Is all contact between children in care and their birth parents 'good' contact?

Discussion paper

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1.   Introduction

Under the *Children and Young Persons (Care and Protection) Act 1998* new powers were conferred on the New South Wales Children's Court to make orders in relation to contact between birth relatives and children placed in out-of-home care. These changes, which took effect in 2000, have generated further discussion and debates in NSW about the impact of contact visits on children, birth parents and foster carers, and the optimal levels of contact.

1.1   Purpose and scope of this paper

The purpose of this paper is to review the evidence for and against contact between children in care and their birth families, and to consider the circumstances in which contact may be beneficial and those in which contact is most likely to be harmful. Contact arrangements apply differently to children in short-term care who reunify with their family, long-term care, adoption, special needs placements, and those for whom independent living is the long-term plan (Fernandez, 2005). The focus of this paper will be on contact in long-term care, predominantly foster care, where a decision has been made for the child to remain living away from the birth family in the long term[1]. It is hoped that this paper will assist practitioners to make decisions about 'contact' in this context that are in the child's best interests.

'Contact' is not defined in Section 3 of the *Children and Young Persons (Care and Protection) Act 1998* but has been defined broadly to include any direct or indirect communication between a child and significant others, ranging from an exchange of letters or emails, swapping photographs, telephone calls and infrequent supervised visits, to infrequent or frequent meetings that may or may not be supervised (Macaskill, 2002). This paper will focus on the issues related to face-to-face contact.

Contact arrangements may relate to a child's birth parents, their siblings, extended family members (such as grandparents and aunts or uncles), previous foster carers and others who have been important in their lives or have had some relationship with them (Quinton, Rushton, Dance & Mayes, 1997). However, for the purposes of this paper the focus will be on contact arrangements with birth parents.

Topics covered in this paper include:

- a brief history of the origins of contact in care

- an overview of the quality of the research evidence on contact in foster care

- an examination of the evidence for contact

- an examination of the arguments against contact

- overall conclusions from the literature on contact

- questions that need to be asked before making decisions about contact and implications for practice.

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[1] Issues related to contact in kinship care, where the child remains with the extended family, are generally different from those in foster care. However, the safety of the child placed in kinship care may require more careful consideration, particularly when the child has been abused by a family member.

1.2 Methods

This paper does not attempt to comprehensively review the literature but draws on reviews and relevant recent publications in the area.

The British Association for Adoption and Fostering (BAAF) has recently published a book, edited by Neil and Howe (2004), which includes contributions from a number of highly regarded researchers entitled *Contact in adoption and permanent foster care*. This book and three recent papers, by Best (2003), Ainsworth and Garde (2003), and another by Scott, O'Neill and Minge (2005) produced for the NSW Department of Community Services, were of great value in writing this paper.

Additional journal database searches were undertaken via EBSCO and Ingenta using keywords such as contact/access, birth family/parents, foster care/family/parents, and attachment. This yielded some recent papers which were incorporated into the discussion. The cut-off date for the inclusion of literature was 22 July 2005.

2.   History of 'contact' in foster care

Contact arrangements between children in long-term care and their birth families have been encouraged relatively recently, and only very recently introduced into legislation.

Quinton, Ruston, Dance and Mayers (1997) and Macaskill (2002) describe the history of contact in adoption and fostering. Prior to the 1970s, it was predominantly babies who were adopted with an emphasis on secrecy and confidentiality on the grounds that it was important for children to have an exclusive relationship with their adoptive parents. During the 1970s the notion that parental contact should be terminated began to be replaced by arguments for greater openness in new placements and for adoptees to have access to their birth records. These ideas developed as a result of studies documenting the adverse consequences of concealment and reports that children's sense of identity seemed linked to their understanding of their origins and continuity with the past. More recent work has furthered the impetus for openness in adoptions. In the early 1990s in England and Wales, a new emphasis was placed on rehabilitation with families, and when that failed, encouraging continued contact between the child and the birth family.

Best (2003) describes the increase in the importance of contact in New South Wales. Until the mid 1970s, when a child had been removed by the State for reasons of abuse or neglect, there was *no right* to contact by the parents. Legislation gave the State an administrative discretion as to the nature and extent of any contact that might be allowed (Best, 2003). However, changes in Australian family law in 1975 and related areas asserted the need for a child, in all but exceptional circumstances, to have contact with both parents.

In the 1997 review of the NSW care legislation, comments received during the consultation process indicated that an absence of Court power to order contact in care proceedings had:

> ... given rise to considerable frustration, anger and resentment of parents who feel powerless to insist on contact on a basis which they consider to be reasonable, appropriate and in the best interests of the child... Contact may be supervised, but should not be denied totally without an order of the Court (Legislative Review Unit, 1997, cited in Best, 2003).

With the commencement of the new *Children and Young Persons (Care and Protection) Act 1998* in 2000, the Children's Court was given the power to make contact orders; powers which can be found in section 86 of the Act (see Appendix 1). Briefly, section 86 allows the court to make contact orders at any time during care proceedings, including on an interim basis. However the section does not apply to Emergency Care and Protection orders (Ellis, 2004). Section 86 (3) states that any order stipulating a minimum requirement does not prevent more frequent contact with the child with the consent of the person having parental responsibility (Ellis, 2004). Under subsection 4, an order for supervised contact requires the consent of the person specified in the order as well as the person who is to supervise contact.

Of course, contact arrangements can be agreed upon without a contact order being sought from and made by the Children's Court. In these instances, caseworkers convene a case meeting with the child's family, carers, professionals and other interested parties and attempt to formulate an agreement, acceptable to all parties, as to the frequency and type of contact arrangements. The advantage of these arrangements is that they are able to be reviewed and changed without returning to the Court for a new contact order.

2.1   Impact of the new contact order powers on resources

The new court powers under section 86 of the Act have, in many cases, led to increased time and resources being devoted to decisions surrounding contact. This issue has been highlighted by Children's Court Magistrate Elizabeth Ellis, who states:

> My experience in care proceedings, both prior to and after being appointed as a magistrate, is that the real issue for many parents is how much contact will they have with their children. This may not have been easily verbalised, nor in fact stated. It becomes clear when the majority of instructions and argument centres on this issue rather than having the child returned to the parent (Ellis, 2004:15).

Furthermore, Senior Children's Magistrate Scott Mitchell states in a recent paper:

> ... there is no doubt that questions of contact can have the effect of protracting litigation. To date, I doubt they often do but perhaps that is because, in the Children's Court – as so often in the Family Court, contact has tended to be an afterthought or even a consolation prize. It is pretty clear, too, that to the extent that contact has to be supervised – and, in care proceedings, that will often be the case, an added financial burden will be placed on the person doing the supervising which will often be the Department or an agency (Mitchell, 2005:2).

There is also anecdotal evidence that the amount of contact children in care have with their birth families has increased since the enactment of the new legislation. In a study evaluating the impact of similar changes to the UK *Children Act 1989*, Cleaver (2001) found that prior to this Act only 11 per cent of children saw their birth parents on a weekly basis, but this increased fourfold after the commencement of the Act.

In New South Wales, with more than 4,000 children and young people entering out-of-home care each year and 10,337 in care (as at 30 June 2004) (Taplin, 2005), contact arrangements clearly affect a large number of children and their families. Given the significant resources devoted to contact decisions and arrangements, it is imperative that they are used in a way that will lead to the best possible outcomes for children and their families.

2.2   Debates between the legal and welfare professions

With the changes in legislation, different viewpoints and decision-making processes have emerged between the legal and welfare professions: Senior Children's Magistrate Scott Mitchell outlines the 'two conflicting theories of contact in care cases' in his May 2005 paper *Contact and its Place in Care Proceedings*. Similar debates have also occurred in the literature (see Quinton & Selwyn, 1998; Ryburn, 1998; Quinton, Selwyn, Rushton & Dance, 1999).

