Contact between children in out-of-home care and their birth families

Literature review

DoCS
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Literature review

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Contents

Contents

1. Introduction

This literature review has been prepared for the New South Wales Department of Community Services (DoCS) as the first phase of a project set up to provide the following:

1. a comprehensive review of research on contact between children in out-of-home care and their biological families; and identification of any areas for further research
2. a critical assessment of the advantages and disadvantages of different levels and forms of contact for children and young people
3. a reference document that will serve as a credible source of advice on appropriate levels of contact for DoCS and Children's Court magistrates
4. guidelines (on contact) for use by DoCS staff.

In New South Wales, as is the case elsewhere in Australia and overseas, legislation and government policy are based on the principles of children's rights and best interests, and are intended to guide professional practice in the area of contact between children in out-of-home care and their biological families (Best, 2003). In assessing the needs of particular children and their families, legal practitioners, policy makers and child welfare professionals face many dilemmas, some of which have been recently explored by Ellis (2004).

Decision-makers confront the following questions: how much contact should there be, with whom, under what circumstances, when, where and how. It is tempting to think that there should be clear answers to these questions – and that this review can attempt to provide them. However, it needs to be stated clearly at the outset that this is not the case. 'Research surrounding contact cannot provide a *blueprint* for practice; decisions must be sensitively dealt with on a case-by-case basis' (Neil, 2004: 5, italics in original).[1,2]

The New South Wales Community Services Commission (CSC) uses the terms 'framework', 'criteria' and 'guidelines' to make the same point:

> The Commission urges the development and adoption of a comprehensive policy and decision making framework, underpinned by a sound philosophical and theoretical base. This framework needs to specify criteria and guidelines for making decisions about contact, such as factors to be considered across different types of care arrangements, determining the best interests of the child, the process to be followed, and when to seek expert opinion. As well, mechanisms to promote participation, providing reasons for decisions, review and accountability need to be developed.
>
> The Department of Community Services and non-government service providers also need to develop strategies to promote good practice and to support workers and carers in relation to contact decisions and arrangements. Adequate training, supervision, and access to resources and information will assist those on the ground deal with complex issues and situations. The range of good practice examples already in place need to be built on and extended where relevant.
>
> (Community Services Commission, 1999: 57)

The review covers a broad range of literature from the UK, USA and Australia. This was accessed in the following ways:

- searches of the following databases – Web of Science, Current Contents, Social Work Abstracts, PsychLit, Kluwer, Project Muse, Proquest 500, PsychInfo, Expanded Academic, Ingenta Select, Oxford Journals

1 There are excellent summaries of contact for professionals (eg SCIE, 2004) and children (Argent, 2004), but these give guidelines on what is possible, rather than on what should occur.

2 In addition, there has been some debate on the methodology and interpretation of findings for research studies covered in this review (see Quinton et al., (1997 and 1999) and Ryburn, 1999).

- articles provided by DoCS staff
- contact with individual researchers in Australia and overseas
- contact with State welfare departments and non-government organisations in all Australian states
- extensive search of state governments' on line resources
- contact with peak bodies such as The British Association for Adoption and Fostering.

The terminology reflects these disparate sources. For example, the following groups of terms have the same meaning:

- 'parents', 'biological parents' and 'birth parents'
- 'out-of-home care' and 'alternative family care'
- 'foster parents', 'caregivers' and 'carers'
- 'contact', 'access', 'visiting' and 'visitation'.

The structure of the review has been informed by two key documents:

- a literature review commissioned by the Western Australian government (Robson & Hudd, 1994)
- a review undertaken for the National Resource Center for Foster Care and Permanency Planning in the USA (Hess, 2003).

Maintaining contact between children in out-of-home care and their families is a 'complex constellation of variables, rather than a straightforward, easily understood phenomenon' (Mech, 1985: 71). Figure 1 illustrates how a plan for contact depends on the overall case plan which in turn sits within the relevant court order, but also how what transpires in relation to contact can be fed back into the further development of the case plan and subsequent court order(s).

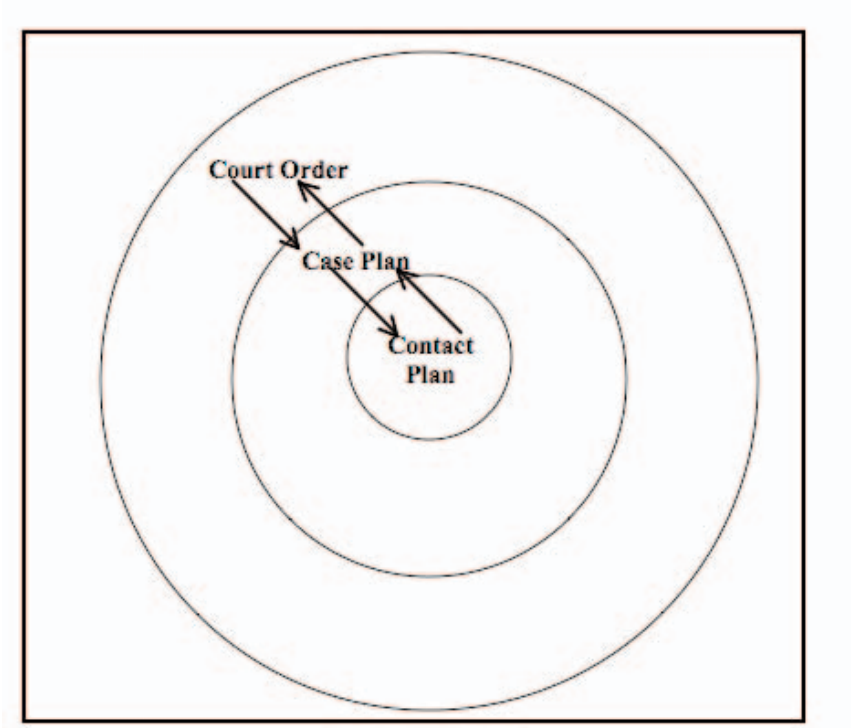

Figure 1: Contact in context

1.1 The Australian context

The demand for out-of-home care, particularly home-based care, is increasing at the same time that the supply of foster caregivers is decreasing (DHS, 2003). Kinship care is increasing rapidly (AIHW, 2004), a trend which is driven not only by the reduction in numbers of foster parents, but also through the recognition that relatives can offer many children stable care without the need to be separated from their family of origin.

In New South Wales, out-of-home care increased from 3.4 per 1000 children on 30 June 1997 to 5.4 per 1000 children on 30 June 2003. Table 1 summarises the numbers of children in Australia and in NSW who were in the main kinds of out-of-home care on 30 June 2003.

Table 1: Children in out-of-home care in Australia (AIHW, 2004)

	Australia	New South Wales
Foster care	10,348 (51%)	2,968 (34%)
Kinship care	8,069 (40%)	4,929 (57%)
Residential care	1,063 (5%)	267 (3%)
Other	817 (4%)	472 (5%)
Total out-of-home care	20,297	8,636

Source: AIHW, 2004

The situation regarding Aboriginal and Torres Strait Islander (ATSI) children is more serious than for other children. On 30 June 2003:

- NSW had 2375 ATSI children in out-of-home care. This was nine times the rate of non-indigenous children and the second highest rate in Australia (after Victoria)
- the rate of ATSI children in out-of-home care in Australia was 22.8 per 1000 children (0-17 years)
- the rate of ATSI children in out-of-home care in NSW was 38.1 per 1000 children.

1.2 Definitions, concepts and principles

The term 'access' describes planned arrangements for children to have contact with parents, siblings and extended family members when the parents are no longer the primary care providers due to Family Court or Children's Court decisions (Community Services Commission, 1999). In the UK, 'contact' replaced the term 'access' when the *UK Children Act 1989* was proclaimed (Banks, 1995; Macaskill, 2002) and, in conjunction with the terms 'reunification' and 'permanency planning', was intended to emphasise partnership with parents (Banks, 1995). A similar change has occurred in the Family Court in Australia.

In the fields of child protection and out-of-home care in Australia, both 'access' and 'contact' are used interchangeably. In addition to face-to-face meetings, contact can include telephone calls, provision of photos and letter writing (Community Services Commission, 1999).

As outlined in Section 1.4 of this review, the primary purposes of contact are:

- to promote the possibility of, and to prepare for, reunification with the birth family
- to preserve family ties when the child is in long term out-of-home care
- to provide a therapeutic means to assess and enhance parent-child relationships.

> Regularly scheduled visits are valuable as a means of helping the child maintain his or her sense of connectedness and identity with the biological family. Even when children cannot live with their biological parents, they continue to belong to them. This is particularly true when children are living in 'limbo', that period in which there is grave uncertainty about where they will grow up, that state of feeling that they belong to nobody. Regardless of the outcome, their sense of roots and heritage should be theirs to keep. This identity is best preserved when regularly scheduled visits are planned and encouraged.
>
> (Maluccio, Fein & Olmstead, 1986: 164)

In this review, the literature on parent-child contact will be viewed both from the perspective of family reunification and out-of-home care placement. However the 'limbo' state as referred to above is of particular concern – that is, when case plan direction and contact schedules are yet to be determined and where the feasibility of reunification remains unclear.

For any case plan, Children's Court Magistrates and caseworkers require information about the needs of the child at the time of intervention in order to make complex decisions about:

- how much contact should occur
- where and when contact should occur
- whether supervision for contact is required
- the type of contact and activities during contact
- duration of contact
- specific requirements for contact in complex family situations.

When the likelihood of the child returning home is high, 'contact is valued because it promotes the child's return home' (Masson, 1997: 225); and contact also aims to 'assist the birth parent in resuming the primary caregiving role' (Victorian Department of Human Services, Adoption & Permanent Care Procedures Manual, 2000). Alternatively, when the child has been placed in out-of-home care on a long term basis, the emphasis on maintaining contact with the birth family shifts to a process of preserving links with the child's biological and cultural heritage.

Child welfare practitioners attest to the benefits of contact in terms of children's identity and links with birth family members: 'a lot of children go home quickly now … we've been developing this [contact] strategy over the past five years and we have noticed children and young people seem to do better when they can have their roots confirmed' (Gillard, in Rickford, 1996: 32). However, despite the well documented benefits of contact (Haight et al., 2001; Hess & Proch, 1993; Milham et al., 1986; Proch & Howard, 1986), Rickford cautions that: 'negotiating and setting up good contact arrangements has proved to be easier said than done' (1996: 32). Reasons for this may include:

- evidence of distress in the child which can be correctly or incorrectly attributed to the parent and may lead to a reduction in contact
- complex interpersonal relationships – for example, feelings of resentment, anger, fear, anxiety and grief by both birth parents and children
- an impersonal visiting environment which can affect the way in which children and parents interact
- travel – costs, distance and time constraints (Rickford, 1996).

As an alternative or supplement to face-to-face contact, indirect contact can be maintained through means such as telephone, letter writing, email and photo exchange. This may also be problematic for the following reasons:

- It may mean that face to face contact does not occur.
- The 'mechanics' of letter exchange can be inefficient.

- Birth relatives may not respond.
- The child can be excluded from the process.
- The quality of information exchange is sometimes poor (Neil, 2004).

1.3 Attachment relationships and contact

Regular contact between children and parents is intrinsic to the building and maintaining of attachment.[3] Bowlby defines attachment in the following way: 'To say of a child that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill. The disposition to behave in this way is an attribute of the child, an attribute which changes slowly over time and which is unaffected by the situation of the moment' (Bowlby, 1984: 371). For those working in the child welfare system, Howe et al., provide a useful summary of the characteristics of and the conditions for secure attachment by age group (Howe, Brandon, Hinings & Schofield, 1999).

