

Section III: The Importance of Clinical Access

THE IMPORTANCE OF CLINICAL ACCESS (Written by Katherine Duncan & Shannon Deacon)

As a child, I was very careful not to erase my mother's writing on the chalkboard because I would miss her. — Joyce Rachelle

An example: "Cheryl's two sons, aged 1 year and 2.5 years showed significant growth failure and developmental delay because of neglect; this led to them being placed in foster care. Cheryl had been working with the Society for some time before the boys were placed, always ensuring she had food in the house and a safe routine, yet the boys remained at risk. A Therapeutic Access Plan was put in place where Cheryl was expected to parent the boys for four hours at a time in the access centre, where she could develop skills and engagement with her boys with support of the worker and her ability to be engaged with her boys could be assessed. One of the expectations included that Cheryl come in early to engage with her workers in planning and exploring her own emotional challenges. At first, Cheryl showed up promptly 15 minutes before the visit and slumped into her chair with arms crossed, reluctant to talk. As she gained comfort and connection with the workers, she began showing up earlier and earlier, eager to engage with her workers, discuss her challenges and prepare for parenting. When Cheryl began to respond to the nurturing offered during her access, the boys also began to thrive, and were quickly able to return home to a mother who had the emotional ability to provide them with attuned parenting."

Access is, at its purpose, not just about family contact. Access can and should provide:

- Maintenance of continuity in a child's life and cultural practices
- Contribution to a secure identity through knowing one's family and cultural heritage
- Assistance to the child and family in confronting the reality of separation, the reasons for it, and the need for change
- Support for parents to take responsibility for their children
- Provision of a time and place to practice new behaviours
- Promotion of an accurate assessment of both the child and parent, from the perspective of attachment and risk
- Provides an important transition vehicle for children returning home

Access should be based on an assessment of the family's needs around attachment and risk. An access plan should be reflective of the case work plan and be tailored to each family's unique situation. For example, where there is no plan for the children to return to their caregivers, access in the family home can be very upsetting. Conversely, when the family is working toward reunification, an access setting does not always provide the opportunity for parents to practice a wide range of parenting behaviours.

The concept of clinically- managed access is one that many agencies have seen benefit from adopting. This involves shifting from supervising visits to supporting families to promote behavioural changes. It has allowed families to feel more supported by their child welfare team, provides an opportunity for assessment and teaching, and assists workers in obtaining a more thorough and accurate assessment of the families with whom they are working.

Clinically managed access is an essential tool to help children manage separation and grief. Well managed access provides a vehicle for assessment and intervention that can expedite the decision-

making process, reducing the length of time that the child is left in uncertainty. It is also an opportunity for children to confront the feelings and questions they have about separation and loss in their birth families, and an opportunity to develop early and successful permanency plans.

When we provide supported, well-planned clinical access, it gives an opportunity to assess, teach, mentor, and heal, helping families to move toward change and more adaptive parenting. We know that, in order to promote the development of secure attachment, and repair the experience of insecure attachments it is necessary to change the behaviours of the primary caregiver. When the caregiver is given the environment and support to use visiting time as parenting time, an opportunity is formed for child welfare workers to better assess and understand the caregiver-child relationship, and for the parent to address the ruptures that exist. Where change is not possible and the caregiver's capacity is limited, there is opportunity for the child to experience the parent's capacity in a safe place and ensure they're given support and time to process losses.

Successfully managed clinical access contributes to placement stability. Children often worry about their family members when they are in care, particularly when they did some of the caregiving. Feeling responsible for the family breakup is a common response for placed children, making it hard for them to settle if these issues are not addressed. Access helps the child not feel abandoned. Seeing their parents committed to working on the family problems is very reassuring. When foster caregivers connect positively to the child's biological family then the child's loyalties are less conflicted, and they will feel more secure. Many long-term placements break down because the child/youth has so many repressed feelings and unanswered questions that they begin to act out, and constantly need to move.

Initiating an access arrangement and plan is a vital first step in a family's healing journey. Often we bring a child to a place of safety, and a few days later we reunite them with their family for a visit, but no one discusses what happened. These are opportune moments to assist families and children in finding meaning in their loss, acknowledging and addressing traumas and accepting their new reality, be it short or long term. With the right tools and strategies, workers can use those first few visits to support a child and family in the first steps of supporting grief.

Access should be reviewed often to ensure it is meeting the needs of the family. Reviews should be at, but not limited to:

- The time of court proceedings
- The time of legislated planning meetings (every 90 days)
- The introduction or exit of a new family member or partner
- A disclosure by the child or family member
- A change in placement
- A dramatic change in the child's behaviour
- A decision to recommended extended legal care to the court
- A decision to proceed to a trial or an opposed hearing
- A significant change in the parent's lifestyle or circumstance
- Any key points along the child's maturational and developmental process.

Involving the child in these reviews, as well as in their planning meetings, Family Group Conferences, and Family Centered Conferences needs to be carefully considered, factoring in the child's age, stage of development, level of comprehension, state of grief and emotional capacity.

We have often held "goodbye visits" for children placed in extended care. The value of goodbye visits is now being evaluated as they can be extremely intense experiences for both children and parents. Many conflicting feelings of anger, sadness, hopelessness, and uncertainty are felt in both. This practice needs to be closely examined for its benefits and risks. Having an official time to separate from past relationships and losses can be of use to both the child and the caregiver if they are prepared and supported for the intense emotions. At the same time, these experiences can be very painful for both parents and children to witness each other's pain and experience conflicting feelings. Adoption Openness has really changed this process and the need to say "goodbye" is less frequent (see next section).

When we are planning for access we also need to take into consideration the child's existing relationships and needs. For example, siblings should be supported in seeing one another outside of the parental relationships when possible and where necessary. Access for parents who are not planning to be or have not in the past been in a caregiving role requires a plan that is designed for their particular role. Our access environments must always factor in the need to support children/youth or caregivers with disabilities, and make accessible various traditions, tools and representations with which BIPOC families can identify. Involving community resources can be an excellent way to support families in culturally appropriate access plans. As well, using access to collect contributions for a child's memory bank or lifebook can be accomplished when we incorporate pictures and mementos from these experiences.