In considering the process whereby recommendations for contact are made, Harris and Lindsey (2002) recognise how influential the beliefs of different professional groups are in decision-making. They suggest that not only do professionals' ideas influence the way they interpret the data available to them, but that these views also shape the nature of the assessments they carry out, in terms of the questions they ask, how they look for evidence, what they choose to focus on and whether their particular criteria for contact are fulfilled. The search for, and capacity to use, an evidence base to inform these recommendations is complicated by the inevitable subjectivity of the individual professional's personally held views about the significance of parent-child relationships. The contribution each professional makes is influenced by 'personal and family experiences, socio-cultural backgrounds, their role, responsibilities, agency task, previous professional training and experience, and perceived power and authority' (Harris & Lindsey, 2002:148). Because of these differences it is useful to examine the research evidence around contact in permanent care.

3.   How good is the research evidence for contact in foster care?

Much of the evidence that is used to inform debates on contact issues comes not from research into contact in foster care but from other fields, such as adoption and family law, where the circumstances may be quite different.

Macaskill (2002) comments that much of the research literature on contact relates to adoptions, where contact is based on the premise that it maintains links and cultural identity. However, Macaskill considers that there is a 'danger' in taking research findings about contact in infant adoption and applying them to the adoption of 'hard to place' children or to children in long-term foster care (Macaskill, 2002).

There has also been a tendency to extrapolate from the evidence on contact in family law, where, it has been claimed, the situations are quite different. In a recent conference paper, Best (2003) argued that:

> Where contact is being discussed within care and protection law, then, at some stage the child welfare agency will have decided that the risk of harm to the child is sufficient to justify State intervention and the court will have made a determination that the child is in need of care and protection. Those people seeking contact are also the same people who have been unable to adequately care for and protect that child. Unlike cases in private law where the child may (in some cases) no longer be able to live with both parents because of the parents' incompatibility, in public law the child is no (longer) living with their parents because of their (parents) inability to properly care for the child. Where the decision has been made to remove the child until the child is 18 years, the court has made a decision that on the evidence before it, this parental incapacity is unlikely to improve. While accepting that different factors will be relevant in determining contact as distinct from allocating parental responsibility, there must still be a qualitative difference to considerations of contact in public law as contrasted with private law proceedings because of the determination that the parents cannot care and protect the child (Best, 2003:14).

The little research that has attempted to assess the effects of contact in foster care specifically, comes with a number of methodological limitations. Some of these are outlined by Quinton, et al., (1997:395-6) and include the following:

- Studies are often based on small or unrepresentative samples, which means that it is not possible to know whether any found associations are reliable and generalisable.

- There are inaccuracies in the measurement of 'contact', which may arise from a lack of differentiation between direct and indirect contact, or a reliance on file records as the data source.

- Few studies use information obtained from parents or children themselves or examine the relationship between contact and outcome systematically.

- A major shortcoming of most studies is that they do not take the prior psychosocial functioning of the children or parents into account as a predictor of contact and of outcome, or, if they do, they rely on indirect sources for this information. 'If these data are missing or inadequate, there is no way of knowing whether any apparent effects of contact are simply a reflection of the adjustment of the parents or children, rather than of the importance of contact itself' (Quinton, et al., 1997:396).

- A large number of reports rely predominantly on limited statistical analyses or make comparisons without satisfactory control for confounding variables.

- Many studies sample on the basis of placements rather than on individual children. This may introduce biases into their findings since children who experience multiple placements, and are counted more than once, may be different from other children.

In their 1999 paper, Quinton, et al. further comment that:

> … at present the research evidence is insufficiently strong or developed to allow confident prescriptions. There are too many studies relying on self-completion questionnaires, inadequate sampling, insufficient measurement of cognitive and psychosocial outcomes, lack of comparison between different kinds of contact and with weak controls for third variable explanations, to allow us to draw strong conclusions about contact and its effects (Quinton, et al., 1999:530).

Despite the limitations in the research undertaken on contact in long-term care, the commonly held view is that contact is beneficial in all but the most extreme cases of maltreatment. However, there may be other situations when it may *not* be in the best interests of the child for face-to-face contact to take place with his or her birth parent(s). The major arguments that are put forward in favour of contact are examined in the following section. In section 5, some of the reasons why contact may not be beneficial for a child will be discussed, and section 6 draws together some conclusions based on the evidence from the literature.

4. Arguments in favour of contact in permanent care

In this section the body of literature arguing the case for contact and its positive effects on outcomes for children in care will be examined. For contact to be beneficial, per se, a causal relationship needs to be proven: that increased contact *leads to* improved outcomes, such as increased well-being and improved relationships or reunification, not just that contact is *associated or correlated with* improved outcomes.

The major arguments put forward in favour of contact in long-term foster care include that contact:

- encourages reunification with the birth family

- maintains/encourages attachment to the birth family

- prevents idealisation of the birth family

- maintains links and cultural identity

- enhances the psychological well-being of the children in care

- is a means by which the quality of the relationship between the birth family and the child can be assessed.

This section provides an overview of each of these arguments and the evidence that contact leads to the outcomes they claim. In discussing the arguments, the focus will be on those that relate to contact in permanent care. It is assumed that if the care is short-term, or there are plans for the child(ren) to return to their birth family, contact will be maintained at a higher level. Furthermore, many of the arguments discussed here relate to younger children in care: older children tend to make their own decisions and arrangements about the amount and type of contact they want with their birth families (Thoburn, 2004; Selwyn, 2004).

4.1 Contact encourages reunification with the birth family

A number of studies state that greater amounts of face-to-face contact with birth parents are associated with an increased likelihood of the child returning home (Fanshel, 1975; Fanshel & Shinn, 1978; Millham, Bullock, Hosie & Haak, 1986; Leathers, 2002; Sinclair, Gibbs & Wilson, 2004).

Quinton, et al. (1997) examined the arguments from Fanshel and Shinn (1978) and Millham, et al. (1986), two of the major large-scale studies on contact. They concluded from these two studies that the view that contact itself markedly increases the probability of return home lacks strong empirical support.

> In neither study can the correlations between contact and return home be taken as evidence for a causal process. Before we can be sure there is a direct link it is necessary to show: first, that the correlations were not an artefact of the better prior social functioning of the children or the birth parents. Second, that an association between the frequency of contact and the probability of return home is not explained by a process in which more effective social workers promote more contact and are more active in securing return. That is, the analyses should show that contact itself made a difference, all other things being equal (Quinton, et al., 1997:399).

Other researchers have explored the link between contact and reunification. Leathers (2002) asked caseworkers to rate how likely it was that a child would return home from foster care[2]: most (71 per cent) were rated as unlikely to return home. Leathers found that the caseworkers' 'prediction of whether the child would return home was highly correlated with reunification: nearly half (43.5 per cent) of the children rated as very likely to return home actually did return home within a year. In contrast, none of the children rated very unlikely to return home were reunified' (Leathers, 2002:602).

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[2] Two hundred and thirty 12 and 13 year-old boys and girls who had been in non-relative foster care for at least a year participated in the study.

On further examination, they found that the mother's frequency of visiting was strongly associated with the caseworker's prediction of reunification, even after controlling for parental and child characteristics. This suggests that the frequency of visiting effects whether the caseworker predicts that the child will return home, and in turn whether they do return home.

Wilson and Sinclair (2004) found, in their study of 596 foster children, that maintaining a pattern of visiting when there was *no* plan for the child to return home did *not* increase the probability of returning home. They argued that more frequent contact is more important where plans exist to return home but does not on its own make return more likely. 'The visits themselves are associated with return home. It is not at all clear that they cause it' (Wilson & Sinclair, 2004:170).

Barber and Delfabbro (2004) concluded from their longitudinal study in South Australia and their review of the literature, that the evidence shows children who get along well with their families and who are in care as a result of less serious problems tend to have more frequent contact with their parents and are likely to go home sooner.