From the perspective of providing out-of-home care services, child welfare policy and practice 'should support regular and frequent parental visitation whenever reunification is a viable goal of service. Experience is necessary for the development of attachment relationships, and without regular and frequent visiting, foster care can seriously and negatively affect parent-child attachment relationships' (Haight, Kagle & Black, 2003:198).

Hess (1982) encourages the practitioner to support parent-child attachment when the child is expected to return home and to support the attachment process to the foster family if it is clear that long term care is the objective. However, even when reunification is the primary goal, promotion of attachment to significant others should also be encouraged as children are able to develop multiple attachments (Thompson, 1998, cited in Haight, Kagle & Black, 2003).[4]

The situation is more complex when the case plan lacks clarity and the placement outcome is yet to be determined. Indeed, recent research has shown that children in foster care, who had frequent contact with their birth parents (especially those children with significant emotional and behavioural problems) tended to experience loyalty conflict between the two sets of parents (Leathers, 2003).

Contact between child and family is heavily influenced by child welfare professionals on the basis of family assessments, together with individual and agency attitudes on contact. The importance of attachment awareness in case planning is therefore highlighted by researchers. Grigsby (1994) cautions that if professionals do not understand the significance of attachment theory and/or do not have clear practice guidelines, birth parents may be denied the opportunity to foster attachment through regular contact with their child; or, alternatively, reunification may occur in the absence of an attachment relationship.

In Grigsby's (1994) study, records of parent-child contact were used to measure social worker awareness of the importance of parent-child attachment relationships among children in foster care. The research identified two case situations where regular parent contact *per se* resulted in family reunification, despite the lack of evidence for a strong parent-child attachment relationship. In these situations, reunification occurred contrary to initial professional recommendation and the reunification decisions were made on the premise that regular contact on its own demonstrated parent commitment to reunification.

An understanding of child-parent attachment formation emphasises that the anxiety and stress experienced by children under the age of three who are separated from birth parents may be

[3] We note that 'attachment' is a concept which is culturally bound. For example, parenting in many cultures is a role which is shared by extended family and the broader community – see for example, 'Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families' (http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/).

[4] This is not to say that maintenance of contact is all that is needed to promote attachment, as specialist, intensive therapeutic support may also be required (Haight, Kagle & Black, 2003).

particularly harmful (Haight, Kagle & Black, 2003). Consequently Haight et al. recommend that young children and their parents:

> require more frequent and prolonged visits than are typical of most foster care visiting plans … visits with infants and toddlers should occur more than once a week, for several hours at a time, and encompass caregiving activities. By the fourth or fifth year of life, most children who have adjusted to foster care may be able to maintain their connection with their parents through less frequent visits supplemented by letters and phone calls.
>
> (Haight et al., 2003: 199)

Similar recommendations by Kuehnle and Ellis (2002) state that on the basis of attachment theory monthly contact is inadequate to preserve parent-child attachment:

> If an attachment bond is to be maintained between parents and their children in dependency [out-of-home placement] cases, a one month visitation time frame is not advised. Because physical proximity is the key goal of the attachment system for infants and toddlers, and availability is the goal for other children, how could children of any age possibly maintain an affectional or attachment bond with a parent he or she visits every thirty days, with no contact? ... If maltreating parents and their dependent children are going to be reunited, the quality of their relationship needs to be enhanced through stable and nurturing contact, rather than diminished further through absence … it is probable that insecurity in attachment relationships, increased emotional distance between parent and child, and children's increased emotional problems from multiple family placements will challenge reunification efforts and increase recidivism.
>
> (Kuehnle & Ellis, 2002: 69)

The uniqueness of each child's and family's situation (and attachment relationships) means that it is impossible to provide general recommendations for contact. For example, research suggests that children who have experienced abuse and neglect are more likely to display disorganised and disorientated attachment symptoms. Haight et al., (2003) report on a study of 43 mother-child dyads, in which 22 families were involved with protective services due to issues of abuse and neglect, and 21 families formed a comparison group, who were demographically matched but had no history of abuse and neglect. Results showed that 82% of the maltreated children met criteria for Type D attachment disorder,[5] compared with only 19% in the comparison group (Carlson, Cicchetti, Barnett & Braunwald 1989, cited in Haight et al., 2003: 202). These findings support the notion that children who have maladaptive attachment symptoms and subsequent difficult to manage and aggressive behaviour patterns, are likely to be highly represented in the out-of-home care system.

The analysis (based on attachment theory) of McWey and Mullis' (2004) study of parent-child contact when children were in foster care, found that:

- children who had more consistent and frequent contact with their parents had a stronger attachment to them than children who had less contact
- children with higher levels of attachment to their parents had fewer behavioural problems, were less likely to take psychiatric medication, and were less likely to be termed 'developmentally delayed' than were children with lower levels of attachment.

There is evidence to support the notion that children placed at a later stage of their development are capable of forming an attached relationship with their new parents. Rushton, Mayes, Dance and Quinton (2003) studied a sample of 61 children aged between five and nine years who were newly placed in adoptive or long term foster families. Seventy three per cent of children were assessed as forming an attachment relationship with one or more of their new parents after 12 months in care.

Problematic patterns of attachment need to be considered in the development of contact schedules, especially in situations when contact can be potentially harmful for the child (Haight et al., 2003).

[5] Type D attachment disorder is a pattern of attachment in which infants show contradictory reactions (anxious and disoriented) to their caregiver after being reunited with the caregiver in the strange situation test (Main & Solomon, 1986).

For example, children demonstrating 'disorganised and disorientated' behaviours, characteristic of Type D attachment relationships, do not use their caregivers as a secure base. Haight et al., (2003) make specific recommendations for foster care policy and practice which acknowledge attachment issues in the management of contact:

- Medical consultation is needed to assess a child's neurological status in order to understand all of the factors impinging on a child's behaviour and to ensure that the necessary behavioural strategies can be employed.
- Children exhibiting Type D attachment symptoms require a thorough psychosocial assessment of their current situation including information about the child and family's experience in the foster care system and with visiting (Haight et al., 2003).

1.4 The purposes of contact[6]

The benefits of family contact are thought to be experienced by the child whether reunification is the identified goal of the case plan or not (Robson & Hudd, 1994). However, even if reunification is not the goal, there are other reasons to maintain contact with family members and significant others. The Maine Department of Human Services Practice Manual (2002) provides a list of some of these:

- to maintain, establish, and promote a mutually beneficial parent-child relationship
- to help a child manage any impact of being separated from his family and familiar environment
- for the child to maintain relationships with sibling(s), and other family members (or others who have a significant emotional relationship with the child) when appropriate
- to recognize that sibling relationships are separate and distinct. The Department recognises that visitation between siblings can be critical and encourages visits between siblings as long as these visits are not detrimental to a child's wellbeing
- to determine which (if any) extended family members (or other significant persons in the child's life) should visit the child, how they are important to the child, and if they provide a positive support for a child
- to provide an ongoing assessment opportunity of a parent's capacity to care for and protect his or her child and the parent's willingness and capacity to change the behaviors that caused the child to come into care
- to provide a teaching opportunity for parents to learn parenting skills, practice those skills, and receive feedback on their progress, as consistent with the Family Plan.

(Maine Department of Human Services, Child and Family Services Manual, 2002, s.V, E, C).

Neil and Howe (2004: 239) see the purpose of contact as helping children to meet three basic developmental needs – 'attaining good mental health (achieved in the context of a secure relationship with sensitive carers); resolving issues of loss and trauma; and achieving a strong sense of personal identity and genealogical connectedness'. These authors also state:

> For children to see and experience their two families working together for their good, recognising their respect for each other and their respective points of view, experiencing them getting along sends children a powerful message: that they, too, can have good and positive feelings for both sets of parents, both families.
>
> (Neil & Howe, 2004: 238)

[6] There are excellent brief summaries on contact for professionals (eg SCIE, 2004) and children (Argent, 2004).

Evidence in the literature widely supports the notion 'that the greater the contact, the more likely it is that the child returns home' (Richards, 1995: 43). Thus, as well as contributing to the overall emotional well being of the child, frequent contact is linked to reunification of child and family (Farmer, 1996; Hess, 2003). However, recent research emphasises that while contact is undoubtedly associated with reunification, it does not necessarily cause it (Wilson & Sinclair, 2004). The following factors, associated with an outcome of greater contact, should therefore be read with this in mind:

- family reunification (Barber & Delfabbro, 2002; Davis, Landsverk, Newton & Ganger, 1996; Fanshel & Shinn, 1978; Farmer, 1996; Hess & Proch, 1993; Proch & Howard, 1984; Warsh, Pine & Maluccio, 1994; Wilson & Sinclair, 2004)
- maintenance of long term attachments between children and families (Haight et al., 2003; Poulin, 1992; Wilson & Sinclair, 2004)
- short term placements are less likely to break down (Berridge & Cleaver, 1987: 21, cited in Masson, 1997: 225)
- shorter and fewer placements, discharge from care and contact after leaving care (Cantos et al., 1997; Cashmore & Paxman, 1996; Fanshel & Shinn, 1978; Milner, 1987)
- child psychosocial well being and child wishes (Cantos et al., 1997; Fanshel & Shinn, 1978; Mech, 1985; White, Albers & Bitonti, 1996; Wilson & Sinclair, 2004).

In a semi-longitudinal study over five years of 624 children in foster care (0-12 years of age), Fanshel and Shin (1978) found that in terms of meeting reunification goals, parental visiting was the best predictor of discharge from foster care.

Cashmore and Paxman (1996) in their research on young people leaving care, also highlight that the contact patterns established during care have a positive influence on transition out of care, particularly in terms of the level of contact maintained after care. Interviews with 45 young people, 12 months after discharge from care, revealed that of the 29 young people who had contact during care, 23 continued to have some form of contact with family members upon leaving care.

Constructive contact with parents, siblings, extended family members, school friends and professionals who are known to, and trusted by, the child, also collectively contributes to positive identity formation, a child's perception of security and stability and the development of resilience. In summary, 'the degree to which children and young people experience continuity [of relationships] and stability in care is probably the most important factor influencing outcome in out-of-home care' (Cashmore & Paxman, 1996:3).

In their study of 925 children (0-12 years) in foster care, Davis, Landsverk, Newton & Ganger (1996) found that 66% of children were reunited with their birth families and 34% remained in out-of-home care. Regression analysis of variables relevant to successful reunification showed that 'maternal visiting at the recommended level was the strongest predictor of reunification … indicating that a child visited by the mother as recommended was approximately 10 times more likely to be reunified' (Davis et al., 1996: 363).

> …most children whose fathers and mothers visited them were reunified, and that maternal visiting at the level recommended by the court was associated with a ten times greater likelihood of reunification. Notwithstanding the difficulty of interpreting correlational data of this kind, such findings do suggest that attention to the issue of parental visits deserves to be an indispensable component of alternative care case planning.
>
> (Davis, Landsverk, Newton & Ganger, 1996, cited in Barber et al., 2000: 6)

The authors advocate for 'stronger allocations of fiscal and professional resources to foster care practice in order to maximise the benefits inherent in parental visiting' (Davis et al., 1996: 381).

2. Policy, guidelines and legislation in the USA and UK

There are clear differences in child welfare policy between Australia and the USA and the UK in relation to permanency planning. The current trend in the USA[7] and the UK[8] involves the use of adoption as the preferred means of providing permanency for children in the substitute care system who are unable to return home (Maluccio, Abramczyk & Thomlison, 1996; Parkinson, 2003; Pecora, Whittaker, Maluccio & Barth, 2000, cited in Neil, Beek & Schofield, 2003). In Australia, however, long term foster care (and permanent care in Victoria[9]) is most commonly associated with 'permanency' (Parkinson, 2003). This means a great deal of caution needs to be exercised in extrapolating from US and UK research on contact in foster care as their studies often exclude the group of children for whom reunification is not the case plan.

