



**“The Most Enduring of Relationships”**

**Engaging Families who have  
Children in Substitute Care**

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**Practice and Policy Unit  
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## **FOREWORD**

MacKillop Family Services established its Practice and Policy Unit in 2002 as a way of promoting a learning and practice culture in the organization. The Unit provides space and resources for MacKillop practitioners to take up secondments for a period of time away from their usual work, in order to research and reflect on particular issues of concern.

Each year, through consultation across the organisation, the Unit identifies priority areas for drawing on practice expertise and for research and advocacy. One priority area identified had to do with engaging families who have children in substitute care.

Terri Scott is senior case manager in the specialised home based care service in the MacKillop Child & Youth Services (Western) program. In the second half of 2003 she took up a secondment in the Practice and Policy Unit to reflect on her work to support the identity development of children and young people in care, and to prepare a report on engaging families in substitute care.

This report is the fruit of Terri's work. It represents not only a considered study of research literature and policy documents, but also the fruit of interviews with children and young people and their parents, and with practitioners in MacKillop and other agencies.

The report clearly demonstrates the importance of maintaining engagement with the vast majority of families who have children in care. This being the case, there is also a clear need to improve current practice. Terri's research and recommendations will be of value to practitioners, child protection workers, and policy makers alike.

John Honner  
Director, Practice and policy  
MacKillop Family Services

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**EXECUTIVE SUMMARY**

Families constitute the most enduring relationships for any person. When children are removed from their families it is therefore essential, wherever possible, that their family connections are supported and maintained. The ultimate goal for all children and young people is for them to be able to meet their full developmental potential and wellbeing. For children and young people in care this can be significantly shaped by the connection, or lack of connection, they have with their family.

Engagement does not necessarily mean access or contact. Given the wishes of the children and young people, or protective concerns, contact between children and their families may not be immediately appropriate. This does not mean, however, that the family cannot be engaged.

This report rests on a review of relevant research literature and on a series of interviews with families, children and young people, and practitioners.

This report consists of two interlinked parts. The first part reports primarily on the literature review and the basis for family engagement, illustrated occasionally from the interviews. The second part explores best practice, illustrated in turn by the literature review.

The literature review shows almost without exception that better outcomes are achieved for children and young people in substitute care where some form of connection is maintained with their families. These findings are equally supported by interviews with children and families and by local practice experience.

Most current policy is also based on the importance of family engagement. In some cases, however, the policy is over-zealously interpreted or, more commonly, not followed through owing to scarcity of resources.

Family engagement means more than formal consultation. Parents need to be respected and their own issues of grief and loss understood. Workers and carers must also have a belief in the value of engaging families for better outcomes for children and young people.

Given the clear benefits of family engagement, resources should be made available to allow for the development of relationships with families whose children are in care.

## INTRODUCTION

MacKillop Family Services was established in 1997 as a refounding of seven long established Catholic services. MacKillop is a specialized provider of child, youth and family services to some of the most marginalized families in Melbourne and Geelong. Key areas of support include family preservation, specialist education, residential services, disability services, youth services and foster care. This work is coordinated through over 90 services and the efforts of some 350 staff and a further 350 volunteers. Much of our work is with children and young people who have been placed in out of home care, either in home based care or residential services.<sup>1</sup>

Engaging families who have children in substitute care is a challenging component of the work of MacKillop Family Services.

What is substitute care? In the context of this paper, substitute care refers to the formal arrangement of care away from the family home for children and young people. The arrangements can be made voluntarily or by the State (through Child Protection intervention and Children's Court). Substitute care is also often referred to as out of home care, and includes home based care (innovative and specialised home based care), foster care, residential care, kinship care and permanent care.

Children are removed from their families when they are deemed to be at significant risk of abuse or neglect. This paper does not argue that children should not be removed from their family, but it argues that the family must be kept in the picture and engaged.

The number of children and young people in substitute care continues to increase steadily each year. In 1996 there were 13,979 children and young people in substitute care in Australia, and this had risen to 18,880 children and young people in Australia at 30 June 2002. That is, the number of children in substitute care in Australia increased by 35% between 1996 and 2002.<sup>2</sup>

In the current Victorian care system the Department of Human Services Child Protection branch is responsible for investigating allegations of child abuse and neglect and intervening to ensure safety of children and young people. The *Children and Young Persons Act 1989* governs the current Child Protection System.

Given the increasing pressures in dealing with the complexity of problems relating to child abuse and neglect, the current Victorian Child Protection system is struggling to effectively meet the needs of at risk and vulnerable children, young people and their families. The Child Protection Outcomes Project commissioned by the Department of Human Services has 'undertaken a review of local, national and international literature, service reforms and data together with an analysis of Victoria's child protection system and has proposed broad directions for reform',<sup>3</sup> many of which are supported by the findings of this report.

A second recent study by the Department of Human Services in Victoria reports that children and young people in out of home care have a very high number of placements over time. Of all clients in placement at 30 June 2001, 7% had just one placement, 65% had four or more placements and 11% had 10 or more placements. The document also reports that the average number of placements for children and young people in home based care was 5.7, and for young people in residential care was 4.2. It stated that 'more than half of all residential care clients (55%) had experienced three or more residential care placements in the current period

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<sup>1</sup> For more information on MacKillop Family Services see [www.mackillop.org.au](http://www.mackillop.org.au).

<sup>2</sup> AIHW, *Child Protection Australia 2001-2002*, p. 39.

<sup>3</sup> The Allen Consulting Group, *Protecting Children: The Child Protection Outcomes Project*, 2003, p.1.

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of child protection involvement'.<sup>4</sup> Of the 18,880 children and young people in care in Australia in 2002, 38% of these children had been in their placement for less than 12 months, 42% had been in their placement for over 12 months and 20% had been in their placement for 5 years or more.<sup>5</sup>

All children need consistency and stability for optimal development. In a substitute care system where multiple placements are a common feature, the importance of family connections becomes clear. In such circumstances, as Sultmann and Testro observe, 'for many children in care experiencing multiple placements the family of origin is frequently the most enduring of relationships'.<sup>6</sup>

If families are unable or unwilling to nurture their children in providing the necessary consistency, safety and loving care, then the State needs to intervene and make the 'hard decisions with clear timelines on behalf of children', as O'Neill remarks. However, she continues, 'making a decision to remove a child from his or her birth parents should never involve terminating the right of the child and birth family to maintain a continuing relationship'.<sup>7</sup> For these reasons, and many others that will be gathered in this report, engaging with families must be part of best practice in the substitute care sector.

The first part of this report gathers together research and practice evidence to demonstrate the importance of maintaining relationships, or re-establishing relationships, between children, young people and their families. The second part of the report explores best practice in engaging, and working with, natural families, including details from successful approaches based on practice experience gathered in the course of this research.

In undertaking this project a literature review of current articles regarding working with natural families and related areas was completed. Findings from the literature review are woven into both parts of the paper.

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<sup>4</sup> Department of Human Services, *An Integrated Strategy for Child Protection & Placement Services*, p. 52. See also the discussion of stability and permanency in foster care in DHS, *Public Parenting*, pp. 58-65.

<sup>5</sup> AIHW, *Child Protection Australia 2001-2002*, p. 43.

<sup>6</sup> Sultmann and Testro as quoted in Thorpe and Thomson, *Powerful Partnerships in Social Work: Group Work with Parents of Children in Care*, p. 6.

<sup>7</sup> O'Neill, *Permanent family placement for children unable to live with their birth families*, p.10.

**PART 1: FINDINGS FROM THE LITERATURE REVIEW**

**1.1 Why is engaging families important?**

Families are important because they provide basic human requirements such as care, love, support, education, sense of belonging and identity. The research discussed below consistently reports on the importance of family connections and maintaining these connections for children and young people.

<b><i>What My Family Means To Me</i></b>	
<i>Families are like fingerprints They are our identity</i>	<i>Families are like myths and legends They enrich our cultural knowledge</i>
<i>Families are the road signs They direct us to the correct paths in life</i>	<i>Families are like bricks Building a secure wall of society</i>
<i>Families are like cuddles The arms of safety and security</i>	<i>Families are like friends They help people in times of crisis</i>
<i>Families are like shadows They are always there whenever you need them</i>	<i>Families are irreplaceable</i>
Year 8 Girl <sup>8</sup>	

Family connection is even more significant for children and young people in substitute care. Regardless of whether children and young people reside with their family of origin, they still play an essential role in the lives of these children and young people.<sup>9</sup>

Substitute care, by definition, breaks family connections and yet, at the same time, children and young people in substitute care are greatly in need of their family. They have to manage their experiences of the substitute care system, of being separated from their families and placed in care – often with strangers – and trying to make sense of their situation and managing the day to day experiences of life. This is then complicated by Children’s Court processes and multiple placements. Children may witness conflict between family members, workers and even caregivers. Their privacy is often challenged through a series of meetings and reports that detail all aspects of the child or young person’s life, including sensitive and personal issues such as the reasons they are in care and the deficits of their parents and family, which may be discussed openly with a number of different professionals.

Both the literature review and the interviews conducted show that family connection and the maintenance of these connections for children and young people in care is a key to better placement outcomes, including consistency, stability, resilience, and reunification, identity development, and the trend of young people seeking to return to family post placement.

Thus Lee and Nisivoccia find that care can ‘provide safety and security to children but at the expense of profound loss, severed attachments, stigma, and major transition for all family members, and most critically for the children we are trying to protect’.<sup>10</sup> Thorpe’s research with young people in substitute care consistently indicates that they seek stable and ongoing

<sup>8</sup> Families Australia, *Bulletin No 3*, Winter 2003.

<sup>9</sup> Sinclair and Grimshaw, ‘Partnership with Parents in Planning the Care of their Children’, p. 238.

<sup>10</sup> Lee and Nisivoccia, *Walk a mile in my shoes*, p. 3.

relationships with natural family.<sup>11</sup> Burton and Whatley Showell's findings show that 'most children want to be with their families, regardless of the circumstances that caused their placement. Children's need for connection and continuity is strong.'<sup>12</sup> As Cashmore indicates, 'there is clear information from children that they generally want more contact than they are able to have'.<sup>13</sup>

In looking at parent-child contact, Barber and Gilbertson conclude, 'the most compelling reason for promoting parent-child contact is that the majority of children in foster care ask for it', with a number of studies indicating majorities of children, missing their parents, wanting more contact with family and feeling that 'their wishes on parental contact were not usually heeded'.<sup>14</sup> There is also evidence, however, that such contact leads to better placement outcomes.

