to the range of contact settings, Smariga notes that these include: The homes of the parents or other family members (with in-home supervision or in later phases of placement); agency settings (particularly if the parent is receiving specific services); and specific supervised contact centres. Smariga specifically warns against child protection and adoption agencies being used as the venue for contacts:

The child welfare agency: This setting should be used only as a last resort. Often agency offices are sterile and uninviting, and many do not provide private rooms or age-appropriate toys and activities for visiting families. Also, this environment can remind parents of their failure as parents and the agency's power over their lives, a sentiment that does not promote good visits. (p13).

...parents often need coaching about how to care for their child and how to plan appropriate activities during visits. Many parents simply do not know how to perform daily caregiving routines, play with their child, comfort their child, respond to their baby's nonverbal cues, respond to their child's special medical or developmental needs, or enjoy their child's company. (p13)

Visitation activities should occur in a variety of contexts (feeding, playing, bathing, diapering, soothing, putting to bed, medical appointments, etc) (p14)

Ideally, the mother and foster parent should work together to help ease the baby's transition into and out of each visit. (p16)

Professional misconceptions regarding contact

It is common in child protection risk assessments that different professional views are formed regarding how to interpret a child's reactions to contact. For example is 'clinginess' to the foster carer and the natural carer at different times an indication of anxiety from separation from the natural parent – or fearful distress about being in their presence? Smariga comments:

Professionals working with very young children in foster care often do not understand the extent of the child's distress over being removed from the parent and placed in a strange environment. It is important to remember that very young children grieve the loss of a relationship. Even though the parent has maltreated the child, she or he is the only parent the child has know, and separation evokes strong and painful emotional reactions.” p5

Judges and lawyers need to understand that a young child's emotional dysregulation following a visit does not necessarily mean the parent did something harmful during the visit. (p15)

Very young children cannot understand the separation, and they tend to respond with bewilderment, sadness, and grief. During visits, they may cling or cry, act out, or withdraw from their parent. At the end of a visit, when another separation is imminent, they may become confused, sad, or angry. Following visits, infants and toddlers may show regressive behaviors, depression, physical symptoms, or behavioral problems. (p15)

...distress at separation can indicate a positive relationship between the toddler and his mother. (p16)

How much support is actually and actively provided for parents in contact sessions – as opposed to contact supervisors sitting passively taking copious notes?

Parents also find visits to be a time of emotional upheaval, particularly during the first phase of placement. Parents often experience pain and sadness resulting from the separation. They

may feel shame, guilt, depression, denial that there is a problem, anger, and/or worry about the child. (p15)

The Kenrick research is heavily based on the observations and interpretations made by prospective adoptive parents who clearly have a vested interest in 'their' infant's contact with his/her natural parent not being construed as being positive or beneficial. Kenrick ignores this bias, but Smariga notes:

...Is it possible that the foster parent's bond with the baby is so strong that she consciously or unconsciously resents the time the baby spends with the mother? (p16)

Impact of inadequate resources

As public funding reductions are increasingly implemented in the UK (in 2011 at the time of writing) there are significant dangers that effective assessment services for families – including the duty to make reasonable efforts to promote reunification – will further diminish and that the research of Humphreys/Kiraly and Kenrick will be called upon by local authorities to justify minimal efforts being undertaken to explore the potential for reunification and to significantly restrict the opportunities for constructive and beneficial contact between natural parents and separated infants/children. The danger is that Humphreys/Kiraly and Kenrick will be used as a rationalisation for decisions that are predominantly resource driven.

Smariga has drawn attention to this issue in the USA:

Tight budgets, high caseloads, and scarce community resources make it difficult to implement all of the visitation best practices presented here. (p1)

Foster parents can be critical partners in successful visits.... In a growing number of communities, foster parents receive training and support to supervise visits in their home so birth parents can be involved in the child's daily routines. (p9)

Because child welfare agencies and juvenile courts are often overwhelmed by high caseloads and lack funding for supervision, many communities lack adequate visitation services for families of infants and toddlers in foster care. (p18)

Smariga concludes:

“When reunification is a permanency option, judges and those who represent children in foster care and their parents should advocate for frequent, safe, and high-quality visitation”.

(p.26)

DUXBURY

Micky Duxbury is an adoption educator (a leader of adoption support groups in California), a therapist with over 20 years experience; and is herself an adoptive parent. Her book: *‘Making Room in Our Hearts: Keeping Family Ties Through Open Adoption’* (2007) is a powerful testament based on research, case studies and clinical experience of the value of openness in all forms of adoption in the USA, including those that arise from children being taken into the care system.

