

Access for the child in alternative care

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In this paper, issues relating to access for the child in alternative care are explored. The various purposes of access are discussed and the major types described. Considerations for decisions regarding the type, setting, duration and frequency of access are discussed and ways of supporting the child afterwards are briefly examined.

Access by a parent or sibling to the child in alternative care is a sensitive and difficult area. Parents are likely to feel that their role has been devalued to a large extent because of their present inability to look after their child. This is likely to be true no matter what the reason for child being admitted to alternative care.

The child's current caregiver may feel resentful of the intrusion, into an otherwise settled existence, of a parent or parents who may have been neglectful or actively abusive of the child in the past. These feelings may become stronger following access when the child's behaviour may deteriorate.

If access is to be productive and successful for the child, then parents should be made welcome at the access venue and the purpose of the access should be very clear to the parents and to those responsible for organising and monitoring the access.

If there is any concern at all about how parents may behave during access then they should be told, well ahead of the first access taking place, what behaviours are acceptable and what are unacceptable.

Access should be structured and have a clearly identified purpose or purposes. Following is a discussion of the issues that need to be considered when planning access.

Purpose of access

Access may have many purposes. Generally, its main purpose is to maintain and/or build links between the child and his or her parents. It may also be part of an

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assessment process whereby a parent's ability to resume care of their child is being examined; or an opportunity to teach parenting skills and/or to assist in modifying a problematic interaction between a parent and a child. Finally, access may be part of a child's introduction to a new setting.

The way access is structured and managed will depend upon its purpose or purposes. It is important that the purpose of access is clear to all the parties involved including: the parents; those who are determining the length and frequency of access; those who are to directly monitor the access and particularly those involved in the direct care of the child.

Major types of access

There are many different types of access and each has their own particular characteristics in terms of impact on the child and the degree of satisfaction a parent or other person exercising access to the child may experience.

Access may be face to face with there being no restriction on the type of contact the adult may have with the child. The adult may be involved in all aspects of the child's care including feeding, bathing and changing the child as well as in disciplining the child. This may best be described as face to face unrestricted access.

A second type of access, similar to the first, may best be described as face to face restricted access. With this type, some aspects of the adult's contact with the child are proscribed. For example, a parent who has seriously physically abused a child in a fit of temper and who still has an anger problem may be directed to not be involved in a child's discipline for a period. In these circumstances, the

access would obviously have to be supervised as described below.

Another reason for restricting face to face access could be where there is suspected sexual abuse of a child. The parent or parents involved could, for example, be directed not to bathe the child. Alternatively, the timing of access could be deliberately planned so as there is little likelihood of intimate contact being possible or necessary.

Another important distinction is between supervised and unsupervised access. Unsupervised access should only occur where the persons who are planning for the child are confident that the child will be safe and reasonably emotionally secure with the parent in the absence of direct supervision. Unsupervised access should take place within the context of clear rules about what is acceptable and unacceptable behaviour on the part of the parent or other visitor, as well as restrictions upon the movement of the adult and the child. Access may be restricted to a particular geographical area, for example, with no direct supervision of the access.

Supervised access generally takes place when there is concern about the ability of the parent to act to ensure the child's physical safety, to adequately discipline the child or to act to promote the child's feelings of well-being and security.

Situations where supervised access may be appropriate include:

- where a parent's control over a child is extremely poor and where the child may harm him or herself or become very distressed because of lack of parental control;
- where a parent is not as responsive as is desirable to a child's physical and/or emotional needs;
- where it is thought that a parent has physically, emotionally or

sexually abused the child at some time in the past.

Where access is supervised, all parties must have a clear knowledge of their role. Parents need to be informed well before the access is to take place as to why it is to be supervised and what they can and cannot do during access. For example, it would be unfair to inform a parent only when they arrive for their initial visit that the child cannot be taken off the premises.

Supervised access may be used to teach parenting skills and so the person supervising the access may have to provide a high level of support for the parents. Also, the person supervising the access must be prepared to be highly directive with the adults involved with the child and be prepared to finish the access should the rules that were earlier laid down be seriously or repeatedly contravened.