2.1 United States of America

Hess (2003) consulted all US states about their contact policies for children in out-of-home care and found that there was a range in the level of guidance provided for workers. She developed 30 policy content areas as a check list for the purpose of the study. Her analysis found that there were only seven of these 30 areas[10] addressed by responding states. Frequency of visits (minimum only) was addressed by 70% of the states, with nine states suggesting weekly visits; six states biweekly; four states monthly visits; and the remaining seven states broadly recommending that visits should occur 'regularly' or as 'frequently as possible'.

For example, the Alabama guidelines state: 'Daily visits with the parent(s) and other family members(s) will be encouraged. At a minimum, the team will encourage weekly visits with the parents(s) if the permanency goal is for the child to return home' (Hess, 2003:7). However, as Hess comments, the extent to which agencies and government departments actually incorporate guidelines and policy directives into practice is an area for further research (Hess, 2003).

Another survey of social service agencies in the USA found that half of the states suggest a minimum of biweekly visits between children in out-of-home care and their families, while the remaining states have no standards at all. For example, the Californian manual of policies and procedures suggests that, in the reunification process, the social worker should arrange visits between parents or guardians not less than once per calendar month, unless the court allows for less frequent contact (Edwards, 2003).

The State of Maine provides a comprehensive set of recommendations (Maine Department of Human Services, *Child and Family Services Manual, 2002*, Section V.E). This is the most informative practice manual that can currently be located. The guidelines emphasise the importance of individual case planning, and advise that a sensitive and responsible assessment of the child's capacity and response to contact is required.

A document produced by the National Council of Juvenile and Family Court Judges (2000), *Protocol for making reasonable efforts to preserve families in drug related dependency cases*, reiterates the importance of maintaining regular contact and recommends daily visits between mothers and infants where reunification is the case plan (see also Edwards, 2003).

[7] *Adoption and Safe Families Act 1997*. In the USA, termination of parental rights is strongly advocated when parents have been deemed as not fulfilling their obligations to their children (O'Neill, 2000).

[8] *The Adoption Assistance and Child Welfare Act.*

[9] See *Children and Young Persons Act 1989*.

[10] These seven areas are: written visiting plans, documentation of the visiting plan in the case record, who may participate in visits, how frequently visits should occur, agency/caseworker responsibilities regarding visits, circumstances under which visits should/could be limited or terminated, where visits should or may occur.

A practice resource manual distributed in Iowa[11] has a section written by judges which outlines the importance of information about child development, the significance of sibling relationships and the centrality of contact during the reunification process. The links between reunification plans and contact are reinforced by Bayless et al., who state that in the absence of contact guidelines, agency policies effectively underpin practice:

> The degree to which visiting is an integral part of an agency's services reflects that agency's commitment to family reunification. The agency's written visiting policy, its placement practices and its resource management and development can support or inhibit visiting. Without unequivocal agency support in policy, practice, and resources, visiting services will depend solely on the commitment of individual caseworkers or on court orders.
>
> (Bayless et al., 1991, cited in Edwards, 2003: 9)

2.2 United Kingdom

The introduction of the *UK Children Act 1989* has actively promoted contact between children in out-of-home care and their families. However, the Act does not differentiate between children placed in short term care, where reunification is more likely, and children placed in long term care. In practice, frequency of visits is generally reduced once long term placement plans have been identified. In the absence of clear legal guidelines for contact, caseworkers in the UK are required to determine levels of contact according to individual case plans, and as a result, disparity and inconsistency exists between agency service providers (Neil, Beek & Schofield, 2003).

Parental responsibility is heightened under the *UK Children Act 1989*, with parents unable to 'divest themselves of the responsibility, except through the process of legal adoption. Hence the local authority will care for children on their parents' behalf until such time as the parents can resume their proper role' (Maluccio, Abramczyk & Thomlison, 1996: 289).

Cleaver (2000) explored the effects of legislative changes in the *UK Children Act 1989*, on the level of contact maintained between foster children and their families. She found that although the number of children in out-of-home care who experienced face to face contact (approximately 60%) has remained stable, the introduction of the *UK Children Act 1989* has resulted in a significant increase in the frequency of contact.

[11] The State of Iowa through its Court Improvement Program published a Resource Manual entitled Visitation Issues in Juvenile Court. The program was developed by the Iowa Supreme Court Select Committee, the Iowa Court Improvement Project, and the Seventh Judicial District Demonstration Project.

3. Issues relating to contact

Findings from research on contact generally support its benefits, not only for the goal of reunification, but also for integrating the past into the present and future when the child is in out-of-home care. The role of contact in the reunification process has been described as:

> Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection – from full reentry of the child into the family system to other forms of contact, such as visiting, that affirms the child's membership in the family.
>
> (Maluccio, Warsh & Pine, 1993: 6, cited in Williams, 1996: 464)

Caseworkers are encouraged to support the promotion of frequent contact through the case planning process and to facilitate it in practice. However, organisational constraints, together with a caseworker's knowledge of attachment, separation, identity and child development theories, shape the nature of intervention, which some writers believe fails to adequately 'help children deal with their separation experiences' (Williams, 1996: 463).

The remainder of this review is structured into subheadings according to specific issues which have been identified by Hess (2003) and Robson and Hudd (1994). Hess' analysis, which found that only seven of the 30 issues were addressed by more than half of responding US states, is reflected in the paucity of literature in many of these content areas. A survey of Australian State and Territory policies regarding contact was also conducted by the authors of this review – the results of this are similar to Hess' findings in that, with the exception of Western Australia, there are limited guidelines for professionals (see Appendix 'A' for reference to this material).

3.1 Written contact plans for parents, children and siblings

The importance of contact plans is identified in much of the organisational and research literature. For example, a Western Australian government document (WA DCD Executive Briefing Notes, 1995) underlines the desirability of contact arrangements being clearly linked to case management goals. This is also emphasised by others. For example, Maluccio et al. (1986) identified some of the issues which are important in the maintenance of contact between children in out-of-home care and their parents:

- development of a permanency plan (whether for reunification or long-term care)
- establishment of a schedule for contact
- assistance for birth parents to enhance their parenting and problem solving skills in order to address the reasons for children coming into care
- emotional support and guidance for children
- support and training for foster parents.

In their study of 925 children (0-12 years) in foster care, Davis, Landsverk, Newton and Ganger (1996) found that one of the predictors of lasting family reunification was the existence of reunification and other service plans relating both to contact and recommended support services for birth parents.

Hess (2003) also prescribes a list of areas that serve as a check list for inclusion in the case planning process:

- when a plan for visiting must be developed
- process of developing visiting plans
- content of visiting plans

- review and revision of visiting plans
- documentation of visiting.

However, the development of rigid contact plans is problematic as the plans have a tendency to persist (if not reviewed) and can influence long term contact between parent and child (Rowe & Lambert, in Milham et al., 1986). In addition, Hess cautions that contact loses much of its treatment capacity if not used 'flexibly in a carefully and continuously planned process' (Hess, 1988: 311).

Contact is dependent on available resources, case management initiatives, the skills and knowledge of the individual worker, the constraints of agency resources, and policy (Hess, 1988).

Written contact plans may also cover letters, phone calls, emails, photo exchange etc. The use of a life story book or diary as described by Warsh, Pine and Maluccio (1996) also serves as a means of communication between parties and is useful in maintaining emotional links and continuity between children and birth family members.

3.1.1 When a plan for contact must be developed

It is difficult to develop a sound contact plan until after an appropriate court order and case plan have been developed. This is hindered by long delays in the wider system. For example, in the UK, the amalgamation of courts which occurred with the introduction of the *UK Children Act 1989*, had the opposite effect upon waiting time than intended: the average length of time between the initial hearing and the making of a final order was 47 weeks, increased from 24 weeks in 1993. A significant number of children were found to have experienced more than two years of care proceedings (Beckett & McKeigue, 2003).

In research which examined cases where court proceedings took two years or more to reach a decision, a range of factors was found to contribute to the delay in proceedings. For example the use of interim orders appeared to be the chosen 'path of least resistance', and the authors 'were certainly struck, in most of these cases, by an apparent difficulty on the part of the courts and the professionals in coming to a conclusion' (Beckett & McKeigue, 2003: 37).

Uncertainty about their long term future is therefore a reality for many children placed in out-of-home care (Beckett & McKeigue, 2003). This underlines the importance of having a contact plan as early as possible after children have left the care of their parents.[12]

There is little Australian evidence available on the extent to which written case plans and contact plans exist. In their South Australian study of compliance with statutory requirements and practice standards, Gilbertson and Barber (2004) looked at a range of issues including the frequency of annual case reviews, children's participation in case plans, regular child health checks, social worker turnover, training, placement availability and parent-child contact. According to written practice standards, files for children in long term care are required to have a family contact plan. Only 49% of files had a family contact plan which was, however, an increase from 28% in 1999-2000, and a finding of 'plans not developed very often' during a 1998 workplace survey.

3.1.2 Development and content of contact plans where reunification is not the goal

The Victorian Department of Human Services Adoption and Permanent Care Procedures Manual (DHS, 2000) states that contact in out-of-home care should be approached in a flexible manner which serves the best interests of the child. Case planners and case workers are encouraged to investigate the following factors when developing a contact plan:

- family history and quality of relationship
- birth parents' attitudes towards case plan initiatives and placement

[12] DoCS staff commented that contact plans agreed to for the duration of an Interim Order may not necessarily meet requirements for Final Orders.

- age, needs and wishes of the child
- wishes of natural family members
- quality of contact
- management of contact
- review of contact as part of the case plan.

When the goals of intervention are yet to be determined, or remain unclear, contact plans still have an important role in case planning through options such as 'concurrent planning' in the USA and UK. This is a process which actively promotes the child returning to the birth family, while at the same time working to prevent placement drift through the concurrent development of plans for permanency in the foster family (Katz, 1996, 1999; Weinberg & Katz, 1998).

In this system, in which the carers' desire for permanency is openly acknowledged, birth parents participate in writing the child's service plan (a major part of which is a detailed plan for contact) and professional and peer support are provided to help carers with the difficult task of supporting the birth parents' plans for family preservation, while at the same time moving towards possible permanency (Katz, 1996).[13] Contact is promoted '*even with ambivalent or unresponsive parents*' (Katz, 1999: 80 italics in original), as active promotion of visiting is seen as assisting the assessment of the viability of reunification and shaping the case plan path towards reunification or alternative placement.

The process of developing contact plans requires collaboration between legal and child welfare professionals, parents and out-of-home caregivers.

The influence of courts and statutory authorities on the case planning process cannot be underestimated. A US study of 15 workers servicing 310 children, found that the courts 'fully determined the plan for frequency' (Hess & Proch, 1988: 314). In NSW, Barnados recommends that the court should be responsible for deciding levels of contact at the time of making a care order but that the decision should be regularly reviewed in response to a child's needs (2003).

Maintaining contact between a family and its absent members is a complex process, which demands considerable expertise and time from child welfare professionals. Decisions on contact should not be taken lightly, as the consequences of poorly managed contact can be distressing to all parties (Milham et al., 1986). The child's wider family and social context also need to be taken into account: 'Access and the problems of maintaining links between absent child and the family must take a wide and longitudinal perspective … the wider family or social and neighbourhood networks of children [are not] to be forgotten' (Milham et al., 1986: 96).

It is also important that children are consulted about decisions which affect them and that they are helped to understand case planning decisions (Mason & Gibson, 2004). Macaskill (2002) recommends that professionals who are developing contact plans:

- consult the child
- consider the barriers to contact
- analyse confidentiality risks
- help children to understand professional decisions about separation from siblings – if not addressed adequately further sibling contact will be negatively affected
- establish which adults should accompany the child to early contact meetings – consider development of attachment formation (Macaskill, 2002).

[13] Support to birth families must be 'relevant to the safety and protection of the child … adequate to meet the needs of the particular child and family … available and accessible to the family … and consistent and timely' (Weinberg and Katz, 1998: 11).