In summary, there is no evidence that the relationship between contact and returning home is a causal one: while children who have greater amounts of contact with their birth family are more likely to return home, there is no evidence that the contact visits alone explain the increased likelihood of returning home. A number of confounding variables have been identified which may explain this association, such as child-birth parent attachment, a lack of child behavioural problems, or existing plans for the child to return home (Quinton, et al., 1997; Wilson & Sinclair, 2004; Barber & Delfabbro, 2004).

4.2 Contact maintains/encourages attachment to the birth family

The need to maintain or encourage 'attachment' between a child and his or her birth parent(s), generally the mother, is often cited as a reason for more frequent contact. However, both the concept of attachment and the evidence that frequent, face-to-face contact promotes attachment are not easily established.

Attachment is defined as the emotional bond that develops between an infant and primary caregiver (Bowlby, 1982, cited in NSW Department of Health, 2003) and acts as a blueprint for the development of future relationships. According to 'attachment theory', requiring children to sever established relationships could actually hinder their ability to make new relationships (Fratter, Rowe, Sapsford & Thoburn, 1991; Barth & Berry, 1988; Borland, O'Hara & Triseliotis, 1991, cited in Neil & Howe, 2004:2). This assumption requires that children placed in foster care, who have an established relationship with their birth parent(s), need to maintain that relationship.

However, the concept of 'attachment' is complex, with disagreements persisting in the literature about its core assumptions and definitions (Bakermans-Kranenburg, van IJzendoorn & Juffer, 2003). Correspondingly, the concept of 'attachment' is not always well understood by those who use it in the child welfare field. Harris and Lindsey (2002), in their small study of professionals involved in making recommendations about contact, found that the term 'attachment' created a great deal of confusion and was 'potent in evoking a sense of scientific rigour about that aspect of the assessment, which may not be the case' (Harris & Lindsey, 2002:156). Similarly, Lucey, Sturge, Fellow-Smith and Reder (2003:277) comment that 'instruction letters from solicitors often ask mental health professionals to assess the attachment of a child to their parent when it is the closeness of the relationship between them generally, and the child's sense of trust and security, that were being referred to. Attachment is an important concept but should be reserved for that aspect of early parenting which provides the child with a secure base and an opportunity for proximity when under threat' (Howe, Brandon, Hinings & Schofield, 1999).

Furthermore, Yeo (2003) points out that these concepts of attachments may not be applicable to Aboriginal children and their birth parents, and argues that the core hypotheses of attachment theory, such as caregiver sensitivity, competence and having a secure base, need to be based on the Australian Aboriginal people's cultural values.

There is considerable evidence that maltreated children are much more likely to exhibit insecure attachment patterns, specifically disoriented or disorganised attachments (van IJzendoorn, Schuengel & Bakermans-Kranenburg, 1999).

Disorganised attachments in infancy are commonly observed in children whose carers are physically and/or sexually abusive, severely neglectful, heavy abusers of alcohol and/or drugs, chronically depressed, disturbed by unresolved feelings of loss and/or trauma, the victims of domestic violence, or any combination of these. In caregiving environments generated by these parents, children can find no strategy that enables them either to feel safe or regulate their emotionally hyper-aroused states. Moreover, children in such parent-child relationships find it difficult to develop an integrated sense of self (Howe & Fearnley, 2003:373). These children often seek to be in control rather than be controlled. They often, from a very young age, become bossy, aggressive, violent, self-abusive, self-endangering, fearful, helpless, sad, and extremely difficult to look after, whether by their biological parents or new, substitute carers (Howe & Fearnley, 2003:374). The attachment relationship itself is often the direct cause of children's behaviour, which, if it goes 'unrepaired' by the carer, results in adverse developmental consequences (Howe & Fearnley, 2003:377).

Adopted children and children placed in foster care remain at increased risk of a number of developmental impairments (Howe & Fearnley, 2003). However, risk should not be equated with prediction. For children placed as babies (normally between birth and six months), risks of developmental impairment remain low and are largely confined to problems around poor peer relationships in later childhood and adolescence (Fergusson Linskey & Horwood, 1995, Howe, 1998, cited in Howe & Fearnley, 2003). Children adopted or fostered at older ages are more likely to present to mental health services with behavioural problems and psychological needs. Typically they have been placed for adoption or fostering after a history of adversity including severe neglect, physical abuse, sexual abuse, rejection, emotional maltreatment, or some combination of these (Howe & Fearnley, 2003). 'Generally the children with the most disturbed histories are the ones most likely to be placed either for adoption or with long-term foster carers' (Howe & Fearnley, 2003:371). These histories and resultant 'difficulties with attachment, undoubtedly influence their attachment in foster care' (Mennen & O'Keefe, 2005:582).

One of the assumptions about the importance of maintaining attachments while children are in out-of-home care is that the development of relationships with the foster parent will interfere with the attachment to the birth parent(s). However there is evidence that children can form multiple attachments and that these can enrich each relationship. Kelly and Lamb (2003) describe how attachments to both parents are formed at around the same age, around six to seven months, irrespective of how much time each spends with the child. The child may well develop a hierarchy of attachment figures, depending on the responsiveness of the caregiver. However, preferences for primary caregivers diminish with age and often disappear by 18 months of age (Kelly & Lamb, 2003). Furthermore, Chapman, Wall and Barth (2004), in comparing their foster care sample to a large national sample of adolescents in the United States, found that the foster care sample reported similar high feelings of closeness to their caregiver as did the national sample.

The issue of 'attachment' in relation to children in care is therefore a complex one: it cannot be assumed that the maintenance of attachments is a sufficient reason to encourage frequent contact between all children in care and their birth parents. In fact, it could be argued that the maintenance of a dysfunctional attachment impedes the establishment of more functional relationships. Mennen and O'Keefe (2005:582) go so far as to comment that 'research on the attachment behaviour of children in foster care is limited and needs to be bolstered to provide a clearer understanding of how maltreatment, separation from parents, and placement in foster care influence attachment, and how foster children's attachments affect their long-term adjustment'.

4.3   Contact prevents idealisation of the birth family

One of the arguments given in favour of contact in late adoption and fostering placements is that contact is seen to satisfy the child's need for information on his or her parents. This is claimed to prevent unhealthy idealisation of the parents and to counter the child's feelings of rejection or self-blame through evidence of the parents' continued interest (Quinton, et al., 1997). Furthermore, Wilson and Sinclair (2004:170) argue that in preventing unhelpful idealisation, contact helps the child settle in their placement and, arguably, therefore reduces the risk of disruption (Atherton, et al., 1986; Smith, 1999, cited in Wilson & Sinclair, 2004:170).

Lucey, et al. (2003) maintain that:

> … children are entitled to the facts about themselves, such as who their parents were, the reasons why certain events occurred to them, and who else has been relevant to their lives, even if such information may be emotionally upsetting. Children also need to be taught about the everyday world so they can test their ideas and learn how to weigh up alternative possible explanations. Without this opportunity, children are liable to avoid thinking about their personal experiences, construct distorted beliefs or harbour unnecessary fears. Hence, reality testing is both a cognitive and emotional necessity. Cognitively, the child needs to be able to validate facts or beliefs in order to maintain a coherent perspective on their history and experiences (Lucey, et al., 2003:279).

Contact may help legitimise the new parents' parenting role by making it easier for them to talk to the children about the nature of their relationship with their birth parents and understand why they are unable to live with them (Quinton, et al., 1997).

4.4   Contact maintains links and cultural identity

There is no doubt that contact helps children gain an understanding of their origins, why they are in care and their history, and that it helps maintain their cultural identity. June Thoburn found in her study of 297 minority ethnic children in care that 'there was some evidence from interviews that contact with birth family members could contribute to a more positive sense of ethnic and cultural identity and pride in belonging to a particular ethnic group. This was especially the case when children were placed with a family of a different ethnic or cultural background' (Thoburn, 2004:198).