### **1.2 Better placement outcomes**

The literature review overwhelming supports engagement with families. Nissim and Simm, after reviewing existing research material on fostering, identified key factors which consistently appeared to be linked to good outcomes, one of which is that contact with the family of origin leads to better outcomes for children and young people in care.<sup>15</sup> Barber and Gilbertson also report that 'placement outcomes are better when the birth parent/s are involved'. They found this particularly if parents were involved in the 'transition to foster care and are consulted and involved about the placement of a child'.<sup>16</sup> This finding is supported by the Looking After Children project in the UK.<sup>17</sup>

Cashmore and Paxton identified the importance of family connections and how family contact provides a sense of continuity and family identity together with assisting in the lessening of feelings of being rejected: 'research confirms the significance of children's contact with their birth family indicating that it is one of the most important factors affecting placement outcome and children's development and wellbeing'.<sup>18</sup>

Other professionals have argued that in some cases the parents may be the only ones who are able to allow a child to settle in the placement.<sup>19</sup> Contact with parents allows this permission to settle to be given. Contact also prevents the formation of an unreal picture of parents, provides reassurance of the birth parents' continuing love for their children together with their own well-being, and provides the information necessary for a secure identity.<sup>20</sup> By assuaging the child's anxieties over separation and lost attachments, contact should free her or him to engage with the placement.<sup>21</sup> These professional judgements encourage the view that the associations between contact and outcomes identified by research reflect cause and effect.<sup>22</sup>

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<sup>11</sup> Thorpe, 'Examining the Evidence in Out of Home Care', p. 10.

<sup>12</sup> Burton and Whatley Showell, 'Partnership Parenting in Foster Care', p. 520.

<sup>13</sup> Cashmore, 'What Research Tells Us – permanency planning adoption and foster care', p. 20.

<sup>14</sup> Barber and Gilbertson, *Foster Care: The State of the Art*, pp. 28-29.

<sup>15</sup> Leahy et al, 'What Makes good outcomes for children in foster care?'; p. 5.

<sup>16</sup> Barber and Gilbertson, 'Foster care: The State of the Art', quoted in Carter, *Towards better foster care – reducing the risk*, p. 78.

<sup>17</sup> See [www.lacproject.org](http://www.lacproject.org).

<sup>18</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 49.

<sup>19</sup> Atherton et al, quoted in Sinclair et al, *Contacts between birth families and foster children, some evidence on their effects*, p. 3.

<sup>20</sup> Benians and Raffaelli quoted in Sinclair et al, *Contacts between birth families and foster children, some evidence on their effects*, p. 3.

<sup>21</sup> Warsh, Pine and Maluccio quoted in Sinclair et al, *Contacts between birth families and foster children, some evidence on their effects*, p. 3.

<sup>22</sup> Sinclair et al, *Contacts between birth families and foster children, some evidence on their effects*, p. 3.

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Sinclair, Gibbs and Wilson note a number of American and British studies that support regular contact with parents. The evidence suggests children have better mental health, are more likely to return home, and are less likely to experience placement breakdowns.<sup>23</sup> This is summed up by Victor George, who writes of the need for parental contact: 'even if reunion is unlikely, parental visiting is considered conducive to the child's emotional health and he tends otherwise to feel rejected, disloyal or to view his parents unrealistically.'<sup>24</sup>

Millham et al discuss a number of studies that emphasise the importance of maintaining links between parents and children in care. Thus Robert Holman is said to suggest that self knowledge is not a guarantee of success in a foster home but that it greatly helps the foster child. By self knowledge, Holman is referring to the foster child's awareness of his or her family background and the reasons why he or she no longer lives with his parents. He suggests that the rates of success in fostering were highest for those children with most self knowledge.<sup>25</sup> Millham et al also note studies by Eugene Weinstein showing 'that the well being of the child in the foster home is closely related to the awareness of his or her origins and position as a foster child'. They also refer to Thorpe's findings that 'contact with the natural parents enabled the foster children to create a more satisfactory picture of their family background and the reasons for their entry into care. Indeed,' they remark, 'Thorpe's findings support the suggestion of Weinstein and Holman that foster children with parental contact were significantly better adjusted than those who did not have contact with their natural parents'.<sup>26</sup>

Jolowicz raises some important considerations in her article titled 'The Hidden Parent'. She writes 'we have to accept the concept that the child does have an inner life in which he maintains a parent child relationship. There are numberless cases to prove that the physical separation of parent and child is not a sufficient measure to interrupt the influence of the biological parent upon the child. On the contrary, the separation may lead to the child's idealising the parent.'<sup>27</sup> It is therefore important that children and young people in substitute care are encouraged to 'express their thoughts, feelings and fantasies about their parents and why they were placed'.<sup>28</sup>

Parallel to the research literature, the interviews with practitioners reveal almost identical findings. The major motivations for practitioners to engage with natural families are reported as better and positive outcomes for children and young people in care. Practitioners acknowledge that children and young people are not isolated units, that they exist within a family, and that therefore family connections exist. Engaging families means a better working relationship with children and young people that ultimately results in more positive progress. As put by a practitioner during an interview, 'working with families and the issues they are dealing with results in better outcomes: you are more likely to be able to resolve some of the issues if you are working with the family together with the child or young person'.

The value of children and young people being connected and reconnected with members of their family was demonstrated over and over again as practitioners experienced just how important and vital this has been in providing for better outcomes for children and young people in out of home care.

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<sup>23</sup> Sinclair et al, *Contacts between birth families and foster children, some evidence on their effects*, p. 4.

<sup>24</sup> Millham et al, *Lost in Care*, p. 109.

<sup>25</sup> Millham et al, *Lost in Care*, p. 109.

<sup>26</sup> Millham et al, *Lost in Care*, p. 109.

<sup>27</sup> Jolowicz quoted in Lee and Nisivoccia, *Walk a mile in my shoes*, p. 54.

<sup>28</sup> Lee and Nisivoccia, *Walk a mile in my shoes*, p. 55.

For example, a MacKillop practitioner reports:

For a 9 year old boy and his three younger siblings to have regular phone contact with their father whom they had had limited and sporadic contact with over the last five years was an incredible event to be involved in. Their father, who was residing in a psychiatric hospital interstate, was found, engaged, supported and encouraged to make the regular contact via phone. As a result the children responded with excitement and there appeared to be a sense of relief for them as they were able to speak to dad and clear some of the confusion that had been causing much anxiety about where their father was and if he still loved them. The 9 year old boy has a very strong loyalty towards his father and has articulated on many occasions that he intends to return to live with his father.

This account clearly demonstrates the connection between family contact and the children being assisted to understand their situation. They gain an understanding of why their parents are unable to care for them at home and how, although they are unable to be at home, their parents still do care and love them. Practitioners agreed contact enables children and young people to see the reality of why they can't be at home. Another practitioner observed:

One child I am working with has built up a fantasy about his parents that it is more positive and every so often he needs the reality check or he starts to become disruptive with what he has got. Kids tend to work through their issues a lot better if their parents are involved.

It's the identity stuff; kids need to know where they and their families come from. And it is also the knowing that although they can't live with their mum and dad they know that mum and dad love and care for them, knowing this they are better off in the long run – it's about positive outcomes for kids.

### **1.3 Consistency/stability/attachment**

As noted in the Introduction, placement instability features significantly in the substitute care system. Children and young people are exposed to a number of different placements which can have a significant effect on all aspects of their development. Emotional and behavioural problems or attachment disorders can develop as a result of multiple placements. The recent Department of Human Services Victorian Audit showed that out of the sample of 630 children and young people, 61% (or 369) had been in their current placement for less than one year. 18% (or 106) had been in the current placement for 1-2 years and 21% (or 128) had been in the current placement for more than two years.<sup>29</sup>

Investigation of a typical case-load of children and young people of a Specialised Home Base Care case manager working for MacKillop Family Services in the Western Region of Melbourne (see Table 1 below) shows more detail about the pattern of placement instability. Specialised home based care provides intensive case management to young people in foster care with marked emotional and behavioural difficulties. This table also demonstrates, in the last column, that stable placements can be achieved. The problem, however, is that the stability comes too late in the child's life and hence needs specialised support.

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<sup>29</sup> Department of Human Services, *The Audit of Children and Young People in Home Based Care Service*, p. 24.

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Client	Age	Time in care	No of placements	Ave length of placement	Length of time in current placement
1	15	15yrs	24	7.5months	5 years
2	9	3yrs	19	2months	5 months
3	10	4yrs	6	8months	2.5 years
4	9	4yrs	6	8months	2.5 years
5	8	4yrs	6	8months	2.5 years
6	7	4yrs	6	8months	2.5 years
7	5	5yrs	1	5yrs	5 years
8	15	5yrs	5	1yr	4 years

**Table 1: Placement histories of one group of children and young people in specialised home based care<sup>30</sup>**

Clients 1,2,3,4 in the sample in Table 1 belong to a sibling group and they show great difficulty in managing any change in their environments. Of particular significance is the adverse negative effect on all four children when there is a change in caregiver. Difficult, challenging and defiant behaviour are the most obvious effects, with stealing, absconding and bullying behaviours frequently evident. This behaviour can be understood, however, given the inconsistent and disrupted nature of these children's early years of being in care and in different placements.

From the same sample, client 1 has experienced a particular range of difficulties that could be attributed to the significant disruption experienced while in care. Of significant concern is the diagnosis of a severe learning disorder that has greatly affected the young person's ability to perform academically and sees the young person well below the expected academic level. This young person had 20 changes in placement prior to starting school. Given the well researched importance of stability and consistency in the early years of development, including achieving full potential academically, the disruption and constant change during those early years has most likely been a significant contributing factor to the problems this young person now faces just in the area of academic achievement.

All the children and young people in the sample group noted above experienced difficulties with attachment, with some displaying indicators of attachment disorder. Other common areas of concern included low self esteem and confidence, poor skills in personal relationships, a lack of connectedness with family and community, a reduced capacity to reach educational potential, emotional and behavioural disorders, a lack of identity formation resulting in identity issues particularly in adolescence, anger and mistrust of adults and a vulnerability to further abuse.<sup>31</sup>

The research literature shows that many of the difficulties experienced in the sample group are experienced by other children and young people in out of home care. According to Jan Carter, 'unstable placements and placement moves increase the quantum of uncertainty for children to ill effect and cannot by any criteria be conceived to be supportive of any child's proper development, especially for those children who are already vulnerable and distressed'.<sup>32</sup> This is a notion also supported by research into the effects of multiple placements on child development and, in particular, on attachment. Thus Levy and Orlans comment that 'children in the foster care system who are subjected to multiple placements are deprived of stability, continuity of caregivers and the opportunity for developing secure attachments'.<sup>33</sup>

<sup>30</sup> These figures are taken from case files and FACTS data from DHS and MacKillop Family Services records.

<sup>31</sup> DHS and MacKillop Family Services file data.

<sup>32</sup> Carter, *Towards better foster care – reducing the risk*, p. 19.

<sup>33</sup> Levy and Orlans, *Attachment, Trauma and Healing*, p. 215.

