

CONTACT BETWEEN CHILDREN IN CARE
AND
THEIR BIRTH FAMILIES

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ABSTRACT

This dissertation describes a study that investigated the perceptions of foster parents and kinship caregivers (grandparents caring for their grandchildren) around contact issues between children in their care and their birth parents in Canterbury, New Zealand.

The study employed a qualitative approach for data collection and analysis. The qualitative method of data collection for the study comprised of three focus groups, two with foster parents and one with grandparents. The focus groups were conducted using a modified Nominal Group Technique (NGT) where two questions posed to the participants sought to understand their views about behaviours they noticed in children in their care before and after contact with birth parents. In addition, a further question was asked to gain an understanding around their feelings on contact with birth parents.

Findings of the study indicated that foster parents largely described children's behaviour before and after contact to be distressing and stressful for them, with few positive benefits. Furthermore, foster parents mainly stated strong, negative feelings around contact with biological parents. In the discussion, implications of these results are discussed for foster children, foster parents and social welfare practices.

Key words: Foster Parents, Grandparents, Nominal Group Technique, Permanency, Birth Parents, Behaviour Problems, Contact.

CHAPTER 1: INTRODUCTION

In New Zealand the number of children placed in ‘out-of-home’ care is rising, with a similar picture worldwide. According to New Zealand’s Department of Child, Youth and Family Services (CYF) 2006 annual report, the organisation received 66,210 notifications of abuse and neglect in the years 2005/2006 (CYF, 2006). This figure represents an increase of 24.7% over the number reported for the previous year (for examples see CYF, 2006). In addition, the report also indicated that by the end of 30 June 2006, 5,314 children were in state care. This figure is a significant increase (16.0%) on the number stated for the previous year. Similarly, in the Australian National Child Protection and Support Services (NCPASS) comparability of child protection report of 2008, New Zealand reported 50 notifications per 1,000 children in 2005 (Holzer & Bromfield, 2008). This figure was comparable to high rates reported in Australia, United States and Canada. Furthermore, in 2005, an average of 4.8 per every 1,000 children in New Zealand was living in state care (Holzer & Bromfield, 2008).

Research studies highlight that children living in ‘out-of-home’ or ‘alternate’ care, experience a range of emotional and behavioural problems similar to that of the clinically referred children, in comparison to the general population of children (Tarren-Sweeney, 2008). Furthermore, this group of children have also been identified to exhibit a high range of social, educational and mental health needs (Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006). Children in care tend to come from high-risk backgrounds such as; situations of neglect, abuse, family violence and parental psychopathology (Rutter, 2000) and they are therefore more likely to have experienced attachment disturbances (Tarren-Sweeney, 2008). Currently, children living in ‘out-of-home’ care have been poorly represented in research as well as in the clinical population (Rutter, 2000; Tarren-Sweeney, 2008).

Among one of the most widely debated issues with practitioners, policy makers and welfare workers for children living in ‘out-of-home’ care has been around their contact with birth parents. While some practitioners claim that contact with birth parents is beneficial for children living in care, research on contact issues has provided equivocal answers (Quinton, Rushton, Dance, & Mayes, 1997; Quinton, Selwyn, Rushton, & Dance, 1999; Ryburn, 1998, 1999). Furthermore, most of the arguments around contact issues for children living in foster care are based on research available from adoption where the situation appears to be quite different (Taplin, 2005).

There are three broad arguments that support contact. Firstly, frequent contact with birth parents facilitates family reunification (Cantos, Gries, & Slis, 1997; Davis, Landsverk, Newton, & Ganger, 1996; Delfabbro, Barber, & Cooper, 2002; Leathers, 2002). Secondly, contact with birth parents allows a child to maintain an attachment relationship with birth parents, resulting in a decrease in the sense of abandonment from being in care (McWey, 2004; McWey & Mullis, 2004). Thirdly, contact with birthparents promotes a healthy psychological well-being in children (Cantos, et al., 1997). On the other hand, a further body of literature exists stating that findings on contact issues for foster children have failed to display long-term outcomes (Neil, Beek, & Schofield, 2003; Quinton, et al., 1997). They further assert that research studies on issues related to contact with birth parents come with methodological weakness (Quinton, et al., 1997) and are based on ideology and not on developmental outcomes (Neil, et al., 2003; Rushton, 2004).

While these studies have described and constructed the benefits for and against contact for children in foster care, important gaps exist in this body of research. For example, there is a lack of knowledge about the perception of foster parents and kinship parents surrounding the actual visits. This would include issues such as, “What reactions and feelings are activated by the

visiting process for foster parents and kinship parents?” and “What types of behaviours have foster and kinship parents observed in children before and after contact with birthparents? very little is known about these questions even though foster and kinship parents in most instances play a pivotal role in the contact visits.

The author therefore undertook a small exploratory study on the perspective of foster parents and kinship caregivers (grandparents taking care of their grandchildren) on children in their care having contact with birth parents. It is hoped that exploring foster parents and grandparents’ views on contact issues may provide valuable information for practitioners, policymakers and social workers in the welfare sector to make more sound, developmentally appropriate decisions regarding children’s contact with birth parents.

Some important considerations while exploring the perspectives of foster and kinship parents include the following: obtaining their feelings on the actual visits with birthparents; the behaviours they have observed in children in their care in the days leading up to contact visits with birthparents; and the behaviours they have observed in children after their contact with birthparents.

The following section will provide an overview of the New Zealand Social Service system in order for the reader to obtain a comprehensive understanding of the current system. The next chapter will review literature on contact issues with birthparents for traditionally adopted children, adopted children from foster care and foster children.

New Zealand Legislative and Systems Overview

In New Zealand, similar to the trends in some other western countries, children in state custody are generally placed with whānau/family (in literature referred as ‘kinship care’) or in foster placements. The two key legislations applied in the child welfare sector in New Zealand are the Children, Young Persons, and their Families Act 1989 (CYP& F Act) and the Care of Children’s Act 2004. The principle philosophy both of these Acts operate on is the paramouncy principle. This states that decisions regarding children are to be based on ‘the best interests of the child’.

In addition, one other main principle on which the (CYP& F Act) operates is based on kinship care (Ernst, 1999). Therefore, in the Act, a high priority is given to placing the children within extended family networks in situations when children fail to return to their parents. In New Zealand the origins of kinship care are based on Maori children’s cultural identity and a need to maintain family links. When children come into state care in New Zealand, a family group conference is arranged as the first level of decision making for outcomes relating to the long-term placement for the child. The main purpose of these family group conferences (FGC) is for family members, as well as social workers to be involved in decisions relating to the care and protection of the child. CYF (2006) annual report states that 6,287 care and protection conferences were held in 2006 and in 86% of these cases, an agreement was reached between both the parties. This emphasises the weight on whānau/family members within the context of New Zealand policies and Family Law. The CYP & F Act states that;

“Subject to section 6 of this Act, any court which, or person who, exercises any power conferred by or under this Act, shall be guided by the following principles:

(a) The principle that, wherever possible, a child's or young person's family, whānau, hapu, iwi, and family group should participate in the making of decisions affecting that child or young person, and accordingly that, wherever possible, regard should be had to the views of that family, whānau, hapu, iwi, and family group:

(b) The principle that, wherever possible, the relationship between a child or a young person and his or her family, whānau, hapu, iwi, and family group should be maintained and strengthened.”

