

Undertaking planned transitions for children in out-of-home care

Adoption & Fostering

2015, Vol. 39(1) 51–61

© The Author(s) 2015

Reprints and permissions:

sagepub.co.uk/journalsPermissions.nav

DOI: 10.1177/0308575914565072

adoptionfostering.sagepub.com



Andrew S Browning

Australian Childhood Foundation, Australia

Abstract

For many children in long-term out-of-home care, transition from one family to another forms one of their key experiences. These changes are often traumatic. In this article, we articulate some of the practices that may soften the painfulness of the experience of movement. One such practice is the development of a gradual transition process that avoids dramatic discontinuities for the child. Part of this process involves the child having ongoing contact with the family from which he or she has moved, with this contact decreasing gradually. Another aspect of a successful transition is the development of a constructive relationship between the two families involved. If this can be created, a child is more likely to be emotionally held in the process. This type of transition also requires oversight from a well-functioning professional team that can create a structured plan that holds and supports all those affected; the aim is to enable the child to have a manageable experience of a situation that is likely to evoke powerful feelings of abandonment, grief and loss.

Keywords

Transition, out-of-home care, movement in care, foster care, grief, loss, trauma

Introduction

Many children in long-term out-of-home care have experienced multiple separations from parental figures (McIntosh, 1999), experiences that constitute substantial trauma for those involved (Lanyado, 2002). When these separations have not been planned, the suddenness of the loss is likely to overwhelm the child's capacity to tolerate confused feelings, making the experience unbearable. For these children, the awareness of another impending loss or transition is likely to evoke the intolerable pain of previous experiences and create intense feelings of abandonment, accompanied by sadness and apprehension. Such losses may

Corresponding author:

Andrew Browning, Australian Childhood Foundation, PO Box 525, Ringwood, Victoria, 3134, Australia.

Email: dbrowning@childhood.org.au

well undermine further their trust in parental figures, leading to aggressive and retaliatory feelings as a defence against overwhelming sadness (Lanyado, 2002).

Lanyado (2003) emphasises the importance of the ability to stay with the experience associated with the immense feelings of changing placement and creating a sense of continuity for the child. In this sense, the task intrinsic to a transition is to make these feelings tolerable and so initiate a process that is manageable, rather than a traumatic discontinuity in the life of the child. When children change placements they are, in a way, starting again; there is a kind of return to infancy, although their infancy has already been characterised by a pattern of abandonment. With the birth of an infant, Winnicott (1951) emphasised the importance of the mother's capacity to adapt almost completely to the infant's needs. Similarly, Bion (1967) wrote about maternal reverie in which the mother is able to receive the infant's projections and to metabolise them; she is able to remain emotionally alive to the infant's frightening feelings and thus provide the infant with an experience that the feelings can be survived. The child in out-of-home care has already had multiple experiences of the destructive power of those feelings and carries an internal sense that they cannot be survived. With the prospect of another loss of parental figures, those frightening feelings become enacted in the most intense ways and are projected onto other people (Lanyado, 2009; Rustin, 2008). The challenge for both the family relinquishing the child and the new family to which the child will move is to maintain a state of maternal reverie in which they can remain alive to the immense feelings projected by the child (Ironsides, 2009). Part of this process will require the carers to understand and survive the many aspects of the child's grief. The child may project her rage and fear of loss through angry, controlling and rejecting behaviour towards the carers (for the purpose of concision the feminine form is used throughout this article). Conversely, such feelings may be expressed in a displaced manner (Lanyado, 2002); the child may present as indifferent or as excessively excited and keen to move quickly. If different manifestations of pain can be survived, then the child can be given an experience of loss that, while painful, is tolerable and less frightening and destructive.

The powerful feelings evoked by a transition are also likely to be experienced by the members of the professional network. Each participant will have contact with the loss that the situation evokes and this is likely to be processed in different ways by everyone involved. As a transition proceeds and the painfulness of the process intensifies, participants may not be able to contain this distress, creating a risk that the process may fracture and a sense of coherence and emotional meaning may become lost or even actively obliterated by the participants and thus, most importantly, for the child (Shulman, 2008). Critical to containment of this potential to fracture is a well-structured transition supported by regular, consistent meetings. These can have a dual purpose: to create a structured, practical plan and to create a reflective space whereby the process of the transition can be considered and, if needs be, adjusted, with feelings manifest and tolerated.