Goldstein, Freud and Solnit discuss the importance of continuity of relationships, surroundings and environmental influence as they are 'essential for a child's normal development. Physical, emotional, intellectual, social and moral growth does not happen without causing the child inevitable internal difficulties.' They go on to state that the 'instability of all mental processes during the period of development needs to be offset by stability and uninterrupted support from external sources. Smooth growth is arrested or disrupted when upheavals and changes in the external world are added to the internal ones.'<sup>34</sup> They suggest that 'continuity is a guideline because emotional attachments are tenuous and vulnerable in early life and need stability of external arrangements for their development'.<sup>35</sup> It therefore follows that, 'the continuity guideline should prompt the development of procedures and opportunities for maintaining relationships between child and absent parent'.<sup>36</sup>

Jackson and Thomas' research has shown that discontinuity is a major factor in poor outcomes among children experiencing care.<sup>37</sup> This is supported by further research quoted by Wise, that 'children require an open arrangement to overcome separation from primary attachment figures. Separation is a negative life event that needs to be reconciled in terms of reasons for the separation and to clarify misconceptions of the past. Most children and young people in substitute care who maintain regular contact with their parents are found to be more settled in their placements and more able to manage relationships with other adults and are more competent socially and educationally.'<sup>38</sup>

In looking at factors that affect outcomes and stability in care, Cashmore notes contact with family members is significant, stating that attachment theory has identified the benefits for 'children's emotional and social development of a continuing sense of 'connectedness' with their birth family'.<sup>39</sup>

### **1.4 Reunification**

The ultimate goal for all children and young people in out of home care is for reunification with their families. The current legislation that governs the Victorian Child Protection System directs this. The *Children and Young Persons Act 1989* states s.119 (b) 'if the child is not living with his or her family, a primary goal is to reunite the child with his or her family if that is for the welfare and in the interests of the child'.<sup>40</sup>

As Ainsworth and Maluccio found in their research, 'the overwhelming evidence is that most children placed in care are eventually reunited with their families'.<sup>41</sup> Family connection or reconnection is also important in light of this evidence, even though this return may sometimes be short-lived. The better the engagement with families, the more likelihood there is that the reunification will be successful. Many practitioners report that family connection has in fact led to reunification.

How reunification is conceptualised and defined is important. Reunification is more than simply relocating a child with their family. There needs to be recognition of, as Maluccio, Warsh and Pine put it, the 'value of rearing children in a family setting', the 'primacy of parent-child attachment' and the 'role of the biological family in human connectedness'. They define family reunification as

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<sup>34</sup> Goldstein, Freud and Solnit, 'Beyond the best interests of the child', pp. 31-32.

<sup>35</sup> Goldstein, Freud and Solnit, 'Beyond the best interests of the child', p. 34.

<sup>36</sup> Goldstein, Freud and Solnit, 'Beyond the best interests of the child', p. 39.

<sup>37</sup> Jackson and Thomas as quoted in Wise, 'The discussants response', p. 24.

<sup>38</sup> Berridge and Cleaver, Bullock, Little and Millham as quoted in Wise, 'The discussants response', p. 24.

<sup>39</sup> Maluccio, Fein and Olmstead as quoted in Cashmore, 'What the research tells us', p. 20.

<sup>40</sup> *Children and Young Persons Act, 1989*, p. 137.

<sup>41</sup> Ainsworth and Maluccio, 'The policy and practice of family reunification', p. 3.

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a planned process of reconnecting children in out of home care with their families by means of a variety of service and supports to the children, their families, and their foster parents and other service providers. It aims to help children and families achieve and maintain, at any time, their optimal level of reconnection – from full re-entry of the child into the family system to other forms of contact such as visiting, that affirm the child’s membership in the family.<sup>42</sup>

They support this definition by appeal to child development theories highlighting the importance of stability and continuity in living arrangements and parent-child relationships.

Where reunification is not a possibility for children and young people, it remains highly desirable that children and young people maintain contact with their natural family.<sup>43</sup> Thorpe and Thomson thus observe that where reunification ‘is not possible, and longer term or permanent placement is indicated, continuing contact and natural family involvement is recommended, not only in order to maintain significant relationships and important cultural connections, but also to help sustain placements and contribute to stability.’<sup>44</sup>

As one practitioner stated ‘family connection is vital – it helps with working towards getting children and young people home or it resolves why they can’t be at home and allows them to prepare and move on to other options’. Another noted ‘that unless one engaged with the family, how on earth were the kids going to get home? I see myself as that pivotal point in supporting the family and the child to get the child back home.’

A number of practitioners remarked that connecting or reconnecting children and young people with their parents often leads to children going home. One practitioner provided the example of a young person who was having no contact with his father. This contact was initiated by the practitioner, who was able to engage and encourage positive contact between father and son. As result the young person went to live with his father. This arrangement has remained positive some two years later, with the young person progressing extremely well.

Practice experience, however, also suggests that the process of reunification has many flaws and it needs to be done better. There are many examples of children and young people who have experienced a number of failed reunifications which means the ‘merry go round’ of constantly in and out of care often with different caregivers. For reunification to be successful, better planning, resources and the full support of all stakeholders is needed. Understanding the broader definition of reunification and developing positive working relationships with natural families may also assist in achieving more successful outcomes.

Given these findings, three important points raised during interviews with practitioners require further consideration. The first is the much discussed issue regarding the need for appropriate resources to support families. This will be further discussed below. Secondly, there is the need for a careful assessment of the appropriate level of connection, balancing the need to protect children and young people from risk but also trying to maintain the important connections. Practitioners have indicated the following important considerations with assessment of risk factors being key in informing the appropriate level of connection:

- Vulnerability of the child or young person
- The severity of the incident or situation
- The likelihood of the further harm occurring
- The family’s understanding and view of incident or situation

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<sup>42</sup> Maluccio, Warsh and Pine quoted in Ainsworth and Maluccio, ‘The policy and practice of family reunification’, pp. 3-4.

<sup>43</sup> Burton and Whatley Showell, ‘Partnership Parenting in Foster Care’, p. 520.

<sup>44</sup> Thorpe and Thomson, *The importance of parents in the lives of children in the care system*, p. 25.

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- The child or young person's wishes
- The care and case plan for a child or young person
- Information available to make a well informed assessment
- The likely impact of contact on the child or young person
- The best way contact can be maintained to ensure safety, e.g, photo's, letters, phone calls, physical contact.

Thirdly, the Children's Court needs to be educated to take notice of this assessment process to prevent children being placed on a 'merry go round' of multiple placements.

### **1.5 Identity**

Natural families are an essential factor in providing children with a sense of identity and history.

Identity is the development of a sense of self and belonging that is based on an individual's experiences, their interpretation of these experiences, other's reactions to that individual, and the significant role models the individual identifies with. Identity includes a range of features, including religion, culture, language, sexuality, intellectual functioning, physical appearance, politics, history and social environment. Identity development and formation is a fundamental aspect of growing up that is instrumental in achieving optimal psychological functioning and well being. Identity is strongly influenced by attachment as a person grows and develops from infancy through to adolescence, crystallizing across an individual's lifespan.<sup>45</sup>

Having a sense of identity is very important to all human beings: it comes from having an understanding of where we have come from, our families, communities, how we fit into these, who we are. Having those special things that help build the picture of self, or that tell a special story or trigger a memory are invaluable and very important.

Identity development can be greatly affected by the experiences that children and young people have in out of home care, including the experience of multiple placements and family disconnection. Being subject to multiple placements is not favourable for children and young people's concepts of themselves and how they belong and connect to the world around them. 'According to review research in foster care, children incur substantial damage from multiple placements, as these prevent identity formation, sense of belonging and capacity to form meaningful relationships.'<sup>46</sup>

Sultmann and Testro state, 'the identity needs of children can be safeguarded by contact with their families'.<sup>47</sup> Lee writes:

children must be able to talk about the various aspects of their lives, that added together, form their identity. Who am I? Where do I come from? Where am I going? are critical questions in the lives of all foster children. According to Joan Laird, despite the 'nurturing goodness of substitute care, the child's ongoing task will always be to reweave the jagged tear in the fabric of his identity, to make himself whole again.' If a worker or a foster parent is in conflict about a child's own family,

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<sup>45</sup> Shaffer, 'Developmental Psychology Childhood and Adolescence'; NSW Office of the Children's Guardian, *Accreditation Benchmark Policy Statement*.

<sup>46</sup> Barber and Gilbertson, 'Fostercare: The State of the Art' (2001), quoted in Carter, *Towards better foster care – reducing the risk*, p. 78.

<sup>47</sup> Quoted in Thorpe and Thomson, 'Powerful Partnerships in Social Work: Group Work with Parents of Children in Care', p. 6.

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the child knows it and self esteem falls accordingly. We must help the child “mend the jagged tear” as we seek harmony in working with the child’s family.’<sup>48</sup>

Ainsworth and Maluccio make the same point. Their research indicates that ‘connectedness is an essential component of identity. Family connectedness helps provide an answer to the questions ‘Where did I come from?’ – and – ‘Who am I?’ In doing so connectedness creates a link to the past and to the future and helps promote the child’s development and preparation for adulthood.’<sup>49</sup>

Practitioners also commented on the questions that children and young people ask about themselves in relation to their family and how important it is to them that these questions can be answered to secure their sense of identity and belonging. Practitioners’ experiences and the literature thus both support the importance of family connection for identity development. Without having these connections, children and young people struggle with identity development and issues associated with incomplete identity achievement.

### **1.6 Life books, family and identity**

Family engagement can also be developed through the use of life books. MacKillop workers, Wise, Haddad and London, have recently reported on their work in out of home care, noting that ‘the natural family remains a major part of the young person’s sense of self, their narrative, their sense of belonging and heritage. It is for this reason that initiatives such as life books are so important and a foundational part of our practice.’<sup>50</sup>

Life books are specially designed albums, along the style of “This is Your Life”, that contain certificates and photos and stories about a young person’s life. They help in the development and preservation of identity for children and young people in substitute care, and they also help the child or young person explore their own family. As one MacKillop practitioner put it:

Life books are an amazing way of acknowledging how important the family is, especially when you are trying to get photos of them and telling them that it is really important – all those really personal things that just keep validating their place in the child’s life – that extra bit can make an incredible amount of difference.

Another observed:

Children and young people in the care of MacKillop Family Services have been involved in developing their own life books. Seeing them work creatively to produce their own stories and a record of their own lives is a moving experience for all those involved.

As a practitioner, seeing a child’s enthusiasm in creating their own book about themselves and their family, experiencing a child’s joy at seeing themselves as babies or toddlers and making connections of how they fit and where they belong in their families is a truly amazing experience.

*For a young person leaving care, receiving a life book was a significantly important event. Having been in care since she was a baby, and with her parents both deceased, receiving her life book was really moving. The young person was able to communicate just how important*

<sup>48</sup> Lee and Nisivoccia, *Walk a mile in my shoes*, p. 13.

<sup>49</sup> Ainsworth and Maluccio, ‘The policy and practice of family reunification’, p. 4.

<sup>50</sup> Wise, Haddad and London, ‘Worthy of Recognition: social work practice in out of home care’, p. 67.

*that this was for her, saying that she felt so valued and that her story and her family's story were important and respected. She says that she will treasure and cherish this life book, her collection of photos, memories and stories of herself and her family which she will continue to add to.*

MacKillop practitioner

Making sure that families are sent regular copies of photos and even videos of their children keeps families involved and is another way of promoting children and young people's sense of identity and belonging.