However, 'when contact is not possible, this does not mean that long-term loss and identity issues can be ignored; on the contrary if contact is not an available option, there is even greater need on the part of the carer to attend to issues of loss and identity' (Neil & Howe, 2004:240).

4.5   Contact enhances the psychological well-being of the children in care

Barber and Delfabbro (2004) suggest that another touted benefit of contact is that it enhances the psychological well-being of the children in care. Cantos, et al. (1997, cited in Barber & Delfabbro, 2004) found that children who were visited more often were better adjusted. However, this finding was again not one of causality and may be explained by the fact that the children had more secure relationships with their parents and were, consequently, better adjusted, but also visited more frequently.

Quinton, et al. (1997) comment on this belief, that children in long-term care, who remain in contact with birth parents, are better adjusted is an established research finding, but state that there is little evidence on this. They comment that the evidence suffers because few studies have measured the children's psychosocial adjustment or intellectual development beyond social workers' opinions. Furthermore, prior measurement of the level of functioning, essential before differences relating to contact can be understood, is usually unavailable (Quinton, et al., 1997).

Lucey, et al. (2003) suggest that contact may provide the opportunity for reparation, whereby the child comes to terms with negative feelings about an event or person. For a child who has been maltreated, it can be helpful to confront a parent about upsetting words or actions and receive acknowledgement or perhaps some degree of apology. In this way, angry or painful feelings can be balanced with more positive ones and the opportunity to repair the relationship can be created. However, there will be some children for whom, because of their experiences or personality, this is not possible, and some family circumstances, such as severe violence or sexual abuse, where the potential for reparation does not exist (Lucey, et al., 2003).

4.6 Contact is a means by which the quality of the relationship between the birth family and the child can be assessed

Given the artificial settings in which many supervised contact visits take place and the fact that often untrained escorts are conducting these assessments, the suitability of using parental contact visits to assess the quality of the relationship between the parent and the child is questionable (Budd, 2005). 'Parent knowledge of contact as an assessment tool for the observing practitioner is likely to solicit cautious behaviour which lacks spontaneity and seeks social worker approval: 'how would anyone under observation behave with their children when the stakes are so high?' (Banks, 1995:37, cited in Scott, et al., 2005:37). Goldsmith, Oppenheim and Wanlass (2004) support this position, stating:

> Observations of supervised visits may find the child and parent enjoying one another's company, and the playful interaction may be interpreted as signifying the existence of a secure attachment. This may be misleading. The ability to engage in play does not necessarily indicate that the parent is equally as likely to provide the necessary comfort and soothing when the child exhibits high levels of distress, particularly if the distress is manifest in angry outbursts and non-compliance (Goldsmith, et al., 2004:2).

5. Reasons why contact may not be in the best interests of the child

In the following section, reasons why contact between birth families and children in long-term care may not be beneficial, as proposed by authors such as Quinton, et al. (1997) and Macaskill (2002), are discussed. The strengths and weaknesses of the research evidence for some of these reasons or situations will be examined in the following section. Some of the reasons contact may not be beneficial include that:

- multiple attachments create confusion for children or conflict of loyalties

- the threat of harm to the child or to the new parents may undermine the placement

- birth parents need to be helped towards closure as the best way of dealing with feelings of loss and guilt

- demands placed on new parents adversely affect the recruitment of new adopters

- it is too risky to make such complex placements without adequate professional skills and resources which need to extend far beyond adoption

- the push for contact arises less from the evidence on benefits than from professional desires to undo the pain of separation or because they themselves feel they have failed the birth family.

Barber and Delfabbro (2004) in discussing the literature observe that:

> … the impression given by some researchers is that family contact can actually place considerable emotional strain on children by reminding them of the separation (Pithouse & Parry, 1997); it can generate a conflict of loyalties between biological and foster parents (Simms & Bolden, 1991); it can increase social worker workloads (Cleaver, 1997), and increase conflicts between parents and children (Cleaver, 1997). Indeed, some have argued that contact arrangements often have more to do with satisfying law courts than with the best interests of the child (Cleaver, 1997; Hess, 1988; Gillespie, Byrne & Workman, 1995); (Barber & Delfabbro, 2004:125-6).

5.1 The threat of harm to the child

Parents who have problems related to substance misuse and serious mental illness, have been shown to be less likely than other parents to visit and regain custody of their children (Fanshel, 1975; Lawder, Poulin & Andrews, 1986, cited in Leathers, 2002).

Selwyn (2004) in her study of 130 children, aged between three and 11 years whose adoption plan had been agreed upon, found that the great majority (81 per cent) had some form of contact with their birth family when they were first looked after in foster care. However, Selwyn found that:

> … it was more usual to find recording of contact that was not going well, than contact that was going smoothly. There were reports of parents disappointing children and failing to turn up, of children arriving at their birth parent's home knocking on the door only to be refused entry, of birth parents arriving too drunk/high to hold any kind of conversation. Twelve per cent of the children were physically abused during unsupervised contact, returning with unexplained bite marks or burns on their bodies. A further six per cent continued to be sexually abused by their mother's partner. It was also suspected that a further 11 per cent of children experienced physical or sexual abuse during unsupervised contact but there was a lack of evidence to support social workers'/foster carers' suspicions (Selwyn, 2004:147).

However, as these children were to be adopted it is likely that their relationships with their birth families were at the more extreme end of the spectrum.

Similarly, Triseliotis, Walker and Hill (2000, cited in Sinclair, 2005) found that stressful contacts might involve violence and drunkenness and could deter carers from allowing contact visits in their homes. Carers have also reported that high levels of mental illness amongst parents create difficulties in managing contact. More common problems include unreliability of parents, the impact on children of being rejected by their parents and parents trying to undermine the carer's discipline, setting the child against the carers or exposing the child to what may be undesirable ways of life or even abuse (Farmer, Moyers & Lipscombe, 2004; Sinclair, Gibbs & Wilson, 2004; Sinclair, Baker, Wilson & Gibbs, 2004, cited in Sinclair, 2005).

Sinclair, Gibbs and Wilson (2004) and Sinclair, et al., (2004) suggested that the effects of contact depended in part on whether the child had previously been abused. Where there was strong evidence that the child had been abused prior to placement, prohibitions on contact were found to be associated with better outcomes. Previously abused children with no restrictions on family contact were also more likely to be reabused either during contact or after return home. In the risk assessment literature, a significant factor found to be associated with reabuse was the perpetrator's access to the child (Johnson & L'Esperance, 1984; Baird, 1988; Weedon, et al., 1988, cited in McDonald & Marks, 1991).

However, when making decisions about contact, the harm from previous or ongoing abuse is generally related to contact with particular people not contact in general: unrestricted contact may be possible with a grandmother, for example, but not with a stepfather.

5.2   Contact may undermine the placement

Situations that indicate that contact is likely to do more harm than good are those where the contact appears to have a detrimental impact on the child's attachment to the new parents. This could be either because it undermines the child's sense that their new family can keep them safe and secure and/or because the child's emotional distress brought about by contact has a knock-on effect of undermining the new parents' psychological equilibrium. This is more likely, according to Neil and Howe (2004), when the new parents do not have an open attitude towards the birth family as both the new parent and the child will be upset by the contact.

Borland, et al. (1991, cited in Quinton, et al., 1997) examined contact rates amongst 40 disrupted and 60 continuing long-term placements. The authors found that disruption rates were not significantly different between the two groups, leading to the conclusion that contact neither promoted nor threatened stability. Similarly Barth and Berry's study (1988, cited in Quinton, et al., 1997) found that disruption rates were not significantly different between closed and open adoptions.