Aspects of transition planning

Professional meetings

For transitions of children in out-of-home care, it is likely that more than one agency will be involved. If a new family has been assessed and approved, before the new family meets with the child's current family, and prior to the child being informed, there should be a meeting of the professionals representing the interested organisations. The purpose of such a meeting is to establish a co-operative team and to set various parameters and requirements about the

transition process with regard to the different perspectives and interests of each agency. These requirements may relate to the time frame of the transition, the arrangements for contact between the child and the new family over the course of this time frame, the structure of contact between child and foster carer following the child's move to the new family and the manner in which the professional network will support and hold emotionally the carers and children concerned.

The first meeting of the professional network provides an opportunity to articulate a number of themes. These include: a sense of the child's past experiences and trauma; how the child is presenting in the current placement; how the proposed transition is likely to affect the child; and how this is likely to be manifest in his or her presentation in the current placement and new family. With a network of professionals overseeing the transition, it is important to establish clearly defined roles for each member of the team, such as who will work with whom. The transition of the child is highly fraught for everyone involved and unconscious processes can emerge which, if not thought about, can reduce the likelihood of a successful outcome. While this is obviously the case for the child, who will already have a history of trauma, it is equally the case for the families and professionals. Dynamics are likely to emerge in the relationships between families and professionals that are an unconscious enactment of their often hidden anxieties, which can compound the child's own distress and ambivalence. The professional team may include a therapeutic specialist whose role is to explore and contain the dynamics that emerge in this process. In order to reduce these risks, it is crucial that the professional team has consistent, regular meetings, if possible on a weekly basis.

The child, the families and their relationship

Family Futures (2009: 7) stress that 'the aim of a transition plan must be to transfer the source of safety and security from the foster carer to the adopter'. The success of this move will depend upon the development of a constructive relationship between the two families. This can be conceived symbolically as a bridge, which must hold the child on the journey across the divide between the two families. The carers may be considered as the structural pylons that hold this bridge in place. If the stress of the process on the pylons is too great (for either the current carers or the new family), there is a risk that the symbolic bridge will collapse, undermining the possibility of a constructive transition.

The child's movement across the bridge will in no way be a linear one. She will need to move back and forth across the bridge as she gradually approaches the new family. This movement is both a physical and an emotional process. In physical terms, it means the child will spend gradually increasing periods of time with the new family in between returning to the current carers where she will reside until the day of the move. In emotional terms, how a child will respond to a transition can be unpredictable, but any change of living situation is likely to cause immense anxiety and despair. The whirlpool of feelings and confusion for the child is likely to be manifest in her interactions with both the carers and the new family. At times, when the child is confronted with overwhelming anxiety about the prospect of moving families, she may need to cling to a secure base, the current foster carers and, as such, symbolically move closer to that end of the bridge. Conversely, at other times, the child may respond with destructive and aggressive behaviour towards the foster carers as a defence against feelings of loss and despair, or may withdraw and retreat from these feelings as a way of denying their existence. In this way, the child may emotionally push away from the

current family and appear to move towards the new one. Furthermore, it may seem that the child 'delights' in the transition, giving the impression that she is 'happy' with the process; in this manifestation, it can be that the pain is entirely dismissed – the importance of the relationship between the child and the foster family is denied and the pain is projected onto the foster carers. The impact of the child's expression of psychic pain, which may include a combination of these patterns, is to push and pull the transition in different directions.

This symbolic movement of the child back and forth across the bridge can be immensely challenging for the two families involved in the process; it is likely to hook into their unconscious anxieties about the changes, with the risk that it will undermine their developing relationship. After many years of caring for a child, letting go may become too painful. The family may unconsciously cling to the child, hindering her from making the move or, conversely, may unconsciously reject and push the child away. It can be very difficult for the family to remain alive to the feelings of loss and grief associated with relinquishing the child. This is one of the major challenges of the transition process. For the child's current family, the grief of letting the child go can at times be overwhelming; this may be manifest in thoughts like 'the new family is not good enough for this child' and while overtly supporting the process, they may unconsciously sabotage it. This can be apparent in different ways.

