Literature review on supervised contact between children in out-of-home care and their parents

Prepared as part of the study kContact:
Keeping Contact between Parents and Children in Care

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Table of Contents

1. Introduction

This document is a summary review of the literature on contact between children in out-of-home care (OOHC) and their parents. It aims to assist policy makers in critiquing the evidence relating to contact between children in OOHC and their parents. It is focused on face-to-face supervised contact, but also draws on the broader literature on contact.

1.1 History of contact in OOHC

Prior to the 1970s, contact between children in care and their parents was given little consideration, and at times, actively discouraged. However, in the 1970s, arguments for a greater openness in new adoptive placements began to be presented, based on reports that adoptees' sense of identity was grounded in an understanding of their origins (Quinton, Rushton, Dance, & Mayes, 1997; Moyers, Farmer & Lipscombe, 2006). In the family law context, research conducted into shared parenting with separated parents is extensive. It was concluded that quality relationships between parents and reducing exposure to marital conflict allows children to maintain contact with both parents, which enhances their wellbeing (Smyth, 2004; Sheehan et al., 2007). Legislative changes led to the establishment of children's contact services to reduce children's exposure to conflict and increase children's safety (Sheehan, 2005).

In the OOHC context, the view emerged that contact was also needed in care placements, and this was reflected in changes to the legislation. The UK *Children Act* and the Victorian *Children and Young Persons Act* were passed in 1989, and in 1999, the ACT enacted the *Children and Young People Act.* In New South Wales (NSW), the *Children and Young Persons (Care and Protection) Act* 1998 gave the Children's Court the power to make contact orders for children in care. Most Australian jurisdictions states have updated their legislation since 1999, giving their Children's Courts the power to determine frequency and duration of contact between children in care and their parents. The impact of changes to legislation governing contact in Australia has not been determined, but in a study evaluating the impact of similar changes in the UK, Cleaver (2001) found a fourfold increase in the amount of contact after the commencement of their Act. The most recent legislative changes have curtailed the ability of the Children's Court to specify the contact arrangements for children on permanent care orders.

As the push for contact in the OOHC sector gained momentum, legislation also began to recognise the rights of both children and parents to maintain contact. The *United Nations Convention on the Rights of*

the Child (UNCRC), Article 9 (UN General Assembly, 1989), ratified by Australia in 1990, enshrines the rights of children who are separated from their 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". The UNCRC spells out children's rights within the context of family situations that are assumed to be safe and secure. However, for those children whose families do not keep them safe, such a rights framework does not reflect the complexities of children's experiences of conflict and abuse (Kelly & Mullender 2000). In line with the UNCRC, legislation both in Australia and in other countries such as the UK places a duty on statutory agencies to facilitate contact between children and their parents. To refuse parental contact, an argument must now be made that such contact is contrary to a child's 'best interests'. Current *National Standards for Out of Home Care* (FaHCSIA, 2011) state that children and young people in OOHC need to maintain relationships with significant others, including parents, siblings and other family members in order to maintain a sense of identity and a sense of place in the world, and that this is achieved through contact with these significant others.

1.2 Theoretical framework for contact

Support for family contact has most commonly been grounded in theories of attachment that have drawn attention to the negative impact of separation, and underscore the importance of maintaining continuity in attachment relationships, wherever possible (Sen & Broadhurst, 2011). The separation of children from their parents is a risk factor associated with poor mental health of children in OOHC (McWey & Mullis, 2004).

Bowlby (1982) asserted that children who experience the loss of an attachment figure would exhibit distress even if the attachment figure is replaced with a capable caretaker. Whether the attachment is secure or insecure, separation will likely be distressing and anxiety provoking (Howe, Brandon, Hinings & Schofield., 1999). This distress can manifest in problematic behaviours, such as aggression, delinquency and depression (Kaplan, Pelcovitz & Labruna, 1999). Ambiguous loss, a concept based on attachment theory, has been used to explain the distress of children in OOHC. Placement into care is not clearly defined and final exit from one's family and can result in boundary ambiguity. Boundary ambiguity is defined as perceived uncertainty about who is in or out of one's family and uncertainty about what roles individuals play in the family system (Boss & Greenberg, 1984). This results in confusion about who is included or excluded in the family system and what role family members play. When children in care

feel as if they do not belong to any family, it can lead to feelings of hopelessness and depression (McWey, Acock & Porter, 2010).

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

It has been recognised that children can form multiple attachments (Thompson, 1998, cited in Haight, Kagle & Black, 2003), and that well-managed contact enables children to maintain relationships with their parents while attaching to carers (Gerring, Kemp & Marcenko, 2008).

1.3 Definitions of contact and scope of this paper

1.3.1 What is contact?

Contact between children and their parents is intentional communication between children and their parents, and can be direct or indirect (Gobind, 2013). More broadly, contact refers to communication between children and individuals who are important in their lives, particularly family. Direct contact refers to planned visits with parents or significant others when parents are no longer providing primary care to the child or young person (Scott, O'Neill & Minge, 2005). The literature defines direct contact as primarily face-to-face visits or overnight stays with the non-custodial parent or parents. Contact may also be referred to as 'access' or 'visitation' in the international literature.

Although indirect contact may also take place between children in care and their parents, via phone calls, text messages, social media, gifts photographs and videos (Perry & Rainey, 2007; Prasad, 2011; Sen & Broadhurst, 2011), it is outside the scope of this paper. The line between direct and indirect contact is becoming blurred, particularly now that 'Skype' conversations are becoming more common.

Children in OOHC may also have direct or indirect contact with other family members or people who have an important role in their lives. This contact is also outside the scope of this paper, as the focus of this document is on supervised contact between children in long-term care (foster or kinship care) and their parents.

1.3.2 Supervised contact

In most cases, supervised contact aims to promote child safety and family reunification, with service delivery adapting over time (Saini, van Wert & Gofman, 2012). Family Law Court guidelines for children's contact services (2007) identify that the level of vigilance of supervision required (low or high) is determined by the nature of risk factors to the child (Humphreys & Harrison, 2003). However, Crawford (2005) advocates that all supervised contact should abide by the 'within sight and hearing principle'. 'Supervised' contact in its strict sense refers to high vigilance contact in which interaction and conversation between the parent and child is closely monitored at a specialist contact service, in an office or in the community (Perry & Rainey, 2007). Formal contact supervisors may either be there to purely observe and take notes about the interactions between parent and child, while ensuring safety, or have a more engaged role that supports and enhances parent-child interactions (Triseliotis, 2010).

In some settings, parents may be provided with additional support during contact, particularly when there are concerns about their capacity to interact appropriately and sensitively to children (Perry & Rainey, 2007; Scott et al., 2005; Sen & Broadhurst, 2011). However, it has been found that there is no common understanding of the concept, definition, or purpose of supervised contact amongst service providers working in the child protection system (Wattenberg, Troy, & Beuch, 2011).

Some authors have commented that supervision of contact appears to be primarily about observing and assessing the quality of the contact or 'attachment' between the child and their birth parents. However, as Triseliotis (2010) comments, judgements on the quality of contact lack a coherent and empirically-based theory and guidelines, or standardised tests covering what to look for, and no criteria for evaluating events during meetings. Being supervised and observed under contact conditions is an artificially constructed situation, with no script to follow regarding the kind of behaviour to be expected from each participant, including the supervisor (Triseliotis, 2010; Taplin & Mattick, 2014).