With the implementation of Looking After Children (LAC) in Victoria on 1 July 2003, a child or young person's identity will be given much greater attention than in the past. LAC is a comprehensive system for recording and maintaining information about children in care, their needs and achievements and life stages. LAC's design includes attention to identity formation, with the goal being that the child in care develops a sense of self as a separate and valued person. They will know their family background, will be connected as far as possible in positive ways to their immediate or extended family, and have an understanding of and connection to their own ethnic and cultural background. While LAC provides the prompts to make sure a child's needs are being met with regards to identity formation, practitioners need to be creative with regards to how this is actually done, for example using life books, scrapbooks, videos and recordings.

Leahy et al identified that other methods of recording, beyond report writing, are needed to give some sense of the interaction between the child, birth family, foster family and worker, for example a video record of events such as birthday parties and school plays. This, they comment, would also add depth to life history for children in later years.<sup>51</sup>

Getting the family stories and legends are important for children and young people building on their sense of identity, their family history and connections with their history. As one practitioner explained, these stories come from families themselves and so therefore it is important to encourage the telling and passing on of these important family stories.

Another important part of a child's development is self esteem. Salah-Din and Bollman found that self-esteem is connected with parental contact. They found after examining the effects of parental visiting upon the child, 'a correlation between self esteem and identification with birth parents in a study of 116 adolescents in foster care. Respondents with higher levels of identification with birth families were found to have higher self esteem than those with lower levels of identification.'<sup>52</sup>

### **1.7 Connections with social networks, community and culture**

While it is not directly within the scope of this report, it should also be noted that it is important for children and young people in care to maintain stable connections with their existing social networks, community and culture, because this is the world of their extended family. Further, these connections can be more easily maintained if connection with the family can be maintained.

As Lee observes, 'children and young people are part of a nuclear family, an extended family, and a community with social networks, they are also part of religious and ethnic groups and ties to all these should be maintained because they are a source of feeling connected, and of individual and familial identity'. These extra dimensions should be seriously considered

<sup>51</sup> Leahy et al, 'What Makes good outcomes for children in foster care?', p. 8.

<sup>52</sup> Salah-Din and Bollman quoted in Barber and Gilbertson, *Foster Care: The State of the Art*, p. 27.

when children and young people are placed in substitute care<sup>53</sup> and are particularly important for Aboriginal children, given their high representation in the care system in Victoria.<sup>54</sup> Lee suggests that helping children and young people learn about their 'ethnic group can strengthen their family ties, their sense of identity and continuity, and their self esteem. Ignoring a child's ethnic difference, far from showing tolerance may well inadvertently give out the negative message that the child's ethnic group is not as good as the foster family's ethnic group.'<sup>55</sup>

Unfortunately, it is too often the case that the care system lacks the resources necessary to provide placements that will meet the social and cultural needs of children. Practitioners identified that this is often an area that could be done better. Making sure children and young people have the opportunity to maintain the links with their communities is considered important, but it may often get lost in the other 'more important' tasks or because of the lack of carers from particular ethnic groups. However, regardless of whether a child or young person is able to be placed with a foster family of the same ethnic background, they still should be provided with opportunities to remain connected to their community and ethnic group. This is witnessed in practice by connecting children and young people with key members of their cultural group and encouraging the foster family to attend group functions and to have culturally appropriate books, information and pictures in placements.

Lee suggests other strategies to enhance this connection, for example: involving the biological family in bringing ethnic food for a celebration; helping child to find music and reading on her or his ethnic group; involving the parent in teaching the child and foster family about the family culture; and finding creative ways to help children celebrate their ethnicity, which can help in bridging the differences between the families and affirming the child's identity.<sup>56</sup>

Practitioners were pleased to note the resources now available for Aboriginal children and young people, but regretted that there is a lack of such resources readily available for those who come from other cultural backgrounds.

### **1.8 Leaving care and coming home**

Research shows that a significant percentage of young people move from care back to living with their parents. Owen et al found 40 % of young people returning home after they left care, while St Lukes Youth Services identified 50% as returning home.<sup>57</sup> MacKillop data shows that 33% of a cohort of 36 young people who left care in 2002 returned home immediately after leaving care. These figures highlight the importance of family of origin to the young people and the need to ensure that family reconnection work occurs during placement.

Even if they do not return home to care, young people will re-establish contact with their families. Ainsworth and Maluccio show that adolescents who exit as young adults from care into independent living situations rapidly re-establish contact with their birth family including members of their extended family.<sup>58</sup> Similarly, Sultmann and Testro's studies found that 'many young people seek out their families on exiting from care'.<sup>59</sup>

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<sup>53</sup> Lee and Nisivoccia, *Walk a mile in my shoes*, pp. 43-44.

<sup>54</sup> See Department of Human Services, *Protecting Children*, p. 6.

<sup>55</sup> Lee and Nisivoccia, *Walk a mile in my shoes*, p. 44.

<sup>56</sup> See Lee and Nisivoccia, *Walk a mile in my shoes*, p. 44.

<sup>57</sup> Owen et al., *Pathways to Interdependence and Independence: The Leaving Care Initiative*, p. 75; St Luke's Youth Service, *Young People Leaving Care and Housing Project: Nowhere to Go*, p. 8.

<sup>58</sup> Aldgate, Maluccio and Reeves 1990; Biehal, Claydon, Stein and Wade 1992; 1995; Barth 1990; Cashmore and Paxton 1996 as quoted in Ainsworth and Maluccio, 'The policy and practice of family reunification', p. 3.

<sup>59</sup> Sultmann and Testro quoted in Thorpe and Thomson, *Powerful Partnerships in Social Work: Group Work with Parents of Children in Care*, p. 6.

Cashmore observes that ‘many young people return to their parents’ home after they leave care, and it seems obvious that some continuity of contact would ease this process and assist in relation to identity issues’.<sup>60</sup>

This is supported by the experiences of practitioners where young people on leaving care end up back at home with family or seek these connections out themselves. As one practitioner stated, regardless of what is done while in care, most young people when they leave the care system are going to end up having some connection with their families – whether living with them or not – but there will be a connection of some kind.

The return home will not always be of substantial duration. It is therefore important that young people already have a connection made with their families while they are in care. Family connections are vital in ensuring that a child or young person’s time in care has beneficial outcomes. The MacKillop Leaving Care project research has found that, for many young people returning home after leaving care, the living arrangements do not last. This is largely due to the problems that arise through the young person and family living together again, often when little connection has been maintained while the young person had been in care. This highlights again the significant importance of family connections being pursued and maintained while children and young people are in care.<sup>61</sup>

### **1.9 Arguments against engaging families**

Children who are placed in care are often separated from their families because of the high risk of abuse or neglect if they were to remain with their families. There are therefore good grounds for being cautious about reconnecting children in substitute care with their families as well as for the belief that contact with parents could be harmful and should be discouraged.

While the majority of current literature stresses the importance of engaging with families, there is some research that suggests that contact can harm children because of the difficulty in maintaining two sets of loyalties long term. It has also been suggested, while noting that evidence is lacking, that children could be exposed to abuse or continuing domestic violence.<sup>62</sup>

In a study of long-term fostering by Schofield, Beek, Sargent and Thoburn, only 6% of cases were non-problematic in terms of contact, but nonetheless they supported contact, provided the level and frequency of contact was appropriate for the child or young person.<sup>63</sup> Other studies have noted a strong emphasis on contact between children and their birth parents but ‘consistent findings that contact was associated with distress in children, foster carers and parents, and with placement breakdown’. In the UK, after an inspection report of English local authorities, it was concluded that contact was being encouraged when it was not in the interests of the child. These studies pose the question as to whether the pendulum in favour of contact with families has swung too far.<sup>64</sup>

What is important, therefore, is to find ways to ensure that the engagement is appropriate and the contact successful. Barber and Gilbertson refer to a recently published paper by the American Academy of Paediatrics’ Committee on Early Childhood that notes the ‘typical arrangement of weekly supervised visits in a neutral setting is not conducive to parent-child

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<sup>60</sup> Cashmore, ‘What the research tell us – permanency planning adoption and foster care’, p. 19.

<sup>61</sup> Zoe London, MacKillop Family Services Leaving Care Project, to be completed in 2004.

<sup>62</sup> Sinclair et al, ‘Contacts between birth families and foster children, some evidence on their effects’, p. 4.

<sup>63</sup> Schofield, Beek, Sargent and Thoburn, *Growing Up in Foster Care*, p. 8.

<sup>64</sup> See reports on these studies in Sinclair et al, ‘Contacts between birth families and foster children, some evidence on their effects’, p. 4.

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interaction and may even be detrimental to the child'. Instead they recommend frequent parental visits that are 'long enough to demonstrate the parent's commitment to the child and to enhance the parent-child relationship'. They go on to suggest that for children old enough to have established bonds with parents, weekly or sporadic visits may suffice. However, such visits do not allow 'younger children to develop a psychologically meaningful relationship with parents'.<sup>65</sup>

Protecting children and young people from harm is of paramount importance. Practitioners need to make careful assessments to ensure that a child or young person's physical and emotional safety is not being jeopardised by having contact with family members. Children and young people's wishes with regards to contact need to be heard and respected; they should not be forced into having contact with family members if they do not want to. Some children may not be able to verbalise their wishes, but their behaviour can often indicate how they feel about seeing certain family members – this too needs to be understood as an indicator that the child or young person is not yet ready to see that family member.

This was highlighted by one of the practitioners interviewed:

a father made contact recently, after not having contact for some time, and asked to see his son. This boy is terrified of his father and has many issues that he is currently working through, so for him to see his father right now would see a severe adverse affect on his behaviour and ability to cope. But we know where his father is and we (the agency) will maintain contact so that when this boy is ready to see his father he can.

Connections can thus be maintained even when physical contact is not occurring. Children and young people can still know about their family members and where they are. They can establish and maintain connections with 'safe' family members. For example, if a child is unable to have contact with their parents for safety reasons then an aunt/uncle or grandparent may be engaged to provide the important connection.

So there are not so much arguments against engaging with families as arguments against inappropriate engagement with families. We need to rethink the current practice of parental visits to better enhance the parent-child relationship. With greater understanding of some of the issues already discussed, and those that will be discussed below, a more realistic and fruitful approach to maintaining family connection can be established for all concerned. The second part of this report, therefore, explores the best ways to engage with families.

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<sup>65</sup> Barber and Gilbertson, *Foster care: The State of the Art*, quoted in Carter, *Towards better foster care – reducing the risk*, p. 28.

## **PART 2: IDENTIFYING BEST PRACTICE**

The second part of this paper is focussed on the results of a series of interviews in an attempt to identify best practice in engaging families and developing successful working relationships. A summary of the findings to profile best practice is presented at the end of this section.