In a transition to an adoptive family, a three-year-old girl who had been in foster care for most of her life, although with a number of disruptions, displayed great excitement and apparent ease at the prospect of moving. The carers responded by speeding up the transition, with the ostensive reason that the child was 'coping'. However, it may be reflected that the child's excitement enacted a dismissal of her carers and feelings linked to an overwhelming sense of loss. Similarly, the carers' response may have psychologically paralleled the child's dismissal of them as a means of avoiding their own sense of emptiness and despair. This may have functioned to restrict the space available to the child to mourn the loss of her carers. Family Futures (2009: 7) indicate that while the child should 'feel empowered during the process' perhaps through the choice of a transitional object, she should not be in a position to mediate the process, as occurred in this example. This girl struggled to settle with the new family after she had moved; she often expressed her anger after visits by the previous carer to the new family. Part of this expression may link to the unduly rapid transition that perhaps hindered her from experiencing the grief within the family relinquishing her.

As with the child's current carers, the new family will carry immense, often unconscious anxieties about the process. They may unconsciously wonder if they could love this child or whether the child will ever love them. They may feel anxious about whether the child will actually make the transition, both physically and emotionally, and/or be threatened by the child's close relationship with the current carers. Rather than being able to sit with these difficult feelings, the new family may attempt to pull the child across the bridge instead of allowing the journey to proceed at its own pace, hindering the child's need to grieve. During a transition when the child moves emotionally closer to the current carers, the new family may experience this as a rejection, which can be difficult to tolerate. If the difficult feelings evoked for both families cannot be handled, there is a risk of them being enacted in the relationship between the two families, which can quickly deteriorate into recriminations. Furthermore, the child will be unconsciously aware of these dynamics, particularly if they are uncontained, which will affect their sense of the safety of the relationship upon which

they have to rely in moving families. At times, the child will need to test the stability of the bridge that is the relationship between the two families. As the transition occurs, she may articulate aspects of the experience or even fantasies linked to it, which may be unpalatable to the current carers or the new family. These communications from the child can be an unconscious attempt to drive a wedge between the families and may play into their own unconscious needs. They have the potential to split the two families, often into 'good' and 'bad' categories, in a way that avoids the complexity of the experience for everyone involved.

In order to contain the unprocessed enactments of unconscious anxieties, it is critical that the two families are well supported throughout the transition. A crucial element of this support is regular meetings between the parental figures of the two families, supported by two consistent members of the professional team, one being a therapeutic specialist. These sessions will be more beneficial if they can occur on a weekly basis.

The purpose of these meetings is to create a space whereby the experiences and feelings of the parental figures of both families can be shared and explored. If some of the unconscious processes around the child and the families, such as feelings of loss, anxiety and rage, can be articulated, a mutual understanding can be created that can function to hold the participants. If the relationship between the two families can be held, it is likely the child will feel more emotionally contained in the process. It is the writer's experience that when either family begins to opt out of this process, often for ostensibly practical reasons – but which in fact are usually an enactment of unconscious feelings – the anxieties of both families rapidly start to overwhelm them, undermining the potential for a constructive transition. This was partly the case with the three-year-old girl described earlier. An initially constructive relationship between the foster and adoptive families rapidly deteriorated when the foster carers had contact after the girl had moved. The adoptive carers experienced the foster family as damaging their developing relationship with the girl, causing her to have aggressive outbursts following such visits. The adoptive family wanted the visits stopped. The cohesive support of the two families had been disrupted, allowing the new family's anxieties to be enacted in relation to the nature of the girl's relationship with her previous carers. The transfer of the source of safety for this girl was being compromised. It is thus important for the two families to be emotionally supported aside from their meetings with one another. This may involve regular discussions with each set of families, providing a separate space for each one where they can unpack some of their experiences and feelings regarding the transition. These can function as a preparation for the wider meetings that involve both families together.

The emphasis in this work is on creating a therapeutic space whereby the emotional worlds of the families involved can be explored. In this, the emotional support for them is paramount. In many transitions, this key aspect of the work is neglected or ignored, often because being in touch with the meaning of the work is too painful for professionals and families alike. Consequently, crucial aspects of the child's experience are avoided with the risk that the transition process becomes unthinkable and overwhelming for the child.