1.3.3 Supported contact

A further type of contact is 'supported' contact, which is most likely to occur with separated families (Perry & Rainey, 2007; Saini, van Wert & Gofman, 2012). There is however, a lack of literature exploring the differences between 'supervised' and 'supported' contact in OOHC. Supported contact can be defined as contact occurring where the venue is supervised but the parents themselves are not directly supervised. This helps to maintain the neutrality of the venue, and in general, contact workers will only intervene if there are perceived dangers or risks to the child (Morrison & Wasoff, 2012). Supported

contact can also be provided at specialised contact centres. However, this does not involve monitoring of interactions. Rather it provides a neutral location for contact to occur (Perry & Rainey., 2007).

1.4 The OOHC population in Australia

Over the last five years, the number of children in OOHC has increased in all Australian jurisdictions, with 40,549 children in OOHC at 30 June 2013 (a rate of 7.8 per 1,000 children) (AIHW, 2014). In all jurisdictions, except Queensland, Northern Territory and Tasmania, kinship care has now overtaken foster care as the most common form of care, with 47.9% in kinship care and 42.6% in foster care as at 30 June 2013 nationally (AIHW, 2014). The vast majority of children in OOHC are aged under 15 years (34,546 children or 85.2%), with the bulk of them aged 5-14 years (62.9%) (AIHW, 2014).

The number of children admitted to OOHC over the last five years has decreased to 11,341 nationally in 2012-13. Most admissions to OOHC are in the younger age groups: in 2012-13, 43% of children admitted to OOHC were under five years of age (4,839 children). In 2012-13, 9,360 children were discharged, 24.3% of whom were under five years of age.

Nationally, at 30 June 2013, about four in five children (82%) had been in their current OOHC placement for more than one year. Almost one-third (30%) had been in a continuous placement for between two and five years, while a further 39% had been in a continuous placement for five years or more (AIHW, 2014). Over recent years, there has been an increasing tendency for children to remain in OOHC for longer periods of time.

Aboriginal and Torres Strait Islander (ATSI) children are ten times more likely to be placed in care across Australia. In 2012-13, there were 13,952 Indigenous children in OOHC, constituting 34.4% of the national OOHC population (AIHW, 2014). The Aboriginal Child Placement Principle has now been adopted in all Australian states, which seeks to ensure that Indigenous children are placed within, or at least retain, connections with their own family, culture and community (Humphreys & Kiraly, 2009). Across Australia, 68% of Indigenous children were placed with relatives/kin, other Indigenous caregivers or in Indigenous residential care (AIHW, 2014).

1.4.1 Data on direct and supervised contact

Few studies or data sources report on the number of children in OOHC who have supervised contact with their parents. This lack of information is situated in the context of increasing numbers of children in OOHC in Australia. Although no data are available, it may be assumed that because the number of children in OOHC is increasing, the number of supervised contact sessions is also increasing.

The small number of studies that have reported on the numbers of people having contact have been fairly consistent with least two-thirds having some contact. Taplin and Mattick (2014) interviewed 171 mothers in substance abuse treatment who had 99 children in OOHC. They found that most (89% of those in kinship and 73% of those in foster care) had experienced some direct contact with their children within the past 12 months, with only 16% of mothers and children having no contact. Similarly, Sinclair, Baker, Gibbs, and Wilson (2005) found that between 14% and 17% of children did not have any contact with a member of their family of origin, while Farmer and Moyers (2008) found that 63% of children living with kin and 56% of those living in unrelated foster care had direct contact with their mother. Hunt, Waterhouse and Lutman (2010) reported that at the completion of care proceedings, 94% of children in their study were having face-to-face contact with their mother, but after five years, this had reduced to 42%.

A small number of studies have reported that around 50% of children in kinship care have their contact supervised while higher proportions of children in foster care have their contact supervised (56-67%) (Farmer & Moyers, 2008; Hunt et al., 2010, Taplin & Mattick, 2014).

2. Methods

A systematic search was conducted of a range of electronic bibliographic databases to review the international evidence on effective interventions, which are relevant to contact between children in care and their parents. A range of terms was used with keyword searches, details of which are available in the full report. Searches were undertaken between February and April September 2014. Abstracts were initially screened for relevance and the robustness of the research methodology. The findings from these papers have been assimilated and are outlined in the following section.

3. Findings

3.1 Strength of the research evidence on contact

The quality of the evidence on contact between parents and their children in OOHC is 'weak' or 'very weak' according to NHMRC classifications (NHMRC, 2009). Studies were either cross sectional studies or were prospective studies without a comparison group. There were no randomised controlled trials (RCTs) (the 'Gold Standard' in health/clinical research) or intervention studies, and a lack of prospective or cohort studies. Studies were generally small scale, qualitative studies, conducted in single sites. Some papers reviewed proposed models and frameworks for contact that were yet to be evaluated for their effectiveness. There is also a dearth of research assessing the outcomes and impacts of different models of contact in child protection contexts, which makes it difficult to determine the best ways of delivering contact, even when it is considered beneficial.

There have been calls for more methodologically-sound research to strengthen the evidence base for what constitutes optimal contact between parents and their children. As Triseliotis (2010: 59) has stated, "making judgements on the quality and nature of contact remains a mixture of art and science, possibly balanced more towards art". Further, as Selwyn recommended, we need to "move beyond generalisations of whether contact is harmful or beneficial, and to consider for which children, in which circumstances and by which means, contact should be promoted or ended" (Selwyn, 2004: 162).

3.2 The impact of contact on the child and family

A limited number of exploratory reviews of the literature and descriptive studies have identified mixed findings regarding the impact of contact on children in OOHC.

A recent literature review has concluded that good quality contact in conjunction with other positive professional interventions will promote positive outcomes for children (Sen & Broadhurst, 2011). Moyers et al. (2006) found that contact rated as beneficial contributed to positive outcomes for adolescents in this study, including improvements in wellbeing over time and more stable placements. Research to date shows that continued contact between children in care and at least one biological parent is positively correlated to children's current wellbeing, and that higher levels of externalising behaviours are evident in the clinical range where there is no contact (McWey, at al., 2010). A US file

audit found that when non-residential fathers are highly involved with their children, including attending contact visits, children's time in care is likely to be shorter (Coakley, 2013).

On the other hand, a Canadian study with foster carers and children found that contact can be disruptive and prevent children developing a sense of permanence, particularly if negative attitudes towards child services and between foster carers and parents are communicated to children (Morrison et al., 2011). Children can experience intense mixed feelings about contact with their parents and if these feelings are not managed in the context of contact planning, there is an increased risk of placement breakdown (Sanchirico & Jablonka, 2000). Carers highlight the negative experiences of children and young people from unreliable, disinterested or outwardly rejecting parents (Kiraly & Humphreys, 2014; Moyers et al., 2006; Neil, Beek & Schofield, 2003) and report witnessing anxiety, distress, anger and even violent behaviour from children and young people prior to or following contact (Morrison, Mishna, Cook, Aitken, 2011; Moyers et al., 2006).