Some evidence in favour of contact increasing stability comes from Fratter, et al. (1991, cited in Quinton, et al., 1997) who found that the strongest predictors of disruption were age at placement and whether the children showed emotional, behavioural or institutionalised behaviour. Nevertheless, with these and other factors taken into account, it appears that continued contact with parents increased placement stability by a factor of approximately two. The conclusion that can be drawn from the available research is that open adoption with contact can work amicably, but *can* this be extrapolated to the foster care literature?

Sinclair, Wilson and Gibbs (2005) investigated whether 'forbidding' contact would increase the likelihood of placement disruption. They found that where children had *not* been abused there was no real difference in the number of disrupted placements between those allowed unrestricted contact (19 per cent disrupted) and those where contact was 'forbidden' (29 per cent). However the number of children who were not abused but were forbidden contact was small. The situation was different, however, when the child had been abused: 30 per cent of placements disrupted when contact was allowed but only 11 per cent disrupted when contact had been 'forbidden', a highly significant difference. The difference remained when the child's age and/or time in placement was taken into account. It was also significant when they adjusted for the child's level of disturbance and social behaviour (Sinclair, et al., 2005)[3].

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[3]   Information was obtained from social workers and foster carers on 334 children.

In the study's three-year follow up they found similar results: 'where there was strong evidence of abuse, reabuse was significantly more likely if no one was forbidden contact. Breakdown over three years was also significantly more likely' (Wilson & Sinclair, 2004:174). The association between forbidding contact and lack of disruption held for all categories of abuse. The fact that one member of the family was forbidden contact did not mean that the child had no contact with members of the birth family, although visits were less common.

The authors suggest that forbidding contact in some circumstances has good outcomes. They concluded that 'it seems likely that sustaining a difficult or conflicted relationship through visits may not only be upsetting to the child, but may make it harder to settle down, commit to and thrive in the placement, and that conflicts may be perpetuated and exacerbated' (Wilson & Sinclair, 2004:174).

5.3   Carers' opinions of contact

Some studies have asked foster carers' and caseworkers' opinions of contact arrangements.

Wilson and Sinclair (2004) reported a wide range of experiences in relation to contact, both in how satisfied foster carers were with arrangements for contact, how stressful or enjoyable they found the visits, and how the children reacted to the visits. They found that only four out of 10 carers were satisfied with their contact arrangements and about a sixth was dissatisfied or very dissatisfied with them. Most rated their experience as 'mixed'. When problems were reported by carers they generally related to the children's behaviour after the visit. Foster carers reported that some children were rude, others regressed to more childish behaviours, some had nightmares, and others tried to play them off against birth parents. Foster carers attributed these behaviours to some children wanting more contact with their parents while others felt the children were being pressured into contact that they did not want. Some children were upset by the way the birth parents treated them – promising the impossible, saying the foster carers did not love them, failing to keep appointments, shouting at them, or getting them accustomed to a disordered way of life (Sinclair, Gibbs and Wilson, 2004).

Barber and Delfabbro (2004) asked social workers to rate the perceived effects of contact amongst children in their study. By the study's second follow-up period at eight months, approximately half the children were having direct contact visits and 25 per cent overnight stays[4]. Barber and Delfabbro (2004) found that the majority of social workers perceived contact favourably, but approximately 15 per cent to 20 per cent believed that family contact was not beneficial for these children and that the relationship between visited children and their parents had deteriorated over time.

Farmer, Lipscombe and Moyers (2005) found that one of the three major factors that increased strain for foster carers was difficulties in young people's contact with their parents. Selwyn also found that 'some contact arrangements were complex and set at unrealistic levels, which birth parents and foster carers found impossible to stick to or manage. Other parents refused all contact and seemed glad to have got rid of the child they did not want' (Selwyn, 2004:147).

4   Only those cases where data were available for both four and eight months follow-ups have been included (n = 132).

6.   Overall conclusions from the literature on contact

When a plan is in place for a child to be returned to his or her birth parents, then frequent contact is recommended to maintain the parent-child relationship and facilitate their reunification. However when a decision has been made for the child to remain in long-term care, the situation is quite different. Arguments put forward for more frequent contact usually rely on the premise that the contact promotes reunification and/or attachment. However, there is no evidence from the research literature that by imposing more frequent contact arrangements on children in long-term care there will be an increased likelihood of children returning home or maintaining or improving attachments.

Most children entering care have poor attachments to their families and are entering care because the court has decided that are serious deficiencies in their parents' ability to care for and protect them. The research also outlines a number of detrimental effects that may arise from contact. Consideration can be given to recommending less frequent face-to-face contact and indirect contact in these situations.

A further body of literature exists arguing that contact is beneficial in preserving links and maintaining children's identity: contact helps children gain an understanding of where they have come from, why they are in care, their history and cultural identity. However, if that is the major purpose, it must be weighed against any possible detrimental impacts on the child of maintaining contact.

Another major conclusion that clearly emerges from the literature is that not enough is known about the effects of contact to be able to generalise about its benefits. Researchers have not invariably found positive associations between contact and good outcomes and the evidence is more equivocal than has sometimes been acknowledged (Wilson & Sinclair, 2004:168). A number of authors have called for more research about the effects of contact. Macaskill asserts that 'everyone involved in this debate is unanimous about the necessity of extending professional knowledge on this crucial subject' (Macaskill, 2002:1). Similarly, Neil and Howe (2004) state that:

> The long term impact on children's development of different types of birth family contact is not yet available. In fact, research into the effects of contact has largely followed changes in practice, not created them. Arguments about the value or otherwise of contact have often been driven by ideology rather than science. And when protagonists have appealed to the findings of research, they have found themselves drawing on different studies with contrasting results. For a while, no clear consensus about the value or otherwise of contact could be found (Quinton, et al., 1997, Quinton & Selwyn, 1998; Quinton, et al., 1999; Ryburn, 1998, 1999) (Neil & Howe, 2004:3).

Quinton, et al. (1997) argue that as yet there is not a substantial body of evidence in favour of contact. At the current state of knowledge:

> … it is not unusual for studies that have any information on contact to be taken as offering important evidence, and for these to be put together to make a case for change in practice. In addition, data from one set of circumstances – such as contact when children are expected to return home – may be used in arguments for maintaining contact in quite different conditions, for example, following abuse or domestic violence. Neither of these approaches is valid. The latter may always be wrong. The former is also wrong, at least until studies are of sufficient scientific quality to warrant drawing aggregate conclusions (Quinton, et al., 1997:410).

Further, the child welfare system has a duty to ensure that it 'does no harm'. As Mennen and O'Keefe (2005) state:

> The child welfare system is entrusted with protecting children from maltreatment by their parents or other caregivers. The primary goals of child welfare and mental health professionals serving these maltreated children are to ensure their safety and protect them from further abuse, to help them heal from any physical or psychological effects of the maltreatment, and to provide opportunities for them to become healthier and well functioning children and adults (Mennen & O'Keefe, 2005:577).

Despite some doubt that contact produces the outcomes claimed for it, most authors still agree with the current emphasis on maintaining links in non-adoptive placements wherever this is possible because families remain an important potential source of support for their children, especially when support from the State is withdrawn in later adolescence (Bullock, Little & Millham, 1993, cited in Quinton, et al., 1997:394; Quinton, et al., 1997; Wilson & Sinclair, 2004). Quinton, et al. (1997), whilst agreeing with this position, suggest that the major issue is 'whether contact has been demonstrated to have the beneficial effects that are claimed for it in circumstances where stable, nurturing relationships with birth parents have usually not been part of the child's experience' (Quinton, et al., 1997:394).

It is clear that there are no straightforward answers to broad questions about whether or not contact will be of benefit to specific children in particular permanent placements (Neil & Howe, 2004:224). Therefore, 'we now need to move beyond generalisations of whether contact is harmful or beneficial, and to consider for which children, in which circumstances and by which means, contact should be promoted or ended' (Selwyn, 2004:162). Recommendations in any particular instance must be case-specific and reflect the unique features of the child and their overall circumstances (Lucey, et al., 2003).