Bullock, Hosie, Little and Milham (1991: 86) highlight both the sensitivity and the skill that is required by case workers to manage and plan for contact between family members: '[case workers] need to overcome the parents' feelings of guilt, resentment and inadequacy that such meetings engender and to counteract the tendency for parents to meet such stress by reducing their visiting'.

3.1.3 Review and revision of case plans and contact plans

Review of case plans and contact plans (both for more and less contact with parents and extended family members) is a recurring recommendation in the literature (Beek & Schofield, 2004).

'Because it is an integral part of the service plan, the visit plan should change over time to reflect the parents' improving ability to care for their child safely and independently (Hess & Proch, 1993: 126). Milham et al., (1986) state that it is important to acknowledge that after six months in care, a change in the nature of placement occurs: 'voluntary participation of parents in the care process declines, ideals of shared care wither and care orders increase' (1986: 164).

In a longitudinal study conducted by Milham et al. (1986), 450 children placed in substitute care were tracked until they had either left care or remained in care for a period of two years. Follow up interviews were conducted with the child's social worker at six, 12 and 24 month intervals to examine the relationship between social work decisions, child-family patterns of contact and the child's adjustment to care.

Significant findings of the study for 222 children who remained in care after six months are:

- sixty per cent of the 222 who remained in care after six months were over 10 years of age and 45% were over 13 years
- reasons for these children remaining in care were mainly attributed to parental incapacity or indifference and contact between child and parents began to decline for 20% of the children who remained in care
- twenty per cent of the 222 had experienced placement breakdown or unexpected placement relocation. This was attributed to poor initial placements, behaviours displayed by adolescents or changing dynamics within the foster home, rather than issues pertaining to parent contact
- forty-nine per cent of the 222 children continued to experience restrictions for contact with specific adults, and 65% of the 222 who remained in care after six months endured non-specific restrictions inherently associated with contact facilitation such as distance and problematic accessibility of parents.

After 12 months in care:

- only 27 of the 222 children still in care had returned home and the majority of the 195 children remaining in care were adolescents over 11 years of age
- barriers to contact remained and parents were increasingly disinclined to visit.

For children who were in care for more than two years, there was greatly diminished contact between social workers and birth families. As Milham et al., state, 'restrictions on contact generally do not diminish… [and restrictions] set early tend to linger (1986: 165).

Milham et al., (1986) also found that changes occur over time in parent-child relationships and suggested that these dynamics have serious implications for policy and practice 'because the relationship between the mother and her child is closely related to the contact she chooses to make' (1986: 155). In contrast, Proch and Howard (1986), in their evaluation of the relationship between agency practices and parent-child contact patterns, found that parent-child contact in foster care is usually in accordance with visiting plans drawn up by caseworkers.

Gilbertson and Barber (2004) studied compliance with statutory requirements for annual case plan reviews in South Australia and found that in case file audits conducted 'in 1998, 1999/2000 and 2000/2001, a review had been conducted within the last 12 months in [only] 47%, 40% and 48% of cases, respectively' (2004: 39). Although the presence of written requirements and guidelines may increase compliance, achieving these standards was seen as being compromised by agency resource limitations and the consequent demand on child welfare professionals.

3.1.4 Observation and documentation of contact[14]

Hess and Proch (1993) state that as contact evokes strong emotions among family members, caseworkers must be able to evaluate and document participants' verbal and non verbal reactions to visits:

> The importance of carefully evaluating children's reactions to visits and interpreting these reactions cannot be overemphasized. Children's reactions that seem negative may actually indicate a strong and healthy attachment to parents… Given the importance of frequent interaction to the development and maintenance of attachment [Ainsworth et al., 1978; Bowlby, 1958, 1969; Fraiberg, 1977], decreasing visits when reunification is the goal may significantly harm the child and ultimately reduce the chances for a successful reunification.
>
> (Hess & Proch, 1993: 129)

Case planning reviews require 'accurate and descriptive documentation of visitation patterns and progress' (Wattenberg, 1997, cited in McMahon, 2000: 4). Flick (1999, cited in MacMahon, 2000) proposes that documented records of contact should include the following information:

- who participated and what took place
- the time the parent arrived and the length of the visit
- the interaction between the participants (eg level of affection)
- the extent to which the parent exercised his or her role (setting limits, disciplining the child, paying attention to the child)
- whether the case worker needed to intervene
- how parent and child separated
- what happened after the visit (parent's or child's reactions).

Data collected from contact supervision ultimately informs the case plan and courts and therefore has an important role to play in the decision-making processes. Some agencies provide pro forma data collection forms to assist caseworkers in the assessment and evaluation process (see Hess & Proch, 1993, 1988).

3.2 Partnership with birth relatives

As stated earlier in this review, research shows that an increased level of parental contact is associated with reunification, shorter periods of time in care and child well being (including perceptions of continuity and stability). Caseworker contact with birth parents is seen as an important factor in the determination of contact schedules (Barnardos, 2003; Cleaver, 2000; Hess & Proch, 1988; Macaskill, 2002; Thoburn, 1991; White, Albers & Bitonti, 1996). However, as Cleaver highlights, given the often adverse circumstances that characterise meetings between parents and professionals, partnership principles may not translate to practice. Indeed, Masson (1997) states that 'work to maintain links with parents is frequently displaced by other work, which is regarded as more pressing. Such approaches fail to recognise the difficulty that parents have in maintaining contact and the importance of the social worker's role' (1997: 227).

[14] See also Section 3.7 of this review.

In their research on parent involvement in the planning process, Sinclair and Grimshaw (1997) and Loar (1998) found that parent participation in case planning and other dimensions of the child's life is an important way of translating partnership principles into practice.

The principles of the *UK Children Act 1989* emphasise that 'the well-being of most children is likely to be associated with continued contact with important people from the past. It brings yet another challenge to professionals, parents and carers, to achieve what has been so clearly demonstrated by research as being in the interest of most children who cannot return home' (Thoburn, 1991: 335).

Sinclair and Grimshaw (1997) and Thoburn (1991) examined the extent to which the principle enshrined in the *UK Children Act 1989* of 'working in partnership with parents' is incorporated into practice. Underpinning this principle is the understanding that meaningful partnership requires providing parents with the opportunity to play an active role (including participation in the planning process) at all stages of the assessment into the child's circumstances. Thoburn, Lewis and Shemming (1995, cited in Sinclair & Grimshaw, 1997: 237) constructed a conceptual ladder of participation[15] which is used to interpret various levels of client participation in a service.

Parents tend to become less involved in their children's lives the longer the children remain in care (Cashmore & Paxman, 1996; Milham et al., 1986; Sinclair & Grimshaw, 1997). However, whether involvement or contact diminishes or not, the level of parental influence upon children's lives is significant and parental involvement in the planning process is a means by which familial links can be maintained. Regular review meetings for example, provide an opportunity for parental participation (which can be undertaken in a way which does not compromise the child's ability to be involved).

3.2.1 Participants in contact

Numerous researchers emphasise that siblings and extended family members should also be incorporated whenever possible into contact plans, but there is little research to guide how best this might be facilitated. Cleaver's study of 152 foster care files revealed that two thirds of children saw their mothers and nearly half had contact with siblings with whom they were not placed. Contact with birth fathers was less common than with birth mothers and, in the case of separated parents, contact with the birth father rarely occurred. Twenty per cent of children had contact with a grandparent, aunt or uncle (Cleaver, 2000).

Macaskill (2002) studied 106 children in long term foster care or adoption, and collected data that showed the extended family members with whom the children remained in contact (see Figure 2). The multiple contacts which children had with various family members highlights the potential complexity of managing structured extended family contact, especially when family members are geographically separated and/or there are divisions within the family.

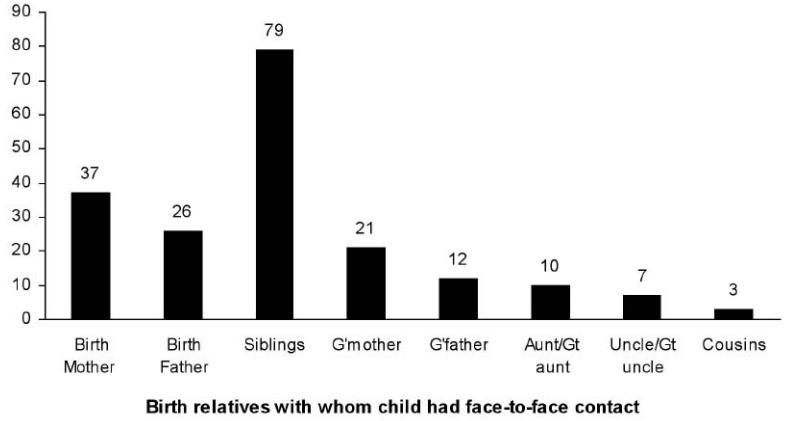

Figure 2: Contact in long term foster care and adoption
Source: Macaskill (2002: 14)

[15] The ladder of participation moves from clients actually participating in designing a service > consultation > being kept informed > being placated etc.

3.2.2 Kinship care and contact

Kinship care (care by relatives) covers a range of care options – relative foster care, custody guardianship and adoption. It is given a separate section in this review, because although it has similarities with other kinds of care, it also has marked differences. For example, the primary aims of contact as discussed earlier – maintaining ongoing relationships with birth family members are to some extent automatically fulfilled by kinship care, at least in relation to one part of a child's family.

Kinship networks are seen, and widely accepted, not only as a desired informal support system, but also as a way of addressing the unavailability of alternative care placements (Cohon, Hines, Cooper, Packman & Siggins, 2000; Gleeson, O'Donnell & Bonecutter, 1997).

However, there are undoubted complexities. Geen (2004: 141-143) reports that 'birth parents appear to be significantly less likely to complete case plan requirements for reunification when their children are placed with kin' and therefore 'children placed with kin are less likely to be reunified with their parents and are less likely to be adopted' and 'tend to remain in care significantly longer than children placed in non-kin foster care'. There is no comparable Australian research available on this issue.

This is regarded as a particular issue in situations where parents have substance abuse problems, as potential for reunification may be reduced. Perhaps less anxious about losing their child when care is provided by extended family members, birth parents with substance abuse issues may tend not to address treatment options. Also, ad hoc visiting arrangements can be detrimental to reunification and blur long term case planning goals in kinship care (Kovalesky, 2001).

In addition, Geen argues that the voluntary status of kinship carers isolates them from supports that might otherwise be available, such as professional supervision, access to community services and case planning initiatives that structure contact schedules (Geen, 2004).

The nature and frequency of contact in kinship care was researched by Cohon et al., (2000). Forty-five of the 58 caregivers who participated in the study were related to the mothers of the children in their care. For approximately 43% of the cases, contacts were usually 'drop in' or informal visits rather than formally planned contact. The very infrequent contact demonstrated by almost a third of the cohort was due to imprisonment or involvement with substance abuse or mental health treatment programs. Caregivers were reportedly ambivalent about the involvement of both birth mothers and birth fathers in the lives of the children.

The researchers found that contact with fathers was less than with mothers and that visiting patterns of birth fathers tended to be less predictable and to range from very frequent contact to not at all. For example, one paternal grandmother described her son as visiting 'four or five times per week', while other fathers made contact weekly, providing some basic necessities and considerable interaction during their visit. Thirteen fathers in the study visited three to four times per year and others once per month. In contrast, eighteen of fathers were not involved in any way, and five of the children had seen their fathers only once in their lifetime. A third of caregivers 'either did not know the biological fathers, or did not know their whereabouts' (Cohon, et al., 2000: 40).