(“Children, Young Persons, and Their Families Act”, 1989)

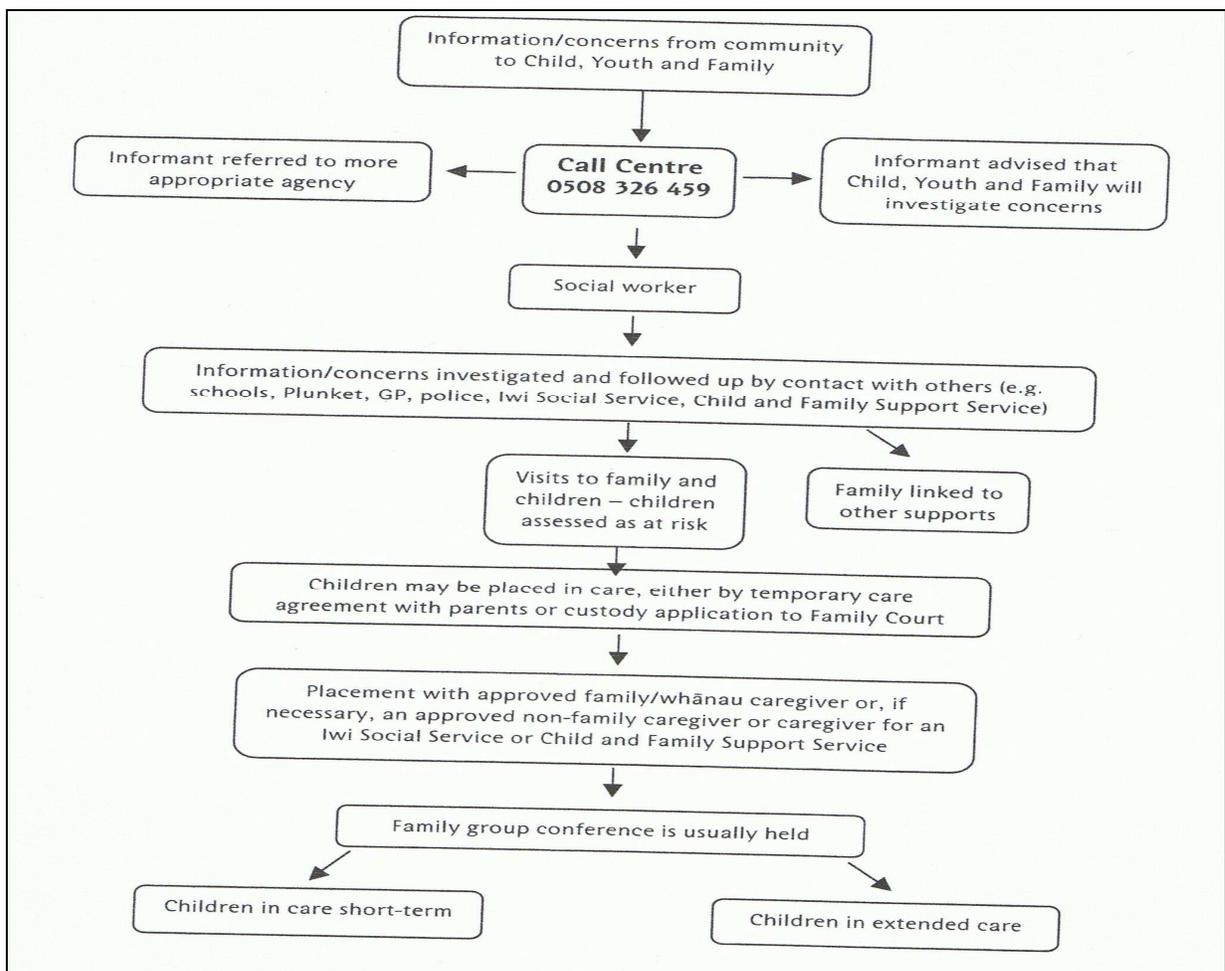
In New Zealand children are placed in ‘out-of-home’ or ‘alternative’ placements by the state to provide care and protection, in situations when they are considered to be at risk. The social welfare system provides care and protection for children from birth to age 17 years. Some of the risks experienced by these children include neglect, sexual abuse, physical abuse and emotional abuse. An overview of how children come into state care can be observed in Figure 1.

Children who are placed in state care in New Zealand are either placed in emergency care, respite care, short-term care or in extended care arrangements. Emergency care refers to situations when a child is needed to be placed in care due to a crisis; whereas respite care refers to short-term care to give parents or the caregivers a break (for example, one weekend in a month). Short-term care orders are often referred to as temporary care arrangements while decisions about long-term placement for a child is finalised. Short-term care is usually for a period of 28 days, renewable for a total of 56 days and during this period families can meet the requirements for a child to return home. In extended care, children are placed in care for longer periods until a decision on permanency planning is made. As stated previously, within this

period families can meet the requirements indicated by the family court or the whānau/ family group conferences for a child’s return home. According to CYF policy, reviews of extended care arrangement (permanency planning) are to occur after every six months for a child under seven years of age, whereas for children between the ages of seven and 16 years, placements are reviewed on an annual basis.

Figure 1.

How Children Come Into Care



(Taken from CYF, 2003a, p.19)

According to CYF policy, for each child that is taken into their care, a case manager social worker is allocated to the case. CYF (2006) findings highlighted that there were 1,092

unallocated cases in June 2006. CYFs Practice Guidelines states that the child's social worker has a range of responsibilities for the child such as:

- providing care plans
- visiting the child on a 'regular' basis
- providing support to the child's parents to meet the requirements
- supporting the care givers to meet the needs of the child
- arranging contact visits with birth family
- keeping the caregivers up to date with the placement situations
- making referrals as required
- providing caregivers with information about financial resources
- including the whānau caregiver and foster parent in consultation procedures
- regularly supporting the child's needs
- providing support to children in placement and transitions in care or on return home

(CYF, 2003b)

In addition, each caregiver who is with CYFs department is also allocated a Caregiver Liaison Social Worker. The duty of Caregiver Liaison Social Worker is to provide:

- providing support to the caregivers regarding the needs of children in their care
- recruiting caregivers
- providing initial and on-going training for caregivers
- representing caregiver well-being at meetings
- reviewing and visiting each caregiver twice a year
- liaising with social workers about the needs of children in placement.

Furthermore, the roles of Practice Managers, Social Worker Supervisors, Care and Protection Coordinators, Youth Justice Social Workers and Resource Workers within the CYF department

have an impact on the role of the caregivers. Care and Protection Social workers have the role of arranging and running the whānau/Family Group Conferences and recording the outcomes of the conference as well as following up on the decision. Practice Managers and Social Worker Supervisors can be accessed by the caregivers in the situations when they feel that adequate support is not being provided by the Case Social Worker. Youth Justice Social Workers play a role similar to that of Care and Protection Social Workers, which involves arranging and conducting whānau/Family Group Conferences. In addition to this, they play a role in liaising with Police around issues related to placement of the youth client group.