The transition plan

In order to contain some of the powerful feelings involved, a tight structure to the transition is essential; the maintenance of this structure in the face of a child's evident distress can enable the painful feelings associated with loss to be more tolerable.

In thinking about the timescale required between communicating to the child that a new family has been found and specifying the day of the move, a number of factors in her world should be considered. These include: the child's age (chronological and emotional); their capacity to tolerate the experience of transition; the capacities of the current and new families to tolerate the experience; the length of time the child has been in the current placement; the quality of their relationship with the current foster family; and the number and experience of transitions the child has already undergone. It is difficult to be prescriptive about the time required for such a move; depending on the particular circumstances, this can vary between a few weeks and a few months. For example, if the child has been in a placement for a long time, a longer period of transition is likely to be required. This was the case for S, a 10-year-old girl who had been in her current placement for about three years. She had two prior placements, both of which had ended precipitately, and during the course of the current placement an attempt to move her to a permanent family had failed. As a result of these circumstances, along with her early experiences in the care of her mother, she was likely to be highly anxious about any further attempts to change placements. When another potentially permanent placement was found, it was decided to introduce her to the family slowly, prior to a decision to proceed with the move. This process evolved over a number of months until a final decision was made, after which another month passed before she went to live with her new family.

What was critical in this case was that the process occurred gradually, as is true of almost all such transitions. The process around a transition will evoke feelings of anxiety and confusion for all children. The challenge is to create an experience for them that enables those feelings to be present but not to become overwhelming. A change of placements that occurs too rapidly often functions to deny an emotional space where those feelings can be experienced and tolerated. In writing about child development, Winnicott (1971: 13) noted that 'the mere termination of breast-feeding is not a weaning'. For Winnicott, the process of weaning is one of gradual disillusionment for the infant; it follows the infant's illusion that it can magically create a world (the mother's breast) that instantly meets its needs. Where there is no space for gradual disillusionment, the frustrations associated with the process cannot be integrated by the infant and there is a risk that it will become too much for it to handle. Similarly, it can be considered that a mere termination and change of placement for a child is not a transition. Where there is no emotional space available for a child due to the absence of a gradual change of placement, the complex feelings around the experience of loss are likely to be submerged, only to become enacted later on in seemingly incomprehensible ways.

The following structure seeks to outline a process that provides a gradual experience of changing placement for the child. This structure is sequential, with an increasing emotional intensity, and should be determined via collaboration between the critical parties in the child's life. It cannot be prescriptive but may include:

- *Meeting of the professional team involved in the child's world.*
- *One or two meetings between a child's current carers and the new family in the presence of the professional couple who will support them.* This session will explore the hopes and expectations of the various parties, along with concerns and anxieties. This is an opportunity for the two families to meet. It is also a chance to provide the new family with a sense of the child due to enter their care, incorporating the child's history and what she is like. Practical aspects and a description of the transition process may be discussed.

- *Meeting between the current carers and the new family in the presence of the child at the current carers' house.* This may take the form of 'a cup of tea between friends' and should not last too long. The focus of the meeting is not on the child but gives her an opportunity to observe the 'parents-to-be' from a safe space – to simply be in their presence. Such a meeting can occur in the absence of the professional team.
- *Meeting between the child and the new family in the presence of the current carers.* This would normally occur in the foster carers' home. There may be two or more of these visits over a couple of weeks. If the new family has other children, it may require one visit with the parents followed by another with the children as a family. The purpose of these visits is to enable the child to get a sense of the prospective family and for the new family to become familiar with the child's current world.
- *Meeting between the child and the new family in the latter's home.* The foster carers would be present the entire time. Again, there may be two or more of these visits over a couple of weeks. Their purpose is to enable the child to begin to develop a sense of her new home. She may bring some favourite toys, leaving some there for next time. The new family may continue to visit the placement during this period.
- *The child has visits on her own with the new family, perhaps of increasing length.* The foster carers drop her off and pick her up.
- *Overnight stay for the child at the new family's house.* More than one stay may be appropriate.
- *Two-night stay for the child at the new family's house.*
- *Moving day.* This can be achieved in a number of ways. The new family may pick up the child from the foster carers' home or conversely, the foster carers may bring the child to their new home, staying for a while before leaving. In no way should the day of the move be considered as the completion of the transition.
- *In the week following the day of the move, contact between the foster family and the child should occur.* This may take the form of two visits by the foster family to the child's new home, supplemented by phone calls.
- *A gradual decline in contact between foster family and child.* Plan to visit fortnightly, then monthly and then on special occasions.