It has been suggested that poorly planned, poor quality and unsupervised contact may in fact be harmful, particularly where there is a history of maltreatment (Sen & Broadhurst, 2011; Sinclair, et al., 2005). Poorly planned contact may occur when the purpose of visits is unclear, if children feel unsafe with their parents or if there is existing conflict between parents and carers (Clare, 2012; Farmer, 2010). One study found that when contact is unsupervised, there is an increased risk of parents rejecting or being neglectful towards children, which may increase the risk of placement breakdown (Moyers et al., 2006). A small number of studies have reported an increased risk of re-abuse during unsupervised contact (Selwyn, 2004; Sinclair, et al, 2005).

Children's reactions to visits with their parents, their reaction to separation from carers, and behavioural or emotional reactions prior to and following contact (Tilbury & Osmond, 2006) are often considered evidence of the impact of contact. Carer reports of these behaviours may inform assessments of the impact of contact and thus, future decision-making about the frequency of visits or if children require additional therapeutic support to improve attachment with carers or to cope with parent contact. However, the interpretation of these reactions is complex: children may be distressed at separation from the parents they wish to spend more time with, or they may be distressed about seeing them.

The impact of contact between parents and their children is more likely to be negative for all parties if carers are not accepting of parents being involved in the child's care, or they are feeling anxious about the experiences of visits as being re-traumatising for the children in their care (Neil, Beek, & Schofield,

2003). Assessments need to determine if loyalty conflict is an issue in order to work with both the parents and carers through joint parenting classes or regular communication with each other to promote a shared parenting approach to care (Baker, Mehta, & Chong, 2013; Hojer, 2009).

For kinship carers, the impact of contact has additional layers of complexity arising from pre-existing or developed family dynamics. Kinship carers may also experience loyalty conflict as they are attempting to manage the dual nature of their relationship with parents (Boetto, 2010), which could further impact on children's abilities to communicate difficulties they may be experiencing with contact with their parents (Kiraly & Humphreys, 2012).

A review of research and the legal context of contact also concluded that parent-child relationships evolve over time with the development of the child. Ongoing assessment of the impact of contact on children and parents is necessary to adapt therapeutic interventions at visits as required (Miron et al., 2013).

The following sections will discuss the evidence in relation to contact, including:

- The reasons for and purposes of contact between children in care and their parents;
- Decision-making about contact and factors that impact on decisions about the nature of contact between children in care and their parents; and,
- The delivery and management of supervised contact.

3.3 Reasons for facilitating contact and the purpose of contact

The primary reason for facilitating contact is to support, maintain and enhance the relationship between children in care and their parents (Scott et al., 2005; Haight et al., 2005; Hess, 1988), and is generally underpinned by theories of attachment (Bowlby, 1984). When contact is well supported and managed, it supports children's emotional and psychological well-being, and their developmental needs (Scott et al., 2005; Salveron, Lewig & Arney, 2009).

There are a range of secondary reasons and purposes, however, which contact may aim to achieve and these may lead to contradictory expectations amongst those involved. Multiple and different purposes of contact visits can lead to confusion, meaning that no specific goals are set or achieved which can increase the risks of contact being a negative experience. These reasons and purposes will be explored below.

3.3.1 To maintain the primary parent-child relationship

In most cases, maintaining links in care placements wherever possible is beneficial, because families remain an important source of support for their children, especially when support from the State is withdrawn in later adolescence (Quinton, et al., 1997; Wilson & Sinclair, 2004). Furthermore, most children want some contact with their parents, particularly their mothers, even if much of that contact has been problematic, and most prefer to live with and plan to return to their mother at some point (Sen & Broadhurst, 2011; Morrison et al., 2011).

3.3.2 To maintain links and a sense of identity

Contact is important for children in long-term care, who are unlikely to return to their families. Although in these circumstances, the goal is for children's main attachment to be with their long-term carers, well-supported contact can maintain a child's connections with family. Contact for children in long-term care gives children continuity with their cultural and family roots, and assists the development of a sense of personal identity and family history (Scott et al., 2005; Haight et al., 2003; Poulin, 1992; Wilson & Sinclair, 2004; Thoburn, 2004; Jamal & Tregeagle, 2013).

Tilbury and Osmond (2006) acknowledge that the development of a cultural identity is critical for positive psychological outcomes, particularly for children of Indigenous and culturally diverse backgrounds, and that contact can facilitate this developmental task by increasing children's understanding of their broader culture and family history. However, if contact between children and their parents cannot be sustained, carers must address children's needs to understand their loss and identity in other ways, for example, by discussing children's family of origin with them (Neil & Howe, 2004).

3.3.3 To prevent idealisation of the parents

Children in long-term care, particularly those who may be older, may have questions about their history and why they are no longer able to live with their parents. Contact can provide children and young people with the opportunity to understand the limits their parents may have in being able to provide care (Taplin, 2005; Prasad, 2011; Sen & Broadhurst, 2011). Contact with and discussion about their parents can address the confusion that children may feel about being removed from their parents' care, by addressing both the positives and negatives of their parents' capacity to care for them, and reduce idealisation of the parent (Kenrick, 2010).

3.3.4 To assess and support reunification

Contact plays a significant role in the assessment of parent-child relationships and of the parents' capacity to care for children and meet their needs, particularly early on when decisions are being made about contact and whether reunification or a permanent placement are in the best interests of the child (Saini, et al, 2012). For children who are in temporary care and where the intention of the case plan is returning home to their families, contact has the potential to develop and maintain attachment between children and their parents in order to prepare for reunification (Scott et al., 2005; Jamal & Tregeagle, 2013).

As a general rule, each child's history and circumstances need to be individually assessed, and the purpose and goals of contact for that particular child made explicit to all parties involved in the contact (Lucey et al., 2003; cited in Taplin, 2005).

3.4 Decision-making about contact

Numerous factors need to be considered in order to make decisions about contact, which are in the best interests psychologically and physically for children (Atwool, 2013). The factors discussed are drawn from reviews of qualitative and quantitative studies outlining the problems and challenges of contact, and from the theoretical framework of a child's sense of belonging, rather than outcome studies. Any decisions about contact should be based on carefully considered individualised assessments, which are reviewed regularly and are able to be varied as needed, particularly if the child is to remain in care until 18 years of age (Hashim, 2009; Taplin, 2005).

Individualised assessments must consider the purpose of contact, cultural considerations, the developmental stage of the child, the safety of the child and risk of further abuse, the impact upon children, carers and parents, the pre-existing nature of the relationship between parents and their children, and when age appropriate, children's views on contact to inform decision making (Atwool, 2013; Prasad, 2011) in relation to the nature of any contact. Visits should be adapted to the changing needs of the child as they grow and develop (Mapp, 2002), thereby maintaining therapeutic benefits to the child and the parent.

It is important that the views of all parties involved are taken into account in decision-making about contact (Austerberry et al., 2013; Osborn & Delfabbro, 2009; Prasad, 2011). One large mixed-methods study found that when foster carers were included in decision making about contact, carers felt more

supported by staff (Austerberry et al., 2013). Qualitative studies have found, however, that a lack of involvement in decision-making about contact is an ongoing unmet need of children and young people and carers (Morrison, et al, 2011; Scott et al., 2005).