The interviews were conducted from June to November, 2003. Three parents who have children in substitute care together with three children/young people currently in care were also interviewed. Six MacKillop Family Services practitioners were interviewed individually, together with another group session involving six practitioners. Practitioners represented a number of program service areas including Home Based Care (Western and Northern Region), Home Based Care (Barwon), TIERS (Southern Region), Reconnect Program (Barwon), Group Homes Program (McAuley) and Western Youth Services. Practitioners were also interviewed from Melton Foster Care, Berry Street and Anglicare. Practitioners were asked a number of questions regarding their experiences of working with natural families and participants in the care system were asked about their experiences of working with MacKillop Family Services. Each of the interviews ran from approximately thirty minutes to one hour. All the interviews were transcribed and analysed. The findings are discussed below.

### **2.1 Parents' perspectives**

The three parents who were interviewed all have children currently in substitute care with MacKillop Family Services. Their children have all been in care for more than five years and are all on Custody or Guardianship Orders through the Department of Human Services (DHS).

Being a part of this research project proved to be an empowering exercise for the parents. Parents expressed appreciation of being asked about their experiences within the substitute care system and working with the practitioners involved with their children. This step alone highlighted the importance of gaining such feedback in order to build best practice for the future.

All the parents had experienced contact with the Child Protection System of the Department of Human Services. Two of the parents interviewed had had their children removed from them involuntarily; the other parent relinquished the care of her children voluntarily. The parents who had had their children removed involuntarily understandably expressed significant frustration and disappointment with Child Protection workers. The fact that Child Protection workers are charged with the responsibility to remove children and provide evidence in Children's Court against the parents has the potential to have a huge impact on the development of positive working relationships. On the other hand, working with practitioners from MacKillop Family Services had proven to be much more satisfactory for them because it offered them the possibility of contact with their children.

The sections below highlight the most significant findings from these interviews. Where relevant, reference is also made to supporting research literature.

#### **2.1.1 Developing trust and collaboration**

The parents identified trust as being vitally important to a positive working relationship with the practitioners involved. The parents indicated that as a result of their negative experiences with DHS, they were also very wary of practitioners from MacKillop Family Services. The

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parents said that through being respected, involved, valued and kept up to date with regards to their children, trust was quickly established.

Being engaged meant the parents had the opportunity to remain actively involved with their children in care. As one parent put it:

It is important to know what is going on with my girls – you don't just give birth to your children and then forget about them when they are no longer with you – it is nice to be involved.

Another parent talked about going to medical appointments with their child and the foster carer and how important this was for her to still be involved in such events. Not only is the parent involved, the child is getting the clear and very important message that mum is involved and cares about him together with the collaboration that is modelled by the involvement of parent, child, care giver and practitioner. This collaboration can go a long way towards avoiding the potential conflict of loyalties that children and young people in care experience having carers as well as parents.

The third parent talked about the value of getting regular feedback about how their children were going. This could be simply by regular phone contact, but also by letters and reports. Parents appreciated the letters and reports being personable, engaging and positive, with a particular note on the language used, with parents indicating the use of 'big' words being unhelpful and alienating. Being considered a valuable part of their children's lives is significant for parents and can reignite a parent and child's sense of hope, which can so often be dashed through the often very difficult and painful experience of children being removed from their parents' care.

One parent said just how important it was for him to have the MacKillop Family Services practitioner help him to understand what was happening for his teenage son; to understand the issues that he is facing and how he could best assist his son now.

Being part of the process was simply not enough – it was essential that parents felt as if they were valued in the process and that their views and opinions were listened to. Parents noted that this process often involved meetings with a range of different professionals and can be very difficult and confronting, particularly given that such meetings by their very nature tend to highlight the parents' failures.

As Wise, Haddad and London observe,

One of the many challenges in all forms of shared care...is responding to the tension the young person experiences between natural family and the constructed family or family-like network that is created around the young person for the time that they are in care. The work requires sensitivity, transparency and a respect for and openness to natural family that is not always easy to maintain, particularly where the young person is not in care by consensual decision-making.<sup>66</sup>

Lee supports this: 'when children become a part of the foster family, they bring their own family with them actually and in memory. They now have two sets of parents – a potential source of conflict, with children feeling pulled by divided loyalties. The children can have attachments to both sets of parents without having to choose between them if foster parents are able to develop a relationship of respect, understanding and concern toward the biological family.'<sup>67</sup>

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<sup>66</sup> Wise, Haddad and London, 'Worthy of Recognition: social work practice in out of home care', p. 68.

<sup>67</sup> Lee and Nisivocchia, *Walk a mile in my shoes*, p. 11.

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The findings in the literature are supported by the interviews undertaken in this project. Amidst all that these parents have experienced, including the reasons for their children coming into care, one very important requirement according to the parents interviewed is that *they not be judged for what they have done*. Practitioners who are non-judgmental and hold positive regard for parents will, according to these parents, be far more successful in engaging with and involving these families.

Parents also said that practitioners who were available and accessible, friendly, easy to talk to, helpful and supportive, made a difference in how engaged they were. Simply having phone calls returned, getting answers to their questions and practitioners following through with agreed action were of significant importance. Clear, open and honest communication was also identified as being important. This effective communication was described by one parent as ‘speaking straight – if she has something to say she will say it and the same for me and speaking to me not over me or around me but to me – eye to eye contact’.

The Department of Human Services *Child Protection Client and Family Survey* indicated that information provision was a strength of the current system. The survey found that practitioners were seen to be good at explaining roles and responsibilities, but that they are less successful in ensuring that families understand the information fully or assisting families in the next step – the change process. From the survey, parents clearly stated that they wanted a different type of service, one that was more supportive.<sup>68</sup>

Children in substitute care have a number of people involved in their lives, including a range of professionals working to help meet their needs. When parents have a clear understanding of the roles and responsibilities of those involved with their child, this makes for a better working relationship with all the key stakeholders.

The interviews showed that parents whose children have been removed from them, due to their inability to provide appropriate care, expect that their children are now receiving optimal care that meets their needs. It is therefore important that parents feel confident that their child is receiving the best possible care. As one parent stated ‘I have a lot of respect for (worker), I trust her, I know that she sees my child regularly and she will feed back on how things are going, she keeps me up to date’.

The recently implemented Looking After Children protocols provide important checklists and timelines to ensure all the needs of a child or young person are met. These protocols include parents much more than they have been involved before and respects them as partners in the care of their children. It is important that these protocols are put in place, and that necessary resources are available to assist parents to attend meetings. Sometimes the costs are significant and require a ‘little bit extra’.

‘Doing that little bit extra’ was recognised and appreciated by parents. For example one parent describes having her children brought to where she lives, some 350kms away, for access and having videos and photos of her children regularly sent to her, and even being offered an airfare to visit her children, saying that this then inspires her to also do that little bit extra. This parent also described the relationship being equal and fair, that ‘it has to go both ways’ and that compromise and negotiation are very important.

Generally speaking, the parents interviewed had established positive working relationships with the practitioners involved with their children. They were very positive in their comments regarding the practitioners, indicating that they have been very satisfied with the service being provided to them and their children.

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<sup>68</sup> Department of Human Services, *Child Protection Client and Family Survey*.

2.1.2 Dealing with grief and loss

Burgheim notes that, ‘the efforts of professionals in the field are rightly concentrated on the care and protection of children. However, the ability of their parents to work through their grief is a major factor in the children being able to express and deal with their move to a different home and the loss and grief this entails for them.’<sup>69</sup> Burgheim goes on to suggest that ‘working with loss and grief is a central part of practice with parents of children in care’.<sup>70</sup>

These remarks connect directly with helpful practices identified by parents, including a practitioner’s willingness to help and understand them, their situation and their children’s situation, particularly with regards to the trauma experienced in having their children removed. The grief and loss issues associated with this, even though at times not articulated as such, were evident in the parents’ comments.

*It is gut wrenching, it’s like having your heart ripped out of your chest and thrown. The day that I had my two boys taken from me I just could not do anything – I had DHS sitting there with a copper in civvy uniform writing every detail down on paper and she’s looking at me as if I was the criminal and I did wrong – how can you judge a person who has tried so flaming hard to look after his two boys. I must admit it was bloody hard – you try to look after two siblings, you try to do your housework, to try to do this, you try to get sleep – it doesn’t work – it does work but in the end it destroys your mental capacity....*

A parent

Parents’ experiences associated with the loss of their children, therefore, should not be overlooked, nor their related behaviour unacknowledged. Practitioners must understand how parents struggle with the issues that have resulted in them coming to the attention of Child Protection and in having their children removed and being placed with a foster family, often strangers, who are able to do what they have been unable to do in caring for their children. Practice experience, however, indicates there is little acknowledgement of the separation, grief and loss experienced by natural families (and children and young people) and the impact of this. There is an expectation that they will just get on with their lives after the removal and placement of children in care.

As Burgheim notes, however, these families have had someone ‘come into their home and taken their children away without their consent.’ That is their reality. She adds, ‘although someone abuses their children it does not mean that they do not love them’.<sup>71</sup> This is an important reminder. Lee states ‘that almost all parents experience some emotional reaction when children enter care’. Sadness, she notes, is the overriding feeling but also relief, thankfulness, guilt, shame and anger.<sup>72</sup>

It is well known from the theory of grief and loss that a parent’s loss of a child is described as the most significant loss of any. In cases involving Child Protection, this is further compounded by the public exposure of their failures as a parent. As Burgheim puts it, ‘the fact that they are responsible for the child’s removal only complicates their grief with guilt....

<sup>69</sup> Burgheim, *ACWA Conference 2002*, p.1.

<sup>70</sup> Burgheim as quoted in Thorpe and Thomson, *The importance of parents in the lives of children in the care system*, p.27.

<sup>71</sup> Burgheim, *ACWA Conference 2002*, p. 2.

<sup>72</sup> Lee and Nisivoccia, *Walk a Mile in My Shoes*, p. 31.

it is hardly surprising that they behave irrationally, even violently, and are unable to accept the reality of what has happened, or that they are not willing to enter a “good” relationship with the people to whom their children have been given.<sup>73</sup>

What further compounds the issue, as Fernandez observes, is that, as a result of initial child protection interventions, parents may be predisposed to view the worker negatively. Any such predispositions would be quickly reinforced by the interactions during the care experience. Anger felt about coercive intervention, to say nothing of the sadness and powerlessness they experienced in being separated from their children, will contribute to the distortion of the relationship and their views and expectations of workers.<sup>74</sup>

Practitioners can be torn between their duty and obligations regarding the safety, protection and best interests of the children and young people, and the needs of the parents who are suffering from the loss or separation from their children. With greater understanding of such experiences of natural families, including the process of grief and loss, then clearly a better working relationship can result.