As noted, aspects of the transition will be dictated by the child's age and previous experiences, which will affect her capacity to bear the transition process. With the structure outlined above, each event is separated by roughly one week, so that the first visit to the new family is followed by a second one a week later. The purpose of these gaps is to allow a space whereby the child can process the experience in the context of the relationship with the current carers, a relationship that should continue to hold her emotionally as well as prepare her for the next stage of the process. Different intensities of contact with the new family may be required, with more frequent and greater numbers of visits; this needs to be ascertained in relation to each child. As previously highlighted, throughout the process, professionally supported regular meetings between the parents of the two families should take place. This structure may itself be supported by the overarching contribution of professional meetings.

Other elements of the transition also need to be considered. If the child needs to change school, then both schools need to be incorporated into the plan. It is important that the child has the opportunity to say goodbye to important figures in the school world. Anniversaries, such as the child's birthday, are also significant landmarks that ought to be considered when

developing a transition plan. Another factor to take into account is contact with birth parents. If this is generally irregular or its impact is disruptive to the child's emotional world, then it may be postponed during the period of the transition. If the child's contact with birth parents is regular and viewed as supportive, then maintenance of this relationship through the transition process may be appropriate.

Following the move

As we have seen, the day a child moves placement should in no way be considered the end of the transition. Depending upon the nature and length of the child's relationship with their previous carers an emotional connection is likely to remain strong for a significant period of time. This can feel threatening to the new family, particularly once the child has moved, and can be difficult for them to tolerate. It can be manifest in many different ways, from the child demanding to contact the previous carers to simple articulations, as in referring to the previous carer as Mum: 'Mum doesn't do it like that.' Attempts by the new family to hold the child can be thrown back in their face, leaving them feeling inadequate in comparison with the child's previous family. It is important that these dynamics are understood as an expression of a child's immense sense of distress and loss. If the new family is able to tolerate the child's enactments and communications of her experiences of loss, then a space can be created in which she feels that her pain may be understood, enabling her to begin the long process of mourning. It is through this process that the child may gradually be able to relinquish the immense need for the previous family and begin to feel held by the new one. However, if the new family is unable to tolerate the ongoing emotional connection to the previous family, or is threatened by it, this is likely to be articulated in their responses to the child's grief – a response that can become punitive, dismissive or avoidant. For instance, a dismissive response to 'Mum doesn't do it like that' might be: 'Well, that is how we do it in this family.' This would deny the importance of the connection to the previous family. A pattern of such responses would shut down the space in the relationship with the new family whereby the child could bring feelings of sadness regarding the loss of their previous carers. Important aspects of the child could become hidden or cut off in their relationship with the new family, aspects that are likely to emerge in a problematic way at a later time, particularly in adolescence.

Creating a space where the child's grief can be experienced and survived once the child has moved is a critical element of a structured transition. The strength of a child's connection to the previous family is likely to be relinquished slowly, so it is probably best supported by a gradual diminishment of contact between them. Some agencies undertaking such transitions, particularly in Australia, often recommend a cessation of contact between the child and the previous family for a set time before contact is re-established, if at all. The thinking behind this is that contact with preceding carers could hinder the process of attachment with the new ones, or cause distress and confusion for the child. It is often the case that the painfulness of the contact is too much for the people around the child (professionals included) and therefore not recommended to enable them to avoid these feelings. Termination of this kind is likely to be experienced by children as an abandonment, particularly for those who have already experienced multiple placement breakdowns. It may well damage further their capacity to develop trust in the sustaining capabilities of relationships. This view is consistent with the ideas proposed by Family Futures (2009), who note that for children who have already experienced abandonment and neglect, 'it is important that this is not perpetuated or

compounded by adoption based on a “clean-break” model of family placement’ (p. 18). They also point out that the important relationship between foster carers and child once the child has moved has been given limited attention. A sudden cessation of this relationship should not be considered in any way a transition. Rather, it is the sustaining capacity of the child’s relationship with the previous carer that will enable the child to create a relationship of trust with the new family. Thus, once the move has taken place, contact with the previous family can continue, but in a way that is gradually reduced. Initially, this contact may be structured. If the child is old enough, the existence of a framework can be explained to the child, potentially helping to contain the anxiety and grief connected with the loss of the family. Over time, such a structure would no longer be needed and contact could become more natural.

