

Coram Practice Note 2: Infancy Contact Research

**Intensive contact with birth parents:
implications for the emotional
development of infants and young
children placed in foster care**



Coram Practice Notes 2: Infancy Contact research

Intensive contact with birth parents: implications for the emotional development of infants and young children placed in foster care

This briefing summarises evidence from a recently published study of the impact of frequent contact with their birth parent(s) on the development of infants and young children placed in foster care pending a decision on adoption. This was a small-scale, retrospective, qualitative study that sought to explore the tension implicit in seeking to maintain and nurture existing attachments between birth parents and infants while fostering security and the development of new attachments with foster carers. The findings suggest a clear need for further detailed and wider-scale research into long-term outcomes and the wide range of variables that influence them.

The study

Concurrent planning: a retrospective study of the continuities and discontinuities of care, and their impact on the development of infants and young children placed for adoption by the Coram Concurrent Planning Project. Kenrick J (2009). Adoption & Fostering 33 (4) 5–17.

The study focused specifically on infants and young children placed for adoption by the Coram concurrent planning (CP) project. In concurrent planning, children are placed with concurrent planning carers during care proceedings while assessments are completed for the court. The carers' first priority is to work towards the child's return to his or her parents. However, if the outcome of the court proceedings is that the child should be adopted, the carers – who are also approved as adopters – will adopt him or her. During the assessment period, the CP carers bring the child to Coram for contact sessions with the birth parent(s). Frequency of contact ranges from once to five times a week, and may continue for up to a year and more until an adoption order is made, or the child is rehabilitated with the birth parent(s). The CP carers are required to live within a 20 mile radius of the Coram CP project base, to reduce travel time to the minimum.

The usual practice with infants who cannot stay with their birth families is that the local authority places them in foster care and contact with the birth parent is arranged from there, using local supervised contact centres. The infant may be brought to the contact centre by the foster carer or (frequently) by a local authority 'escort', who may not be the same person each time.

The retrospective study interviewed 26 families (CP carers) who had fostered children through the Coram CP project between April 2001 and October 2005. One family had fostered two children, so 27 children were involved. Of these children, four had no contact with the birth parents, and 23 had contact of varying frequency. All 27 children had been adopted by their CP carers by the time of the interviews, which took place between February 2006 and July 2007.

The children ranged in age at placement with the Coram CP carer from 0 to 10 months. The largest number (12) were aged 0–3 months; only two were aged seven to 10 months. Most of the children had already experienced two or three placements. Fourteen of the 23 contact children and all four non-contact children were born to drug and/or alcohol misusing parents, and many of these children had gone through hospitalised detoxification at birth, in addition to subsequent foster placements. All had therefore already experienced several separations/discontinuities of care. The time between foster placement and the making of the adoption order ranged from 0–24 months at most. The majority (19) were adopted at between six and 18 months. Only three were adopted after 18 months.

Contact sessions lasted between two and three hours. Frequency of contact ranged from once a week to five times a week, and duration of contact arrangements averaged between 12 and 23 weeks (with a range of two to 60 weeks).

The findings

The study aimed to explore if frequency of contact with the birth parent was perceived by the adoptive parents to have had immediate and long-term impact on the child's emotional development.

It concluded that these children did show short-term distress before, during and following contact sessions, and that the requirement for frequent contact was experienced as disruptive by the child and CP carers. However it found no long-term ill effects on these children's abilities to go on to make strong emotional attachments in their new adoptive family:

'A general conclusion from this study could be that these children.... do not appear to have had difficulties with attachments.'

It further finds: '... although they had already suffered some losses... over time, the strength of their attachments in their new families seems to have been greater than, or to have alleviated, earlier losses, or the emotional pull between different attachment figures, or the discontinuities created by being "on the road", whatever the discomforts and discontinuities created for the infants *at the time*' (author's emphasis).

It concludes that the benefits of concurrent planning (earlier placements leading to permanency, with fewer foster care placements) fully compensate for the disruption and distress of frequent contact.