Berrick (2000) concluded from research conducted in 1994 that kinship care encourages more contact than non-kinship care (Berrick, 2000). Figure 3 illustrates the difference between the two types of care in terms how much contact children had with their parents. Berrick, Barth and Needell (1994, cited in Berrick, 2000) reported that 56% of children in kinship care received at least monthly contact visits, compared with 32% of children in non-kin care.

Jackson (1996) articulated the need for 'a well-defined model for service delivery in kinship programs – one that provides a system of services to the child, biological parents, and relative caregiver as a union' (1996: 583), together with contracted visiting schedules to help clarify roles and boundaries. In the context of permanency planning, Jackson suggests a time-limited case plan which, in the USA especially, brings about either family reunification or adoption by relatives if at all possible (Jackson, 1996).

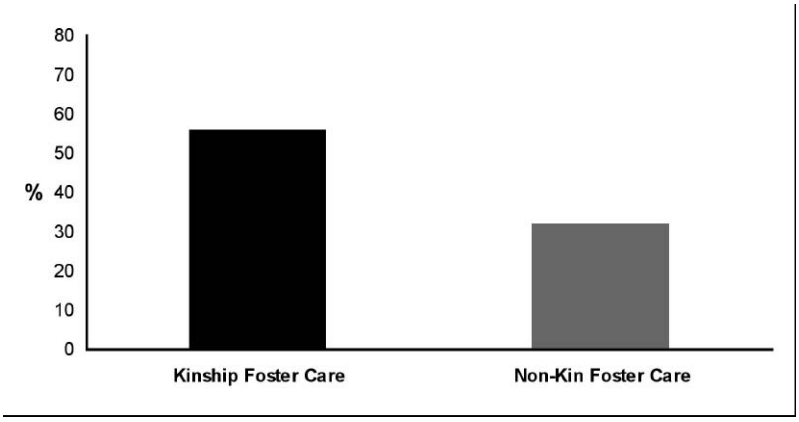

Figure 3: Children who had contact with birth parents more than once per month

Source: Berrick (2000: 129)

3.3 Frequency of contact

Establishing frequency of contact in a case plan or court order is influenced by multiple factors (Cherry, 1994):

1. the history of the parent-child relationship
2. parental motivation
3. parental responsiveness to child's needs and interests
4. parental ability to provide for the child's physical needs
5. child safety
6. geographical distance between parent and child
7. finances
8. the emotional impact of contact on the child
9. the child's or young person's wishes.

Barnardos staff (2003) also highlight the complexities of contact frequency in terms of achieving a balance between reunification and permanent alternative care:

> Where restoration is the goal, visits should be maximised, but for children in permanent out-of-home care, contact must be set at a level which does not interfere with a child or young person's growing attachment to their new family.
>
> (Barnardos, 2003: 1)

The State of Maine provides a comprehensive set of recommendations on contact (Maine Department of Human Services, *Child and Family Services Manual*, 2002). Inter alia, this document suggests that 'frequency of visitation should be based on the child's age and sense of time, not on adult schedules or convenience' (2002, Section V.H.1).

Hess (1988) found that all 15 caseworkers participating in her study identified the following eight key themes as relevant to the planning and implementation of contact frequency:

1. court orders and recommendations of others
2. agency and policy norms
3. agency resources
4. placement related considerations; foster parents' schedules, reactions, requests and cooperation

5. case goals, parental progress towards the case goals, and case phase
6. children's needs, requests and characteristics
7. parents' needs, requests and characteristics
8. the parent-child relationship and interactions.

The importance of the case plan was reinforced in the Hess study, as the recommended contact schedules contained within the case plan determined visiting patterns. Only on rare occasions did the case plans accommodate extra visits at the request of parents. However, despite parental persistence in some cases, no plans in the study provided for unlimited parent-child contact. Hess (1988) demonstrates the complexity associated with isolating 'frequency' from other contact characteristics:

> The study of frequency, as such, has obscured the wide variation in visiting arrangements across cases where frequency is the same. For example, while planned visit frequency may be once a week, it may be limited to a 15-minute period or may extend over the weekend, may occur in the agency closely supervised or unsupervised in the parent's home, and may include a range of participants. Thus, research findings concerning the relationship between frequency and both placement outcome and parent-child well-being must be carefully interpreted.
>
> (Hess, 1988: 324)

A further caution about emphasising frequency as a single variable is made by Cantos et al.:

> Children who are visited frequently are more likely to be discharged to their parents than those who are visited infrequently. Nevertheless, this does not argue for visiting having beneficial effects. It could be that those parents who are visiting frequently are better adjusted than those parents who visit less and are more likely to have their children returned home. The relationship between visiting and discharge may not be a causal one.
>
> (Cantos et al., 1997:311)

Children's views on contact frequency, reactions to visits and therapeutic needs, together with their chronological and developmental age, are factors which need to be incorporated into case planning decisions. Hess states: 'Because of the unique abilities and needs of each child, it is not possible to provide hard and fast age-related guidelines for visiting' (Hess & Proch, 1988: 27). Moreover, 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).

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. A week can pass quickly from the perspective of an adult, while a week for a child without birth family contact may seem much longer (Hess & Proch, 1988). However, as children grow older and mature, their memory increases, as does their capacity to understand their parents' patterns of attendance. Hess states:

> The child's age and sense of time, therefore, are primary considerations in planning frequency of visits … visits should occur at least weekly. For infants, toddlers and preschoolers, contact more often than weekly is warranted from the beginning of placement to decrease the child's sense of abandonment, to protect the parent-child attachment, and to assist the child in moving from one home to another (Hess & Proch, 1988: 28).

Similarly, a Scottish Social Services document *Parental Access to Children in Care or Under Supervision* (cited in Robson & Hudd, 1994: 16) suggests:

> The younger the child the more important it is to have frequent contact. For under seven year olds, contact has to be at least three times per week for it to be meaningful to the child. For teenagers, weekly contact may be adequate enough to sustain a parental relationship.

However, whatever the frequency or duration of contact, it is important that the arrangements should be reviewed regularly (Beek & Schofield, 2004).

3.3.1 Contact frequency: findings from research

In a South Australian study that audited a total of 298 case files, Gilbertson and Barber (2004) found that frequency of contact was increased by the introduction of a contact policy to agency practice, regardless of the level of adherence by practitioners to the recommended guidelines.

In the initial stages of a three year longitudinal study, Barber, Delfabbro, and Cooper (2000) compared non-Aboriginal (n=195) and Aboriginal children (n=38) who were in out-of-home care using a range of variables including planned degree of family contact. Statistical analysis measured frequency of planned visits on a six point scale from 1 = 'Never' to 6 = 'Daily or more often'. The mean scores between 2.71 and 3.61 'indicate that for those children who were to receive visits from birth parents, the visits were planned to occur somewhere between 2-3 times per month and once per week' (Barber et al., 2000: 7).

In 'roughly half of all cases, the alternative care case plan made provision for direct (face-to-face) contact between the child and the birth family while the child was in alternative care' (Barber et al., 2000: 8). Implications from the study (which did not focus on contact per se) suggest that when contact is built into the case plan, then it usually occurs. Consistent with other research, the authors associated increased frequency of contact with an increased likelihood of reunification and described regularity of parental visits as 'a reliable proxy for probability of reunification' (Barber et al., 2000: 10).

Drury-Hudson (1995) also conducted a study into the frequency of contact, interviewing 23 social workers about 221 cases in South Australia. Her findings (Table 2) show that the majority of children had contact once a month or more with their birth families, although the duration of monthly visits was almost half the duration of contact visits made on a quarterly basis.

Table 2: Hours of contact

Frequency	No. of cases	Total hours	Median (Hrs)	Average (Hrs)
Min. weekly	15	66	4	4.4
Fortnightly	14	35	2	2.5
Monthly	24	56.5	2	2.4
Quarterly	8	35	2	4.4
By parent/child request	14			
Unspecified	14			

Source: Drury-Hudson (1995: 19)

Edwards (2003) states: 'For parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship and to effectively document the parent's ongoing interest and involvement with the child' (2003: 4). A survey on contact orders was done with 20 Children's Court Model Judges in California (Edwards, 2003). The frequency of contact ordered by the judges as part of standard contact schedules for children placed in non-relative foster care, where reunification was still the goal, was less than that which judges would have preferred. Post survey discussion among the judges revealed that few were satisfied with the amount of contact offered by the courts in reunification cases and they explained this as being due to the welfare department not having the resources to provide more frequent contact (Edwards, 2003).

Table 3: Standard visitation orders made by Model Court Lead Judges in California

Frequency	Responses
One visit per week	9
Two visits per month	4
Two visits per week	3
One visit per month	2
Total	18

Source: derived from Edwards (2003)

3.3.2 Factors impeding and facilitating contact

In their review of relevant literature, Robson and Hudd (1994) identified a range of factors which impede and facilitate contact.

Table 4: Factors impeding and facilitating contact

Factors impeding contact	Factors facilitating contact
Contact plans not developed	Written detailed contact plans
Child's distressed or disturbed behaviour following contact	Agency and caseworker commitment to contact
Parents' own anxiety issues	Foster carers' commitment to contact
Caseworker's negative perceptions of parent's motivation	Preparation of and expectation of parents during contact by providing parents with information & support
Complexity of contact arrangements	Quantity & quality of contact activities
Lack of resources	Agency resources that facilitate contact: (Low and varied caseloads, placement resources, flexible hours, venue, financial assistance)

Source: derived from Robson and Hudd (1994)

Macaskill (2002) found that professional expectations about the degree of contact between foster children and adult birth relatives in long term placements were often unrealistically high. '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).

In situations where contact actually ceased, Cleaver (2000) also found that this was generally due to parent behaviour and desires, and not to resistance from carers. Cleaver identified the following range of issues which contributed to the lack of parental contact recorded in her study:

- a long history of social service concerns about the child
- two or more previous care episodes

- child subject to a care order
- poor attachment
- parental drug and alcohol misuse.

In their study of 450 children in out-of-home care, Milham, Bullock, Hosie and Haak (1986) found that a third of the cohort had specific restrictions, and two-thirds inherent barriers, to contact. Contact which was denied through imposed limitations (81% social worker imposed and 6% court imposed) sought to preserve the child's safety or placement stability. The inherent barriers involved the following issues (which were found to be experienced by parents more often than extended family members):

- distance and transport problems
- unwelcoming attitudes demonstrated by foster parents and residential staff
- health and financial issues faced by parents.

Planning for frequency of contact requires comprehensive assessment, with these barriers in mind, so that contact is manageable for all involved (Macaskill, 2002).

Some researchers argue that there are situations where parent-child contact may not be in the best interests of the child, nor 'always conducive to success' (Browne & Moloney, 2002: 36). For example, where:

- children may react badly to an impending visit, or behave badly after a visit
- parents make promises of reuniting the family that are unrealistic and cause older children unnecessary confusion
- the reinforcing of birth family ties may serve only to endanger the new and more positive bonds with the foster family.

(Browne & Moloney, 2002)

3.4 Contact roles

3.4.1 Case managers and caseworkers

Child welfare practitioners are central to the planning and facilitation of case plans and contact visits, contact agreements, and venues and transport (Cleaver, 2000; Gilbertson & Barber, 2004; Hess & Proch, 1988; Macaskill, 2002).[16] Macaskill (2002), whose research examined contact between children in long term foster care and adoption and their birth parents, found that birth families usually preferred to have caseworkers present at contact meetings, rather than making the arrangements themselves.

In short term foster placements where reunification is the goal, greater antagonism may be expressed by birth parents towards caseworkers facilitating mandatory contact requirements than in long term care arrangements (Mason & Gibson, 2004).

Proch and Howard (1986) found that decisions which were recorded in the contact plan were mostly followed by parents, a fact which highlights the importance of case plan and worker roles and responsibilities. For example, in the absence of plans for parent-child contact, contact occurred in only 52% of cases. In contrast, when plans existed for frequent parent child contact, then 60% of mothers visited monthly, and 68% of mothers whose case plan suggested more than monthly contact did so. Implications of these findings, 'emphasize the influence of worker practices on parental behavior' (sic) (Proch & Howard, 1986: 180).