One of the main tasks of the role of the Resource Workers is to provide support to the caregivers in situations when children in their care need to have contact with the birth parents. This situation mainly happens in cases where the court has recommended contact to be supervised (CYF, 2003b). Similarly, CYF has several frameworks that serve as guides for social workers so the work is more systematic and planned. These include the Permanency Framework, the Care and Protection Framework, the Youth Justice Framework and the Adoptions Framework. According to the Permanency Framework achieving permanency is imperative for a child in order to develop secure attachment, a sense of self-worth, emotional security and pro-social behaviour. The Care and Protection Practice Framework emphasises the importance of family being at the centre of care decision-making and planning.

Foster Care

In New Zealand, similar to the trends in other Western countries, there appears to be a move away from institutional care towards more family-based care. The trend of formal fostering in New Zealand appears to be a recent development. However, there had always been a system in which children had been looked after by the extended families. Historically, family foster care was provided by Catholic Social Services for parents as respite or short-term care, and children

requiring long-term care were placed in institutions such as orphanages. At present there appears to be a shift in the policies and practices related to children being placed away from their families. More children are being placed with family foster care or group homes, while a few children still reside in institutional care. The reason for children being placed with family foster care or group homes is based on the understanding that children need to form nurturing, protective bonding with a primary attachment figure (CYF, 2003a).

When children in care are placed with foster parents, a huge expectation is placed upon these parents to meet the great needs of these children coming from adverse backgrounds. Additionally, foster parents are also left with the responsibility of dealing with these children's loss, trauma and identity conflicts, while being aware that these children have a connection to their birth families. In recent years, the role of foster parents has also changed due to the increasingly complex needs of foster children.

Kinship Care

In New Zealand there has been a palpable shift in state preference towards kinship care, when there has been a need for alternative care. In New Zealand kinship care accounts for 32% of placements (Statistic New Zealand, 2002 as cited in Connolly, 2003) for children in alternative care. The importance of enabling families to make decisions about the care of their kin children is reflected in the principles of New Zealand Children, Young Persons, and Their Families Act (1989). In comparison to foster parents, kinship caregivers possibly enter into a care giving role when the family is in crisis and when the caregivers are unprepared for the task. Caregivers existing relationship with the birth parent may be strained as the result of the placement. Thus, contact issues with birth parents for kinship caregivers may appear to be more complex in comparison to foster parents.

Contact /Access issues for Children living in Out-of-Home Care in New Zealand

As stated previously, in New Zealand, when children are placed in care there is a Family Group Conference meeting to determine the desired outcomes for a child. This is seen as the principle of the CYP&F Act which states that the primary role in caring for children and young people and protecting them from harm should lie with the family, whanau, hapu, iwi and/or family group. CYF policy states that when a child is taken into care, within three months a permanency plan must be developed and that the purpose of access/contact can differ depending on the child's or the young person's permanency goal (CYF, 2006a).

The four permanency goals stated are:

1. *Remain/return home*
2. *Permanency with kin or whanau/family group, preferably under the Care of Children Act.*
3. *Permanency with caregivers who are neither whanau nor family group, preferably under the Care of Children Act.*
4. *Transition to independent living with suitable family-like support.*

(CYF, 2006a, p.9)

In the absence of any agreed access arrangements, contact orders (s.121) are made by the court. A parent may also apply for an access/contact order under either the CYP&F Act (s.121) or for a parenting order for contact under the Care of Children Act (s.48), and for a support order (s.91) to fund access/contact (CYF, 2006). CYFs guidelines state that contact plans are made in the best interests of children in care and not those of the adults around them (CYF, 2009). The purpose of contact varies based on the child/young person's care situation and their need for contact with their birth parents, siblings and extended family/ whanau. The three main purposes of contact for children in care have been stated as:

- Reunification with parents
- Supporting the child/ young person's in a permanent placement
- To have knowledge of their identity and to maintain relationships

(CYF, 2009)

Frequency and duration of contact

The frequency of contact is determined based on the needs of the specific situation, the age of the child, the maturity level and developmental stage, the child's wishes, their relationship/ attachment to their parents, and the birth parents' support of the placement (CYF, 2009). CYF practice guidelines states that in situations when the case plan is to return home, children aged six years and under are best to have three contact visits per week, with the duration of each visit lasting from three to six hours. In comparison, children aged seven years and older are best to have one to two visits per week. However, in situations when the case plan for a child is permanent placement with caregivers, and if the birth parents are supportive of the placement contact is encouraged as often as the child needs. This can be in the form of phone calls to talk about significant events, attending a sports function, or the two families having a meal together (CYF, 2009).

Contact arrangements

Prior to beginning contact plans, the boundaries, expected standards of behaviour for all parties, the purpose of contact, type and length of contact are decided and written down. Case plans of contact are drawn up with the consultation between birth parents, caregivers, and where appropriate child/young person. Supervised contact is ordered in situations of severe physical or sexual abuse, emotional harm and any situations where the child's safety is compromised (CYF, 2009).

According to CYF guidelines, access/contact issues can vary greatly when permanency is planned with family caregivers as issues such as family relationships, pressure from family members, safety and accessibility can cause significant problems. For example: contact issues can be very different in situations, where birth parents live in an accessible distance from the caregiver and decide to drop in frequently, or if caregivers are fearful of a violent parent (CYF, 2006a).

Termination of contact

The decision to terminate contact between a child/young person and his/her birth parents is made after identifying the benefits of contact and weighing these against the risks. Criteria for ending contact include:

- A restraining order being in force
- Abuse or neglect of the child or young person during contact
- Threatened violence towards the child or young person
- Ongoing negative adult behaviour that impacts the child/young person's well being and stability of care
- Continued non or poor-attendance by the parent and the child being impacted by this
- Repeated violation of agreed contact arrangements that cause harm to the child
- The child and young person not wanting contact

(CYF, 2009)

CHAPTER 2: LITERATURE REVIEW

The importance of ongoing contact with birth parents is currently a great concern among families, researchers, practitioners, policy-makers and social workers working in the child welfare sector. Post-placement contact with birth parents appears to be the means by which both adopted children and foster children stay connected with their birth families. However at present, practitioners face many dilemmas when making decisions related to the frequency, desirability and the type of post-placement contact for children living in substitute care (Neil & Howe, 2004). Finding the right balance in the “best interests of the child” appears to be a difficult task for all the involved parties. The legal context around contact arrangements for adopted children and children in foster care appears to be very different. However the children’s needs in the areas of attachment, loss, and identity are reasonably similar (Neil, et al., 2003). Foster and adoptive parents who are caring for them have the additional task of always being aware that these children have psychological and genealogical ties to their birth families (Neil, et al., 2003).

Literature search

A systematic review of the literature was undertaken to identify available and relevant research studies. While contact has been a subject of debate for some time regarding children living in care, it was found that research focusing on perceptions of foster and kinship parents on issues related to contact with birth parents was and is scarce both from the New Zealand setting and at an international context. Most of the available research in this field appeared to be from the 1900s, and were predominantly from United Kingdom and United States. The research papers were reviewed for its relevance to the research question and research articles around contact issues for traditionally adopted children; children adopted from care and foster children were included in the literature. This was done to gain a broader understanding of contact issues for children in care.