3.4.1 Whether contact is supervised or not

Decisions about whether contact between children in care and their parents should be supervised should consider a number of factors, the most important of which include the type of abuse and ongoing safety of the child (Gibbs, Sinclair & Wilson, 2004). Other factors considered are pre-care characteristics, such as the reasons for admission to care, child/family relationships before and during care episodes, child characteristics, such as their age and developmental stage, emotional and physical well-being, and the existence or absence of supportive social networks (Sen & Broadhurst, 2011). Other authors recommend that decision-making about whether contact is to be supervised or unsupervised should take into account concerns about risks to the child from parents' behaviour at contact, the child's age (younger children are more vulnerable), risks of conflict arising between parents and carers and the need to develop the relationship between parents and carers (Schofield & Ward, 2011). If a child is under five years of age, contact is more likely to be supervised as they are more vulnerable to re-abuse or trauma and are less able to look after themselves (Prasad, 2011; Sen & Broadhurst, 2011).

Supervised contact may also provide the means to assess parent-child relationships by caseworkers, in order to determine whether ongoing contact and reunification are in the best interests of the child (Saini, et al, 2012). Supervised contact that is used to build parenting capacity through joint or structured activities (Schofield & Ward, 2011) was considered by parents as supportive and helpful, and increased the incentive to attend contact visits (Gibbs, McKenzie, & Dempster, 2007). When foster carers were involved in contact they perceived their role as providing supervision of the visit (Gibbs, Sinclair & Wilson, 2004; Sen & McCormack, 2011), with providing support for the children and their parents remaining a secondary aim.

The evidence on the types of supervised contact that impact on outcomes is very limited; studies which consider supervised contact are primarily descriptive and qualitative designs with a lack of prospective studies. There are no published empirical studies comparing types of supervision upon child or parent outcomes (Taplin & Mattick, 2014).

3.4.2 Differences in contact in kinship versus foster care

Kinship care, which is care provided for a child by family members or friends, is increasingly considered the preferred option for OOHC placements, as it maintains the strength of connections in family networks, improves psychological wellbeing of children, and contributes to greater placement stability (Farmer, 2010; Kiraly & Humphreys, 2013b; Vanschoonlandt Vanderfaeillie, Van Holen, De Maeyer & Andries., 2012; Winokur, Holtan & Batchelder, 2014).

While not extensive, the literature identifies problems with the assumptions that kinship care will automatically promote positive contact between parents and children (Farmer, 2009; Kiraly & Humphreys, 2013b; Kiraly & Humphreys, 2014). Differences in frequency of contact are not consistently reported in the literature with some studies indicating that contact was more frequent in kinship placements and less likely to be supervised (Taplin & Mattick, 2014), but in others there was no difference (Vanschoonlandt, et al, 2012).

Farmer's retrospective file review found that placements were less likely to break down if contact was supervised by kinship carers or casework staff, than when contact was unsupervised (Farmer, 2010). In a recent Victorian study, a sample of children in kinship care had more frequent informal contact in carers' homes, a more relaxed and more natural environment, which appears to facilitate positive contact with extended family and siblings (Kiraly & Humphreys, 2014). On the other hand, Vanschoonlandt and colleagues (2012) found that parental attitudes towards non-kinship/foster care placements were more accepting and positive than towards kinship placements.

In a UK study, kinship carers frequently report not receiving sufficient support to manage contact visits, particularly with managing boundaries and conflicts between parents and carers (who are often grandparents of the children) (Gibbs et al., 2004). Managing boundaries was also found to be one of the main sources of difficulty in Kiraly and Humphrey's study (2013a), which, points to the need for kinship carers requiring more support to facilitate contact, not less.

3.4.3 Age and developmental stage of the child

The age and the developmental status of children is frequently referred to as a factor that influences decisions on contact. However, in practicehow the developmental stage of the child influences these decisions is often not explicit (Prasad, 2011; Sen & Broadhurst, 2011). Neil and Howe (2004) emphasise that contact visits need to address developmental needs of the child, which may facilitate emotional

wellbeing, resolving loss or trauma and understanding personal identity. However, contact visits should also meet physical needs such as feeding, motor development, and cognitive development (such as self-awareness and 'object permanence') (Hess & Proch, 1988).

The developmental stage of a child may not be the same as the chronological age; thus, individual assessments are required to consider this issue when making decisions about contact with parents (Scott et al., 2005). As infants and young children (toddlers and pre-schoolers) cannot sustain memories of significant individuals in their lives, and their sense of time is different to older children, the nature (frequency and duration) of visits needs to accommodate this whilst balancing the need for predictable secure routines and attachment to the carer (Hess & Proch, 1988). Children, particularly those under two years of age, require their primary carer to be in close proximity much of the time for a sense of safety and security; forming secure attachments may be difficult due to the circumstances that led them to be placed in care (Atwool, 2013).

3.4.4 Attachment and the relationship with the parents

The need to maintain or encourage 'attachment' between a child and his or her parent(s), generally the mother, is often cited as a reason for more frequent contact, particularly if decisions about reunification or permanent placements are yet to be made (Humphreys & Kiraly, 2009; Kenrick, 2009). Haight and colleagues (2002) concluded that a thorough assessment of the nature of the attachment of the child in care and their parents is required to determine what type of contact would be suitable for the child concerned, interpreted in the context of the child's history and family system.

Some studies have demonstrated that there is increased risk of disorganised attachments forming and potentially adverse psychosocial and interpersonal outcomes if children have experienced abuse or neglect (Dozier, Stoval, Albus & Bates, 2001; Dozier et al., 2009; Bernard et al., 2012). Foster and kinship carers can benefit from information about the factors that impact on children's behaviour when there are attachment disorders, to assist in preparing the children for contact. A lack of information about visits has been reported by carers as a problem in supporting contact (Morrison et al., 2011).

Some intervention studies have demonstrated that with appropriate therapeutic support, attachment styles can be altered and improved. However, these intervention trials were conducted with children who had not been removed from their parents' care. Therefore, the nature of therapeutic input is likely to require greater intensity for children in OOHC as children in care may have experienced greater

trauma impacting upon their attachment style (Bernard et al., 2012; Dozier et al., 2009; Marvin, Cooper, Hoffman, & Powell, 2002; Ramsauer et al., 2014).

3.4.5 Risks to the safety of the child

One of the reasons supervised contact is used, is to reduce the risks of re-abuse and increase the child's safety during visits. Risks to physical and emotional safety of children need to be considered when developing and implementing a contact plan, and whether it is in the child's interests to have contact (Prasad, 2011; Taplin, 2005). Unhelpful or undermining messages from parents, which may be a result of parents experiencing difficulties in accepting that their children have been placed into care, increase the risk of emotional insecurity of children and destabilising the placement (Neil & Howe, 2004).