Contact between the child and previous carers can be very difficult in that it often confronts the child with experiences of loss that are extremely painful and, as already mentioned, often results in aggressive and destructive behaviour. When it appears to the new family that the child seems to be settling into her new world, such regressive behaviour can feel very disturbing and undermining of everything they are trying to achieve. Confronted by the child’s outbursts related to contact with the previous family, there is a tendency for the new carers to want to cut off contact with the old family, as demonstrated earlier with the case of the three-year-old girl. However, the child needs her rage to be experienced by the new family and understood. To cease contact is to avoid being in touch with this painful experience and to deny the child the opportunity to mourn the loss of the old world. If the new family can stay in emotional touch with the painfulness of the child’s communications, and in effect survive the child’s outbursts, then she will gradually be able to internalise a sense that she does not have to rid herself of the experience but can tolerate the massive loss. In this way, the capacity of contact with the previous family to produce regressive behaviour in the child is likely to diminish over time and she will be in a better position to confront and deal with future losses. It may be the case, particularly in situations of stress or just after the move of placement, that the child requests or desires greater contact with the previous family. Enabling this may feel like a backwards step, but sometimes such shifts back across the emotional bridge are important if the child is to be able to make sense of her experience.

Once a child has moved, it is important that the structured support for both families continues, an idea again highlighted by Family Futures (2009). This structure may have a different shape than before the move. For instance, the professionally supported meetings between previous and new carers may be reduced in frequency, in parallel with the decreasing contact between the child and the previous family. It is often the case, particularly in the Australian system, that when a child moves to a permanent family, the level of support around the child diminishes, increasing the risk of placement failure. While the family has got to know the child in the events prior to the actual move, the aftermath can see dramatic shifts in the child’s behaviour. During the process of moving, the child may work extremely hard to contain her more frightening aspects in an unconscious hope of being lovable to the new family. As she begins to settle in the new placement, some of these more ugly aspects are likely to start emerging, perhaps in an unconscious challenge to the new family’s capacity to offer love. If the family is not supported to understand these shifts in dynamics, their capacity to hold the child will be undermined. For the relinquishing family, the purpose of ongoing support is to provide a space to explore the experience of losing the child and to start the process of grieving that the experience entails. One aspect of this work is to enable

the previous carers to tolerate the grief so as to be able to maintain contact with the absent child. Many foster carers will take on further children following the relinquishment of a child, and there is often pressure on them to do so from foster care agencies that have a shortage of available carers. Sometimes this happens almost as soon as the previous child has left. This may function as a defence against the empty space created by the absence of the previous child. A child moving into this space may be confronted by unarticulated grief that is likely to compound the complex issues that she carries, and thus be detrimental to the viability of the new placement. It is important, therefore, that, with professional support, time is given to working through the grief associated with the loss of a child from a placement (Boswell and Cudmore, 2014; Hebert, Kulkin and McLean, 2013; Riggs and Willsmore, 2012).

Conclusion

Any change in placement for a child is a major upheaval; it is likely to evoke earlier experiences of abandonment and traumatic loss. In planning a change of placement, it is important not to replicate these traumatic experiences, but to provide a child with an experience that, although painful, can be tolerated and integrated. It is the premise of this article that this can only be achieved through a gradual undertaking that provides a child with enough time and space to process the experience. This requires the current and the new family to be able to remain in touch with the painful feelings generated by the process of the transition as well as to sit with the many unconscious anxieties that can be evoked by the experience. For this to occur, both sets of families need to be adequately supported by the professional system around them. If a constructive relationship between the two families has been created, then once a child has moved placements, he or she should have ongoing contact with the previous family as this can function to diminish the sense of rejection internalised by a child as a result of a loss of placement.

