Supporting parent participation when their child is in out-of-home-care

A resource for practitioners working with birth parents who have children not living in their care

The Voice of Parents worked alongside birth parents with lived experience of child protection and child and family service contact. Some of these parents had experiences of child removal, with various outcomes from reunification to a child's permanent placement in out-of-home care. These parents talked about their opportunities for inclusion and participation after their child had been removed, and highlighted where they needed greater support to stay connected with their children. This resource discusses the evidence on supporting the parent-child relationship after a child removal, integrated with solutions discussed with parents through our co-design work.

Prioritising child safety is a critical part of this engagement and is ultimately most important. This resource recognises research that shows improved outcomes, including enhanced safety for children and young people, can be achieved when their parents are effectively engaged by services including child protection[1].

Contact between parents and children is important when it is safe and well-managed

We heard from parents that they want to remain connected with their children, even if they are not living at home with their parents. Research findings also that show that children and young people generally want more contact with their birth parents, particularly with their mothers[2].

Evidence shows that, when managed well, contact can be very beneficial for families and children in out-of-home care, supporting[3]:

- an increased likelihood of reunification,
- the child's enhanced emotional, behavioural, and intellectual development,
- a greater sense of their origin and identity for the child.

Even when reunification is not likely to occur, contact with parents or extended family can support children to stay connected with their biological and cultural background. This connection is particularly important for Aboriginal and/or Torres Strait Islander children who are overrepresented in the out-of-home care system and at risk of losing their protective connection to culture. Fostering a child's ongoing sense of connection with their parent/s and family, and stability of identity can also be protective for children in out-of-home care who experience a sudden loss in state-based support (such as foster or residential care) once they turn 18 years old.

[1] Centre for Excellence in Child and Family Welfare; University of Melbourne. (2020). A literature review of parent engagement and participation approaches in child protection: The Voice of Parents: A model for inclusion project in partnership with the University of Melbourne. Retrieved from: https://www.cfecfw.asn.au/wp-content/ uploads/2020/10/The-Centre-Voice-of-Parents-Literature-Review.pdf.

[2] Taplin et al. (2014)'s submission to the Parliament of Australia Senate Standing Committees on Community Affairs: Out-of-home Care: *Contact between children in out-of-home care and their families*

[3] Fernandez & Lee, 2013; McWey, Acock, & Porter, 2010; Wulczyn, 2004, as cited in Taplin, et al., 2014

Equally important to note, however, is that poorly planned or poor-quality contact with parents, particularly when there is a history of maltreatment, can be harmful for children[4]. This highlights the need for contact arrangements to be properly planned, well-resourced and of high quality, focused on promoting opportunities for parents and their children to repair and cultivate healthier, positive relationships[5].

Assessments of contact benefit should be based on the specific circumstances of the child and their parents, and should not be prescriptive. Research suggests that practitioners should consider*:
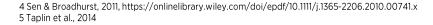
- child safety,
- the child's age and developmental stage,
- the status of the parent-child relationship,
- parental motivation and responsiveness to the child's needs,
- distance to travel to contact,
- finances,
- the emotional impact of contact on the child,
- the child's or young person's wishes about contact with their parents.

Based on Taplin et al. (2014)'s submission to the Parliament of Australia Senate Standing Committees on Community Affairs: Out-of-home Care: *Contact between children in out-of-home care and their families*

Parents need support to overcome the barriers to connecting with their children

The parents we worked with identified many barriers to their inclusion in processes that affected their connection with their child. This could be a significant source of distress not only for the parents but also for their children, who parents saw being affected by contact visit processes reported to be unsuitable, delayed, inflexible or overly-scrutinising. Many of the difficulties parents experienced in staying connected to their children are supported by literature, with potential barriers including:

- parent's unresolved feelings of grief, loss, distress, fear, anger,
- practical barriers such as transport costs, distance,
- poor relationships between carers and parents, or staff and parents,
- limited support for high quality contact,
- delayed or drawn-out processes such as decisions being made by the Court,
- exclusion of parents/children from decision-making processes,
- poor access to sibling contact visits,
- changes in processes due to worker preferences/availability,
- impersonal or inappropriate visit environments,
- high vigilance from staff during contact,
- child distress during visits (due to nature of contact),
- lack of flexibility to accommodate parent preferences and routines,
- parents lacking hope for a positive resolution (for example: by not having a clear pathway forward),
- unmet parental needs (for example: adequate housing, mental health access),
- parental distress at child's distress,
- parental uncertainty on what is allowed or considered 'good parenting'
- poor exchange of indirect contact (for example: parents connecting with their child via letters),
- insufficiency of indirect contact as an alternative to face-to-face contact,

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4 Sen & Broadhurst, 2011, https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-2206.2010.00741.x
5 Taplin et al., 2014

Practitioners and professionals involved in process development should be aware of these barriers, and find ways to support parents to overcome these, for the sake of the child's wellbeing as well as the parents.'

> When parents who have had a child removed have unresolved feelings of grief and loss, distress, anger and so on, their ability to be attuned to their child's needs may be reduced. Parents need to be understood as important people in their children's lives, and as people who may require various supports to keep in healthy connection with their child. Parents need to be understood as individual people with their own, potential complex needs that can impact their parenting capacity.

Best practice evidence for supporting the parent-child connection is limited, yet promising

Research has identified some common elements of best practice that supports contact between children and their families while in out-of-home care [6789]. While this evidence may have limitations, such as small study sizes and being drawn from both international and local research, many of these elements were also proposed by parents we worked with as solutions to their increased inclusion. Practitioners could consider the suitability of the following practice elements:

- support parents to see contact visits from their child's perspective,
- give parents practical strategies for staying positive and managing emotions away from their child,
- be open to post-contact reflection and improving contact experiences,
- encourage support of carers in facilitating contact (for example: phone calls, taking child to visits, involving family in celebrations),
- ensure emotional support is available to all parties involved in contact,
- plan visits focusing on the purpose and goal of contact,
- help to manage expectations,
- ensure children have support from multiple sources (for example: parents, carers, staff),
- make space for parents to have a support person,
- facilitate rituals to minimise distress at the end of contact,
- show respect and use empathetic communication that reiterates the commitment to the child,
- find opportunities to model positive parenting behaviours,
- ensure contact environment is resourced for interactive, mutually-involved activities,
- recognise the role of contact visits in supporting healthy attachment (understanding attachment theory),
- be flexible and accommodate preferences and routines,
- help children to be prepared ahead of visits,
- help to develop rapport between facilitators and parents,
- support a consistent structure for visits,
- help carers to develop a relationship with birth parents,
- increase training and preparation opportunities for children, carers, parents and staff,

[6]Taplin et al., 2014

7 Collings & Wright, 2018 https://aifs.gov.au/cfca/2018/08/08/lifelong-connections-children-permanent-care-what-supports-families-make-contact-work

8 Scott, O'Neill & Minge, 2005 https://www.facs.nsw.gov.au/__data/assets/pdf_file/0019/321724/oohc_research.pdf

9 Parenting Research Centre, 2017 https://www.parentingrc.org.au/wp-content/uploads/Engagement-of-birth-parents-involved-in-the-child-protection-system_2018-text-edit.pdf

- provide reassurance about future visits.

It is important to remember that high vigilance of parents during supervised contact does not necessarily lead to high quality contact between parents and children. In fact, there is little evidence to show that this type of practice benefits children or their families. Additionally, there is little evidence to link the frequency of contact, versus the quality of contact, with benefits to the child. This finding is particularly relevant for high-frequency infant contact*. More targeted research is needed to guide best practice in this area.

*Taplin et al. (2014)