An understanding of parent’s experience of grief and loss will also assist in explaining why some parents struggle to maintain contact with their children in care. Thorpe notes that reactions due to grief maybe mistaken by practitioners as disengagement and lack of interest.<sup>75</sup> Thorpe and Thomson elsewhere suggest that ‘dealing with the loss and grief of parents who have had their children removed remains an urgent priority. Parents can be far more effective in meeting the needs of their children and achieving positive relationships if their own pain is sensitively acknowledged and worked with.’<sup>76</sup> In a similar vein, Burgheim suggests that ‘birth parents need a supportive advocate. Someone, who is willing to accept who they are in a non-judgmental way, is willing to hear their pain, facilitate their grief and provide compassionate support.’<sup>77</sup>

The issue of access and how this is perceived was seen to be important. Access (when meetings are arranged between parents and children) can be a difficult time for children, in particular, where children’s reactions and subsequent behaviour can be difficult and as a result the idea that access is harmful and the birth family is bad. This behaviour is the result of the separation and grief the child is experiencing that is not being adequately discussed or addressed.<sup>78</sup> This can also be the case for the parents, as Burgheim suggests:

A basic need for anyone who is grieving is to have someone who is willing to enter into how the experience is for them, whether these feelings seem justified or not, and who will give them permission to express these feelings in a way that is right for them. For a parent to accommodate the grief associated with the loss of a child takes time. It is unrealistic to expect a birth parent to do this unassisted and quickly. However it is easy to become judgmental when they express this inability by ‘being difficult’ or angry or unable to face the pain of coming to access and ‘acting appropriately.’<sup>79</sup>

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<sup>73</sup> Burgheim, *ACWA Conference 2002*, p. 2.

<sup>74</sup> Fernandez, *Realities of women’s caring: rethinking child welfare interventions* p. 232.

<sup>75</sup> Thorpe, *Empowerment groupwork with parents of children in care*.

<sup>76</sup> Thorpe and Thomson, *The importance of parents in the lives of children in the care system*, p. 28.

<sup>77</sup> Burgheim, *ACWA Conference 2002*, p. 4.

<sup>78</sup> See Carbino, *IFCO Conference 2003*.

<sup>79</sup> Burgheim, *ACWA Conference 2002*, p. 3.

## **2.2 Children and young people's perspectives**

Two children aged 10 and 11 years and a young person aged 13 years were separately interviewed. The two younger children have been in care for approximately 5 years and the young person for approximately 10 years. All are placed on Guardianship Orders (as per the Victorian *Children and Young Persons Act*) through the Department of Human Services.

The interviews with the two younger children consisted of an informal discussion about their perceptions of their worker's role and their contact and connections with their natural family. The interview with the young person was more formal in that the young person received a copy of the interview questions. During each interview the children and young person were encouraged to share what they felt comfortable about with regards to their experiences of being separated from their families and their time in care.

The importance of family connections was highlighted by all three during the interviews. On being asked about the role of the worker, one child stated 'to take us to see our mum and dad'. The children and the young person were clear that maintaining contact with their family members was very important to them and a necessary part of the work done with them by MacKillop Family Services.

Practitioners noted that young people can lose hope when they cannot get back to their families. One put it this way:

Ask any young person in care 'where do you want to be' and the answer is to be home with their family. This is crucial. If they feel that this is not a reality or not in reach they will just chuck in everything and they just drift. If the goal to get back home is not being seriously worked towards then young people can just lose hope and we can lose them with regards to other areas of their lives.

Resilience is a key factor in an individual's ability to go on in the face of adversity. For children and young people in care, being resilient is vitally important. Family connection is a major element in building their resilience.

Secondly, being involved in decision making about their lives is important to children and young people. It is often all too easy, within the day to day environment of substitute care and the pressures of the workload, for children and young people's voices not to be heard and their wishes not to be taken into account. For the young person interviewed, being a part of decision making, having her views not only listened to but taken notice of, was important.

Thirdly, the other important learning from these interviews was the value of the children having a clear understanding of the different roles and responsibilities of the people involved with them. Unlike many of their friends, they have several workers and carers involved in their lives, and this was often confusing.

## **2.3 Practitioners' perspectives**

This section reports on interviews with practitioners who are engaging the families of children in substitute care. Their observations, concerns and practice recommendations are gathered under a series of headings.

### 2.3.1 Relationship building: respect

Engaging families involves the same basic elements that are required to develop any relationship: respect, being non-judgmental, honest, understanding, empathetic and caring. *What is also required is the belief that families are a vital and necessary part of any person's life, regardless of whether that person lives with their family or not.* The practitioners interviewed all agreed that families are important and that family connections need to be maintained and nurtured.

Practitioners agreed that engaging families involves relationship building and that, in the positive development of relationships, respect is vital. As one practitioner stated, 'we respect them [natural families], it's not only telling them what is going on but it is respecting them and acknowledging that they are still the family and still the parents'. Another practitioner stated 'it's that fundamental respect for parents because they will always be the parents'.

This finding is supported in the literature. Thorpe states 'parents value workers who show respect for them as a person, while not condoning what they may have done in relation to their child. Parents see such respect manifested through a worker's willingness to help, seeing a parent's point of view, open mindedness and being humane.'<sup>80</sup> As practitioners note, and as Thorpe found, 'parents respond positively to workers who treat them with respect and see something to like in them. In such circumstances parents can accept the reality of their child being in care, can participate well in case planning and are concerned about their child's development.'<sup>81</sup>

Practitioners agreed that developing relationships entails valuing these relationships with families. If families feel like a valued part of the child or young person's situation then they are more likely to be involved. The seemingly simple acts of courtesy, for example returning phone calls and generally being available and accessible to families, were identified by practitioners as key to engaging families and developing positive relationships. All practitioners interviewed agreed that being open and honest, following through on what they have said they would do, and demonstrating their commitment to achieving best possible outcomes for children/young people and their families, were essential in engaging families.

The 'human element' has also proven valuable in engaging families. Although it is important to establish clear professional boundaries with families, it was acknowledged that professionalism needs to be balanced by families being able to see the 'human' side of practitioners – as one practitioner described it, 'having a sense of humour, being able to laugh and share a bit of yourself at times is important, you can't be an autobot'.

### 2.3.2 Stability of practitioners and Child Protection workers

A parent reflected on the difference it made for him and his son in care having a consistent practitioner working with him, saying that initially he was very hesitant and untrustworthy because of his experiences with child protection workers, and that it took him some time to trust the new worker because 'previous workers were only there for a few months or couple of weeks and then they disappeared I couldn't trust them'.

Practitioners also observed that consistency is a key to establishing and maintaining positive working relationships with children, young people and their families: 'Just being there constantly, doing the long term work, the family is able to build trust and a great working relationship can result.' Unfortunately, there is a high level of turnover of workers in this

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<sup>80</sup> Thorpe, 'Examining the Evidence in Out of Home Care', p. 12.

<sup>81</sup> Thorpe, 'Examining the Evidence of Out of Home Care', p. 12.

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area, and this has been identified by both practitioners and parents as a key factor in how well families are engaged.

The *Child Protection Client and Family Survey* sought feedback from clients and families involved in the Victorian Child Protection System in 2001. The major findings included concerns voiced by clients and families regarding aspects of current practice, one of which was the high level of worker changeover and unsatisfactory arrangements regarding worker changeover. This was noted in the report as a 'major source of frustration for clients and families'. Families therefore need to be given a good explanation for changes in workers, and new workers need to be better briefed on the case history and family.<sup>82</sup>

The Department's *Integrated Strategy* report also notes workforce issues in child protection, stating that the effective delivery of services requires an 'adequately resourced, well trained and reasonably stable workforce' and that more specific policies need to be developed to address the issues.<sup>83</sup> The document goes on to quote the recent report of inquiries into deaths of children involved in the child protection system, where the Victorian Child Death Review Committee identified a number of concerns about the child protection workforce:

- Difficulties in retaining and recruiting experienced staff resulting in high workloads and reduced access to supervision and training
- Inexperienced workers being allocated high-risk cases
- Experienced workers being unable to apply their expertise effectively due to high work demands.

Practitioners note that consistency relies heavily on practitioner satisfaction:

consistency is about supporting workers to stay where they are and not having them feel disgruntled. It's allowing workers the time to build relationships and recognising the importance of the time it takes just to talk to people and balancing this with the tasks that are required to be completed.

Given these findings, the reasons for the high levels of turnover of child protection worker and the problems in retaining good staff need to be addressed. Clearly, with the current workloads and the priority given to court and related administration tasks, much needed supportive family work is not the priority it so should be. If the current adversarial legal process could be replaced by a more consultative process, and if there was a Children's Commissioner independent of the Child Protection system, some of the problems in the current system might be reduced, better resources might be provided, and greater worker satisfaction achieved.

A second factor that makes for high turnover is the conflict that may occur when first engaging families. The crisis management of difficult interactions with angry and grieving parents takes its toll on practitioners. Thorpe and Thomson find that 'few child protection workers report feeling positive about their interactions with parents'. They observe that this part of the work is often very stressful and as a result absenteeism and ill health are frequent outcomes. They suggest that work stress may be reduced by a 'more proactive approach to supporting workers to support parents'.<sup>84</sup>

Practitioners support the conclusion of the *Child Protection Client and Family Survey*: the current model of service delivery that is time restricted, targeted and based on throughput

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<sup>82</sup> Department of Human Services, *Child Protection Client and Family Survey*, 2002.

<sup>83</sup> Department of Human Services, *An Integrated Strategy for Child Protection and Placement Services*, p. 69.

<sup>84</sup> Thorpe and Thomson, *Powerful Partnerships in Social Work: Group Work with Parents of Children in Care*, p. 10.

needs to be changed in order for more effective case practice. ‘Without a change in the model of service delivery, there is minimal chance of being able to assist families in the way they are suggesting.’

### 2.3.3 Understanding the parents’ situation

Lee and Nisivoccia note that ‘An old Indian proverb asks us not to judge others before we walk a mile in their shoes’ and that practitioners need to walk a mile together with natural families to ‘deepen our understanding of the parents whose children are placed in foster care’.<sup>85</sup> Masson highlights Farmer and Owen’s finding that in child protection cases parents’ needs were often unmet. Failure to meet these needs and the parent’s alienation through experiences of child protection investigations contributed to a parent’s failure to engage with social workers and to the loss of contact between parents and children.<sup>86</sup>

Practitioners agreed that part of being available to a family entails taking the time to listen to the family’s stories and experiences. This not only provides important information regarding the family situation but also provides the opportunity for the family to feel listened to, acknowledged and valued.

As one practitioner put it:

We sat for a good two hours listening to their frustrations and their concerns, listening to their experiences which had been mostly negative with DHS and other services involved, listening to their experiences of the difficulties with their daughter. This helped in the development of a working relationship that has seen some really positive results for the young person in care – including positive family contact.

Practitioners also noted that family members, including parents, have often lost contact with their children placed in substitute care. The first stage of engaging a family may well be locating family members who have been lost in the process of child protection and the substitute care system. This was seen as a very time consuming and often challenging task, but also very important. Even where working with natural families is considered a high priority, setting out to locate ‘lost’ family members may not always have high priority because of workloads. Locating family members and then engaging them adds considerably to the workloads of practitioners, who are already competing with high demands and pressures.