Definitions of Contact

The term 'contact' has mainly been used to describe any deliberate communications (direct or indirect) that a child has with significant others in a child's world, in situations when the birth parents are no longer the child's primary caregivers. The significant others in a child's life can include the birth parents, siblings, other family members and even in some situations previous foster parents or adoptive parents (Quinton, et al., 1997; Taplin, 2005). Contact visit can comprise of direct communications such as face-to-face visits and telephone conversations. Alternatively it can be indirect such as through letters, cards, photo exchange or e-mail. Contact visits can occur in a public place, as well as in several other settings. These can be the place where the child is living for example: foster or adopted parent's home, at the birth parents home, or even at an agency. In some circumstances contact takes place in the presence of a supervisor or in a supervised contact centre. Supervised contact is in most instances recommended for family court cases (Taplin, 2005).

Debates around contact for children in care

As of yet, there is a paucity of information with regards to the short and long-term effects of contact with birth parents, for children living in substitute care. Research on contact issues provide equivocal answers as different studies present contrasting results. However there has been considerable debate among researchers on issues related to the benefits of ongoing face-to-face contact with birth parents (Quinton, et al., 1997; Quinton, et al., 1999; Ryburn, 1998, 1999). Generally, arguments in favour of contact claim that contact with birth parents enables children to preserve their identity by helping them to maintain a link with the birth parents, consequently providing an understanding of where they have come from and why they were placed in care. Furthermore, contact visits with birth parents is said to assist children in maintaining existing relationships, thus helping them to lessen grief as well as to facilitate restoration (Fratter, 1996;

Ryburn, 1998, 1999). Alternatively, researchers who argue that there is a lack of empirical research ‘supporting’ contact state that findings on contact issues for children living with substitute families have failed to meet long-term desired outcomes. They also assert that the few available research attempting to the effects of birth family contacts, comes with a number of methodological weaknesses, is limited on long-term developmental outcomes, and is driven by ideology (Neil, et al., 2003; Quinton, et al., 1997; Quinton & Selwyn, 1998; Quinton, et al., 1999; Rushton, 2004).

Despite the limitations in the research on contact issues, the general assumptions are that contact is beneficial for all the children in care other than in extreme situations of child maltreatment. However, Selwyn (2004) states that presently, decisions on contact issues need to move beyond identifying whether contact is beneficial or harmful to think about under which conditions contact is beneficial, for which children.

Traditionally Adopted Children

In adoption, contact plans can be part of the legal agreement drawn at the time of adoption (Quinton, et al., 1997). Currently adoption practices both in New Zealand and overseas lie on a continuum of openness compared to traditional forms of closed adoptions. Closed-adoption generally involves the termination of all contact whereas open adoption generally refers to the maintenance of contact between adoptive and biological families following placement of adopted children (Frasch, Brooks, & Barth, 2000).

There remains considerable debate about the benefits of post-adoption contact with birth parents due to limitations in research. Practitioners in favour of contact assert that in open adoption, continuing contact with birth parents fulfils the child’s need for information and ongoing knowledge about the birth family as well as allowing the child’s right for information about the birth parents (Fratter, 1996; Ryburn, 1998, 1999). Furthermore, they state that for the adopted child, contact with birth parents enables the healthy development of their identities (Ryburn, 1998,

1999). According to Ryburn (1999) when contact exists after adoption there are benefits for birth parents, adopters and adopted children. These include greater placement stability; higher levels of child, adoptive and birthparent satisfaction; a greater sense of security and permanence for adoptive parents; and improved adjustment for children.

On the other hand, researchers who disagree on the benefits of post-adoption contact assert that available research has failed to demonstrate long-term benefits for adopted children, adopted parents as well as birth parents (Quinton, et al., 1997; Quinton & Selwyn, 1998; Quinton, et al., 1999; Rushton, 2004). Quinton, et al. (1999) pointed out that benefits of post-adoption contact have been drawn from research with methodological weaknesses. Some of these methodological limitations outlined by Quinton and colleagues include: inclusion of unrepresentative samples in the studies, inability to differentiate between direct face-to-face and other kinds of contact in their analysis, lack of measurement of psycho-social functioning of parents and children prior to the studies to measure the outcome of contact, lack of studies on similar experiences but differing on the extent of parental contact, and flaws in participants selection (Quinton, et al., 1997, p. 395-397). They further argued that studies on post-adoption have failed to demonstrate gains for children during early and mid-childhood, particularly in cases of maltreatment and rejection. Moreover, Quinton, et al. (1999) suggested that many questions about contact have remained unanswered and require longitudinal studies to measure long-term outcome.

While there is lack of empirical research in the area of effects of contact on adopted children, researchers have explored other variables to understand contact arrangements from all involved parties. Logan (1999) examined the views of adoptive parents and birth parents in an information exchange scheme in the United Kingdom. The author conducted both semi-structured questionnaires and administered interviews with 30 adoptive couples and 11 birth parents. The findings highlighted that in the majority of the cases a two-way exchange of information was not

taking place between the adoptive parents and the birth parents. It was noted that the more commonly occurring exchange of information was from the adoptive parents to the birth parents through the involved agency. Thus, this study indicated that the exchange of information between adoptive parents and birth parents was not straightforward and easy. It was in fact a complex process, impacting on the birth parents, adoptive parents and the adopted children.

Neil (2002) examined the agency's role in facilitating post-adoption contact for 10 agencies in a study in the United Kingdom. Findings indicated that agencies differed in the extent to which they promoted contact arrangements. The study also noted that when agencies had a flexible plan about contact arrangements, as well as to working closely with the families, contact arrangements were observed to work more favorably. The findings of this study therefore suggest that agencies needed to work closely with both adoptive and birth families for contact arrangements to work more favourably.

As of yet, contact issues in adoption lack empirical data to determine its short-term and long-term benefits on adopted children. The claim of broad beneficial effects in contact appears to be largely philosophical and rights-based in comparison to evidence of psycho-social benefits (Quinton & Selwyn, 2006). Therefore, even though some available literature suggests that contact with birth parents can enable children to assist with their need to maintain links with the birth family, not enough information is available to determine how contact arrangements work out in the best interests of the adopted children. The benefits of contact with birth family for adopted children needs further research, particularly in the form of longitudinal effect-studies to determine its long-term gains (Rushton, 2004).

Children Adopted from Foster Care

The circumstances surrounding contact issues for children adopted from foster care differs, as in most instances these children may have experienced parental abuse, inadequate or abusive parenting prior to adoption. Additionally, they are more likely to be older and to have relationships with and memories of their birth parents (Frasch, et al., 2000; Quinton, et al., 1997). According to Frasc, et al., (2000) children adopted from care may have further fears of maltreatment and difficulties in forming an attachment relationship with their new parents.

However, available research shows that children placed from care with the goal of permanency, during middle childhood are able to form attachment bonds with their new parents. Rushton, Dance, & Quinton (2003) examined the association of parent-child relationships in a sample of 61 children in south of England. The children in the study were between the age of five and nine years and were newly placed with adoptive or long-term foster families. Home-based interviews with new parents, administration of questionnaires at 1 and 12 months and interviews with social workers were used to obtain data in the study. Findings showed that after being in care for 12 months, 73% of the children were able to establish an attachment relationship with the new parents.