As the levels of risk of contact between children and parents increase, so must the skills of those providing supervision and interventions at contact visits (Clare, 2012). Children in care need to be provided with the emotional resources and support to enable them to cope with the stress of contact and feel safe to explore their world, including at visits with their parents. Creating this sense of security may involve carers being present at supervised visits for younger children and infants who may experience separation anxiety due to their need for proximity to their carers (Schofield & Beek, 2005), and also for older children.

3.4.6 Frequency of contact

Some observational studies have found an association between contact frequency and reunification: that greater frequency is associated with reunification. However, most have found that more frequent contact does not lead to reunification. As stated by Delfabbro, Barber and Cooper (2002), children who were more frequently visited were more likely to be reunified, but children with better adjusted and more co-operative parents were also more likely to have family contact and go home. Their conclusion was that it cannot be assumed that the introduction of contact where it was not occurring previously, or increases in contact, are always beneficial (Delfabbro et al., 2002). Other researchers have concluded that there is no evidence that imposing more frequent contact arrangements on children in long term care will increase the likelihood of children returning home (Quinton et al., 1997; Sen & Broadhurst, 2011; Biehal, et al., 2011; Taplin & Mattick, 2014). Where reunification is the goal, it is generally recommended that frequent visits be encouraged (Mennen & O'Keefe, 2005). When reunification is not the goal, it is clear from the literature that contact should occur according to the child's needs. This should be determined by ongoing assessment rather than recommending numerical frequency.

One study has found that frequent and consistent contact has been found to improve mental health outcomes of children who had been in out of home care, with contact defined as 'often or frequent' if it was at least weekly (McWey et al., 2010). Frequency has also been found to increase where children and parents experienced better adjustment to placements (Delfabbro, et al, 2002).

Triseliotis (2010) has observed that there is a presumption for contact to be 'reasonable', but this has not been defined, and no study has identified the appropriate frequency of contact for each group of children in care. All decisions about the frequency of contact visits should consider the status of the parent-child relationship, parental motivation and responsiveness to the child's needs, child safety, distance to travel to contact, finances, the emotional impact of contact on the child and the child's or young person's wishes about contact with their parents (Prasad, 2011). Contact frequency needs to be decided on an individual basis for each child in care, taking into account the above-mentioned factors that impact on every case.

A literature review on attachment and contact recommended that visits occur at least weekly or more often for children under three years (Haight et al., 2003). However, this conclusion was based upon the clinical judgement of attachment formation rather than on empirical data, and was prefaced with the recommendation that therapeutic intervention for parent and the parent child relationship occurs. Prescriptions of numerical frequency (such as four times per year) are not based on empirical studies but rather a reliance on practitioner experience (Atwool, 2013).

High frequency contact may be disruptive of the needs of infants (Humphreys & Kiraly, 2011). A retrospective file review that classified high frequency contact as four or more times per week (Humphreys & Kiraly, 2009) found high frequency contact did not improve reunification rates between parents and infants. A UK study also found infants who were attending high frequency contact with their parents were reported to experience infant distress (Kenrick, 2009). This distress was attributed to the frequent separations from their carers during the actual contact visit. The infants' routines were of constant travel rather than peaceful routines to improve their development, due to the high frequency contact, even though, unlike the Humphreys and Kiraly (2009) study, their carers accompanied them to the contact venue.

It has been proposed that visits of longer duration, but with less frequency, could increase the quality of visits, allowing for natural sleep-wake cycles for young children to occur more easily and decreasing the number of transitions between carer and parents for infants, making care a less disruptive experience

(McIntosh & Chisholm, 2008; Humphreys & Kiraly, 2010). This type of contact may also assist parents, as they can focus on the quality of the visit rather than needing to attend more frequently, when they are likely to be dealing with their own stressors and transport issues. Decreasing contact frequency may also assist carers to have greater involvement as children are being transported to fewer visits, sometimes by transport workers (Humphreys & Kiraly, 2011).

3.4.7 Cultural considerations

The cultural context should always be considered when making decisions about contact, as conceptions of parenting and child behaviour will vary across cultural groups (Haight et al., 2003). In a New Zealand study, Gibbs and colleagues (2006) concluded that understanding children in the context of a family system is critical for decision making about contact with Maori children, as the child and family are not seen as separate; they are within and part of a larger family network.

A nested study conducted in Australia, found that Indigenous caregivers of Indigenous children focus on providing them with knowledge of their family and an understanding of their culture to strengthen their wellbeing and sense of identity (Kiraly & Humphreys, 2012). Providing support for carers who are supervising contact is important for children to maintain and develop their cultural identity, as well as relationships with their parents and their family, which has a broader definition than in non-Indigenous cultures (Kiraly & Humphreys, 2011). OOHC policy currently emphasises the importance of having cultural support plans and implements the Aboriginal Placement Principles wherever possible, to maintain connections to children's families and communities.

3.4.8 Distances, costs, time and disruption

Literature reviews, descriptive and retrospective studies have consistently reported that distance and transport are barriers to parental engagement with contact (Gibbs et al., 2004; Iannos, 2013; Salveron, et al, 2009). Long distances to contact venues can pose a barrier to attendance, due to the costs and time spent travelling, particularly by public transport for parents who may not have access to a vehicle (Taplin & Mattick, 2014). A New Zealand study found that whilst parents were committed to visits at contact centres, it was not without a significant cost due to travelling long distances, paying for accommodation nearby, or asking others to provide transport due to difficulties in location (Gibbs, McKenzie, & Families Commission, 2006; Gibbs, McKenzie & Dempster, 2007). Whilst parental motivation for contact with their children may overcome distance to some extent, it is consistently reported as an ongoing practical problem (Salveron et al., 2009).

Distance is also an issue for children, as travel can result in fatigue and irritability, which may interfere with the quality of a contact visit (Triseliotis, 2010). Distance can be problematic for carers, if they are providing transport to contact venues, it is not necessarily quality time spent with younger children, and may disrupt the home routine if contact is of a high frequency (Humphreys & Kiraly, 2011; Kenrick, 2010). For school aged children, contact does not allow for engagement in after school activities or homework if significant time is required to travel to contact and it is prioritised over other activities (Morrison et al., 2011). Furthermore, children may be transported by staff they are not familiar with, which can of itself be anxiety provoking; it also sends conflicting messages about getting into vehicles with strangers (Morrison et al., 2011).

A retrospective file review study found that the greater the distance between a parent's home and a residential facility for children in OOHC, the less frequent that face to face contact occurred (Huefner, Pick, Smith, Stevens, & Mason, 2014).

3.4.9 Location of contact visits

Limited research has been conducted on the location of contact. There are five common types of locations in which contact takes place: the foster home; the parents' home; child protection departmental offices; neutral spaces such as public places; or in contact centres and OOHC agency offices (Holcomb, 2004). If parents or children have negative associations with the location of contact or if it is not a child friendly environment, the location can potentially impact upon the quality of the visit (Holcomb, 2004). Public places, such as fast food outlets, parks or activity centres, are the most common places for supervised contact visits, and are often used for older children (Jamal & Tregeagle, 2013).

a) Home of foster carers or parents

The home of a foster carer is a natural setting for a child to have contact with their parents, as it is where they are living. This choice of location has decreased in frequency in recent years due to concerns about the risks to the child or carer, staff and carer concerns about family history and the behaviour of parents, capacity of carers to supervise contact, or the unsuitability of the home due its location or size (Jamal & Tregeagle, 2013). The carers' home may also increase challenges in managing contact visits if there were multiple children with different parents in care at the placement (Leathers, 2002; Sen & McCormack, 2011). It may contribute to an increase in tension between parents and carers which could destabilise a placement occurring at a carer's home, may lead children to feeling insecure, and allows the parent to know where the child lives, which can be a concern for carers (Sen & McCormack, 2011).