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If access is finished prematurely, then there should be a contingency plan in place in case parents become aggressive or violent, refuse to leave or refuse to return the child. These sorts of difficulties rarely arise in circumstances where parents have been adequately briefed about expected behaviour. When they do arise, there is sometimes a degree of warning given unwittingly by the parents through veiled threats, or agitated or erratic behaviour.

Another form of access is monitored access, which is supervised at a distance and is used where the parent may possibly need a degree of supervision and support but not at a particularly high level.

A further type is telephone access which may be the major or even the only form of access where great distance between the parent and child is a factor. Telephone access is useful in maintaining contact between a parent and a child between contact visits. A major drawback of telephone access is that it cannot be

easily monitored and sometimes the only way it is possible to learn of its adverse effects, where they are occurring, is by observing the child's behaviour following access. It may be wise to restrict or not allow telephone access in situations where there is strong concern about how the parent may use it. It is often the case that where contact access is used poorly by the parent, telephone access will also be badly used.

Other forms of access

Other forms of non-contact access are through the use of mediums such as letters, cards and videos. Again, these are important ways in which contact between the parent and the child can be maintained between contact visits.

If a parent uses these means of communication in a destructive way, then the access may need to be stopped or curtailed, or a person may need to be assigned to assist the child in coping with the more negative and upsetting aspects of the communication received.

Telephone access and access through letters, cards and other means from the agency or child to the parent, may help the parent feel included and involved in important occasions or milestones in the child's life. In addition these forms of access let the parent know that they are cared for and thought about by their child. Cards and telephone calls from the child to the parent at the time of a special occasion for the parent (eg, birthdays, anniversaries, etc.) will help maintain familial links.

Other sorts of information from the agency to the parent, which may be described as access of a kind, are the regular sending of school reports, photos of the child, etc., which again will help reinforce familial links by involving the parent in the child's day to day progress.

These forms of access may be from the parent to the child, the child to the parent or from the agency to the parent.

This may be the only source of regular, frequent information some parents have about their child, such as, for example, where the parent is in prison. On the other hand, parents who are not constrained in this way but who have difficulty visiting regularly for one reason or another,

will appreciate this sort of regular information sharing.

It should be borne in mind, however, that all parents, no matter how often they visit, are likely to appreciate the agency, which is caring for their child, giving them photos and information about the child on a regular basis. This sort of contact, when initiated by the agency, is likely to assist in building a positive relationship with the parent.

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On the other hand, these types of access from the parent to the child have the same drawbacks as telephone access in terms of the difficulty of monitoring their effects on the child.

The setting of access

Another consideration in planning access is the setting. The prime concerns are the child's physical safety, feelings of security and sense of well being. A setting should be chosen where these are optimised.

A very young child may be unaffected by the setting as long as they are warm, changed, fed and responded to in an appropriate manner. An older child may associate certain settings with difficult events in their life and so it may be better not to have access, at least initially, in such a setting. For example, a child who has been removed from the parent's care because of extreme physical abuse may find it hard to have any access, even supervised, at the parent's home early in the process of re-uniting the child and family.

Where access is supervised, it is desirable to provide the supervision in a setting that gives the maximum security for the child, the parents and the worker. Where there are very strong concerns about the parent's ability to behave in an

acceptable and appropriate manner, it may be desirable to have access take place at the local office of the government agency responsible for child protection. In circumstances where the parent may represent a physical threat to the child or others, then care should be taken to have the access take place at such a time when there are sufficient staff available to act to protect the child and workers if necessary. On the other hand, if concern about the child's or worker's safety is very high, it is questionable as to whether access should take place at all.