[16] Nevertheless, there is a reported lack of confidence in caseworker assessments by courts, and an overestimation of psychiatrists' judgments, which tend to be regarded more highly as 'scientific' (Beckett & McKeigue, 2003).

3.4.2 Parental roles

Contact is enhanced when birth parents demonstrate cooperative attitudes and behaviours towards case plans. Neil and Howe (2004) provide a comprehensive list of birth parent characteristics which have been associated with both positive and negative contact; and explore the different variables associated with contact outcomes (see Appendix C).

The majority of children are placed due to parental actions or omissions that put them at grave risk, with reunification dependent on change in the parents' functioning. Visit planning gives specific attention to the situations that will promote and support that change. Visit arrangements, therefore, should vary somewhat depending upon the parents' behaviors that relate to the reason for placement (Hess & Proch, 1988: 37).

Robson and Hudd (1994) suggest that caseworkers should investigate why parents have been unable to meet their agreed responsibilities. In these situations if the problem cannot be addressed then modification of the contact schedule might alleviate the impact of recurring disappointments for the child.

3.4.3 Foster carer roles

Foster (and adoptive) parents are seen as integral to the maintenance of positive contact between children and their birth relatives. Neil and Howe (2004) provide a comprehensive list of the characteristics of adopters and foster carers which have been associated with both positive and negative contact; and explore the different variables associated with contact outcomes (see Appendix C).

'To achieve regular visitation and family preservation, foster parents need to have regular contact with both birth parents and caseworkers' (Erera, 1997: 518). In addition to agency support and protocols that facilitate contact, Simms and Bolden (1991) state that foster parent attitudes to contact have a significant influence on the child, as well as the way in which contact occurs. Simms and Bolden report that foster parents who were able to empathise with the child's emotional needs and to feel confident managing difficult behaviours had children with 'better adjustment patterns' (Walker, 1971, cited in Simms & Bolden, 1991: 687). In contrast, foster parents who were opposed to, or anxious about contact, had children 'with the greatest number of behavioral symptoms' (Gean, Gillmore & Dowler, 1985, cited in Simms & Bolden, 1991: 687). Obviously, this can be a two way relationship with a child's behavioural problems increasing foster carer anxiety about contact. Simms and Bolden's qualitative findings from discussions with foster parents in a support group are illuminating:

> Children often displayed behavioral difficulties associated with visits, but most foster parents recognized that the children longed to live with their biological parents and that the emotional ambivalence they experienced was expressed in aggressive behaviors.
>
> (Simms & Bolden, 1991: 685)

Concerns raised by these foster parents include distressing contact situations occurring in their home; case workers not consulting them; and lack of contact with case workers at times of crisis. Foster parents also felt that little time or effort was made to contribute to a smooth transition period for the child at the time of change between foster homes or at the time of reunification with birth parents (Simms & Bolden, 1991). In Wilson and Sinclair's (2004) longitudinal UK study of 596 children, foster parents reported that, although most children wanted contact with their birth families, six out of 10 children found it distressing.

Supporting foster parents to cope with the complex behaviours demonstrated by children in their care, is an important issue for policy and practice (Erera, 1997). Maluccio et al., state: 'when foster parents understand their role in the permanency planning process, they are better able to help children with visiting' (Maluccio et al., 1986: 166). Foster parents have an important role to play in making contact possible and are often required to take on tasks which place extra strain on their own families:

- helping prepare children for visits
- comforting, reassuring and talking with children after a visit

- providing transport to and from visits
- allowing visits to take place in their homes
- building birth parents' confidence and supporting their efforts to change by accepting them and treating them with respect
- modeling healthy parent-child interaction and teaching child care to birth parents;
- providing information and serving as a link to the case worker
- monitoring visits. (McMahon, 2000)

Sanchirico and Jablonka (2000) surveyed 560 foster parents who had at least one foster child placed with them and for whom parent-child contact was part of the case plan. Table 5 shows the level of foster parent involvement in their role of supporting birth-parent contact.

Table 5: Activities that foster parents performed to keep foster children connected to their biological parents.

Activity	Per cent
Take child for visits to family	77.2
Encourage phone calls with parents, siblings, relatives	63.2
Provide supervised visitation	51.3
Involve family in celebrating birthdays, holidays	47.5
Invite family to visit in your home	35.0
Involve family in shared decision making	33.3
Other activities to help child stay connected with family	8.9

Source: Sanchirico & Jablonka (2000: 195)

The hypothesis that more specialised training and ongoing support for foster parents would increase their involvement in the parent-child contact process, was supported by the results of the study. Participants who received training and support engaged in significantly more activities encouraging contact than participants who did not receive training or support (Sanchirico & Jablonka, 2000).

Comparing contact procedures in foster care and adoption in the UK, Neil, Beek and Schofield (2003) in their study of 168 children also highlight the importance of foster parents' role in the facilitation of contact. Unsurprisingly, they found that children placed in foster care had much more face-to-face contact with birth relatives than children who were adopted. The case planning rationale for this argued that adopted children were placed at a younger age than children in foster care, that they were subsequently too young to maintain meaningful relationships with birth family members and could develop a positive sense of identity without direct contact. In contrast, the older age of the foster children at the time of placement, and recommendations in the *UK Children Act 1989* which promote contact, contributed to frequent face-to-face contact for children in foster care. However, 'although the underlying reason for contact in foster care was to sustain significant relationships from the past, there was uncertainty about the frequency that was necessary to achieve this' (Neil, Beek & Schofield, 2003: 409).

Despite these differences, the role of adoptive and foster parents was found to be equally important in terms of 'helping the children use contact meetings to make sense of their membership of two families' (Neil, Beek & Schofield, 2003: 401).

Thoburn's (2004) longitudinal study of 297 children from minority ethnic backgrounds in long term foster care and adoption, found that contact is particularly important when children are placed transracially and that black carers seemed to be especially committed to facilitating contact with birth families.

An area of increasing concern is the impact of contact on foster carers, especially when they have several children in their care, and the frequency of contact is disruptive and intrusive on family life. There is no research to date on the impact of this on recruitment and retention of foster carers but anecdotal evidence indicates that it is a significant factor associated with the decrease in the number of caregivers.

3.5 Where contact occurs

Contact can occur in a range of locations: where the child is living; in the parental home; in a public place or in an agency setting. Variation in the experience of contact and the outcome of visits is in part attributed to 'the social and physical context in which visiting occurs' and should take place in homelike settings to replicate environments where 'attachment relationships would normally develop'.[17] However, plans for a homelike environment are often compromised by impersonal settings 'under the watchful eye of foster parents, caseworkers, or other outsiders' (Haight et al., 2003:196).

Other research concurs with this. For example, Leathers (2002), studied 230 children aged 12 and 13 years who were placed in foster care and consistent with other research findings found that maternal contact is strongly associated with family reunification. Leathers also 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).

Types of placement and reasons for coming into care are also shown to have an influence on the level of contact. For example Bilson and Barker (1995) focused their study on the implementation of the *UK Children Act 1989* which requires local authorities to 'allow the child reasonable contact with his parents (*UK Children Act 1989* s.34 (1a). Based on a sample of 848 children who were placed in various types of care such as foster care (43%), with relatives (10%), adoption (9%) or in residential community homes (38%), research showed that:

- two thirds (67%) of the children in residential care had regular contact with a birth parent and only 15% had no contact
- less than half (45%) of the children placed in foster care had regular contact and 40% had no contact (Bilson & Barker, 1995).

These differences were not associated by the authors with reasons for coming into care per se, but rather attributed to the difference between institutional settings (which were more likely to comply with contact schedules) and home based settings.

In another study, the promotion of contact in a foster home was less likely than in a group residential home; because birth parents generally found it difficult to visit the foster parents' home and foster parents 'do not always welcome the intrusion that contact involves' (Masson, 1997: 225). In a similar vein, Milham et al. (1986) found that children in residential placements were generally happier and functioned better as a result of parental contact than foster home family situations, where contact with parents caused evidence of stress in children and tension with caregivers.

Simms and Bolden (1991) conducted a survey of 70 preschool age foster children, 63% of whom had contact with their parents. After 12 months, 41% of the children who had regular contact with their parents returned home, compared with only 8% of children who did not have regular contact. While

[17] Other researchers also emphasise the need for a homelike setting (see Mason & Gibson, 2004).

this correlation between contact and reunification is consistent with other studies, it is worth noting that 80% of the visits in this particular study took place in the foster home. However, Simms and Bolden (1991) report that many of the foster parents complained about the visits in their homes and described the visits as 'disruptive and distressing for themselves and the children' (1991: 680).

3.5.1 Contact centres

The Australian Standards for Children's Supervised Contact Services[18] promote the provision of contact centres to maximise family contact when supervision is required (2000). These are used particularly in relation to Family Court cases. Apart from the need for supervision, contact centres potentially offer therapeutic benefits to birth families. For example, 'family contact is generally at its highest level during the period between removal and final court orders being made. Caseworkers are often focused on gathering evidence to support their court action … [and] may not be focused on strengths of birth families' (NSW Tweed Heads Business Case, 2004: 5).

In a UK study of 152 case work files, Cleaver (2000) found that half the sample had contact either in the foster home (23%) or parent's home (24%), while 38% used neutral venues such as child care centres or family centres when supervision was required. Departmental offices were generally highly unpopular as a choice of venue because of the impersonal environment, lack of privacy and presence of caseworkers.

Simms and Bolden (1991) evaluated a pilot project that was developed to provide contact facilities in a neutral, nurturing and educational environment. The project included a group work service and therapeutic activities that aimed to educate and support all parties involved about the significance of contact. Findings of the evaluation highlighted the complexity of the reunification process and emphasised that contact is only one aspect of a holistic case plan: 'The current failure rate of families that are reunified indicates that success is not a simple matter of desire and good attendance at visits' (Simms & Bolden, 1991: 689).

At Tweed Heads in New South Wales, the Department of Community Services has established a family contact service which is designed to promote contact in a relaxed and safe way, giving parents an opportunity to learn to interact with their children (NSW DoCS, 2004). During 2002-03, three staff supervised 3,700 hours of family contact in a cost effective response to the growing demand to provide contact supervision. The pilot phase evaluation recommended that a non government organisation operate the service[19] to minimise the potential conflict of interest between participating parties in the case plans and to optimise the use of the centre.

Gordon Care for Children (2000) and the Barwon Region Department of Human Services in Victoria are also in the early stages of developing family contact centres in response to the growing need to facilitate and supervise parent-child contact.

3.6 How soon after placement should contact occur?

'Contact needs to commence as quickly as possible to reduce the child's sense of abandonment, loss and anxiety' (Robson & Hudd, 1994: 21). Contact should include siblings (Macaskill, 2002) and other family members (Mason & Gibson, 2004).

Macaskill (2002) states that some case workers might prefer to trial proposed contact plans before signing any formal agreements between parties. However, Macaskill's interviews with children show that failing to commit to a plan early on in the placement contributes to their uncertainty and anxiety. Her findings suggest that it is better to draft a tentative agreement early on in the placement, with a general understanding that change may occur later.

[18] Australian Children's Contact Services Association Interim Standards for Children's Contact Services ACCSA (Formerly ANZAACS).

[19] A non-government organisation is now operating the service.