It is important to acknowledge that the ideas presented in this article are more likely to be optimised if the transition can be planned and there is time to undertake a gradual transition; this is often not the case. There are often constraints and limitations upon a transition. These constraints may be linked to the placement; for example, it may have broken down and the carer has requested to have the child moved. There are also likely to be systemic constraints that can take many forms, such as a lack of available emotional support for the families involved. Perhaps the challenge is to create an experience of transition for a child within these limitations. Where a placement has fallen apart, it is unlikely a transition over three months will be feasible and it may be that the relationship between the child and the family has become so toxic that a long transition would be detrimental to the child. A carer may request for a child to be moved immediately; the challenge may be to not act reactively, but to attempt to create enough of an emotional space, whether it is a few days or a week, in which to make the transition. This may create an opportunity for a new family to visit the child in her current family context and for the current family to bring the child to the new family for a visit prior to a move being made. This may be all that is possible if the situation has become emotionally overwhelming for the family relinquishing a child or even when geographical distance between two families limits extensive interaction between them. Similarly, once a child has moved, some contact between the child and the relinquishing family, even if it is only one or two visits or some other form of contact, is likely to reduce the experience of abandonment for the child. One of the key principles outlined here, even

within a limited time frame, is to create as gradual an experience of transition as possible. By pursuing this, the aim is to facilitate a more tolerable and manageable experience of change and loss for a child rather than replicate the child's earliest experiences with another dramatic discontinuity and experience of abandonment.

Acknowledgements

I would like to acknowledge the invaluable work of Sandra Rae, who has been crucial in our collaborations in undertaking the transitions of a number of children. I would also like to thank the foster care agency OzChild for their support with the transitions of children.

References

- Bion WR (1967) *Second Thoughts*. London: Karnac Books.
- Boswell S and Cudmore L (2014) 'The children were fine': acknowledging complex feelings in the move from foster care to adoption. *Adoption & Fostering* 38(1): 5–21.
- Family Futures (2009) Planning transitions for children moving to permanent placement: what do you do after you say 'hello'. *Family Futures Practice Paper Series*.
- Hebert C, Kulkin HS and McLean M (2013) Grief and foster parents: How do foster parents feel when a foster child leaves their home? *Adoption & Fostering* 37(3): 253–267.
- Ironside L (2009) Working with foster carers. In: Lanyado M and Horne A (eds) *The Handbook of Child & Adolescent Psychotherapy*. London: Routledge, pp. 328–338.
- Lanyado M (2002) Creating transitions in the lives of children suffering from 'multiple traumatic loss'. In: Caldwell L (ed.) *The Elusive Child*. London: Karnac Books, pp. 93–112.
- Lanyado M (2003) The emotional tasks of moving from fostering to adoption: transitions, attachment, separation and loss. *Clinical Child Psychology and Psychiatry* 8: 337–349.
- Lanyado M (2009) Psychotherapy with severely traumatised children and adolescents. In: Lanyado M and Horne A (eds) *The Handbook of Child & Adolescent Psychotherapy*. London: Routledge, pp. 300–315.
- McIntosh J (1999) Therapeutic transitions in out of home care. *Children Australia* 24: 29–33.
- Riggs D and Willsmore S (2012) Experiences of disenfranchised grief arising from the unplanned termination of a foster placement: an exploratory South Australian study. *Adoption & Fostering* 36(2): 57–66.
- Rustin M (2008) Multiple families in mind. In: Shulman G and Hindle D (eds) *The Emotional Experience of Adoption*. London: Routledge, pp. 77–89.
- Shulman G (2008) Introduction to unconscious dynamics in systems and networks. In: Shulman G and Hindle D (eds) *The Emotional Experience of Adoption*. London: Routledge, pp. 72–76.
- Winnicott DW (1951) Transitional objects and transitional phenomena. In: Winnicott DW (ed.) *Through Paediatrics to Psychoanalysis: Collected papers*. London: Karnac Books, pp. 229–242.
- Winnicott DW (1971) *Playing and Reality*. London: Routledge.

Andrew Browning is a therapeutic specialist at the Australian Childhood Foundation, where he works with children in the foster care system. He has trained as a psychoanalytic psychotherapist and has a background in neurophysiology. His work involves supporting foster carers to understand, contain and hold the children in their care as well as creating therapeutic transition processes for children when they have to move.