Currently, there is surprisingly very little research that has looked specifically on contact issues with birthparents for children adopted from care. Quinton, et al. (1997) noted that contact issues for children adopted from care has been promoted for and against in the absence of empirical research. He further stated that one of the arguments that have been promoted against contact with birth parents for children adopted from care has been around contact having an impact on the stability of placement (Quinton, et al., (1997).

Barth and Berry (1988) examined openness in foster care adoption with 120 families in a study in United States. The children included in the study were adopted from age three years and upwards. Findings indicated that 79% of the children had face-to-face contact with former caregivers including former foster parents whereas 27% of the children had contact with birth parents. Thirty one percent of the adopted parents found contact helpful, in contrast to the 38% who did not. Overall, the researchers found that adoptive parents' sense of control over the contact arrangements determined the outcome for contact with birth parents. Similar findings have been noted in an eight-year longitudinal study, conducted in California by Frasch (2000). Three waves of mailed questionnaires were used to obtain data from 231 foster care adoptions. The study found that contact is sustainable over time in open adoption. The study also showed that adoptive parents' attitude towards birth parents determined the openness of the care. Adoptive parents, whose attitudes towards biological parents were positive, appeared to prefer open adoption. These findings are consistent with a U.K. study by Neil et al. (2003). Adoptive parents' attitude towards both the child and the biological parents determined the outcome of contact. The author found that in cases where adoptive parents displayed empathy and sensitivity towards the biological parent as well as to the child, contact appeared to be maintained over time. This arrangement was viewed as satisfactory by both the adoptive and birth parents. The above studies highlight the importance of adoptive parents' role in the continuation of contact.

In some instances contact is promoted for children adopted from care, based on the assumption that it provides the children information about birth parents. This is stated to be important as it provides the child a realistic view of why he or she was placed in care, as well as lessening the child's feeling of rejection by the birth parents (Quinton, et al., 1997). Furthermore, it is described that adoptive parents' feelings surrounding adoption are entrenched together in determining the outcome of contact with the biological parents (Quinton, et al., 1997).

Thoburn (2004) examined contact issues in a longitudinal study with 297 children of minority ethnic origin. The children were mostly over the age of three when they were permanently placed with either adoptive parents or foster parents. Detailed qualitative and quantitative data was obtained from a file search between 10 and 15 years after placement when the young people were aged between 14 and 30. Additionally, interviews were conducted with one or both of the 51 adoptive and/or foster parents as well as 28 young people themselves. Findings indicated that birth family contact was of high importance for children placed transracially. The study showed that some older children preferred not to be in a placement where they were not allowed to maintain ongoing contact with birth families.

Selwyn (2004) examined contact issues for 130 children aged between 3-11 years adopted from care in a study from United Kingdom. Sixty-eight percent of children in this study had experienced multiple abuse and almost all the children had experienced at least one form of abuse. Findings from the study showed that in some situations, contact with birth parents was described as being not a positive experience. The study also showed that 21% of the children were physically or sexually abused during contact. Adoptive parents appeared to be less involved in the contact plans, as being provided with little guidance of their role in the contact plans. Equally, another finding from the study was that contact arrangements changed overtime. At follow-up, 61% of children had no contact with a birth parent for the previous 12 months, while 26% of children also seemed to have experienced no contact either from their birth parents or the previous caregivers.

Currently, the available research on contact arrangement for children adopted from foster care comes with gaps and limitations.

Children in out-of-home Care

Children residing in court-ordered care are referred to as ‘looked after children’ in the United Kingdom; whereas in North America, this group of children are unknown as children in ‘out-of-home’ care. One of the most debated issues in the area of foster care is the importance of maintaining contact between children in foster care and their biological parents. However, most of the arguments used in the area of contact with birth parents for foster children are based on research available from adoption where the situation appears to be quite different. In addition to this, the available research on contact with birthparents has failed to highlight differences in contact outcomes between adolescents and those of younger children (Moyers, Farmer, & Lipscombe, 2006). Researchers have offered several reasons for the importance of maintaining contact with birth parents for children in foster care. Among which, the three main arguments that appear in the literature are: parental visiting helps to maintain the attachment bond between children and their parents; parental visiting increases the likelihood that children are reunified with their parents; parental visiting enhances the psychological well-being of the children.

Contact and attachment relationship

The need for a child to maintain an “attachment” bond with his or her birth family, particularly with the birth mother is stated as a reason for more frequent contact for children in foster care. In addition to this, some other arguments suggested in favour of contact state that a healthy attachment with birth parents promotes positive identity and less identity conflict for children in foster care (McWey, 2004; McWey & Mullis, 2004). In most instances, if reunification is the goal of the case plan, for children in foster care frequent contact is encouraged to promote healthy attachment. Attachment is defined as the affectional bond that an

infant establishes with another person, in most instances a parent (Bowlby, 1958, cited in Hess, 1987). The available research in child welfare has received limited attention around parent-child attachment and contact visits. Thus, the construct of parent-child attachment and birth family contact during contact visits has not been clearly defined in the literature.

Fanshel and Shinn (1978) examined the relationship between attachment and contact visits in a study from the United States. The study sample comprised of 624 children entering foster care. Parental visiting was categorised as “high” if parents engaged in frequent irregular visiting, or if the child visited his or her home. In contrast, parental visiting was categorised as “low” in cases where there was minimal parental visiting or no visiting at all. The authors relied on index scores obtained from caseworkers to assess the child’s attachment to the parent. The study findings showed parental visiting to be negatively correlated with attachment. Children who were unvisited appeared to be more attached to their parents in comparison to the more frequently visited children. The authors predicted that the caseworkers may have perceived the children to be “continuing pining for their parents” even when the parents no longer visited (Fanshel & Shinn, 1978, p. 404). The study also found that frequency of parental visiting was not a significant measure of change in perceived attachment to the child.

McWey (2004) examined attachment styles in foster children under five years of age who received visits from their biological parents in a study from United States. A 90 minute parent child access visit was observed by three researchers who completed an Attachment Q-set (AQS) to measure attachment styles. AQS is a criterion-referenced Q-sort designed to assess both secure and dependent attachment. Data relating to family contact, number of completed visits and numbers of cancelled family contacts were also obtained in the study. Findings of the study showed that 85.5% of the sample studied appeared to be avoidantly attached. The term avoidantly attached refers to an attachment style when a child is described to be unresponsive to

the parent when she is present. For example: The child does not show any distress in situations when the parent leaves the child, and responds to a stranger in much the same way as to the parent (Berk, 2006). The study also showed that the more frequently a child was visited, the less avoidantly attached they became. Children who had greater contact however, had more externalising behaviours. The author predicts the cause of the externalising behaviour as being a result of the children being able to express their feelings after contact. The study had no independent assessments of attachment styles prior to the observations and as previous research acknowledges that attachment styles change over time this may affect the validity and reliability of the study.

In a different study, McWay & Mullis (2004) examined the quality of attachment relationship between 123 children in foster care and their biological parents. Findings of the study suggested that children who had a case plan of reunification, had more consistent visiting patterns and had stronger attachments in comparison to children who had less contact visits. The study also found that children who had stronger attachment appeared to exhibit less behaviour problems. However a limitation of this study is that, the authors have failed to consider that children with better behaviour and stronger attachments may be more likely to have less abusive or dysfunctional families and therefore greater prospects for restoration and consequently, they would be more likely to have contact.