7. Questions to be considered before making decisions about contact

In making decisions about whether 'contact is harmful or beneficial, and to consider for *which children*, in which circumstances and by which means, contact should be promoted or ended' (Selwyn, 2004:162), a number of questions need to be asked and assessments made. Good quality assessments are essential for the development of contact plans which are made too often without an assessment of the risks to the child, of the relationships within the family and the ability of the non-abusing family member to protect the child (Selwyn, 2004).

Neil and Howe (2004) advocate that the overriding principle in making decisions about contact must be that the contact facilitates one or more of the child's developmental needs. They make the point that:

> Contact is therefore not 'good' in itself. It has to be viewed as a potential resource, a protective factor, a means to a developmental end, an experience that promotes placement stability and a sense of security. In some cases, the judgement might be that contact is acting as a risk factor capable of upsetting sound psychological progress and mental health (Neil & Howe, 2004:224).

However, a complication is that some developmental and psychological concerns may arise from separation from the birth family. Contact may help with this but there are risks associated. Hence, decisions about contact need to consider when it is being developmentally helpful or harmful. Neil and Howe (2004) believe that, although there is a need for more research, there is enough common ground to give some pointers. Lucey, et al. argue that:

> Consideration needs to be given to such factors as the child's age, their ability to understand the issues involved, the child's wishes and feelings, which adults appear to be sensitive to them, the child's emotional and physical health, their resilience to discord, their capacity to tolerate long journeys in order to fulfil the arrangements, and so on (Lucey, et al., 2003:278).

From the literature drawn on for this paper, the major factors that impact on decisions about the amount of contact that may be beneficial, and the situations in which contact should or should not occur, have been extracted. Most of these issues are inter-related and dynamic. For example, it is unlikely that the goal will be to reunify the child with his or her birth parents if there is a risk to the safety of the child. The major factors to be considered before making decisions about contact can be broken down into the following questions:

- What is the purpose of contact? Is the goal reunification or not?

- How strong is the attachment/relationship between children and their birth parents?

- Are there risks to the safety of the child?

- Are children's wishes for and reactions to contact being taken into account?

- How old and at what developmental stage is the child?

- How supportive are the foster carers?

- How have the birth parents reacted to contact arrangements?

- Are there changes in the relationships and situations since last assessed?

- Will contact visits involve significant travelling and disruptions to the child's routines?

- Has contact with fathers and other family members been considered?

- Has indirect contact been considered?

- Where are the contact visits to take place?

The following section contains a discussion of these questions.

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7.1   Purpose of contact: Is the goal reunification or not?

Lucey, et al. (2003:273) highlight the fact that 'contact can have different purposes, and these must be defined for each child and made overtly clear to all those involved in the decision and carrying it out, including, of course, the parent and child'.

The fundamental issue that will affect the amount of face-to-face contact is whether there is a plan to return the child home to his/her birth parents: if the plan is to return the child home then there is an imperative to have more frequent contact.

In making decisions about reunification, assessments of parenting capacity and the likely risks in returning the child home are the paramount considerations. These assessments are undertaken by experts, often based within the Children's Court Clinic in NSW. The issues to be considered in undertaking these assessments are complex and are explored in detail in a recent book by Reder, Duncan and Lucey (2003) and in a paper on parenting capacity assessment recently published by DoCS' Centre for Parenting and Research (White, 2006).

Under permanency planning policies, decisions about restoration are made early to avoid the problem of extended periods of time languishing in foster care while family bonds are broken. A large body of evidence supports the need for early decisions about restoration to the birth family. Fernandez (1999) cites a number of studies supporting the proposition that the probability of restoration decreases as the child spends more time in care. More recently, Wulczyn (2004) found, using the Multistate Foster Care Data Archive, that reunification is much more likely to take place early in a placement rather than later. Goerge (1990, cited in Fernandez, 1999) has also found that the probability of rapid reunification decreases with multiple placements.

Similarly, Barber and Delfabbro (2004) found in their research on foster children in South Australia, that the probability of reunification decreases once children have been in care for some time. Furthermore, these children tend to be older and have a higher incidence of behavioural problems, both of which are also factors that increase placement instability and the amount of time spent in care (Bullock, Little & Millham, 1993; Fernandez, 1999, cited in Barber & Delfabbro, 2004:141).

However, of the children who are reunified with their birth family, a number will return to the foster care system. Wulczyn (2004) found that nearly 30 per cent of children who were reunified in 1990 re-entered foster care within ten years. Almost 40 per cent of children who return to care after being sent home to their parents return to care within 90 days.

A number of authors recommend that when the goal of intervention is returning the child to the birth parents, then frequent visits should be encouraged (Mennen & O'Keefe, 2005; Leathers, 2003).

7.2   How strong is the attachment or relationship between children and their birth parents?

Even in cases where there are no plans for the child to return to the birth family, strong attachments may still exist between the child and their birth parents. The only way the strength of this attachment can be assessed is by undertaking standardised assessments in a professional setting, separately from the observation of contact visits themselves. The reasons the child entered care may affect the strength of the attachment. For example, if the reason for removal from the family is that their parent is incarcerated or has an intellectual or physical disability and is unable to care for them, then they are likely to have a stronger attachment than if they have entered care because of abuse.

If the parent was the attachment figure who provided the child with a sense of security, the child will experience a loss following prolonged absence; denial of contact between them may threaten the child's continuing security and identity. Current age is also relevant, since younger children are more likely to depend on immediate physical proximity to an attachment figure for their sense of security and wellbeing. Older children and adolescents have generally moved on from 'needing the availability of selected attachment figures and instead only require adults to reinforce their self-esteem from time

to time' (Lucey, et al., 2003:278). 'A non-resident parent, while not able to function as a 'secure base' attachment figure who is available practically and emotionally whenever needed, can provide a degree of emotional security by, for example, being sensitive to the child's emotional states and keeping promises they have made' (Lucey, et al., 2003:278).

Furthermore, it is important that as in all practice, workers ensure that they are culturally sensitive. While attachment is a cross-cultural phenomenon, the ways in which attachment behaviours are manifested has cultural variations. For example, in cultures where interdependence is more valued than individual autonomy, parents are likely to show more control over children including more physical discipline without negatively affecting the quality of the attachment (Mennen & O'Keefe, 2005).

7.3   Are there risks to the safety of the child?

The most common situations in which contact is contra-indicated include those where the birth parents cannot adjust to the idea that their child(ren) has been placed with new carers who have usurped their role as parents, and where the birth relatives are a physical or sexual danger to the child (Neil & Howe, 2004). Howe and Steele (2004) argue that when the child is highly distressed by contact, meetings should stop, at least until the child is in a better position to cope.

Lucey, et al. (2003) highlight that children removed from their parents following significant harm have had to tolerate considerable emotional stress and conflict. Their self-esteem will have been undermined and they often feel responsible for causing the abuse they suffered. They can have a range of psychological symptoms, including post-traumatic stress disorder and psychosomatic complaints, and may show evidence of dissociation and self-destructive behaviour. Howe and Steele (2004) suggest that children in care who have suffered severe maltreatment re-experience extreme states of emotional distress each time they have contact with their abusive or neglecting parent. There is then the real danger that the child will experience their placement as being unable to offer a reliable or permanent sense of safety and security.

Contact arrangements should ensure the safety and well-being of the child at all times, and especially their protection from abuse, conflict or distorted messages (Lucey, et al., 2003).