The programs that prioritized this work, however, were also the ones able to produce better outcomes for children and young people as a result of this ‘extra’ work. There are a number of examples of this from the work of MacKillop practitioners. The cases share common features, including Child Protection claiming that the parents’ whereabouts were unknown and that parents had had no contact for a number of years, when a matter of a few phone calls and a letter has established a parent’s whereabouts and the reconnection of family members to children and young people in care. Practitioners describe the outcome of these incidents as being extremely positive not only for the child or young person but also for the natural family. One practitioner describes the ‘turn around’ of a young person where her difficult behaviour decreased and she was able to engage more positively with workers and school, this being directly attributed to the reconnection to family.

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<sup>85</sup> Lee and Nisivoccia, *Walk a Mile in My Shoes*, pp. 10-11.

<sup>86</sup> Farmer and Owen as quoted in Masson, ‘Maintaining Contact between parents and children in the Public Care’, p. 225.

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Being persistent is seen as the key to locating and engaging family members. There were numerous instances where parents at first showed little interest in being involved, yet practitioners had persisted and as a result have seen connections re-established. It is important to assess the family's capacity to engage with their children, as well as understanding the effects of the parent's past experiences of working with the system that removed their children.

The readiness of parents to engage will also vary. Research shows a connection between the reason for care and the continuity and regularity of contact. Children who came into care 'because of their behaviour were most likely to be in regular contact with their parents and those whose parents were unwilling to care the least likely. Children entering care for protection came in between'.<sup>87</sup>

The assumption that parents should initiate contact with their children fails to acknowledge the trauma of having a child removed and having to be part of the child protection system. Lack of contact with children should not be seen as lack of interest when the issues are much greater than this. Loss of hope is a by-product of the parent's experience of their child being removed and placed in care. How parents are treated during this process has a great impact on the likelihood of their continuing involvement with their children. If families lose hope, they lose contact.

A parent's perceived lack of interest in maintaining contact with their child may also be due to their feelings of guilt and shame, and even the feeling that it would be better for their children if they did just stay away.<sup>88</sup> In her study, Fernandez sought parents' views on the reasons for their lack of contact with their children. She discovered that many parents experienced feelings of guilt, sadness, anger and powerlessness that served to inhibit or constrain biological parents' involvement in the care process.<sup>89</sup> For these reasons, and the 'stigma for the public condemnation of their parenthood', Thorpe concludes that it is 'unrealistic to expect biological parents to take the initiative in maintaining contact'.<sup>90</sup>

Practitioners identified the same point. They needed to be consistent and persistent in engaging families. Sending the regular photos and letters and making that regular phone call, for example, in the end made such a difference.

Practitioners also noted the need to acknowledge the shame and guilt that is felt by parents and to make them feel all right about their need to use substitute care. This point is supported by Carbino, who suggests that the way foster care is viewed impacts on how engaged families are; hence the current negative view of foster care needs to be shifted to one where it is perceived as a positive step for families to take, for their own sake and the sake of their children.<sup>91</sup> In Finland, Denmark and Sweden 'long term foster care is seen as a positive form of care which can provide psychological security together with ongoing relationships with birth family, co-placement with siblings, support with health and disability issues and in Denmark ongoing support up to the age of 22'. As a result, these countries recognise that many children in care end up advantaged, with two families for life, characterised by connectedness, permeable boundaries and complementary care. In many European countries continuity is regarded as a more important goal and outcome than permanence through adoption.<sup>92</sup>

From one practitioner came a story that highlights the need for parents to feel supported. For a mother struggling with many issues in her life, including trying to get her children home,

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<sup>87</sup> Masson, 'Maintaining Contact between parents and children in the Public Care', pp. 224-225.

<sup>88</sup> Lee and Nisivoccia, *Walk a mile in my shoes*.

<sup>89</sup> See Fernandez, 'Realities of women's caring: rethinking child welfare interventions', p. 231.

<sup>90</sup> Thorpe in Fernandez, 'Realities of women's caring: rethinking child welfare interventions', p. 231.

<sup>91</sup> Carbino, *IFCO Conference*, 2003.

<sup>92</sup> See Thorpe, 'Examining the evidence in out of home care', p. 9.

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having a supportive relationship with the practitioner was important. The practitioner described an incident when the mother contacted her after she began using drugs again:

She [the mother] obviously felt comfortable enough to ask for help – to acknowledge she had ‘stuffed up’ was really important. If I didn’t have that relationship with her she wouldn’t be asking for help, that she wants to change and needs support. I think that makes for the best outcome for kids.

### 2.3.4 Consultation and decision making – partnership with families

In any system and in any relationship clear communication and understanding are important for positive outcomes. This is no different for families who are involved, more often than not involuntarily, in the child protection and substitute care system. Practitioners remarked that families need to be clear about the roles and responsibilities of all involved, and they need to be helped to understand a system that is often very intrusive and critical of them as parents.

Keeping families involved with what is happening with their children was identified as being a very important aspect of engaging families. As one worker put it, ‘it’s not just keeping them informed but also making them a part of decision making, being open to negotiation and compromise’. Collaboration in decision making develops a positive working relationship. Meeting families ‘half way’ enhances the outcomes for children and young people. Many practitioners made comments on this. For example:

It is a team thing; parents are part of the team that is caring for the child/young person. It’s important not to go in as if you are the expert; you are the professional with expertise.

Family members have a wealth of important and relevant information – parents know their children better than anyone. Seeking this input, information and knowledge, and identifying and drawing on the family’s skills have proved to be a successful way of engaging families. Conveying to the family that this is valued makes a big difference in engaging and developing positive working relationships.

Wise, Haddad and London, for example, report

families do have stories that they keep telling, and which need to be passed on to young people so that they can build their own story. For example, a young person carried the story that their mother had died when they were born, and hence the sub-text that they were a ‘mother killer’. By taking time to gather more family stories about the child’s background, we found that in fact the mother had died from a mis-managed medical intervention completely independent of bearing her child. Further, the child had been born premature and was known in the family as ‘the baby who survived against the odds’. A whole new identity was thus unlayered<sup>93</sup>

One practitioner noted that for children or young people on Guardianship Orders, where the decisions are not made by the natural families, she will still involve them:

I’ll even consult with parents when in the end it’s not their decision, consulting them on every little thing so that they really feel a part and really feel you are working with them.

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<sup>93</sup> Wise, Haddad and London, ‘Worthy of Recognition: social work practice in out of home care’, p. 68.

Partnership with families means that birth families, foster parents and substitute care practitioners join together in helping care for children and young people.<sup>94</sup> Partnership means more than simple consultation with families and having them attend meetings. As Ivory puts it, 'it is the quality of the consultation which counts, and the extent to which family members are helped to take an active role in discussions'.<sup>95</sup> Again, as Sinclair and Grimshaw note, attendance at meetings is not the same as participation. Parents will need support if they are to feel comfortable and confident enough to make a contribution. As they note, and as is found in current practice, parents who have commonly attended meetings but who have then been alienated in the process do not bother to attend again.<sup>96</sup>

The balance of power between families and professionals is important to consider when discussing partnership. As Leahy et al put it, 'there is a distinct imbalance of power between birth family members and welfare professionals, agencies, bureaucracies and the legal system'.<sup>97</sup> This imbalance needs to be acknowledged and an openness regarding it maintained. Practitioners put it this way: the current system is set up whereby parents are instructed on what they have to achieve before they can have their children back. It is important therefore that 'we don't tell them what to do – no one likes being told what to do, we have to work together'.

Family Group Conferencing is a method of involving families in consultation, planning and decision making that has proved to be a more successful way of involving family than traditional planning processes.<sup>98</sup> According to Trotter and Sheehan, 'it is becoming more and more apparent that effective practice in child protection involves working in partnership with families and clients'.<sup>99</sup> Their evaluation of family group conferencing identified positive responses from families involved, particularly how important it was for them to feel a part of the decisions, for them to have the opportunity to speak, for their contribution to be valued, and for them to have a clear understanding of the process and be happy with decisions.

Children, young people and their families should be able to give regular feedback on the services they are provided. Fernandez suggests 'best practice should incorporate the participation of parents and children as consumers in decision making and care processes and that understanding the views and experience of children and families is vital to the development of practice which is responsive to needs of the clientele the child welfare system purports to serve'.<sup>100</sup>

The Looking After Children protocols clearly establish patterns for consultation. Already it is clear, however, that there are insufficient resources to always make such consultations possible. Workers' times are stretched and parents often do not have the resources to attend and participate. For example, some parents struggle to attend access because of lack of transport or money for train tickets. Extra resources therefore are needed to assist families to participate.

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<sup>94</sup> Burton and Whatley Showell, 'Partnership parenting in foster care', p. 520.

<sup>95</sup> Ivory, 'Partnership with families: take your partners', p. 1.

<sup>96</sup> Sinclair and Grimshaw, 'Partnership with Parents in Planning the Care of their Children', pp. 235-236.

<sup>97</sup> Leahy et al, 'What makes for good outcomes for children in foster care', p. 7.

<sup>98</sup> Trotter and Sheehan, 'Family Group Conferencing in Child Protection: An evaluation', p. 37.

<sup>99</sup> Trotter and Sheehan, 'Family Group Conferencing in Child Protection: An evaluation', p. 37.

<sup>100</sup> Fernandez, 'Realities of women's caring: rethinking child welfare interventions', p. 232.

2.3.5 Attitudes and beliefs of practitioners and foster carers

Substitute care, by definition, is a risk factor for the maintenance of parental contact. *It is vital that both the social worker and foster carer have a convinced belief in the value of contact if contact is to be successful.*<sup>101</sup>

Practitioners' beliefs and attitudes regarding natural families have a significant effect on how involved and participatory natural families might be. As has been already shown, working positively with parents and involving them in planning, review, decision making and contact makes for better outcomes for children in substitute care. What is also important to note, however, is the impact of the beliefs and attitudes of practitioners and carers on how engaged families are and on the maintenance of family connections.

This point is highlighted by comments from practitioners interviewed for this project:

Family connection exists: it is about whether we choose to facilitate the positive development of this connection and reconnection.

Why do we do it (engage families)? Because they are the parents and they have a right to be involved.

Masson shows that social workers have considerable influence, positive or negative, on the level and quality of contact. She identifies views that continue to be barriers to promoting contact, for example that a child's difficulties and the breakdown of foster placements can be ascribed to contact with their family, or that where children are not visited, parents are thought not to care about them.<sup>102</sup>

Again, in looking at what influences birth family contact, Triseliotis identified the following key factors: encouragement from practitioners, the attitude of the foster family, the circumstances of the child's family and the perception of the birth family in relation to the importance in their child's life.<sup>103</sup>

According to practitioners, caregivers' attitudes towards natural families are mixed. There appeared, however, to be a general feel of reluctance for caregivers to become actively involved with natural families. This may be because of the complex issues that are currently affecting families – drug and alcohol, mental health, family violence – issues that carers are reluctant to invite into their own family situations. Practitioners, on the other hand, were clear that having carers work positively with natural families made for better outcomes. There was particular value in carers providing positive role models for both parents and the children and young people.

