Decision making principles around contact visits

A Literature Review

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1. Introduction

This paper reviews the research evidence around contact visits for children in out-of-home care (OOHC) as a means to inform practice and decision making around the nature and length of contact for children and young people in UnitingCare Burnside’s OOHC programs.

In the past decade, the research literature on contact visits has presented strong arguments both in support of, and in opposition to, contact visits for children in care. Arguments currently advanced in support of contact include its role in facilitating reunification with the birth family, supporting attachment relationships and enhancing the psychological wellbeing of the child, preventing idealisation of the birth family, maintaining links and informing identity and making assessments on the quality of relationship between birth families and children.

At the same time, arguments are also proffered which warn against contact for children in care and point to the lack of evidence on outcomes from such visits. Contact may pose a threat of harm to the child and serve to undermine the OOHC placement. As a result, many researchers stress that considering each case separately and weighing the individual benefits and threats to the child should be a key decision making principle around contact visits.

The discussion which follows highlights that decisions around contact should be guided by several important factors. In the first instance, the purpose of the contact, and frequency and type of contact should all be carefully assessed and discussed in partnership with children, birth parents and foster carer families during the case planning process. The views of these three groups should be incorporated into contact plans. In all circumstances, the child’s safety is paramount and contact arrangements should ensure that the child is never exposed to additional harm and that the contact accounts for their age and developmental stage. Contact should also cause minimal disruption to the child’s routines and not interfere with the development of the relationship between foster carers and children. Where possible, contact decisions should give regard to other people (such as grandparents and siblings) who were important in the child’s life prior to their entry to OOHC.
2. Defining ‘contact’

While there is no formal legislative definition of contact, Section 86 of the Children and Young Persons (Care and Protection) Act 1998 makes the following statements with respect to contact:

86 Contact orders

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

(a) Make an order stipulating minimum requirements concerning frequency and duration of contact between the child or young person and his or her parents, relatives or other persons of significance to the child or young person,
(b) Make an order that contact with a specified person be supervised,
(c) Make an order denying contact with a specified person if contact with that person is not in the best interests of the child or young person.

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

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

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

Furthermore, Article 9.3 from The United Nations Convention on the Rights of the Child (United Nations, 1991) articulates the child’s right to parental contact:

Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interests.

Quinton et al., (1997: 395) state that contact:
...has been taken broadly to include any direct or indirect communication between a child and a range of people including: birth parents, siblings, grandparents, previous foster parents and others who may have been important in the child’s life or have some relationship to her or him.

Direct contact usually involves face-to-face meetings which can be supervised or unsupervised. Supervised contact is more likely to occur where the child is under five years of age or where there are concerns for the child’s safety. By contrast, indirect contact can occur through letters, phone calls or emails while photographs, mementos and life story books can also be forms of indirect contact (Sen & Broadhurst, 2011). According to Scott, O’Neill & Minge (2005: 3) the terms ‘access’ and ‘contact’ are used interchangeably in the Australian out-of-home care and child protection contexts. For the purposes of this literature review, contact between children and young people and their birth parents will be the primary focus due to the limited body of research which explores contact with other important groups of people in the life of the child or young person. The research is similarly limited on the specific contact needs of children and young people who are Aboriginal or Torres Strait Islander or from culturally diverse backgrounds.

3. When is contact beneficial for the child or young person?

According to Taplin (2005) in order for contact to be defined as beneficial to the child a causal relationship between contact and a child’s positive outcomes needs to be proven. This means that increased contact would lead to the increased wellbeing of the child and improved relationships or reunification.

The following arguments are advanced in the research literature in favour of contact (Argent, 2002; Macaskill, 2002; Neil & Howe, 2004; Scott et al., 2005; Taplin, 2005; Humphreys & Kiraly, 2009; Sen & Broadhurst, 2011):

- Reunification with the birth family
- Maintenance or the encouragement of attachment with the birth family
- Preventing the child or young person from idealising their birth family
- Maintenance of links and the child’s or young person’s cultural identity
- Enhancing the psychological wellbeing, including emotional, behavioural and intellectual development, of the child in care
- Minimising the disruption of placements
- Enabling assessment of the quality of the relationship between the birth family and the child or young person.
We will now discuss each of these factors and their evidence base in turn.