Undoubtedly, one of the arguments noted about the importance of maintaining contact with birth parents for foster children is based on the assumption that a new bond with the foster parents will interfere in the relationship with the birth parents. However research has shown that children are able to form multiple attachment bonds with both sets of parents (Kelly & Lamb, 2003).

One of the other benefits associated with attachment is the promotion of identity and a reduction of loyalty conflicts. Leathers (2003) hypothesised that frequent parental visiting was associated with foster children's conflicting allegiances to foster families and biological parents, and consequently leading to behavioural and emotional difficulties. The study sample consisted of 199 young adolescents, placed in foster care for more than one year in United States. Telephone interviews of foster parents were undertaken to find out about the type and amount of parental visiting to foster children in their care. Information on the strength of the child's relationship to foster parents including any conflicts was also assessed. Findings showed frequent visiting to be difficult for foster children due to loyalty conflicts and allegiance to biological parents. The study also showed this to be less of a problem if children had been in care for greater than one year.

Browne and Moloney (2002) studied the impact of visiting patterns of natural parents on foster placements from a study in the United Kingdom. Seventeen social workers completed a questionnaire on 127 foster placements involving 74 foster families from different communities. The questionnaires were designed to elicit psychological issues that might affect foster children. Social workers in the study described 62% of parental access visits as being positive for the foster children in comparison to 33% of the children who reacted negatively to these visits. The authors categorised the visits into four distinct types, these were: Visits defined as regular and frequent 46%, Visits defined as regular not frequent 12%, Irregular contact/not frequent 15% and No access 27%. The authors then defined the status of the placement into three categories, successful- 46%, ambiguous - 28%, crisis- 26%. The researchers concluded that that uncertain nature of the children's relationship with their birth families may have contributed to the ambiguous nature of their foster placement and may be an important factor in placement breakdown.

The importance of attachment theory and the role it plays in the case planning for contact decisions has been raised in the literature (Haight, Kagle, & Black, 2003; Harris & Lindsey, 2002).

“Child welfare policy and practice should support regular and frequent parental visitation, whenever reunification is a viable goal of service, especially during the child’s infancy and early childhood.” (Haight, et al., 2003, p. 198)

Presently, the available literature on the relationship between contact and parent-child attachment raises more questions and a need for further research. As of yet, it is not clear or conclusive as to how frequent contact with birth parents provides the benefits associated with a healthy attachment for children in foster care. Thus, it cannot be assumed that frequent contact should be promoted on the basis of maintaining healthy attachment with birth parents (Taplin, 2005).

Contact and reunification

For most children in foster care, family reunification is considered as a high priority based on the assumption that it is better for children to be raised by their biological parents. To further this view, arguments in the literature claim that children who have more frequent contact with their parents are more likely to be reunified with their birth parents (Cantos, Gries, & Slis, 1997; Davis, Landsverk, Newton, & Ganger, 1996; Delfabbro, Barber, & Cooper, 2002; Leathers, 2002).

Davis, et al. (1996) examined parental visiting and reunification in a study from United States. Case records and interviews with staff were used as measurement tools to collect the data for 922 children. The study showed that around 66% of children were reunited with their birth families after 18 months in foster care while 34% had other permanency planning outcomes. The study also showed that when children were visited by their mother at the level recommended by

the court, they were ten times more likely to be reunified. However, the study did not identify whether the children's visiting patterns were arranged from the outset in line with a restoration plan.

Leathers (2002) examined the relationship between inclusive practice, parental involvement with more frequent visiting and the likelihood for family reunification in a study from United States. A random sample of 230 twelve and thirteen year old children, their foster parents and caseworkers were interviewed by telephone around parental visitation. Caseworkers' predictions of a child who was likely to return home was accurate as 43.5% of them did, while those not expected to return home did not. The numbers of maternal visits were related to case workers predictions of whether children would return home, even after controlling for parent and child characteristics.

Case plans of contact visits (the process of how, where, and whether visits are to be supervised) are arrangements drawn up with the consultation between workers, birth families, foster parents and where appropriate children or young people. Researchers note that contact plans should not be too rigid as it needs to be constantly reviewed to meet the best interests of the child (Beek & Schofield, 2004; Neil, et al., 2003; Selwyn, 2004). Alternatively, in the literature it is recommended that a contact plan be drawn up as early as a child comes into care, as the consequences of an unsuccessfully managed contact plan can be distressing to the child as well as the other involved parties (Scott, O'Neill, & Minge, 2005).

Wilson and Sinclair (2004) examined contact issues for foster children in a longitudinal study in seven English local authorities. The study sample consisted of 596 foster children. Findings showed that social workers did not generally see the purpose of contact as being to promote return home. The authors state that when there is a likelihood of a child returning home,

frequent contact should be encouraged. However, they argue that contact on its own does not assist a child returning home.

“The visits themselves are associated with return home. It is not at all clear that they cause it.” (Wilson & Sinclair, 2004, p. 170)

While, research findings show that greater contact with birth parents is more likely to result in reunification, there is no evidence that contact is the casual link to it. Researchers have come up with a number of confounding variables associated with a child returning home such as child-birth parent attachment, better adjusted parents, a lack of child behavioural problems, better adjusted children, pre-existing case plans for the child to return home (Barber & Delfabbro, 2003; Cantos, et al., 1997; Quinton, et al., 1997; Wilson & Sinclair, 2004).

Contact and other aspects of psychological well being

According to one writer (Hess, 1987) one of the other broad gains associated with contact is that frequent contact with a birth parent enhances the well-being of children living in foster families. Generally, it has been claimed that contact fulfils the child’s need for information about the birth family. Conversely, it has been assumed that if a child does not have contact, it can lead to unhealthy idealisation about the birth family as well as a feeling of total abandonment (Hess, 1987). Contact visits with birth parents have also been suggested to help children in understanding their origin as well as in helping them to maintain their cultural identity. Although some of these studies appear to support a link between contact and well-being of children in foster care, it does not highlight a causal relationship (Cantos, et al., 1997; Delfabbro, et al., 2002; Neil & Howe, 2004; Quinton, et al., 1997; Thoburn, 2004; Wilson & Sinclair, 2004).

Cantos, et al. (1997) examined the relationship between parental visiting on the emotional and behavioural adjustment of children in care from in a study from United States. A sample of 49 foster children consecutively referred for therapy and 25 children not referred for

therapy and their foster parents were recruited for the study. The researchers used the Child Behaviour Checklist (CBCL) as a tool to measure the behaviour problems. As hypothesised by the researchers, children who were frequently visited exhibited fewer externalising and internalising behaviour problems, in contrast to those less frequently visited or not at all. However, when the researchers compared the 19 non-referred children with the clinically-referred group for visiting and adjustment, no differences were found between the two groups.

