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# Contact: Making good decisions for children in public law

Contact Planning Tool  
Developed by Elsbeth Neil at UEA

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Dartington

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# Contact: Making good decisions for children in public law

Planning contact for children in permanent placement is a dynamic process, rather than a one-off event, as shown in this model developed by Elsbeth Neil:



Although contact plans are for children they are enacted by adults and may be helped or hindered by relationships between them and the support that does (or does not) exist.



This tool sets out a five-step approach to planning contact informed by the available research.

## 1 Step One What is the purpose of contact?

- > Build or maintain relationships.
- > Assure a child they are loved and remembered.
- > Ease the pain of separation and loss.
- > Give permission to settle in a new family.
- > Support reparation and recovery after abuse.
- > Provide a reality check.
- > Reassure that birth relatives are alive and well.
- > Help children to understand their history and identity (particularly for black and ethnic minority children).
- > Support life story work and allow children to ask questions about why they do not live with birth parents.

If direct contact is not safe, how else can you meet these needs?

## 2 Step Two What are the risks and strengths?

Contact plans should be informed, rather than determined by research. The arrangements for any particular child should be based on their specific needs and circumstances. Research by Elsbeth Neil and others has identified a number of factors in the child, birth relatives and carers that are associated with either beneficial or detrimental contact. This can be used to evaluate the risks and strengths associated with contact for a particular child.

## STRENGTHS

### Factors in the child associated with positive contact:

- > Child placed in infancy.
- > No pre-placement relationship with birth relative.
- > Positive/neutral pre-placement relationship.
- > Absence of major behavioural/mental health problems.
- > Secure attachment and placement with current carers.
- > Healthy psycho-social development.
- > Child freely wants contact, is not afraid.
- > Child has positive memories.
- > Child has not witnessed/does not imitate violence.

## RISKS

### Factors in the child associated with difficult or disruptive contact:

- > Older child with troubled/traumatic relationship with birth relative.
- > Rejected child, lived with several birth relatives.
- > Major behavioural/mental health problems.
- > Insecure attachment/placement with current carers.
- > Child freely does not want contact, is afraid.
- > Child is fearful on return to placement/trust in carers undermined.
- > Child has negative memories.
- > Child is re-traumatised/overwhelmed by contact.
- > Child witnessed violence/imitates violence.

## STRENGTHS

### Factors in the carers associated with positive contact:

- > Not afraid or at risk from birth relatives.
- > Recognise benefits of contact.
- > Involved in contact planning.
- > Trained and prepared to support contact.
- > Positive attitude to birth family, acknowledge reasons for placement.
- > Resolved states of mind in relation to own loss/abuse.
- > Constructive, collaborative approach.
- > Sensitivity, empathy, reflective capacity.
- > Communicative openness.

## RISKS

### Factors in the carers associated with difficult or disruptive contact:

- > Afraid/at risk from birth relatives.
- > Does not want or is anxious about contact.
- > Excluded from planning and from contact.
- > Unsupported, unprepared, untrained.
- > Critical/unaccepting of birth family.
- > Unresolved states of mind regarding own loss/attachment/abuse.
- > Unwilling to work collaboratively.
- > Lack of sensitivity, empathy, reflective capacity.

## STRENGTHS

### Factors in the adult birth relative associated with positive contact:

- > Has never been child's primary carer.
- > Accepts and supports placement, affirms new carers.
- > Constructive and collaborative approach.
- > Relinquishes parenting role.
- > Relates to child in positive, non-abusive way.
- > Relatively free of significant personal difficulties (for example substance misuse).
- > Reliable, punctual.
- > Accepts harm caused to child.
- > Expresses regret/remorse.
- > Does not use contact to undermine/threaten or cause conflict with carers.

## RISKS

### Factors in the adult birth relative associated with difficult or detrimental contact:

- > Does not accept or undermines the placement.
- > Insists on maintaining role as main carer, discourages child from loving new family.
- > Seriously maltreated or traumatised child in past (including exposure to domestic violence).
- > Neglectful/abusive/rejecting during visits.
- > Unreliable, persistently late.
- > Denies causing harm/shows no remorse or regret.
- > Exposes child to values at odds with placement (for example drug use).
- > Significant personal difficulties (for example substance misuse).
- > Uses contact to undermine/threaten/cause conflict with carers.
- > Risk to carers/threats of abduction.

## STRENGTHS

### Factors associated with positive sibling contact:

- > Activity-based, chance to build up good memories.
- > Carers from similar backgrounds, with similar values.
- > Placements are geographically close.

## RISKS

### Factors associated with difficult or detrimental sibling contact:

- > Child is re-traumatised or recovery impaired by contact.
- > Siblings discourage child from loving/settling in with new family.
- > Chains of contact present a risk.
- > Negative patterns re-emerge (for example sexualised behaviour/scapegoating) despite intervention.
- > Sibling cannot relinquish parental role.