3.1. Reunification with birth family
A number of studies acknowledge that greater amounts of direct contact with birth parents is associated with, but is not the main predictor of, reunification (Leathers, 2002; Sinclair, Gibbs & Wilson, 2004). Wilson & Sinclair (2004) argued that more frequent contact was important in cases where plans exist to return home but that it did not mean that reunification was likely. Delfabbro, Barber & Cooper (2002) concluded that evidence shows where families and children get along well and where the child or young person is in care as a result of less serious problems there tends to be more frequent contact with the parents and the child or young person is more likely to go home sooner.

3.2. Supporting attachment and enhancing psychological wellbeing
Where a child or young person has become attached to either or both birth parents before separation, regular visiting will allow them to maintain these attachments thus protecting parent-child relationships (Humphreys & Kiraly, 2009). Brown (2008 cited in Scott et al., 2005) observes that the process of changing ‘parents’ or attachment figures is difficult for a child, reinforcing the need for ongoing contact with these figures in the child or young person’s life. By maintaining contact with the birth parents the separation distress experienced by the child may reduce and allow the healthy development of that child to continue. Continuing contact will reassure the child that they have not been abandoned and help them deal with the feelings generated by the separation (Pine, Warsh & Maluccio, 1993 as cited in Humphreys & Kiraly, 2009). Lucey et al. (2003) suggests that contact could allow a forum for reparation where the maltreated child could address the negative feelings they have about an event or person. It may allow the child or young person to talk through their feelings directly with their parent(s) and receive acknowledgment. Supporting a child’s attachment to birth parents may also have a positive influence on transition out of care for the child (Cashmore & Paxman, 1996 cited in Scott et al., 2005).

There is also research to indicate that children who know, and continue to have an attachment to, their family members will be in a better position to form a new attachment with their foster carers (McWey & Mullis, 2004).
been previous abuse - and it is safe to have some form of contact - then the child must be supported to avoid re-traumatisation (Humphreys & Kiraly, 2009).

Where an infant has been removed from care the concept of attachment is made more complex. Humphreys & Kiraly (2009) assert that infants experience disruption to their key attachments first by virtue of abuse or neglect and consequentially by the removal from their primary carers. Dozier, Higley, Albus & Nutter (2002 cited in Humphreys & Kiraly, 2009) conducted a study which showed that disrupted relationships with primary caregivers for infants results in them being at a significant risk of behavioural, emotional and neurobiological deregulation.

Scott et al. (2005) consider that while the concept of attachment is culturally bound it may have some transference to Aboriginal and Torres Strait Islander communities. In these communities a larger number of parent figures share the nurturing and care of their children. Mothering is not confined to the child’s biological mother but to kin women who take an active role in the mothering of children. The implication of this for an Aboriginal or Torres Strait Islander child who has been removed is that when contact is being considered attachment will need to be looked at within a community, rather than an exclusive birth family, context.

Attachment in relation to children in care is a complex issue. It cannot be assumed that the maintenance of attachments is a sufficient rationale to encourage frequent contact between all children and birth parents. In fact, the maintenance of a dysfunctional attachment impedes the establishment of more functional relationships (Scott et al., 2005).

3.3. Preventing idealisation of the birth family

Lucey et al. (2003) assert that children are entitled to the facts about themselves such as who their parents are and the reasons certain things have happened in their lives. Contact is positioned in some research to satisfy the child’s need for information on their parents. It claims to prevent the unhealthy idealisation of the birth parents and to offset some of the feelings of rejection or self-blame that the child may have as a result of removal. Assisting the child or young person to have realistic expectations of their parents and reasons for removal could help to legitimise the foster carer’s parenting role by
encouraging an open environment where conversations can take place (Taplin, 2005).