Delfabbro (2002) examined the association between parental contact, the well-being and the placement status of children in care in the Australia. A sample of 235 children (121 boys, 114 girls), between the ages of 4-17 years were selected for the study. The findings showed that there were no noteworthy changes in the frequency of the visit and the quality of birth family relationship for children within the eight months of the study. The study also showed that most of the caseworkers rated contact between children in care and their birth parents as beneficial. However, 15-20% rated the gains of contact for children to be deteriorating while contact plans were ongoing.

While contact with birth parents is promoted on the basis of enhancing the psychological well-being of children, at this stage it is not clearly understood how it works. Studies that have explored the well-being of children have examined different aspects of it. Quinton, et al. (1997) argued that studies which examined psychological adjustment in children have failed to measure the level of functioning prior to the study. They further stated that most of the studies that have measured psycho-social adjustment of children have relied on social workers' assessments, which could result in a variation in the reliability and validity.

Contact and placement outcome

Research suggests that contact with birthparents may at times appear to be problematic for children or adolescents in long-term foster care. Moyers, et al. (2006) examined fostering

skills and support of carers as well as contact that adolescents had with birth parents, siblings and other family members in a long-term foster placement in a study from United Kingdom. The study sample consisted of 68 foster carers, adolescents and social workers. Data was collected through the review of case files, through semi-structured interview with the young people, their foster carers and social workers. The authors interviewed the participants, three months after the start of a new placement and again after 12 months, or at the time of disruption if this occurred. The initial interviews indicated that 41% of foster carers found the young person's contact having a negative impact on them. The study also showed that problematic contact was 'one of a number of factors' causing placement breakdown. Additionally, during the one-year follow-up, the authors found that 63% of the young people had contact with someone that was viewed as being detrimental to them.

Contact Issues in Kinship Care

Some researchers argue that children in kinship care remain in care for longer periods and that reunification possibilities and permanency planning are largely unidentified (Berrick & Barth, 1994; Gleeson, O'Donnell, & Bonecutter, 1997). However, other research studies cite concern for the safety of the children in kinship care, given the risk of maintaining and continuing unsupervised access to abusive parents (Berrick, Barth, & Needell, 1994; Rubin, et al., 2008). The benefits cited for kinship care are that children are less likely to change placements, experience greater placement stability and are more likely to have consistent contact with their birth parents (Rubin, et al., 2008).

Nature of contact in kinship care

At present, there is surprisingly very little research that has specifically looked into contact with birth parents in kinship care. According to several studies (Berrick, et al., 1994;

Holtan, Ronning, Handegard, & Sourander, 2005) contact with birth parents appears to be frequent and informal in kinship care and has been argued to be beneficial, stated as “*desirable for most maltreated children*” (Berrick, et al., 1994, p. 154; Dubowitz, Feigelman, & Zuravin, 1993). Citing a study examining the nature and frequency of contact with 58 caregivers, (Cohon, Hines, Cooper, Packman, & Sigging, 2000; as cited in Scott, et al., 2005) the researcher notes that 43% of contact was informal in comparison to formal contact plans. The study also found that contact with birth fathers was less frequent when compared with birth mothers. Berrick, et al. (1994) conducted a study on the comparison of kinship foster homes and foster family homes in California. The study participants comprised of 246 kin providers and 354 foster care providers. Behaviour Problems Index (BPI) was used to assess behaviour problems. Additional information was obtained from the carers with the help of surveys. The study findings showed that 56% children had regular contact visits with their birth parent at least once a month, in comparison to 32% of the children in foster care. In addition to this, 19% of children in kinship foster care met their birth parents four times a month, compared to 3% of those in foster care. By comparison, the researchers in this study found that the pattern of contact was described as being more formal in kinship care, than in ordinary foster care.

Contact with birth parents and placement outcome

Terling-Watt (2001) examined placement disruption rates and factors associated with placement disruptions for 875 children in Houston, Texas. Several factors were identified as reasons for placement disruptions. Ongoing influences from biological parents were noted as one of the most common causes contributing to placement breakdown. The total disruption rate for 875 children in the study was 33.1%. However, based on a stratified random sample of 30 case files examined by the researcher and interviews with the case worker the disruption rate was 50%.

Chang and Liles (2007) examined the factors that might be associated in the disruption of kinship placements. Data were collected from face-to-face interviews with 130 kin caregivers in California. The study showed that kinship caregivers' perception of the quality of relationships between themselves and the children in their care, and the birth parents of those children were associated with placement outcomes.

The above mentioned studies highlight some of complexities of contact issues for children in kinship care. The particular nature of kinship care and the intricate nature of contact with birth families increase the need for more research into this underdeveloped area. The author was unable to obtain any comparable New Zealand research around contact issues in kinship care.

Foster Parent's Perception of their role in Contact Visits

Given, the centrality of the contact visits with birth parents for children in care, there is surprisingly very little research that has specifically looked into the perception of foster parents around these visits. Additionally, there is very little information on the aims and objectives of parental access visits for foster children. As of now, there are no studies available from the New Zealand context, on how foster parents perceive contact with birth parents. Available research from the international context also does not cover the role of the foster parents in these visits (Beek & Schofield, 2004; Erera, 1997; Haight, et al., 2002; Sanchirico & Jablonka, 2000; Simms & Bolden, 1991; Wilson & Sinclair, 2004). It suffices to say that foster parents play a role in the continuation of contact with birthparents. This can be in the form of execution of contact visits with birth parents, or providing support to children prior and after contact. In most instances there is a general assumption that foster parents show an understanding of the need for the children in their care to maintain contact. However, the actual process of dealing with contact is believed to be fraught. It has been stated that supporting foster parents within the multitude of

behaviour problems exhibited by children in their care is an important aspect of child welfare policy and practice (Erera, 1997).

Research suggests that the foster parent's attitude towards contact can influence a child's reaction to contact as well as how contact takes place (Simms & Bolden, 1991). Neil, et al. (2003) examined contact procedures in adoption and foster care for 168 children in a study from U.K. The authors found that children placed in foster care had more face-to-face contact with birth relatives when compared to the adopted children. The study also showed that foster parents who appeared more sensitive towards the needs of the child played a key role in maintaining relationships with birth families. In situations when foster parents were not involved in the case plans of contact, it was rated as distressing for both the child as well as to the foster parent. Similarly, Beek & Schofield (2004) found foster parents to be more supportive towards contact arrangements when they appeared to show sensitive thinking towards the children in their care as well as their birth parents.

Understanding the perspective of biological parents, foster parents, and caseworkers on issues related to contact is perceived to be a significant aspect in improving contact visits for foster children (Haight, et al., 2002). Haight, et al. (2002) used semi-structured clinical interviews of foster mothers, parents and child welfare workers to determine their perspectives on how to improve parental access in a study from United States. The study sample included 28 birth mothers, 13 randomly selected foster mothers and 24 child welfare workers. The foster children in the study were between 24-60 months. They also had a permanency plan in place and received regular visits from their birth parents. Several themes emerged as being of importance to foster parents. For visit preparation, foster parents had rated the importance of providing emotional support as children found the visits stressful. The issues highlighted as being of significance under the visit category were: providing adequate physical context for the visit,

engaging children in age-appropriate activities during visits, having a positive parent-supervisor relationship, the importance of parent-child interaction during visits, and the importance of appropriate monitoring during visits. Regarding the post visit period, foster parents identified providing appropriate and sensitive support as an important theme. Similarly, foster parents emphasised the emotional harm on children when visits were cancelled or when parents failed to turn up for visits. One foster parent's comment included,

“When the kids come back, I have to deal with whether it was good visit or not. If it wasn't, then I have to spend maybe three hours nurturing, showing all the affection, and promising that, hopefully, this won't happen again.” (Haight, et al., 2002, p. 10)

Simms & Bolden (1991) conducted a 16 week intervention programme to improve the quality and experience of contact in the United States. The study sample included eight foster children (six boys and two girls) between the ages of five to nine years, four foster parents and 4 biological parents. The biological parents and foster children were assigned to a weekly intervention group. The foster parents were assigned to a weekly support group facilitated by the clinical social worker. The intervention group were assisted in a group activity facilitated by an art therapist for the first hour during each week, followed by a 20 minute family therapy sessions conducted by the staff social worker. The data for the study was obtained through daily recorded observations.