The research for the book included interviews and questionnaires with over 150 birth and adoptive family members across the USA and Canada, including 93 adoptive parents, 54 birth parents and 12 birth grandparents. The aim of the research was:

“To let those who had the most experience in open adoption give us their perspective, their advice, and the benefit of their hindsight and wisdom” (p. xi)

Duxbury reviews the history of adoption practice in the USA, which traditionally was totally closed largely involving mother’s ‘relinquishing’ their newborn babies in a context of personal and social shame about ‘illegitimacy’. However, by the 1960s and 1970s:

...birth parents and adopted persons were beginning to raise their collective voices about the psychological and spiritual damage done to them by the worst practices of closed adoption (p. 10)

As increasing numbers of adopted people sought support for the adverse effects of total severance of contact with and knowledge of their natural families and heritage, Duxbury notes:

What seemed like sound social work advice at the time, was, in fact, a recipe for a future mental health disaster (p.10)

Through the presentation of detailed, varied and complex case histories, Duxbury does not state or imply that there is a single model for openness, that it can occur in every situation, or that it is without its stresses and strains. However, what the case studies do demonstrate is that with goodwill on all sides and appropriate support, 'open' arrangements can be beneficial over a long period of time for all three parties in the 'adoption triangle': the child, the natural family, and the adopting family:

Child-centred adoption means keeping family ties when they are appropriate, and creating healthy boundaries between birth and adoptive families in order to maintain those ties. Child-centred adoption means remembering that the child is of two worlds, and for the child to grow up as an integrated person, he or she will have the task of putting these worlds together. Adoptive parents and birth parents can help adopted children weave these worlds into a cohesive braid that is the reality of their lives as adopted persons (p.16)

CONCLUSION

There are signs that misunderstandings stemming from the research of Kenrick, and Humphreys/Kiraly are beginning to permeate child protection practice. In a recent case in my direct experience a social work department attempted to persuade a court that daily contact between parents and their baby (removed at birth) was contraindicated on the basis of the Humphreys & Kiraly research. This was a case that involved a transient period of neglect of an

earlier child (largely due to parental depression) and did not involve any parental drug/alcohol misuse, or physical abuse. Nor did contact involve any onerous travel for the baby. In reality the Humphreys & Kiraly research was not relevant to the issues at stake.

The danger is that minimal contact ‘messages’ from these research projects will take root in mainstream practice to provide rationalization and justification for decisions that have been taken for other reasons specifically i) the lack of resources to promote frequent high quality supervised contact; ii) the lack of resources to undertake appropriate assessments to thoroughly explore the potential for reunification; and iii) a professional culture that promotes pessimistic interpretations of the potential of natural parents/families – and a consequent rather idealistic pro-compulsory adoption mindset.

In this situation many natural parents are caught in a ‘no win’ situation. Minimal contact weakens natural parent/child bonds resulting in assessments that highlight impairments of ‘attachment’, in turn recommending the need for ‘permanency’. This results in further reductions in contact in preparation for a compulsory closed adoption. Minimising natural parent contact at the early stages of a care proceedings case is not a neutral measure. It significantly ‘steers’ the case by impairing the potential of the natural parent/infant relationship, thereby reducing the prospects of reunification and increasing the likelihood of adoption. In contrast, as noted by Smariga and Duxbury in the USA, frequent contact in natural surroundings is essential when reunification or kinship care has not been excluded to preserve attachment and the quality of parent/child relationships.

The Munro Review of Child Protection (Final Report May 2011) has stressed the importance of social workers reclaiming (and regaining) skills to work on a constructive, collaborative and relationship-based way with parents and families. This resonates with the ethos of the programmes illustrated by Smariga and Duxbury in the USA (and decades of family support services in the UK e.g. Family Centres, now sadly greatly diminished). ‘Adoption as first resort’, with severe

restrictions on natural parent/infant contacts, without skilled intensive relationship-based assessment and family support interventions is the antithesis of this approach. On the basis of a careful consideration of their *lifelong* best interests, separated babies and infants have both a need and a right to expect that all reasonable efforts will be invested in open-minded assessments of their parents and extended family members (involving high levels of contact in local and naturalistic surroundings). And that, in all but the most egregious cases, compulsory adoption will be the last, not the first, care plan of the local authority.

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