3.4. Maintaining links and cultural identity
Taplin (2005) states that contact allows a child to gain an understanding of their origins, the reasons they entered care and helps them maintain their cultural identity. Where contact is not possible, Neil & Howe (2004) stress that there is a greater need for the carer to address issues of loss and identity.

3.5. Enabling assessment of the quality of relationship between birth family and the child
Contact can also serve as a forum whereby the relationship and interactions between the child and the birth family can be monitored by an external person. However this could lead to superficial observations as the parent who is hesitant of authorities may behave cautiously in order to seek the observer's approval (Taplin, 2005).

4. When is contact harmful for the child or young person?
In Section 4 we look at circumstances in which contact may be harmful, or at least ‘not beneficial’ to the child. Reasons cited in the research literature include:

- Multiple attachments may create confusion for children or conflicting loyalties
- Threat of harm to the child
- Threat of the placement being undermined
- Re-traumatisation of the child

4.1. Threat of harm to the child
Much of the current research contains reports of parents who fail to turn up for visits, of birth parents who attempt to undermine the authority or relationship of the child or who expose the child to undesirable lifestyles (Selwyn, 2004; Triseliotis, Walker & Hill, 2000 cited in Sinclair, 2005). Selwyn (2004) also found instances where the child had been abused during unsupervised contacts. Stressful contacts or situations in which the child has been abused during a contact could have severe impacts on the child while deterring carers from
allowing future contact visits to occur. Sinclair, Gibbs & Wilson (2004) stated that where the child had been abused prior to contact there was a stronger correlation with positive outcomes when contact was limited or prohibited.

4.2. Contact may undermine the placement
In circumstances where the contact visit has a detrimental effect on the child there may be a negative impact on their placement either because the child thinks that the placement cannot keep them safe and secure, or because the child feels such emotional distress after the visit that their behaviour can impact on the carers (Scott et al., 2005; Taplin, 2005). Sinclair et al. (2005) found that 30 per cent of placements experienced disruption where the child had been abused before entering out-of-home care but contact was allowed as opposed to only 11 per cent of placements experiencing disruption when contact was disallowed. Sustaining difficult or conflicting relationships between children and birth families may result in the child being both upset and unable to settle down, commit to and thrive in the placement (Wilson & Sinclair, 2004).

4.3. Carers’ views
The way in which carers view contact visits appears to have some impact on how contact visits affect the child. Conversely, when contact visits caused the child distress then this affected the view taken by carers.

5. Factors and decision making principles around contact
When assessing whether contact will be harmful or beneficial to the child there are a number of factors that need to be considered. Scott et al. (2005) emphasise that because each child and family’s situation is unique it is difficult to provide general recommendations for contact. Therefore it is only when a child’s situation has been thoroughly assessed that contact can be seen as providing the child with positive opportunities to engage with their birth families.

Neil & Howe (2004) argue that when making decisions around contact for a child, the overriding principle should be that contact facilitates at least one or more of the child’s developmental needs. A child’s age, their ability to understand the issues that arise from contact or engagement with their birth families, the child’s opinions, physical and emotional health and their resilience all need to be taken into account when contact plans are developed for them.
(Lucey et al., 2003; Sen & Broadhurst, 2011). In the remainder of Section 5 we discuss the major factors that should be considered when making decisions about contact.

5.1. Purpose of contact

One of the principle guiding factors for the nature of contact is whether the goal is that the child is reunified with their birth parents. Lucey et al. (2003) argue that the purpose of contact must be made explicitly clear from the start to all those who are involved in the child’s life. This would guide the amount of face-to-face time involved during contact, the nature of the contact and assessment of the parents’ capacity to care for the child.

Haight, Kagle & Black (2003) assert that where reunification is the primary purpose of contact then contact should be frequent. They argue that experience is necessary for the development of attachment relationships and if contact is not regular or frequent then this may negatively impact of the parent-child relationship.