Selwyn (2004) found that, working on the assumption that contact was good in the long run, social workers often attempted to re-establish contact for rejected children and those who had been sexually abused by family members. Many of the birth mothers in this study were subject to domestic violence and not able to protect themselves or their children. In making decisions about contact Selwyn (2004) suggests:

> … workers need to bear in mind the power and control that is exerted over women by violent partners. There also seemed to be a reluctance to accept that some mothers could inflict severe cruelty on and/or sexually abuse their children. Although the children were in the care system, 21 per cent were known to have suffered further physical/sexual abuse during unsupervised contact visits. There were expectations that once in care they would be safe, but this was not the case for too many of the children (Selwyn, 2004:160).

Best (2003) suggests when the physical safety of the child is at stake, then supervised contact may still not be adequate protection as supervision is usually undertaken by a family member, or an employee or contracted officer for a child welfare agency. With possible conflicts of loyalty and without specific training, these people may be unable to protect either the children or themselves from physical harm.

7.4 Are children's wishes for and reactions to contact being taken into account?

Children's wishes should be taken into account when decisions regarding contact with their birth parents are being made. However, the difficulty may be that children are unwilling or unable to articulate their wishes. There is also 'evidence from case material, court reports and recent studies that it is not unusual for children's wishes about contact to be overruled' (Thoburn, 2004:199).

A small number of studies have interviewed children about their experiences of and wishes about contact. Thoburn (2004) found that only a small number of older children in her study were able to assert that they wanted to maintain meaningful links with a parent or adult relative. Most wanted a stable family and may not have been able to articulate that they wanted contact. Sinclair, et al. (2005) found that the foster children they studied had differing views about the extent to which they wanted to belong to their own family or to their foster family, and about which members of their birth family they wished to see. However, they wanted those views respected (Sinclair, 2005). Chapman, et al. (2004), as part of the National Survey of Child and Adolescent Wellbeing (NSACW), asked 320 children who had been in care one year and were aged between six to 15 years, a variety of questions about their placement experiences. They found that most children liked their caregivers, felt like part of the family, and were close to their carers. 'At the same time, these youth are saying that they feel happy following visits with their biological parents and want more time and visits with their biological parents and siblings and, if they could choose who they lived with, the majority would choose their biological mother' (Chapman, et al., 2004: 303). Chapman, et al. suggest that policy makers and practitioners must focus on both building strong relationships with caregivers while promoting continued relationships with biological parents. This may require building into the assessment processes an understanding of children's thoughts and feelings about visitation with family members, and increased training and support around these issues.

Careful assessment and interpretation of children's behaviour following contact visits is also essential so that distress and behavioural difficulties are not mistaken for 'trauma'. Goldsmith, et al. (2004) illustrate this issue as follows:

> The behaviour of a foster child who returns from a visit with his biological parents and destroys his room, wets on the floor, and experiences nightmares may incorrectly be interpreted to indicate that the child was subjected to abuse or harsh parenting during the visit. In fact, such emotional dysregulation following contact with the biological parents may be a reasonable, if not expected, response from a child who is once again being forced to cope with an unwanted separation (Goldsmith, et al., 2004:2).

Selwyn (2004) advises that:

> … adopters and foster carers need help in thinking through how their child is likely to respond to contact, taking into account what is known about their history and personal characteristics. Particular attention needs to be paid to the possible impact on the child's behaviour in school and contact visits might need to be arranged in school holidays. Contact is a very individual experience and consequently children placed as a sibling group need to be treated as individuals. Each child will have a different experience of relationships within the birth family; they will have different roles, be of different levels of maturity, and have different experiences of abuse. Contact plans need to take account of this and ensure that damaging and abusive patterns of behaviour are not repeated during contact visits (Selwyn, 2004:161).

Furthermore, 'children with different temperaments have different capacities to withstand psychological stress' (Lucey, et al., 2003:268). The more stressful the child's experience of contact, the greater his or her anxiety. When anxiety is raised the child's mental energies will be absorbed by defensive concerns and the need to feel safe and secure. This will reduce the developmental benefits and may result in a negative experience (Neil & Howe, 2004:228). When children's behaviour indicates that contact is reawakening the feelings associated with earlier trauma, the benefit of contact must be seriously questioned (Neil & Howe, 2004).

7.5   How old and at what developmental stage is the child?

The management of contact needs to take into account the age at which the child is placed and the strength of the relationship with the birth parents. Older children are likely to have had a relevant relationship history with their birth family. Children placed in care as young babies are less likely to have established a significant relationship with their birth family (Neil & Howe, 2004).

Children are developmentally immature compared to adults and depend on adults to recognise their practical and emotional needs and ensure that they are met:

> Young children are emotionally sensitive to psychological traumata, including losses of important figures or unpredictability in their caretakers. As they grow up, children gradually develop a more mature repertoire of emotional reactions and a more advanced range of cognitive skills, which enable them to understand and evaluate their experiences. Even so, they will be stressed by exposure to significant family and personal conflict (Lucey, et al., 2003:268).

Parenting capacity assessments should gauge the appropriateness of the birth parent's behaviour to the child's age and the parent's ability to adapt to their child's changing needs as they mature.

Children who have experienced abuse in childhood are likely to mature slowly, and many children in out-of-home care do not function at their chronological age (Hess & Proch, 1993; Macaskill, 2002, cited in Scott, et al., 2005). Nevertheless, an understanding of normative child developmental stages can inform the decision-making process. For example, without contact infants and toddlers are able to hold memories of significant others over much shorter periods of time than adults (Hess & Proch, 1988, cited in Scott, et al., 2005), meaning that they might need more frequent contact when reunification is the goal.

Older children are more likely to make their own decisions and arrangements about the amount and type of contact they want with their birth parents, and tend to rely on mobile telephones and email to communicate (Selwyn, 2004).

7.6   How supportive are the foster carers?

The importance of foster carers being open to discussions with their foster children about their relationship with their birth parents and, where appropriate, supporting contact visits has been emphasised in the literature. 'As Beek and Schofield (2004) highlight, it is important that foster carers/adopters are not kept on the margins of contact arrangements, but that there is some overlap between the two families either in terms of the new parents being present at meetings, or a third party (for example, a social worker) acting as a 'bridge' between the two families. How the contact is set up and managed may determine how comfortable the new parents feel about it' (Neil & Howe, 2004:248).

Beek and Schofield (2004) make the point that when permanent carers take no part in contact or have never met the birth relative, children have to deal with the complex emotions of contact on their own. They find it difficult to talk about the birth parents with their carers and vice versa. Beek and Schofield (2004) too comment that it seems very odd that children, especially young children, are often taken to contact by someone they hardly know to a venue about which their parents know little. Furthermore, the contact visits may be supervised by someone who does not know them and cannot pick up on their indicators of distress. If the child can see both sets of parents getting along it sends a powerful message and helps avoid conflicts of loyalty. Creating a climate of openness allows children to feel relaxed about asking questions to do with their identity, origins, background and birth family. It helps them feel more secure (Neil & Howe, 2004).

Authors have also emphasised the need to provide support to the children, birth parents and foster carers to establish contact particularly in the first few months (Sinclair, 2005). Selwyn (2004:160) advises that 'adopters and foster carers need far more help in managing contact. They need help thinking through how their child is likely to respond to contact, taking into account what is known

about their history and personal characteristics.' They may also need help with the writing and receiving of letters, with issues such as the child's responsibility to write and the appropriate information to include in letters. Selwyn (2004) reported that foster carers complained that social workers did not understand that young people were still vulnerable and might need support or protection during contact visits.

7.7 Are there changes in the relationships and situations since last assessed?

Authors such as Lucey, et al. (2003) and Neil and Howe (2004) have emphasised that in long-term fostering placements it is important that contact arrangements are monitored and reviewed over time. It is unlikely that arrangements made in the early days of placement will remain suitable as children grow older, as placements become more or less settled and as birth family circumstances change (Neil & Howe, 2004:140).