Hess' (2003) policy analysis found that of 37 states in the US participating in her study, 16 states stipulated that visits must commence within the first month of placement, and seven states required that visits must occur within the first week. For example:

> 1c. Within three working days of placement, the following should be done: unless contrary to the welfare of the child, arrange at least one [caseworker] visit with the child and one visit between the child and parents, siblings, or other significant adults to be held during the first week of placement. (South Carolina)
>
> 2a. A child placed in foster care usually needs to see his family immediately after placement, due to his feelings of abandonment and loss. The child needs reassurance that his parents have not disappeared. The visit shall be held within five days of placement, except in special circumstances. (Louisiana)
>
> (Hess, 2003: 13)

3.7 Supervision of contact

Robson and Hudd (1994: 35) preface a list of recommendations for situations where supervision is necessary for contact, with a reminder that nothing is static and case plans are in need of ongoing review: 'Given the intrusive nature and the high resource demands that supervision requires, supervision must be reviewed on a regular basis'. They state that supervision of contact is usually required under the following circumstances:

> 1. where there are court orders specifying supervision of contact
> 2. any indication that the parents may try to abduct the child
> 3. reasons related to why the child was initially placed in care and which are of continuing concern (e.g. in a case of sexual abuse there may need to be protection from further abuse or to stop the perpetrator exerting pressure if a court case is due to be heard)
> 4. parental inability to relate adequately and appropriately. This ought to be considered in instances such as mental disorders or severe intellectual disablement is evident and has shown to be a problem in the parent relating to their child
> 5. where parents request supervision
> 6. where the child requests supervision because they are fearful or anxious.
>
> (Robson & Hudd, 1994: 35)

Haight et al., (2001) found that some families may benefit from an unobtrusive supervisor as they work toward increased privacy in their visits, or conversely that ongoing contact in the absence of active clinical support during contact visits may be harmful to the parent-child relationship and the general wellbeing of others.

Due to the complex nature of contact relationships … 'the availability of an intermediary to intervene when difficulties occurred had a positive impact on the continuation of contact' (Macaskill, 2002:134). Macaskill suggests that lateral thinking is necessary to meet contact supervision needs – one way of doing this, for example, would be to train different groups of professionals such as teachers or clergy, as well as professionals within culturally and linguistically diverse (CALD) communities in this role.

For example, a Melbourne based residential service[20] for alcohol and other drug rehabilitation accommodates young mothers and also acts as a visiting centre for parents and their children on contact orders. Caseworkers and child care staff have first hand knowledge of individuals, gained through providing intensive support for program participants. Professionals with this kind of expertise may be appropriate to work in collaboration with child welfare agencies offering supervision.

[20] Bridgehaven is a residential rehabilitation program providing medium term supported accommodation for women with alcohol and other drug addictions and their dependent children. (Salvation Army Service brochure).

Banks (1995) questions the ethics and validity of using contact as a means to assess parental involvement and interest in the child. 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). While this view is echoed by other researchers and practitioners (Budd, 2001; Epstein et al., 1983), there is little research available in relation to the advantages and disadvantages of supervised contact.

3.8 Contact activities

Given the role of case planning in designing and facilitating contact schedules, case workers are often required to devise visiting activities that match family needs. However, Loar (1998) states that many contact plans mistakenly assume that parents:

- know how to play with their child, and that a safe site is all that is required for a visiting plan
- know how to talk politely with their child, and that verbal abuse is related to stress
- know how to use toys to play together with their child
- know how to enjoy their child's company
- have leisure and recreational skills independent of drugs, alcohol, sex, danger, and violence
- understand what their child goes through if they don't show up for the visit
- can separate from the visit their frustration, shame, and humiliation about the child's removal from them
- can read to the child, and can read and understand court reports, contracts, priorities, major and minor requirements.

(Loar, 1998: 47)

Loar also states: 'by failing to take into account the true ability level of many parents, caseworkers minimize the deficits of their clients and the impact of these deficits on developing children, and preclude any significant improvement in parent-child interaction … Parents often have unrealistic notions about how long a child should be expected to engage in an activity' (Loar, 1998: 47, 53).

Haight et al., (2001) state: 'A central goal of visiting is to support the parent-child relationship (p. 337) … yet existing empirical research suggests that, too often, visits fall short of meeting their critical goals' (p. 325). This research involved video recordings of nine mothers interacting with their children ranging in age from two to four years who had been in foster care for between one and 12 months. The characteristics of mothers participating in the study were varied; however, four mothers were incarcerated and all children were in care due to abuse and/or neglect. Eight mothers and their children were scheduled for one to two hours of supervised contact per week, and two received four hours of unsupervised visits per week (Haight et al., 2001).

Family reunification was the primary goal for all children in the study and visits were conducted in a neutral environment at the local mental health centre, where a variety of toys and musical instruments were available for use. All mothers engaged in various kinds of play during the interaction, and six mothers participated in caretaking activities with their children such as combing hair, toileting, and feeding. Most parents interacted with their children for most of the contact period. Haight et al. make the following recommendations:

- parents would benefit from increased caseworker support and strategies for the end of the visit, a time which is stressful for both parent and child
- contact time could be used for modeling positive parental behaviour
- individualised case plans need to accommodate different kinds of family support needs

- an emotionally supportive environment promotes interactive and sustained, mutually involved activities. The authors believe that the positive interactions observed in the study would almost certainly not have occurred in a less resourced facility or amid the stressors and reality of everyday parenting.

(Haight et al., 2001)

Teaching basic parenting skills is designed to avoid unrealistic expectations that parents have of their child's ability. For example with regard to toileting, teaching parents that toddlers are physically unable to control their bladders until a certain age may modify parental anxiety and frustration around the issue. However, there are also other comparatively mundane routine activities which allow the parent to complete household responsibilities such as cleaning and shopping, and enable the parent and child to learn to be with each other again (Loar, 1998).

Hess and Proch (1988: 34) have devised a range of suggested activities for contact which are both practical and based on the developmental stages of the child (see Appendix B).

3.9 Contact duration

Hess' (2003) policy analysis found that only four out of 37 respondent states in a US study had a documented view regarding contact duration. These responses can be summarised as follows:

- initial visits of short duration, one to two hours, allow parents to experience small successes … successful unsupervised day long, overnight and weekend visits are completed prior to planning for the return home
- contact between the child and his/her family should increase in frequency and duration as the goal of reuniting the family is approached.

3.10 Contact in specific situations

3.10.1 Parental imprisonment

There is very little guidance from the literature in this area. For example, there is only one state in the US (South Carolina) with a policy around contact with incarcerated parents – this stipulates that 'visitation may be discontinued only when the court sanctions this step' (Hess, 2003: 15).

Hess and Proch (1988) recommend that contact should proceed when a parent is incarcerated in an institution, especially if reunification is the case plan goal. However, depending on the reason for imprisonment (such as abuse of the child), assessment is required to establish the potential or anticipated impact of contact upon the child.

Caseworkers[21] should prepare the child prior to the visits and undertake preparatory work to ensure a smooth process. For example, they should check with prison staff about visiting hours, the number of people allowed to visit at a time, whether physical contact is allowed, the length of the anticipated visit and other general criteria governing prison visits (Hess & Proch, 1988).

3.10.2 Sexual abuse and domestic violence

In situations where the reason for coming into care is associated with alleged sexual abuse or domestic violence, supervision is required to ensure the child's safety. Research undertaken by both Macaskill (2002) and Selwyn (2004) illustrates the danger of not providing supervised contact visits, as both of these studies found that children had been further abused in unsupervised contact.

[21] Hess and Proch (1988) acknowledge that caseworkers may feel anxious about entering a prison, but state that this must be balanced with the importance of preserving parent-child contact.

The US state of Maine emphasises the need for specialist assessment in each case, in addition to maintaining supervision during contact:

> In sexual abuse cases visits between the abuser and a child should not commence unless the therapist for the child recommends that visits would help the child in the healing process and the therapist for the offender believes the visit would be therapeutically beneficial. It is preferable for these visits to occur with the child's therapist or that a person is present in the visit whom the child has a supportive relationship with.
>
> (Maine Department of Human Services, *Child and Family Services Manual*, 2002: s E.2)

The psychological safety of the child is also promoted in the state of Maine policy manual section on domestic violence:

> Domestic violence cases are complex and can affect children in a profound way on an emotional level even if they are not physically harmed. In planning visits one needs to take into account the child's need and desire to see both parents as well as the child's view of each parent. Parents from homes where domestic violence occurred will not visit the child together until such a time that intervention and treatment specialists determine such visits pose no threat to any family member. When domestic violence is present in a family situation in combination with other forms of abuse, the impact on a child can be severe. An assessment of the situation needs to take into consideration that the child's experience of the domestic violence could significantly differ from what the adult(s) experienced.
>
> (Maine Department of Human Services, *Child and Family Services Manual*, 2002: s.E.2)

Restrictions on contact, and the consequences of these, are not well covered in the literature. However, one longitudinal UK study covers this area. Restrictions on contact in situations where the child had not been abused were not found to influence the incidence of placement disruptions. However, when the child had been abused prior to coming into care, 31% of placements disrupted when there was no prohibition on contact, compared with only 12% of placements where contact was restricted (Wilson & Sinclair, 2004).

Howe and Steele (2004: 220) provide a useful summary on the issue of contact when a child has been abused:

- permanently placed children who have suffered severe maltreatment may be re-traumatised when they have contact with the maltreating parent
- children may therefore experience the permanent carers as unable to protect them and keep them safe. This will interfere with the child's ability to develop a secure attachment with their new carers
- severely maltreated children who feel unsafe and insecure will continue to employ extreme psychological measures of defence which may lead to a variety of aggressive, controlling and distancing behaviours. These behaviours place great strains on the carer-child relationship and increase the risk of placement breakdown
- in contact cases where children suffer re-traumatisation, the need to make the child feel safe, protected and secure becomes the priority. Contact in the medium term would therefore not be indicated. This decision does not rule out the possibility of some form of contact at a later date, but this will depend upon whether or not the child has achieved levels of resilience … that will equip them to deal with the emotional arousal that renewed contact with a once traumatising parent will initially trigger.

3.10.3 Substance abuse

The issue of parental substance abuse 'has increasingly become a significant factor in the placement of children in out-of-home care' (Kovalesky, 2001: 750). Kovalesky highlights the limited amount of available literature regarding the impact of substance abuse on parent-child contact arrangements, and suggests that an increase in knowledge would lead to greater understanding as to why some parents are not able to maintain frequent visiting patterns.

Evidence from a range of national studies conducted in the US suggests that 40 to 80 per cent of all confirmed neglect and maltreatment cases involve substance abuse (Wingfield, Klempner & Pizzigati, 2000, cited in Karoll & Poertner, 2002: 251). In Victoria, the Department of Human Services (DHS) undertook an evaluation of children in their child protection system (Vic DHS, 2002). The study found that the key issues for many families involved in the child protection system – low incomes, sole parent families, substance abuse and mental health issues – were complex and chronic. 'Analysis of parental characteristics shows that about a third of parents have problems with alcohol abuse; a third have substance abuse problems; 19% have a psychiatric disability; and more than half have experienced family violence' (Vic DHS, 2002: 2).

'Parental substance abuse makes it more difficult to make timely decisions that protect foster children and provide them with stable homes' (USGAO, 1998: 4). Case planning for contact schedules and family reunification adds to the complexity of the multiple issues already faced by mothers affected by substance abuse. Children's Court judges in one study (Karoll & Poertner, 2002) identified 97 indicators for consideration in the decision making process. Regular and frequent contact was included as a parenting variable, and was seen as indicative of parent ability and motivation to become re-connected with their child. Karoll and Poertner concluded their research with recommendations for judicial and support processes: greater understanding of the complexities, treatment and recovery stages of treating substance disorders.

When a parent is alcohol or drug dependent, a therapeutic approach that addresses the child's social and emotional development needs to be incorporated into the case management plan. For example, when parents are receiving treatment for substance abuse issues, contact may need to be professionally supervised or alternatively suspended during the early stages of treatment to ensure that the children's sense of safety and developmental needs are met (Haight et al., 2002).