These positive conclusions need also to be seen in the context of the continuity provided by the CP carers escorting the child to contact sessions and being available to reassure and settle the child after contact.

For example:

'... After contact [Zeta] noticed that Millie [the child] seemed very restless, cried more and wouldn't sleep that night [Zeta] did not feel that at the point of separation from her Millie showed very much difficulty. However, on reunion she herself could see Millie's anxiety. Sometimes [Millie] would just fall asleep when returned to her, not having slept at all during the contact session.'

Infants who lack this sensitive care post-contact might suffer more long term adverse impact as a result of contact and further research is needed to explore this.

However the study points out:

'... there must be a question about what it means to any young child to be given an expectation of forming and maintaining a number of significant attachments: to birth parent/s and prospective adopter/s.'

The key issue then emerging from the study is how to mitigate for all infants, regardless of the placement model used, the distress and disruption to attachments likely to occur where these high levels of contact and transitions are required.

Detailed findings

Immediate impacts

Several CP carers reported that the children were more 'clingy' after contact and might need 24 hours of 'quiet time' to settle. This recovery period was not possible for the children who had contact three to five times a week, and these CP carers felt more quiet time was needed.

Some CP carers described how the child showed a clear need to establish eye or physical contact with them at hand-over to the birth parent(s); that the child cried or showed anxiety at hand-over or during contact sessions, and that they sometimes had to be called into the room to help settle them.

Some CP carers noted particular behaviours – crankiness, sleeping more, difficulty sleeping, difficulty feeding, anxiety – following contact sessions. Some attributed the child’s distress in part at least to the change from his or her usual routines and preferences around feeding, bathing and care.

Some CP carers felt that the routines and rhythms they were attempting either to establish or continue from previous foster placements were broken once contact started. A key theme that emerged from a number of CP carers’ accounts was that children and carers should be given longer to get to know each other and to settle following the move from foster carer or hospital before contact starts. Many CP carers felt the children needed more time, while appreciating the importance of maintaining continuity with the birth parent(s). Many felt that the requirement to be constantly ‘on the road’ went against their assumption that infants need peace and quiet in the early stages of a placement to help them settle and develop emotionally. Frequent moves would be unsettling for any baby, and these children are more vulnerable due to their difficult starts in life, some of which included detoxification.

Long-term impacts

Some carers reported that their child showed continuing anxiety about new places and situations, but the study was unable to identify the causes – whether it was the discontinuities of their early months, or another factor, such as the effects of antenatal exposure to alcohol and drugs.

Good practice recommendations

Coram has produced the following good practice recommendations to guide courts and practitioners when deciding and arranging contact sessions with birth parents.

- Settling in time – the courts to allow a settling in period of no more than 14 days with the foster carers before contact begins to allow the baby to settle and develop positive attachments without diminishing the established child/birth parent relationship.
- Consistency of escort – the same person to bring the baby to and from the contact venue
- Short travel time – the distance between foster placement and contact venue to be no greater than 20 miles
- Regularity of contact – ideally no more than three times a week, to reduce disruption to the infant’s routine while maintaining close and consistent contact with birth parents.
- Length of contact – sessions should be no longer than two hours and should be purposeful in developing the child/birth parent relationship.
- Consistency of timetabling – sessions to be at the same time each day wherever possible
- Continuity of care – the foster carers to remain on site during contact so they are available to support the birth parent in meeting the needs of the child.
- Transition time – a ten minute transition period at the start and end of contact so the foster carer(s) and birth parents can communicate regarding the baby’s needs, preferences and progress, and build a positive, supportive relationship which facilitates the needs of the child being placed at the centre of the contact process.

Contact: Jeanne Kaniuk, Head of Adoption and Concurrent Planning, Coram. Jeanne@coram.org.uk
020 7520 0350.

Please refer to Practice Note 1 for ‘Concurrent Planning – Early Permanence in Babies for Care Proceedings’.

Forthcoming – summary of evaluation of Coram’s partnership with Harrow’s adoption service