Studies have also found that the frequency of contact visits tends to reduce the longer the child has spent in care. For example, Selwyn (2004) found that contact visits diminished from the time the children's status became 'long-term'. Abuse during unsupervised contact visits, children's disclosure of previous abuse, parental rejection, and the realisation that the children would not be returning home all contributed to contact with birth parents diminishing. However, although there was a reduction in face-to-face contact, over time there was some increase in indirect contact with others outside the nuclear family. The follow-up period for this study was on average seven years after the children had been placed, so most research participants were adolescents by this time and their own wishes regarding contact had become more prominent (Selwyn, 2004:158). Young people may need support to re-establish contact with their birth parents, many of whom make their own arrangements via mobile phones (Selwyn, 2004).

7.8 Will the contact visits involve significant travelling and disruption to the child's routines?

It is important that the frequency of any birth family contact should not be such that the child and new parents cannot spend time together consolidating their position as a new family (Neil & Howe, 2004).

Authors have commented that some contact arrangements have been found to be complex and set at unrealistic levels, which birth parents and foster carers find impossible to stick to or manage (Selwyn, 2004; Macaskill, 2002). 'This was especially true in relation to fostering placements where the frequency of contact was sometimes planned as often as fortnightly or monthly. However, in practice, contact meetings were often reduced in frequency as erratic birth parents could not manage to keep these frequent appointments' (Macaskill, 2002:137).

When more frequent visits are required under a reunification plan or interim orders, practical issues may need to be taken into consideration, such as the distance, the ease of travelling between the foster carer's home and the birth family's home to which the child is to return, and the disruption to the child and other family members' routines. Distance in itself may not affect the likelihood of returning home (Sinclair, 2004), however distance from the birth family was found by Cleaver (2000, cited in Sinclair, 2004) to be strongly related to the frequency of contact.

Particular attention needs to be paid to the possible impact on the child's behaviour in school; contact visits might need to be arranged in school holidays if the child's schooling is adversely affected (Selwyn, 2004).

7.9 How have the birth parents reacted to contact arrangements?

Foster carers report that birth parents' behaviours during contact visits can place additional stresses on their relationships by upsetting the foster child (Sinclair, et al., 2005). Parents may challenge the contact arrangements after a child had been removed from their care. Lucey, et al. (2003) present a number of reasons as to why this may be the case:

> They may still care about the child, want to continue playing a part in the child's life and consider that they have something to offer in the future. It may also be in order to diminish their guilt by demonstrating to the child that 'I did everything to keep you'; or they may try to preserve a belief that their child will eventually return to their care. Alternatively, they may find it difficult to adjust their view of themselves and accept the loss inherent in no longer being the child's carer; they may want to have an opportunity to continue the abusive behaviour; they may want to triumph over professionals; or they may want to maintain a sense of 'ownership' of the child, as though a piece of property, and prevent anyone else getting what 'belongs' to them (Lucey, et al., 2003:270).

Decisions about continuing contact visits should consider the reliability of the parents' visiting to date and the impact of missed visits on the child. Children may become distressed when their birth parent does not 'turn up' to their scheduled contact visit (Wilson & Sinclair, 2004), interpreting this as lack of caring. In situations where contact actually ceased, Cleaver (2000, cited in Scott, et al., 2005) found that this was generally due to parent behaviour and desires, and not to resistance from carers.

7.10 Has contact with fathers and other family members been considered?

Selwyn (2004:148) commented that social workers often worked harder at maintaining links with birth mothers than with fathers, even when there was a good relationship between father and child. This lack of attention to relationships may result in some children becoming vulnerable to further abuse and to a loss of contact with birth fathers, some of whom had expressed love and concern for their children.

Even when face-to-face contact with birth parents is contra-indicated, contact with other family members can help to fill the void. Contact with grandmothers has been found to be particularly beneficial and the need for contact with siblings still seems to be less appreciated than it might be (Sinclair, 2005).

7.11 Has indirect contact been considered?

Cleaver (2000, cited in Sinclair, 2005) found that foster children were often preoccupied with their birth families and the reasons for their placement, and that both children and parents commonly spent time thinking about each other every day. Sinclair (2005) suggests that work could be done on these issues without face-to-face contact – for example, through the provision of counselling to the child or working with the family on their own. Treasured possessions, photographs, special activities, rituals, phone calls and letters could serve to keep the connection alive.

7.12 Where are contact visits to take place?

Leathers (2002, cited in Scott, et al., 2005) concluded that where visits take place is related to how frequently they occur. 'Visiting in the birth parent's home or the foster home were both associated with more frequent maternal visiting than visiting at an agency, a fast-food restaurant, or another setting' (Leathers, 2002:614). However, not all family situations or relationships are conducive to visits occurring in the homes of either the new or birth families.

8.   Conclusions regarding decision-making around contact

As the literature shows, and is highlighted by Selwyn (2004):

> Contact by itself is not going to promote good outcomes for children. Contact is a process through which relationships can be repaired, maintained, or ended temporarily or permanently. It is dynamic, changing across time as individual circumstances change. Contact is the means through which all parties can work at relationships, and relationships are not easy or simple. The role of the social worker, once a thorough assessment has been completed and concluded that contact should continue, is to facilitate this work by ensuring that arrangements are made that are feasible, safe and supported by all parties. This requires experience, skill and time (Selwyn, 2004:162).

There is also consensus in the literature that debates regarding the frequency, duration and venue of contact are appropriate. Some, such as Lucey, et al. (2003), state that they 'do not believe that there are good psychological determinants for any of these, beyond taking into account the child's age and developmental status. Frequency of contact should be guided by its function and the child's experiences of it. If the relationship has been meaningful and it is anticipated that it will continue, the frequency should be at a level that ensures that this is possible. A reduced frequency makes sense if the child is to be given time to forge links with new or other carers or if its function is essentially to impart information' (Lucey, et al., 2003:281).

Similarly, prescriptions about the duration of contact visits are seen as counterproductive. Consideration should be given to 'the child's age and temperament, to the purpose and context of the meeting, and general support for it. Smaller children may tire or become bored sooner and their needs for food and rest must be considered. Older children may lose interest when the meeting venue is artificial' (Lucey, et al., 2003:281).

In summary, decision-making about contact between children in long-term care and their birth parents is complex. The literature clearly recommends that decisions about contact be made on a case-by-case basis and reflect the unique features of the child and their overall circumstances (Lucey, et al., 2003). In making decisions about the amount of contact, there are a number of factors that can be considered, the primary factor being whether a plan is in place to reunify the child with his or her birth family, followed by factors such as the strength of the relationship and issues related to the safety of the child.

In order to improve our understanding, a number of authors have called for more rigorous research focused on clarifying the effects of parental visitation over time, and how to assist children with maintaining contact with their biological families while developing strong bonds with their foster families (Leathers, 2003). In New South Wales, planning is underway for a prospective study of children in out-of-home care, a study which would be capable of exploring the causal relationship between levels of contact and outcomes for children.

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Appendix 1

Section 86 of the *Children and Young Persons (Care and Protection) Act 1998* states:

(1) If a child or young person is the subject of proceedings before the Children's Court, the Children's Court may, on application made by any party to the proceedings, do any one or more of the following:

  (a) Make an order stipulating minimum requirements concerning the frequency and duration of contact between the child or young person and his or her parents, relatives or other persons of significance to the child or young person,

  (b) Make an order that contact with a specified person be supervised,

  (c) Make an order denying contact with a specified person if contact with that person is not in the best interests of the child or young person.

(2) The Children's Court may make an order that contact be supervised by the Director-General or a person employed within the Department only with the Director-General's or person's consent.

(3) An order of the kind referred to in subsection (1) (a) does not prevent more frequent contact with a child or young person with the consent of a person having parental responsibility for the child or young person.

(4) An order of the kind referred to in subsection (1) (b) may be made only with the consent of the person specified in the order and the person who is required to supervise the contact.