Research indicates that, where possible, better outcomes are achieved where foster carers actively support natural families and maintain appropriate links. Burton and Whatley Showell's find that strong ongoing connections have been developed as a result of caregivers assisting and reassuring birth parents – without judging – during the difficult times. They go on to observe that when caregivers are involved with birth parents in providing modelling and support, parents begin to 'overcome feelings of inadequacy and competition with foster parents', leading to more conducive working relationships.<sup>104</sup>

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<sup>101</sup> Masson, 'Maintaining Contact between parents and children in the Public Care', p. 225.

<sup>102</sup> Masson, 'Maintaining Contact between parents and children in the Public Care', p. 222.

<sup>103</sup> Triseliotis as quoted in Leahy et al, 'What makes for good outcomes for children in foster care?', p. 7.

<sup>104</sup> Burton and Whatley Showell, 'Partnership parenting in foster care', p. 520.

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Practitioners found it particularly valuable if parents can meet caregivers as soon as possible after placement. This simple strategy can be easily overlooked, but it should be encouraged as the benefits are significant.

The circumstances of the child's family – the reasons why they have come into care – can have an impact on how well contact is maintained. As one practitioner stated, it is

important to try and look at the positives, that for parents things have happened in their lives that have caused their children to be removed, but that doesn't mean that they don't love their children. Trying to get carers to see that link: that even if they have beaten their child, that doesn't mean they don't love them.

Practitioners highlighted the need for creative and flexible approaches when engaging families. When and where practitioners met with families is a good example of this. This often meant meeting parents for a coffee outside the office at times that were convenient to parents and appropriate. A practitioner noted:

I think often we try to engage parents when they are having access and I don't think this works. What works is encouraging parents to come and have a cup of tea, have a chat outside access, letting them see that you have a bit more time for them to hear what they have got to say.

How the children and young people we work with perceive the relationships practitioners and caregivers have is also important to note. One practitioner put it:

Children and young people know. It is important for kids to know that you have got nothing against their parents as people, as this can certainly have an impact on kids and how they feel about themselves. There is real value in kids being able to see their worker or their foster parent having a connection – understanding that they [their parents] may not have been able to care for them but that they do still love them. I work from the philosophy that parenting is a learned experience that it doesn't just come naturally. If you have been poorly parented yourself then where do the skills come from to know how to be a good parent.

Wise et al comment on their practice in out of home care:

Workers have to 'parent' a child without becoming 'Mum/Dad'.... Families or people of long standing significance are included as much as possible, given due deference to protective concerns. We have found it helpful to set a standard whereby a child's natural parent will always be referred to as 'Mum/Dad'; we tell the child that 'Mum/Dad is coming tomorrow' or 'Your Mum/Dad rang....' When a parent comes to visit we may call them 'Mum/Dad' rather than by their first name....<sup>105</sup>

Affirmation is very important in work with families. Celebrating the achievements of families is significant, but can often be neglected in the busy, often crisis-driven environment of substitute care. Affirmation has been identified as an important element of successful approaches to engaging and developing positive working relationships with families.

Practitioners involved in this project generally demonstrated an attitude that promotes and affirms family connection. However, more work has to be done to ensure that this attitude is consistently established in the substitute care system.

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<sup>105</sup> Wise, Haddad and London, 'Worthy of Recognition: social work practice in out of home care', pp. 68-69.

### 2.3.6 Advocacy and resources

Advocacy was identified by practitioners as another strategy that assisted in engaging families. Where families perceived practitioners were supportive and willing to advocate on their behalf, this in turn assisted in developing positive relationships. In a system that can easily overlook the needs of parents this was considered important.

Advocacy is often about simply ensuring that families have appropriate resources. The lack of resources continues to be a concern in working with children, young people and their families. In a system that tells families what they have to achieve, it is vitally important that families are resourced appropriately to enable them to be able to meet the necessary requirements. Practitioners were united in their belief that there are simply not enough supports, resources and creative options available to families. Although practitioners were able to suggest a variety of creative ideas to assist families, being able to finance and resource such ideas is difficult in the current system.

As is stated in the *Protecting Children* report, the issues currently facing families are more complex and challenging and to assist families more flexible responses and sustained support are required. Reactive, short term support is not sufficient to assist families. Preventative, proactive, longer term support is required.<sup>106</sup>

It is not only families who need to be fully supported and resourced. Practitioners are currently under resourced to be able to do the necessary family work. It takes time to build relationships with children, young people and their families, but this is not acknowledged within case loads. Supervision and training are also vital components of ensuring best practice. As Thorpe and Thomson argue ‘workers need supervision and support to conduct this work effectively’. They suggest that workers need ‘much more proactive support, training and mentoring from their supervisors’ and that more ‘effective professional supervision would help in achieving excellent outcomes for children and families’.<sup>107</sup>

As Lee and Nisivoccia conclude, ‘biological parents are just people who are attempting to parent under extremely trying conditions and amid many obstacles. They need resources and support from all frontline team members and available support networks to achieve effective parenthood and positive attachments to their children. They deserve all the help we can give’.<sup>108</sup>

### 2.4 Summary of best practice

The interviews with parents, children/young people and practitioners produced a number of common themes that reflect best practice in engaging and developing positive working relationships with families to achieve best outcomes for children and young people in substitute care.

- Best practice highlights the need for workers and carers to believe in the importance of natural families and their involvement with their children for better outcomes. The way foster care is viewed by practitioners and the community in general is important to consider. The negative connotations associated with foster care and the families who use the service need to be shifted. In a system where the focus is on the failure

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<sup>106</sup> The Allen Consulting Group, *Protecting Children: The Child Protection Outcomes Project*, p. ix.

<sup>107</sup> Thorpe and Thomson, *Powerful Partnerships in Social Work: Group Work with Parents of Children in Care*, p. 10.

<sup>108</sup> Lee and Nisivoccia, *Walk a mile in my shoes*, p. 15.

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of parents to be able to appropriately parent their children it is important that the positives are highlighted and achievements celebrated.

- There are important principles of attitude: respect, trust, honesty, empathy, having positive regard, being non-judgmental.
- Parents must have the opportunity to be actively involved with their children and this engagement is to be encouraged and valued. Engagement need not always mean access, particularly where there are protective issues.
- Providing information and regular feedback to parents about what is happening with their child is essential. This should involve regular contact with the practitioner and through reports. Reports must be accessible to parents and the language used should not exclude them.
- Parents need to be active partners in decision making, where negotiation and compromise are part of the process. The child or young person must also be involved, where possible, in the decision making, and their views incorporated into the process.
- Practitioners need to be available and accessible to families, along with being supportive and friendly. The value of having consistent workers has been demonstrated, though this is acknowledged as often difficult to achieve in the current climate of the substitute care system.
- Parents, children and young people need to have a clear understanding of roles and responsibilities of those involved and there need to be clear channels of communication.
- The important work of engaging families and developing positive working relationships will be more easily achieved if practitioners have a clearer understanding of the parent's situation and the emotional impact of having a child removed.
- Working with loss and grief is a major part of practice in substitute care.
- Best practice would be further enhanced and better outcomes would result if families and practitioners were better resourced.

### CONCLUSION

As the poem at the beginning of this report so beautifully concludes, 'families are irreplaceable'. Families play an important role in the lives of all human beings. For the many thousands of children and young people in Australia who are unable to live with their natural families, these families still play a significant role in their lives. Developing appropriate family connections is vital to positive growth and well being, together with providing for best outcomes for children and young people.

In a care system that is subject to inconsistency and multiple placements, families provide an important and enduring relationship for children and young people. The literature, together with practice experience, demonstrates that children and young people who have family connections have better care experiences than those who do not. Families who have children in substitute care have the potential to offer so much, but are too often not given the opportunity to be able to do so.

Engaging and working with natural families is a challenging and, at times, conflictual component of the work of practitioners within substitute care. Dealing with hostile and angry parents makes engaging with families a difficult task at times.

Research shows engaging families is important. Children and young people agree engagement important. Practice experience proves it is important. Yet there is reluctance to ensure it happens. Some of this comes from some practitioners' lack of belief in the importance of engaging natural families. Engagement is also constrained by the limitations of the current Child Protection and substitute care system and the restricted capacity of Child Protection to do important family work.

The current system does little to assist the often difficult situations that children and families find themselves in, and may even contribute to such difficulties. The current system is in need of reform, shifting its focus from reactive, crisis-driven action to a more proactive, preventative, family oriented system that supports families. Child Protection needs to establish a consistent, well resourced and well trained workforce and ensure more quality long-term services are available to support families, particularly through loss and grief.

This project has highlighted the need for creative thinking in working with children and young people and their families and the need to revisit those important principles that underpin the work of all in the welfare sector and ensure that they are understood and put into practice. The need for children and young people to be listened to and for practitioners to have a better understanding of the process of grief and loss were significant features of this project. More work needs to be done to ensure that effective practice with families occurs.

With the implementation of Looking After Children the role of the parents will be given more attention and priority. LAC will provide for a more transparent system that encourages and values the involvement of parents. This will only happen, however, if practitioners believe that engaging and working with natural families is essential to providing better outcomes, and if resources are available to make such engagement possible.

## RECOMMENDATIONS

Research and practice experience demonstrate that the quality and effectiveness of the substitute care system can be enhanced at both a systemic and practice level.

With respect to the Child Protection and Substitute Care system it is recommended that:

1. The *Children and Young Persons Act 1989* be reformed to include a focus on preventive proactive family oriented intervention rather than the existing reactive, short term and targeted ineffective intervention.
2. Policy and practice guidelines reflect a commitment to the promotion and affirmation of the importance of family connection for children in substitute care, and a greater capacity to include and acknowledge, rather than alienate and marginalise, natural families.
3. Training for Child Protection and substitute care practitioners and caregivers include a focus on loss and grief experienced through family separation.
4. Resourcing for the substitute care sector be expanded to include strengthening of family support services and allocation of resources to locate and engage 'lost' family members.
5. While family reunification must remain a priority, the number of attempts made be limited to protect children's attachment and identity needs. Resourcing needs to be enhanced to support the stability of reunification and reduce the number of attempts at reunification.
6. The substitute care system be promoted as a positive service which supports the maintenance of family connection. This could include a marketing strategy to better inform families and the community about the role and value of substitute care.
7. Users of services in substitute care be encouraged to provide feedback and input into the development of services by strategies such as the strengthening of parent support and advocacy groups, and the appointment of an independent Commissioner for Children.

With respect to practice improvements it is recommended that:

8. Careful and thorough assessments be undertaken to determine the appropriate strategies for maintaining family connection, with an increased focus on understanding the parents' perspective and addressing grief and loss issues.
9. Practitioners demonstrate trust and respect so that collaborative partnerships with families are developed. This can be enhanced by attempting to maintain continuity of workers, and emphasising the importance of availability and accessibility of workers to families. Workers should ensure that families receive regular information and feedback about their children.
10. Families be more actively supported in providing care for their children, with access to a greater range of early intervention and preventative services such as family support services and respite care.

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