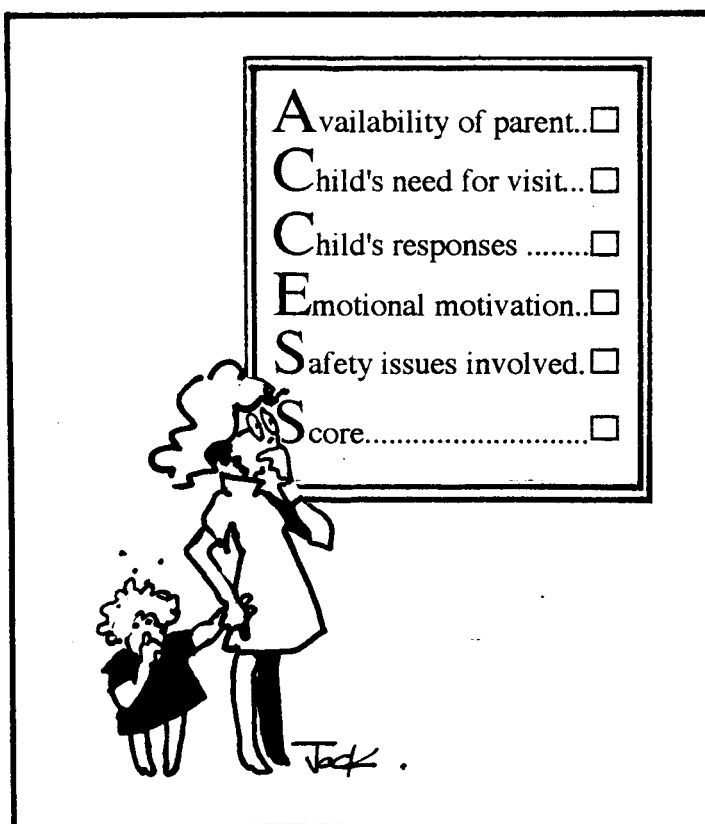
Considerations for determining type and frequency of access

Many factors need to be taken into account when determining the type of access and the frequency.

All access to the child should take place within the context of a caseplan, whether it is by a parent, sibling or other relative, or somebody else who has a relationship with or close interest in the child. If the goal of the caseplan is to be home release, then access will be structured quite differently than if it is thought that the parents are unlikely to resume the full time care of their child.

The parent's general adjustment and ability to act in the child's best interests is perhaps the most important factor in determining the type and frequency of access. Frequently, it is possible to learn about this before access is to commence, either from the direct observation of another worker or from reports. At a minimum, hypotheses about the parent's possible behaviour may be made from what is known about the child and the child's behaviour. For example, where a child shows frequent themes of violence and destructiveness in his play and he has recently been in his parents' care, then the hypotheses that the parents have abused or deprived the child may be tentatively considered.

Where there are serious concerns about the type of care that the child



has been given in the past, it is important that as full a history of the parents as possible, including a medical and criminal history where relevant, is available well before access is likely to take place so that the important decisions about the type, frequency, duration and venue of access can be decided.

The history of the parent's relationship with the child and their history of access are important considerations. If the parent has been very reliable in regard to access, and if the relationship between the parent and child is a close one which is rewarding for the child, then it may be desirable that access occur at a relatively high frequency.

In a situation where a parent has been very unreliable in regard to access, then it may not be wise, whatever the nature of their relationship to the child, to set up access at a high frequency early in a child's placement. It may be better to allow the parent slightly less frequent access and encourage him or her by offering more access once an ability to turn up reliably is demonstrated.

The parent's motivation for access is a further important consideration. Some very troubled parents may want access primarily for their own

needs and this may prove very difficult for the child. A number of parents that the writer has worked with in the past have said that they want access to their children because they will feel lonely without it. If this is the principal motive for access, then it would be hard to feel confident that the child would benefit a great deal from it.

If the parent's prime motivation for access appears to be prompted by a desire to have their own needs met, then access may need to be set at a slightly lower frequency and duration than otherwise. Of course, this would depend upon the child's wishes, the child's age and his or her response to access.

The parent's responsiveness to the child is another important concern. This embraces a number of areas, including the ability to:

- understand the child's needs;
- communicate with the child;
- set limits on the child.