On the other hand, it has been found that holding contact visits in carers' homes increases the frequency of mothers visiting their children (Leathers, 2002). Parents may feel a greater sense of inclusiveness in their child's life if they can see where they are living (Leathers, 2002; Sen & McCormack, 2011), there is less burden on children and carers to be transported to contact, and it is also less disruptive of routines, particularly those of young children (Humphreys & Kiraly, 2009). Contact at the carers' home may also increase the sense of shared parenting (Sen & McCormack, 2011). Its use appears to be rare, and only seems to occur if reunification is the goal (Jamal & Tregeagle, 2013).

Contact at parents' homes is less common than at the foster carers' homes and would only occur if reunification was planned, and the home was assessed as being appropriate and safe for the child to attend (Leathers, 2002). Child visits to parents' homes has been found to be a significant predictor of caseworkers' expectation that the child would be restored to the care of their parents, as this type of visit could assist with the transition to returning home (Leathers, 2002). Visiting in parents' homes or carers' homes was also found to be associated with increased frequency in visits (Leathers, 2002; Jamal & Tregeagle, 2013).

b) Contact centres and OOHC agency offices

Contact centres can provide closer supervision of contact for young children (Jamal & Tregeagle, 2013). Most centres aim to have age appropriate activities and toys for children to play with, with their parents, and are set up to resemble a home-like environment as much as possible (Scott et al., 2005; Triseliotis, 2010). The advantage of contact centres is that they provide a neutral environment for visits to occur, and as they are staffed, there is an opportunity to offer therapeutic support for parents and children during visits if needed. However, the decreased involvement of carers, coupled with an increased use of contact centres, suggests that assessments of risk may be a significant driver of these decisions about location, rather than what may give children the best quality contact visit experience (Jamal & Tregeagle, 2013). One qualitative study found that parents struggled with the stigma of using a supervised contact service, while acknowledging that without it, it was unlikely they would be able to see their children (Gibbs, McKenzie & Dempster, 2007). Although attempts are being made to increase the friendliness of contact centres for children and parents, it remains an artificial environment and limits the opportunity for parents and children to build their relationships in different settings.

c) Departmental offices

Contact visits can also occur in child protection offices, and have been found to be a common location for infant contact, despite the lack of a child friendly environment, a lack of space and equipment, and the presence of glass walls used for observation of interactions (Humphreys & Kiraly, 2009). Humphreys and Kiraly (2009) found that scheduled visits in child protection offices are less likely to occur, perhaps because this location does not promote quality contact experiences, and is disliked by families. These additional stressors are likely to impact upon the quality of a visit between a parent and their child, with such tension triggering further distress in the child. The rationale for visits occurring in this setting was primarily due to security concerns about the parents if there was a history of violence (Humphreys & Kiraly, 2011).

3.5 Delivery and management of supervised contacts

The delivery and management of supervised contact is complex. All individuals involved may require support in some form to facilitate contact, whether this is practical or psychosocial, at various points of a child's placement.

There are many facilitators and barriers to managing contact well. The limited qualitative evidence suggests that when supervised contact is overly intrusive, it can be distressing for both children and parents, and may act as a deterrent for parents to see their children. Supervised contact was reported in one study with parents (n = 32) as being more acceptable if social workers were in the background at visits, unless there were they were involved in organising activities for the children (Schofield & Ward, 2011). Strategies that take formal and informal barriers into account, for example, good non-judgemental communication and preparation for contact visits, and addressing practical barriers such as facilitating transport and providing a natural environment (Scott et al., 2005) can increase the effective management of contact.

3.5.1 Support from foster/kinship carers

The attitude of carers towards visits can have a significant impact on the quality of contact. Given the evidence that placements are increasingly stable when contact is encouraged, the support of carers is crucial to facilitating quality contact (Sen & Broadhurst, 2011). The limited evidence suggests that support for contact from foster or kinship carers is key to visit success, and approaches that facilitate

constructive relationships between carers, and parents and reflective functioning may increase this level of support for contact (Hojer, 2009).

Foster carers in one study reported putting strategies in place to help meet children's expectations about visits, and instituting rituals to help children prepare for visits with parents (Haight et al., 2002). Foster carers also reported feeling better equipped to support children with visiting when they have the information about how visits went (Morrison et al., 2011; Spielfogel, Leathers, Christian, & McMeel, 2011). One study found that there was a lack of consistency in the extent to which foster carers' views about contact were considered, and that they had very little control over the nature of contact arrangements (Neil et al., 2003). When foster carers are supported, through training or emotional support, and their views are considered, this support can filter down to the children in their care (Sen & McCormack, 2011). Emotional support to increase the empathy of carers and acceptance towards parents may be beneficial to successful contact visits; as when these attitudes are present, contact with parents is more likely to be a positive experience for children (Neil et al., 2003).

3.5.2 Flexibility in changing arrangements

Regular reviews of contact arrangements are required to consider the needs of all participants, particularly children, and to weigh up the ongoing need for supervision. There is evidence that building carer capacity to engage in visits may facilitate better outcomes for children (Morrison, et al., 2011; Nesmith, 2013).

Lack of flexibility in arrangements for children in long-term care due to court orders can be problematic, emotionally and practically, with children missing out on activities, especially as they get older (Atwool, 2013). Foster carers also report facing a lack of flexibility in arrangements, as they are not consulted about the nature of contact between children and their parents during planning stages, and the perceived impact upon the child of changes in contact. It was also perceived that this inflexibility may prevent children's wishes from being considered if their desires changed over time (Atwool, 2013; Morrison et al., 2011).

3.5.3 Expectations and regulation of parent behaviour during contact

There have been no empirical studies on the impact of expectations or regulations of parental behaviours during contact visits. Expectations for behaviour during contact visits are determined by services and the courts. There is a perception by parents that there are rules about supervised contact

visits, which are not explicit (Schofield & Ward, 2011). Parents report experiencing anxiety about the rules of contact visits, and often are informed about what they cannot do or say at contact without a reason being provided, or are sometimes not provided with any expectations or rules (Clare, 2012). Such anxiety has the potential to impact on the quality of parent-child interactions at visits, due to an awareness of topics not to be discussed, whilst maintaining the natural flow of interactions (Clare, 2012). Supervised contact is already an artificial environment, and when expectations or rules for parents are unclear, this increases the emotional demands placed upon parents who are already significantly stressed, as their children have been removed (Triseliotis, 2010).

3.5.4 Therapeutic supervision

Therapeutic supervision or visitation is contact between non-custodial parents and their children, which is facilitated by a trained professional (Crook & Oehme, 2007; Mourikis, 2002; Nesmith, 2013). Therapy or counselling can also be provided during a visit to a family (Crook & Oehme, 2007).