5.2. Attachment

Strong attachments may exist between the child and birth parents regardless of whether the end result of contact is reunification, long term foster care or adoption using permanency planning. Taplin (2005) argues that the only way to assess the strength of a child’s attachment to their birth parents is through standardised assessments by professionals rather than through observations of contact visits by the supervisor.

According to Humphreys & Kiraly (2009) while there is no empirical research to guide decisions about frequency of contact from an attachment perspective, Haight, Kagle & Black (2003) use attachment theory to provide specific recommendations for understanding and supporting relationships between parents and young children aged between 2 and 6 years during contact visits. They place importance on complex assessments and informed observation so as to avoid misinterpretation of behaviour by either parent or child as indicative of attachment difficulties rather than grief or separation anxiety. They also stress that due to the particular strain of separation for infants aged 6 to 36 months, more frequent and prolonged visits for this age group are needed than typical for older children. Taplin (2005) also stresses that the age of the child needs to be accounted for when deciding the length and frequency of contact.
Younger children are more likely to need the person in close proximity in order to support secure attachment

Scott et al. (2005) stress the highly influential role of social workers in arranging contact visits and emphasise how important it is that they are aware of attachment theories and incorporate this into case planning. Grisby (1994 cited in Scott et al., 2005) cautions that without understanding the significance of attachment theory and/or in the absence of clear practice guidelines, birth parents may be less able to nurture the attachment they have to their child.

5.3. Safety of the child

The most common situations where contact is found to be harmful to the child is where the birth parents struggle with the idea that their child has been removed and that parenting responsibilities have been given to someone else or where the birth family presents a physical or sexual danger to the child (Neil & Howe, 2004). Where the child experiences high distress due to contact, then contact should be re-assessed until the child is in a better position to cope (Howe & Steele, 2004). Where there has been past abuse, children in care re-experience high levels of stress and emotional distress. This has implications for the child’s placement as the child begins to perceive the placement as being unable to provide them with the safety and security that they need. Therefore all forms of contact should ensure the safety and wellbeing of the child at all times including protection from abuse, conflict or distorted messages (Howe & Steele, 2004). Furthermore, Best (2000) argues that where the physical safety of the child is at risk then even supervised contact may be insufficient to provide requisite protection.

5.4. Is the child’s voice being heard?

Taplin (2005) states that where possible children’s wishes should be taken into account when decisions are being made around contact visits. There are a very limited number of studies which look at incorporating a child’s voice into decisions around contact. Chapman, Wall & Bath (2004) suggested that building an understanding of children’s thoughts and feelings about visits with family members into assessment processes could assist with this. Careful assessment and interpretation of a child’s behaviour after contact visits is also essential if we are to figure out how a child’s wellbeing is affected by it.
According to Selwyn (2004) because contact is a highly individualised experience, each child will have a different view and opinion of the relationships they have with different family members. The child will have different roles, levels of maturity and experiences particularly if they have been abused. Contact plans need to account for this and ensure that further damage and abusive behaviour does not occur during contact visits.

5.5. Does contact account for the age and developmental stage of the child?
The type and form of contact as well as the on-going management of contact needs to take into account the age the child has been placed into care, their attachment and relationship with birth parents and the developmental stage of the child (Neil & Howe, 2004; Sen & Broadhurst, 2011). Understanding of the developmental stages of a child can inform decisions around contact planning (Scott et al., 2005). Furthermore Taplin (2005) emphasises that when assessments are being made around the birth parent’s engagement with the child, the appropriateness of the parents’ behaviour and their ability to adapt to their child's changing needs should be accounted for.

5.6. Foster carers
Foster carers’ views and attitudes are an important factor for contact visits (Sen & Broadhurst, 2011). The literature highlights that carers who have open discussions with their foster children about their past, their relationships with their birth family and who are supportive of contact are essential to positive outcomes for contact visits (Taplin, 2005). Beek & Schofield (2004) emphasise the importance of involving foster carers in meetings and during the planning stages of contact. When carers are not involved in contact visits or do not meet birth relatives then the child is put in a position where they have to deal with complex emotions on their own. Children will find it difficult to talk about birth parents and their past with carers and vice versa. Neil & Howe (2004) state that when a child is able to see their birth family and foster care family getting along or working together then it assists them in managing these complex relationships better. By creating an open environment, children are more likely to be able to explore their identity, background and birth family.