A further, important consideration is the parent's ability to provide for the child's physical needs, including the ability to supervise the child adequately so that he/she is not in danger. A parent may know how to prepare a bottle and intend to feed the child but if he/she is persistently distracted from completing the task because of intrusive thoughts, then good intentions and knowledge count for little.

Worker and child safety is another issue. If a parent has persistently threatened workers and/or assaulted workers or their own child in the past, then this should influence whether access takes place at all. If it does, the venue for access should be carefully chosen. Where there is a history of behaviour such as this, then access should be closely supervised at all times.

The impact of access on the child may have an influence on determining the type, frequency and venue of access. If a child is highly unsettled for a long period after contact access and where a parent is indifferent to the child or unresponsive to his or her needs, then there would be good grounds to consider reducing the

frequency and/or duration of accessing the child's interests.

The geographical separation of the parent and the child and the availability and cost of transport are powerful influences on frequency of access. Where parents of limited means have to travel long distances on public transport, perhaps making a number of changes of buses or trains, it would be unrealistic to expect very frequent access. Many parents in such circumstances may request very frequent access and might need to be helped to accept this is neither in their interests nor those of the child. However, all possible help should be given to get parents to access. The assistance may be in the form of taxi vouchers, reimbursement of fares, arranging transport through a volunteer or having a worker from the agency transporting the parent or the child, where appropriate.

Very occasionally a parent may be so distressed by access that it is in the parent's interests to reduce the

frequency or duration of access or provide supervision where previously there was none. A parent that the writer worked with some years ago became so upset at her difficulties in communicating with her children that she would begin to self-mutilate during access. The parent's behaviour upset the children greatly. The behaviour disappeared once the length of the access and the demands being made upon her during it, in terms of her responsibilities for managing the children, were reduced.

The child's wishes about access are a further important consideration. The child's wishes must be balanced at all times against considerations of the child's physical safety, emotional security and general well-being.

A final and very important consideration regarding the duration and frequency of access, is the number of people visiting the child. It is important to ensure that the child does not have so many visitors (mother, father, aunt, uncle, siblings, next door neighbour) that they

are constantly unsettled. The child needs to feel as settled and secure within the alternative care setting as possible while maintaining familial and other links.

The child's reaction to access

Children may react in all sorts of ways to access. Their behaviour following access may be the same as usual. More often, however, the child will show some change in his behaviour. Possible responses to access are: withdrawn behaviour; expressions of anger or sadness; aggressive or oppositional behaviour; loss of usual self help skills; being clingy and generally insecure. Where there is a change for the worse in the child's behaviour, then he needs to be given the opportunity to express his feelings, to be treated with warmth, given as much reassurance as possible, and to have firm limits set for him. ♦

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With the increasing challenges facing children in industrial multi-cultural urban societies, especially those with a disability, many families and other carers are unable to provide adequate nurture for children and as a result, some may grow up with varying degrees of health, education, emotional or social handicaps or a combination of them. Early recognition and support of such families, other carers and children can often do much to prevent the development of these handicaps.

Applications are invited from teachers, nurses, social workers, psychiatrists and psychologists and other professional persons who are experienced and working in this field, for Fellowships to further their knowledge by study in an approved centre overseas for a period of approximately 3 months. One or two short visits to other centres would also be acceptable.

Applicants will be expected to have contributed in some aspect in this field, be able to indicate how they wish to extend their knowledge and how they plan to use this experience in training, teaching or other appropriate practical way on their return.

The Trustees will require the successful candidate to furnish them with a report on their overseas visit shortly after returning to Australia. This ensures dissemination of Fellowship holders' findings to those interested in them.

The Foundation will pay the overseas living expenses of the successful candidate for up to three months, which will cover a budget submitted by the candidate to the Trustees and approved by them, and will pay the return economy fare.

Details of the information which must be supplied by applicants may be obtained from:

The Creswick Foundation
c/ Mr J. Kimpton, Chairman
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