Fifteen women who had lost custody of their children due to substance misuse participated in the Kovalesky (2001) study which identified five primary factors found to influence contact:

1. the mother's drug use and health status
2. the effects of the visits on the child
3. transport issues
4. timing and venue issues
5. support for the visits by others (eg foster parents) involved in the reunification plans.

The availability of treatment for parents of children in out-of-home care is an important factor in relation to contact and reunification. The population in Kovalesky's study illustrates the complexities associated with substance dependency: 'the visits themselves can elicit such strong emotional responses regarding the custody loss that a relapse can occur following a visit, jeopardizing future visits' (Kovalesky, 2001: 663). However, even if substance use could be managed through treatment programs, other issues such as homelessness, ill health, or warrants from the past were also found to negatively impact on regular and frequent visits.

The complexity of this area is further highlighted by Haight et al., (2002), who found that mandated requirements to participate in rehabilitation services were viewed by parents as a necessary demonstration of motivation for reunification, rather than a process which was worthwhile in itself.

4. Perspectives of children and young people, parents, caregivers and caseworkers

The subjective experiences of birth parents, foster parents and caseworkers regarding contact are overlooked in much of the research (Haight et al., 2002). This is even more so in relation to children and young people themselves. Australian research conducted by Mason and Gibson (2004) examined the views of caseworkers, birth parents and young people who had experience of being placed in out-of-home care. Individual interviews and focus groups explored the experiences of 47 children and young people in care; 10 birth parents (including two fathers); 34 carers; 20 caseworkers and four senior managers, all of whom were associated with the Burnside Uniting Care Program.[22] A key finding was that children and young people wanted more involvement in the decision making and case planning process. This is consistent with other research (Cashmore & Paxman, 1996; Cleaver, 2000; Create, 2001).

The importance of connections and continuity for children maintained through contact with birth families was strongly acknowledged by all participant groups in the Mason and Gibson (2004) study.

Birth parents made many comments about the purpose, frequency and quality of contact:

- I would like more contact knowing that they are staying there. Whereas I think that they work it that if they stay there you get less contact… I would prefer more contact knowing they are going to keep them forever…
- I think there are time limits too, like you know when you see kids, like I used to get mine for a couple of hours, three hours. And they used to say, that was because they are young and they will get tired and all that sort of stuff. I applied to now have a six hour access as well because my kids are older, so I want to see them for that extended time. You cannot do enough and see them enough in two hours...
- It is going to be Christmas before I get to see him and they have offered me an extra one (visit) over Christmas. Well whoopee I get to see him twice in eight weeks. You know like isn't it eight weeks that they have off over Christmas or something like that? You know like, I used to get to see him once a month. Why can't I get more than that over Christmas?
- Now B is missing out on seeing the grandparents which shouldn't happen, the grandparents should be still seeing him. They shouldn't just wipe him because of the father doing those wrong things. They need to be kept in contact with the whole family.

(Mason & Gibson, 2004: 40)

Milham et al. (1986) found that distress for parents was not due to the designated frequency or restrictions placed upon contact, but rather the limitations placed on parents and children managing visits and interactions in their own way.

Mason and Gibson state that foster parents generally recognise and support the need for children maintaining contact with birth parents and understand that these needs vary for each child and will invariably change over time (Mason & Gibson, 2004).

> All research participant groups agree on the importance of birth family to children. Children highlight the complexity of such relationships to a greater extent than the adult groups. Adult groups do not necessarily recognise that children need autonomy in deciding 'where they are at' in these relationships. Both carers and birth parents highlight the practical difficulties of arranging contact that works for all groups.
>
> (Mason & Gibson, 2004: 68)

Case workers also acknowledged that contact 'is very important to kids and you find that when they have access, then they are generally more stable in their placement' (Mason & Gibson, 2004: 53).

[22] Burnside's Foster Care Program provides both short-term term and long term placements for children, 0-12 years, who have been removed from their families by the NSW Department of Community Services.

5. Areas identified for further research

Most of the research to date has only examined a limited number of factors (eg frequency of contact and reunification outcomes). This type of research is of limited value. Davis et al., (1996) predict that future studies about reunification and contact 'are likely to produce incomplete findings as long as they do not take sufficient account of the highly complex *interaction* among child, biological and foster parent, service, and court variables underlying parental visiting patterns and outcomes' (Davis et al., 1996: 381, italics in original).

There are major gaps which can be identified as priorities for further research:

1) Long term outcomes of contact

Neil, Beek and Schofield (2003: 404) state that 'research into the long-term outcomes of different types of contact, especially developmental outcomes for the child, is limited, methodologically challenging and can be ideologically driven'. This is a major priority in research and would be best undertaken in a multi-site study across different Australian jurisdictions.

2) Meaning and nature of contact

Harris and Lindsey, UK mental health professionals who advise Courts on contact, articulate the need 'for longitudinal research that will follow children, their carers and birth parents, from the point of accommodation or reception into care, and examine their experience of contact at various points of time' (Harris & Lindsey, 2002: 148). Similarly, Haight et al., (2001) have acknowledged the need for research on contact 'quality' – the relationship and interactions between children and birth family members during contact.

3) Potential for therapeutic intervention in supervised contact

A high level of resources is going into supervised contact but little attention has been paid to the therapeutic potential that this might represent to strengthen the parent-child relationship. A number of innovative developments are emerging and it would be helpful to have an audit of 'best practice' initiatives currently occurring in Australia. Evaluations of these models or assessment of their capacity to be introduced in other places is an important priority.

4) Significance of contact in securing and sustaining long term placements

There is growing concern about the difficulty of recruiting and retaining carers (foster care, permanent care and adoption families) for children who are unable to be reunited with their families or be cared for on a permanent basis within their extended family. A study on prospective applicants could determine the degree to which frequent contact constitutes a disincentive to these families offering a home to a child. A prospective study investigating the degree to which contact may be a factor in the breakdown of long term placements would also be valuable.

5) Significance of contact in kinship care in relation to reunification

Further research is needed to determine how contact relates to reunification in kinship care, and what support may be useful to increase reunification and to reduce kinship care breakdown which results in children coming back into State care.

6) Contact with siblings

There is very little research on sibling contact and how relationships between siblings can be best sustained when children are in care.

7) Guidelines for contact

There is a need for research on the extent to which contact guidelines are incorporated into practice and how this is best done.

6. Conclusion

Contact between children in care and their relatives is of vital significance. There are few decisions which can have such far-reaching consequences on the lives of birth children and their families than those relating to contact. There is therefore a moral obligation to base these decisions on the best available evidence. Rigorous and comprehensive research on contact needs to be given high priority by governments responsible for the wellbeing of children in out-of-home care.

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Appendix A: Policies, guidelines and standards on contact in Australia

Australian Capital Territory

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New South Wales

NSW is the only State with legislative provisions for contact. In addition to legislative provision found in section 86 of the *NSW Children and Young Persons (Care and Protection) Act 1998*, two documents were sourced through the Department of Community Services website. In addition, the report on the Family Visitation Service Project has useful information.

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New South Wales Department of Community Services (2004) *Family Visitation Service Project (Tweed Heads)*: Business Case. Personal copy issued by DoCS

Northern Territory

Not available

Queensland

Not available

South Australia

Layton, R. Q. (2003). *The Report of the Review of Child Protection in South Australia - Our Best Investment: A State Plan to Protect and Advance the Interests of Children*. Retrieved August 5, 2004, from http://www.dfc.sa.gov.au/childprotectionreview/cpr-report.asp

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Appendix B: Developmentally related visit activities

Age (years)	Developmental Tasks Visit Activities	Developmentally Related
Infancy (0-2)	Develop primary attachment	Meet basic needs (feeding, changing, holding, cuddling)
	Develop object permanence	Play peek-a-boo games
	Basic motor development (sit, reach, stand, crawl, walk)	Help with standing, walking, etc., by holding hand, play 'come to me' games
	Word recognition	Name objects, repeat name games, read picture books
	Begin exploration and mastery of the environment	Encourage exploration; take walks; play together with colorful, noisy, moving items
Toddler (2-4)	Develop impulse control	Make and consistently enforce rules
	Language development	Read simple stories; play word games
	Imitation, fantasy play	Play 'lets pretend' games; encourage imitative play by doing things together such as 'clean house,' 'go to store'
		Play together at park; assist in learning to ride tricycle; dance together to music
	Small motor coordination	Draw together; string beads together
	Develop basic sense of time	Discuss visits and visit activities in terms of 'after breakfast,' 'after lunch,' 'before supper,' etc.
	Identify and assert preferences	Allow choices in activities, clothes worn, foods eaten
Preschool/ Early School (5-7)	Gender identification	Be open to discussing boy-girl physical differences
		Be open to discussing child's perceptions of gender roles; read books about heroes and heroines together
	Continuing development of conscience	Make and enforce consistent rules; discuss consequences of behavior
	Develop ability to solve problems	Encourage choice in activities
	Learning cause-effect relationships	Point out cause-effect and logical consequences of actions
	Task completion and order	Plan activities with beginning, middle, end (as prepare, make cake, clean up)
		Play simple games such as Candyland, Go Fish
	School entry and adjustment	Shop for school clothes together; provide birth certificate, medical record required for school entry; go with child to visit school, playground prior to first day; accompany child to school
School Age (8-12)	Skill development (school, sports, special interests)	Help with homework; practice sports together; demonstrate support of special interests, such as help with collections; attend school conferences and activities; work together on household tasks
	Peer group development and team play	Involve peers in visit activities
		Attend team activities with child (child's team or observe team together)
	Development of self-awareness	Be open to talking with child
	Preparation for puberty	Discuss physical changes expected; answer questions openly

Source: Reproduced from Hess & Proch, (1988). *Family visiting on out-of-home care: A guide to practice* (pp. 34-35)

Appendix C: Factors associated with beneficial and difficult contact

Reproduced from Neil and Howe (2004).

Characteristics of adopters and foster carers

Factors associated with beneficial contact

- Possess "good enough" levels of sensitivity, empathy, reflective capacity, social cognition and communication openness (psychologically undefended; secure/autonomous states of mind with respect to attachment).
- Permanent carer recognises the developmental benefits of openness and contact for their child even if they feel anxious about it themselves.
- Recognise, understand and acknowledge that their child will think and be curious about their background and birth family.
- Accept birth relative; able to see and present the birth relative's perspective/situation to their child.
- Convey a positive attitude towards the birth family including acknowledging the reasons and circumstances surrounding the need for the child to be placed.
- Resolved states of mind with respect to loss and/or abuse.
- Constructive and collaborative approach to problems.
- Constructive and collaborative approach to working with birth relatives.
- Early involvement in thinking about the role of the birth family and the possibility of contact.
- Full involvement in any contact that takes place (nature of involvement the child requires will vary from case to case).
- Actual experience of contact with an accepting birth relative increases empathy, understanding, confidence and feelings of entitlement for permanent carers who initially felt anxious, uncertain, and reluctant about contact. Reality dispels fears and fantasies.

Characteristics of birth relatives

Factors associated with beneficial contact

- Birth relative has never been child's primary caregiver.
- Birth relative accepts and supports the placement (they recognise that the new carers are the child's psychological parents).
- Birth relative affirms new carers in their role.
- Constructive and collaborative approach to working with new carers.
- In the case of birth parents (and in some cases grandparents, siblings or other relatives who have had a significant parenting role) they relinquish their parenting role in favour of new carers.
- Birth relative relates to child in a non-abusive, preferably positive way.

- Contact allows birth relatives to see how well the child is progressing; provides them with an accurate, up-to-date picture; decreases their anxiety, anger and guilt knowing that they still have a part to play in their child's life.
- Birth relative is relatively free of (or is supported in managing) significant personal difficulties (e.g. mental health problems, substance abuse problems, etc) that can affect their capacity to maintain helpful contact.