Therapeutic access or supervision is an interactive approach between the parent and the contact worker to build skills and changes in behaviour (Thoburn, 2003), which can provide structure with preparation for parents who require support in engaging in activities during visits (Mapp, 2002). This model of contact aims to address parent-child problems, reduce risk, and promote secure attachment during visits, by providing coaching and positive feedback throughout (Thoburn, 2003). It focuses contact sessions on active parenting with the child rather than as a social visit. A number of components are crucial to ensure this approach is successful, including positive collaboration by those involved in contact, a willingness to engage with the purpose of therapeutic access, and supporting transitions of the child (Cheung, Lu, Goodman & Lwin, 2012).

In order for supervision to be therapeutic and improve the quality of contact visits, visits require preparation by all individuals involved (children, parents, foster carers and caseworkers); to ensure that the goal of each contact visit is clear, and remains child-focused (Nesmith, 2013). Whilst the evidence is limited, it suggests that structure, consistency and routines for supervised contact can be therapeutic and beneficial to children and parents (Smith, Shapiro, Sperry, & LeBuffe, 2014).

3.5.5 Support and preparation for carers, parents and children involved in contact

All individuals involved in contact - parents, children and carers - require support, not only organisationally, but also emotionally to manage their own feelings about contact (parents and carers) as well as the feelings of the children attending contact visits (Tilbury & Osmond, 2006).

a) Foster carer support and preparation

A key need for foster carers, identified from a cross sectional large scale mixed methods survey of foster carers in the UK, is receiving support to manage contact and contact related issues through collaborative working relationships with workers (Austerberry et al., 2013). Direct support for carers, and indirect support to work through issues with children by workers attending visits, has been found to be highly valued by foster carers in facilitating good quality contact (Austerberry et al., 2013).

Carers can experience a wide range of emotions in response to contact visits, just as children and parents do. As foster carers are the individuals who provide emotional support to children after scheduled visits, they can experience their own feelings of anger and disappointment for the children in their care (Morrison et al., 2011). When foster parents are not included in planning for contact this has been found to be distressing for carers (Hashim, 2009). Opportunities to address their emotions through training and support could assist in reducing negative attitudes towards contact visits and reduce these attitudes being communicated to children. Similarly, kinship carers report a need for professional support and training to manage contact, particularly as they are usually related to the parents (Gibbs, et al, 2004; Kiraly & Humphreys, 2013; 2014). Professional support could assist in alleviating the challenge of managing the heightened emotions and loyalty conflict that contact can trigger in the context of complex family dynamics (Kiraly and Humphreys, 2014).

Foster carer training needs to provide carers with additional resources to cope with the challenges that contact visits may trigger, such as discussing feelings about contact with the children in their care, and managing behaviours that may arise following visits, which may or may not be directly related to the visit itself (Spielfogel et al., 2011). Contact visits are more likely to be supported by foster carers when they themselves feel supported and understand the purpose of contact visits (Sen & McCormack, 2011). Support for foster carers can also be provided by involving them in the development of contact plans to help them understand more fully how they can support the child in their care before and after contact visits. This information would contextualise the foster carer training they had received (Selwyn, 2004).

Training in managing contact has been identified as an unmet need (Murray, Tarren-Sweeney, & France, 2011). The limited studies conducted on foster carer training indicate that specialised training and support promotes foster carer preparation and their involvement in contact (Sanchirico & Jablonka, 2000). Surveys of carers also suggest that training and support in negotiation and communication skills could help foster carers to build positive relationships with parents, and thus be better prepared for visits and anxiety associated with contact that may arise (Austerberry et al., 2013).

When foster carers are viewed as part of the parenting team, both foster carers and workers report being satisfied with the levels of support provided and the working relationship with the social worker (Staines, Farmer, & Selwyn, 2011). Regular contact between foster carers and their allocated workers appears to facilitate ongoing support and the working relationship (monthly or more frequent).

b) Parent support and preparation

Parental support involves good communication and transparency between parents and the case worker (agency and departmental) to assist parents in engaging in support services that may be required, such as parenting support, financial and housing to address the issues that may have led to their children being placed into care. One Australian study reported that professional support to help build positive relationships between parents and their children in the context of contact assists parents to maintain their engagement with their children even when reunification is not the intended outcome (Osmond & Tilbury, 2012). When parents feel supported, this can allow them greater capacity to deal with the emotions that may have been triggered as a result of children being placed into care (Fernandez, 2013). However, despite qualitative research indicating parental support is an area of need, ongoing work with parents to facilitate positive contact does not always occur (Fernandez & Atwool, 2013).

Most interventions focus on parenting skills rather than preparation for supervised contact itself. Without addressing feelings of distress, loss or anger prior to contact visits, it is unlikely that supervised contact will be a good quality experience for the child or the parent (Sen & Broadhurst, 2011). Parents can often be highly invested in contact to maintain links with their children, but feel disempowered by being excluded from decision-making processes (Fernandez, 2013). Similarly, if parents are provided with collaborative guidance for structuring visits, this provides an opportunity to be included in this

process and to enhance the quality of the visit, such as exemplified in the strengths based resilience-building approach proposed by Smith and colleagues, currently being piloted (2014).

A coach can also provide support in a structured environment; introducing structure into a visit provides consistency and reassurance to both the children and parents, creating a sense of safety and reduced distress (Smith, et al, 2014). Parents want information about the daily lives of their children, as it promotes a sense of inclusion and an opportunity to share parenting responsibilities with the foster carers (Hojer, 2009). In addition, debriefing parents after contact has been proposed as a strategy for parents to reflect on what has gone well at visits and process any feelings that may have arisen during contact (Beyer, 2008).

Parents feel supported when they are able to contribute to decisions about contact visits and the care of their children. When information is shared with them about the daily life of their children in OOHC placements this was perceived to facilitate quality contact visits as parents had knowledge that would trigger conversations with their children (Hojer, 2009). Foster carers have the capacity to be a support for parents. Such positive support can have significant influence on the quality of contact visits (Balsells, Amoros, Fuentes-Pelaez & Mateos, 2011). Quality contact visits are facilitated by good communication between parents and foster carers, and by skills based and emotional support for parents (Humphreys & Kiraly, 2011).

c) Child support and preparation

Children require support to participate in decisions around supervised contact and support in understanding what supervised contact may involve (Fitzgerald & Graham, 2011). Children's inclusiveness in decision-making involves being actively listened to and being provided with an opportunity to think through and discuss their options regarding contact (Fitzgerald & Graham, 2011). Providing children with the opportunity to contribute to discussions about contact can partially support children to address feelings of confusion and isolation.

Children in OOHC require support from a number of sources in order for contact visits to be positive and beneficial, including but not necessarily limited to foster carers, parents and caseworkers (Morrison et al., 2011). Children have reported that staff did not speak with them about the progress of each visit to acknowledge and help them understand the feelings that arose before, during and after supervised visits with their parents (Morrison et al., 2011).