In order to facilitate relationship building between foster carers and birth families, social workers should encourage contact between the two in the first few months of having the child placed in their care. Carers in particular need
help in thinking through how the child will respond to contact, the child’s history and personal behavioural characteristics and what to expect after contact (Selwyn, 2004; Sinclair, 2005; Taplin, 2005).

5.7. Contact assessment and contact plans
The literature identifies the development of contact plans as an important factor in ensuring that contact is a means to positive outcomes for the child (Scott et al., 2005). The plan should incorporate:

- Permanency planning whether for reunification or long-term care
- Establishment of a contact schedule including visiting plans and timing
- Assistance for birth parents to develop their parenting and problem solving skills so that the reasons why the child is in care are addressed
- Emotional support and guidance for children
- Support and training for foster carers

Scott et al. (2005) state where reunification is not the specific goal, caseworkers need to consider the following factors when designing a contact plan:

- Family history and relationship quality
- Birth parents’ attitudes towards case plan initiatives and placement
- Age, needs and wants of the child
- Wishes of the extended birth family
- Quality and management of contact
- Review of contact as part of the case plan

Research highlights the importance of continual assessment of contact arrangements so that they remain relevant and appropriate to the child (Lucey et al., 2003; Neil & Howe, 2004; Taplin, 2005). Particularly in long term placements, arrangements that were made early on may not remain suitable for children as they grow older and as their needs and commitments change. Studies have also found that the frequency of contact visits reduce the longer the child is in care (Moyers, Farmer & Lipscombe, 2006). Factors such as abuse during contact, previous abuse, parental rejection and the realisation that children will not be returning home all contribute to diminishing contact levels (Selwyn, 2004). As children grow older, they may want to re-establish contact with their birth parents either directly or indirectly and they would need support to do this.
The need for documentation around contact is important during case planning reviews. Flick (1999 cited in Scott et al., 2005) identified the following information which is important for documentation of contact:

- Who participated and what took place
- Length of visit including the time the parent/s arrived
- Interaction between participants including how they separated
- Extent to which the parent exercises their role
- Whether the case worker had to intervene at any point
- The parents’ and/or child’s reactions after the visit

**Minimal disruption to child’s routines**

Neil & Howe (2004) place importance on ensuring that the frequency of contact does not interfere with the child and carers creating an attachment with each other. Other studies have stated that at times the time and nature of contact makes it difficult for carers and birth parents to adhere to them thus impacting on the quality of contact. Taplin (2005) acknowledges that when more frequent arrangements need to occur due to reunification plans or interim orders then contact should be arranged so that it considers practical issues such as distance, ease of travelling for both sets of families and minimises the disruption to the child and other family members’ routines.

5.8. The behaviour of the birth parents

The way in which birth parents behave during contact may place additional stress on the child and their relationships with foster carers. There can be a number of factors that influence how birth parents behave during the visits. These can range from finding it difficult to come to terms with the behaviour which resulted in the child’s removal, the loss of the child from their care, the opportunity to continue abusive behaviour or maintaining a sense of ownership over the child (Lucey et al., 2003). Decisions around contact should account for the birth parents’ reliability in attending visits, their behaviour during visits and the consequential impact this has on the child (Wilson & Sinclair, 2004).

Regardless of whether contact continues or diminishes over time the birth parents will always have a profound influence on the child’s life. Due to the adverse circumstances in which the parents and professionals meet, the partnership between the two parties can often be superficial. Meaningful partnership requires the creation of opportunities for the birth parents to play an active role in the planning process. For example, this could include a degree of involvement in the assessment of the child’s circumstances (Cleaver, 2000).
Involving parents during different stages of the planning process is a means through which familial ties can be maintained (Scott et al., 2005).