### 3 Step Three Provisional plan for contact

Consider all types of contact, including:

- > Supervised professionally or by carers/extended family.
- > Supported/actively facilitated to improve relationships/allow child to ask questions.
- > Community-based/activity-based.
- > Telephone/letter/Skype/social media.

Frequency of contact should allow the child to regain equilibrium between visits and enjoy family life.

### 4 Step Four Contact support plan

This could include:

- > Supervision, facilitation, mediation.
- > Emotional and practical support before and after visits.
- > Involving children and families in drawing up written agreements.
- > Establishing role clarity (Who is Mummy? Who tells the child off?)
- > Financial help with travel/trips.
- > Help to take part in special family events (for example weddings).
- > Access to quality venues.
- > Links to support groups.
- > Clarity about decision-making process.
- > Life story work.

Don't assume that kinship carers can manage contact without support.

### 5 Step Five Review

This should consider everybody's point of view, paying particular attention to children's response before and after visits and their demeanour during contact as well as their verbally expressed wishes.

- > Does the pattern of contact need to change?
- > Does the support to contact need to change?
- > What is the purpose of contact?

#### CASE STUDY

On the next page is an example of this approach used to inform the contact plan presented to final hearing for an eight-year-old girl.

Kayla suffered severe neglect in her mother's care. Her father has had no involvement in her life. Contact was three times a week during care proceedings and was difficult throughout. The local authority sought a full care order to allow Kayla to remain with her current carers long-term, with a flexible plan for future contact (and no contact order).

## CASE STUDY

### What is the purpose of contact?

To reassure Kayla that she has not been forgotten and her mother is OK, to provide a reality check and help Kayla begin to understand her history.

### STRENGTHS

Factors associated with beneficial contact:

#### Kayla

- > Developing attachment and secure placement with current carers.

### RISKS

Factors associated with difficult or detrimental contact:

- > Older child with troubled/traumatic relationship with mother (highly avoidant attachment).
- > Challenging behaviour, difficulties around eating.
- > Kayla expresses a wish to have contact but is distressed and fearful before and after visits, finding it hard to go to school and wetting the bed.
- > During contact she is loud and agitated, often laughing without apparent amusement.
- > Kayla has memories of being cold, hungry and frightened in her mother's care.
- > Kayla appears overwhelmed by contact, becoming manic and disruptive.

#### Foster carers

- > Not afraid or at risk from mother.
- > Recognise benefits of contact.
- > Involved in contact planning.
- > Trained and prepared to support contact.
- > Positive attitude to birth family, acknowledge reasons for placement.
- > Resolved states of mind in relation to own loss/abuse.
- > Constructive, collaborative approach.
- > Sensitivity, empathy, reflective capacity.
- > Communicative openness.
- > Anxious that too much contact could unsettle Kayla.

## STRENGTHS

Factors associated with beneficial contact:

### Mother

- > Respects foster carers, some acceptance of placement.
- > Able to relinquish parenting role to some extent.
- > Good relationship with contact supervisor.
- > Reliable, punctual.
- > Does not use contact to undermine/threaten or cause conflict with carers.

## RISKS

Factors associated with difficult or detrimental contact:

- > Sometimes undermines placement by criticising carers.
- > Finds it difficult to hear about Kayla enjoying life with her family.
- > Serious maltreatment by neglect in the past.
- > Struggles to focus on Kayla's needs during contact, winds her up and then gets cross, treats Kayla like an adult - confiding distressing information.
- > Does not recognise that Kayla suffered harm.
- > Struggles to care for herself – is often unkempt, runs out of money, is at risk of eviction.

## Provisional contact plan

- > Contact six times a year in each of the school holidays, activity-based for two hours supported by foster carers and contact supervisor.
- > Visits to take place at the local park and café when it is sunny, at the aquarium in bad weather.

## Support plan

- > Our aim is to improve the quality of contact.
- > Social worker will meet with everyone involved before and after each contact.
- > Contact supervisor will actively facilitate visits, helping mother to remember not to worry Kayla or get her over-excited.
- > Written agreement to be drawn up with Kayla, her carers and her mother.
- > Social worker will provide a camera so Kayla can take photos for her life story book during contact.
- > Social services to fund aquarium tickets, snacks in café and mother's bus fare.

## Review

We will review this plan after two visits to see if the quality of contact has improved and the negative effects on Kayla have reduced.

## Contact: Making good decisions for children in public law

This tool, based on work by Elsbeth Neil, is designed to support contact planning for children placed in adoption, long-term foster care and kinship care. The accompanying Research in Practice Frontline Briefing *Contact: Making good decisions for children in public law* provides further information about the research that underpins this tool.

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