There is little empirical data on the impacts of child preparation on reunification, psychological outcomes or placement outcomes (Sen & Broadhurst, 2011). Foster carers have commented on the importance of engaging in positive nurturing rituals to help children transition into and out of supervised visits (Haight et al., 2002). Previous guidelines on contact visits (Hess, 2003; Hess, & Proch, 1988) recommend that child preparation for visits should involve exploring emotions that arise before contact, discussing what to expect at contact and exploring what the child would like to occur or not occur prior to the visit (Beyer, 2004, 2008).

The purpose of each visit needs to be carefully considered to facilitate visit preparation, thereby supporting the child or young person (Moyers et al., 2006). Preparing children for visits with their parents may also require discussion about what is expected of them during contact, what they may like to do during the visit, and dealing with problems if they arise (Hess & Proch, 1988). It needs to be age appropriate and may involve using art or play therapy to explore feelings about contact (Hess & Proch, 1988). Preparations for visits can be practical, by facilitating transport and being flexible with schedules where possible, ensuring that it does not interfere with the child's other activities (Morrison et al., 2011). The need for preparation for contact visits may vary over time (Hashim, 2009) and should take into account the individual needs and wishes of the child.

Regular communication between foster carers and children about the need for supervised visits, the purpose of contact and contextualising contact in relation to being in foster care could improve emotional outcomes for these children (Fuentes-Pelaez et al., 2013). Whilst conflict between foster carers and parents may be more likely in the kinship care setting, due to family dynamics, negative attitudes towards contact can have a significant influence on children's feelings about such visits (Balsells et al., 2011).

3.5.6 Use or reports and observation by staff

Supervision or observation of contact frequently forms part of the assessments of parenting capacity (Cherry, 1994; Cleaver, 1999), but little evidence is available on its benefits or uses. The use to which these reports are put in making decisions about reunification is not reported in the literature, nor is the extent to which the observation reports are used for therapeutic purposes to enhance the parent-child relationship.

There seems to be significant variability in how staff who are supervising contact view their role (Morrison et al., 2011). Impartially observing visits can be seen to facilitate the parent-child relationship,

as the caseworker ensures interactions are appropriate for the child (Crook & Oehme, 2007). Contact may also be used to assess parenting capacity early in a child's placement into care (Jamal & Tregeagle, 2013). Well prepared contact appears to be essential for it to be a nurturing experience, and in turn, conducive to restoration or repair of damaged parent-child relationships (Fernandez & Lee, 2013).

With many of these types of supervised visits, minimal interaction with parents is the preferred approach (Scott, et al., 2005). Written reports can be used to document what occurred during the visits, the process of separation, reactions to contact and if the caseworker supervising contact needed to intervene (Scott, et al., 2005). However, supervision and observation creates an artificial situation where behaviour is likely to be affected even if it is in a natural setting (Prasad, 2011; Triseliotis, 2010). Children also report disliking notes being taken during visits, particularly if the reasons for note-taking are not explained to them (Morrison et al., 2011).

Non-interactive observation of contact without timely feedback to parents provides limited opportunity for parenting capacity to be enhanced, and thus contact becomes a negative or punitive experience for the parent (Sen, 2010). Saini and colleagues (2012) suggest that the consequence of using non-interactive observation during supervised contact may delay reunification or lead to a reduction in contact visits, because of the explicit criticisms of parent behaviour during the visit, which may be detrimental to both the child and the parent (Saini et al., 2012).

The nature of supervision needs to change as the purpose of supervision changes. Once a decision has been made that a child will remain in long term care, the need for the contact supervisor to assess the parents' parenting capacity diminishes. Supervision may then be focused more closely on providing therapeutic support for the ongoing parent-child relationship.

3.5.7 Training for workers

Given the multiple difficulties and complex dynamics that families can present with during supervised contact visits, qualitative studies have identified that specialised training is a critical area for staff managing contact, and an unmet need of staff (Gibbs et al., 2006; Park, Peterson-Badali & Jenkins, 1997). Staff who are supervising contact require a number of skills to manage potentially complex situations, including role modelling of positive parenting skills, non-judgemental encouragement, empathy and active listening, to ensure the rules of the service are followed in a consistent helpful way (Park, et al., 1997). It has been recommended that training for contact service providers needs to address a number of topics, including child development, awareness of the impact of abuse, separation

at the conclusion of visits, maintaining neutrality, the ability to intervene appropriately, cultural sensitivity, preparing reports and providing appropriate levels of safety during the visit (ACCSA, 2008; Pulido, Forrester & Lacina, 2011). These skills also enhance the service to be child focused, as they aim to improve parents' capacity to meet the needs of their children during visits.

Research evaluating the effectiveness of training of staff in supervised contact is limited.

3.5.8 Group or individual family visits

Group supervision is supported contact, which does not involve monitoring of parent-child interactions (Perry & Rainey, 2007). One small study reported that this was frequently used as an intervening step between supervised and unsupervised contact (Lewis, 2013). Group supervision has been referred to in the literature (Crook & Oehme, 2007), however, there is no evidence it has been evaluated or compared to individual supervision.

When supervised face-to-face contact is reported in the literature, it implies individualised contact involving the parent, child and supervisor. This is consistent with the Australian Children's Contact Services Association standards for contact services. Individual supervision appears to have developed in response to needs for privacy and confidentiality about contact visits and to promote a sense of physical safety and emotional safety to express feelings that may arise for children and parents alike (Saini et al., 2012). Individual supervision may be more appropriate where contact visits are designed to be therapeutic.

4. Key findings

Within the child protection literature there is little discussion or evidence about the impact of supervision of contact visits, nor of the extent to which this occurs amongst families with children in care (Taplin & Mattick, 2014). Although there are identified limitations in the evidence in relation to contact, it is clear that an improvement is required in the way that supervised contact between children in OOHC and their parents is managed.

A number of key findings were identified in the review:

- The major purpose of contact is to maintain and support the relationship between children in OOHC and their parents.
- Prescriptions of the numerical frequency of contact visits (such as four times per year) are not based on empirical studies and there is no established causality between the frequency of contact and benefits to children, including an increased likelihood of reunification. This is of particular relevance for infants who are subject to high frequency contact orders.
- Contact may be supervised because of risks to the child of unsupervised contact, the need to assess parenting capacity, and to support relationships and reunification. However, supervision is often viewed negatively so the need for supervision, along with other aspects of contact, should be reviewed on a regular basis, particularly taking into account the changing needs and developmental stages of the child.
- When parents, carers and children are all included in the decision making about contact arrangements, and information is shared with all parties, they each feel better supported to manage contact and the complex relationships involved.
- Incorporating individualised assessments rather than broad prescriptive approaches to contact arrangements is essential.
- The limited intervention studies in this area, coupled with the articulation of the unmet needs of individuals involved in supervised contact, recognises that parents, children, carers and professionals require specialised training to prepare for and support contact visits.
- High vigilance supervised contact appears to be common in Australia, a practice that comes at a high financial cost with little known about its benefits. Much current family contact pays too little attention to the quality of contact. This is an expensive and missed opportunity, not only for vulnerable children, but also for their parents.

- There is a clear need for high quality, well-resourced supervised contact visit programs as an important intervention strategy for parents and children, providing parents and their children with the opportunity to repair and develop of healthier relationships.

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