5.9. Contact with other family members or important people in child’s life
Some studies found that children were more likely to be in contact with their birth mother than their birth father (Selwyn, 2004; Scott et al., 2005; Moyers, Farmer & Lipscombe, 2006). It is important that social workers attempt to include birth fathers in contact plans and arrangements so as to encourage this relationship.

Even when contact with birth parents creates distress for the child, contact with other members of the birth family may help to fill the void. Taplin (2005) recommended that when decisions around contact are being made - and where there has been a history of abuse - then contact should not be prohibited to all members of the family. Sen & Broadhurst (2011) place importance on maintaining contact between siblings as they can play a protective role for children in care and can assist with maintaining a sense of continuity with family.

5.10. Frequency of contact
Cherry (1994 cited in Scott et al., 2005) argues that where decisions around the frequency of contact need to be made then the following factors should be taken into account:

- History of the parent-child relationship
- Parental motivation
- Parental responsiveness to the child’s needs and interests as well as their ability to provide for the child’s physical needs
- Child safety
- Geographical distance
- Finances
- Emotional impact of contact on the child
- Child’s or young person’s wishes

Edwards (2003: 4) states that in order for contact visits to be beneficial then they should be “frequent and long enough to enhance the parent-child relationship and to effectively document the parent’s on-going interest and involvement with their child”.

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5.11. Indirect contact
It is not always appropriate or practical for children and young people to have direct face-to-face contact with their birth parents. Currently there is little data on the role that advancements in information and technology have played in contact between birth parents and children. Sen & Broadhurst (2011) express concerns over the risks that this form of contact may present to children given that it is more difficult to supervise. Bond (2007 cited in Sen & Broadhurst, 2011) recommends that carers and parents develop a greater awareness of the possibilities of contact via these methods and monitor children's moods and behaviour.

5.12. Settings for contact visits
Leathers (2002) found a relationship between the frequency of contact and the location where contact took place. Where the visits took place at the birth parents’ or the carers’ home it was more likely for the birth mother to attend the visits then if the visit takes place at an agency, fast food restaurant or other setting.

The Australian Standards for Children’s Supervised Contact Services (2000 cited in Scott et al., 2005) promote the provision of contact centres where supervision can occur. In addition to the need for supervision, contact centres can offer therapeutic benefits to participants. Centres that allow for parents to interact with their children in a relaxed and safe way are giving parents the opportunity to learn to interact with their children more positively (Scott et al., 2005).

5.13. Contact activities
In order to ensure that contact promotes positive outcomes for the child and, in circumstances where reunification is the goal, addresses the reasons why the child was removed in the first place then Haight et al. (2001) recommend that contact involve meaningful activities. These activities would:

- Allow parents to benefit from increased caseworker support and strategies
- Allow contact time to be used for modelling positive parental behaviour
- Teach birth parents basic parenting skills that will result in them having more realistic expectations of their child’s abilities
6. Conclusion

Decisions relating to contact are one of the key decisions taken in an out-of-home care context that can have long lasting effects on the lives of children in care. Ipso facto, it is important for all contact plans to have a strong evidence base. While there is no conclusive research on the impact of contact visits on the child, most of the research argues for contact to be continually assessed so that it remains appropriate to the child and feeds positively into the child’s relationship with their birth parents and to their developmental wellbeing. The child welfare system is entrusted with protecting children from further maltreatment. It is thus the primary goal of child protection professionals to ensure a child’s safety and psychological wellbeing is not compromised by inappropriate contact.

The research literature reviewed supports contact which is able to provide positive opportunities for the child to engage with their birth families and allows the child to maintain links which could potentially emerge as a source of support when they leave the out-of-home care system.

Decision making principles around contact are very complex. The literature strongly recommends that while certain factors need to be taken into account the most important thing is that decisions around contact are made on a case-by-case basis. This is to ensure that the contact suits all parties and reflects the child’s unique temperament and circumstances.
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