Among the foster parent group, discussions revealed that:

“Children often displayed behavioural difficulties associated with visits, but most foster parents recognise that the children longed to live with their biological parents and that the emotional ambivalence they experienced was expressed in aggressive behaviours.” (Simms & Bolden, 1991, p. 685)

Some other themes cited by foster parents include; the ambiguity of their roles, instances of distressing contact taking place within their home situations, case workers not consulting them regarding contact, and not enough time being provided to the children for a smooth transition to a different foster homes or during the time of reunification with the birth parents.

Researchers have hypothesised that providing training and support for foster parents would result in an increase in their involvement in contact issues with birth parents. Sanchirico & Jablonka (2000) looked at the connection between foster children and their biological parents to determine the impact of foster parent training and support in a study from New York. The study participants' consisted of 560 foster parents who had at least one foster child, who was having parental contact at the time of the study. The activities that foster parents were involved in were: keeping contact with the birth parents when taking children for visits (77.2% of foster parents), encouraging phone calls with parents, siblings, relatives (63.2%), providing supervised visitation (51.3%), involving family in celebrating birthdays, holidays (47.5%), inviting families to visit their home (35.0%), involving family in shared decision-making (33.3%), other activities to help children stay connected with family (8.9%). The study found that training for foster carers around parental contact had an effect on increasing contact visits. The study also showed that those participants who received training and support engaged in significantly more activities related to contact in contrast to the participants who did not receive training and support.

Elera (1997) conducted an exploratory study with 324 Israeli foster parents. Foster Parents Role Performance Questionnaire' (FPRPQ) designed by the author was used to understand foster carers attitudes towards birth parents and case workers. Findings indicated that foster carers did not appear to be involved with birth parents with 79% having never visited them and 52% having never spoken on the telephone. A small number of 14% initiated contact with birth parents in their home and 21% at the birth parents home. These visits were mainly initiated

by birth parents. Over half of the foster carers were positive to the caseworker's role but still felt they did not adequately prepare them for their fostering role. Generally, foster parents felt that the children belonged to them more than the birth parents.

Jones and Morrissette (1999) conducted a study to identify stressful events in foster parents' lives in a study from United States. The length of fostering for those in the study sample ranged from 0.5 years to 30 years. The authors employed both qualitative and quantitative aspects to obtain data from the participants. Several themes were identified with 156 foster parents. Some of these include experiencing a high level of stress in dealing with foster children when birth parents did not appear for scheduled visits. The study also showed that foster parents voiced a feeling of being excluded from biological family visits which according to them were not arranged in the best interests of the children. Wilson & Sinclair (2004) examined contact plans for 596 children in foster care. The authors found that foster parents rated contact at times being extremely stressful. The study also showed that even though most children wanted contact with birth parents nearly six children out of ten found contact distressing.

Methodological Considerations

In the available literature on foster parents, the methodology most commonly used is foster parents self reports, which can be considered as a limitation in the literature. There may be a discrepancy in the reports given by foster parents on contact issues. Foster children manifest a range of complex, challenging behaviours on a day-to-day basis. Thus, when foster parents are reporting behaviours related to contact they may have difficulties separating those behaviours in comparison to behaviours that are due to other factors in the child's lives around the time of contact. Foster parents have known to evidence similar reliability as that of birth parents. In a study conducted by Tarren-Sweeney, Hazell, & Carr (2004) the findings indicated that foster

parents had an equal reliability to that of birth parents in reporting behaviour problems. Foster parents and kinship caregivers also have been reported to be more reliable in expressing child behaviour in comparison to depressed mothers (Randazzo, Landsverk, & Ganger, 2003). Thus, this study will be a contribution towards understanding one aspect of contact (perceived changes in children's behaviour pre-and-post contact) from the perspective of foster parents and kinship caregivers in the New Zealand context.

Summary

Some studies regarding the foster parents' role around contact with birth parents have identified the significance of several factors such as foster parents experiencing stress around contact visits, children being disappointed with the visits from birth parents, children being distressed after the visits, the ambiguity of the foster parents' role in relation to contact plans, the relationship between foster parents attitude and the outcome of contact visits (Haight, et al., 2002; Jones & Morrissette, 1999; Neil, et al., 2003; Simms & Bolden, 1991; Wilson & Sinclair, 2004). Studies regarding kinship caregivers' views on contact with birthparents have identified several themes such as contact leading to high disruption rates, contact plans being informal and unclear (Berrick & Barth, 1994; Berrick, et al., 1994; Terling-Watt, 2001).

Aims of the Current Research

As mentioned previously, the purpose of this study is to examine foster parents' and kinship caregivers' (grandparents caring for their grandchildren) perceptions about two issues: a) perceived changes in children's behaviour pre-and post-contact from the perspective of foster parents and kinship care givers; b) carer feelings towards birth parents around contact. This study is significant in several ways. First it is offering insights into foster carer views/attitudes around perceived behaviours of children pre-and post-contact and their feelings towards birth parents at

contact. Secondly, this study is designed to generate ideas and research hypotheses for a prospective, cross-national study of the effects of within-care experiences that is presently being planned by the author's academic supervisor. This study also hopes to generate findings that are useful to both the policy-makers and practitioners, in making contact plans for children in foster care.

CHAPTER 3: METHOD

Design

The primary goal of this exploratory study was to obtain foster parents' and kinship caregivers' (grandparents caring for their grandchildren) perceptions on a range of issues relating to contact between children in their care and their biological parents, as stated in chapter 1. This study employed a qualitative approach for data collection and analysis. A qualitative method of data collection was incorporated into the study to obtain a greater understanding of foster parents' and grandparents' subjective, divergent experiences (Keating, Tarren-Sweeney, Vimpani, Hazell, & Callan, 2000). Accordingly, this information was anticipated to provide a more comprehensive insight into the attitude of foster parents and grandparents about contact. For example: the type of feelings contact with birth parents evoked in them, the pattern of behaviours identified in children before and after contact with birth parents. The qualitative method of data collection for the study comprised of three focus groups.

Participants

The target populations of this study were foster parents and grandparents who were providing foster care or kinship care in New Zealand. Participants were recruited through two local foster caregiver support groups and Family Works (Presbyterian Support), a support service that works with grandparents caring for their grandchildren. Some of the foster parents in the study were also part of the New Zealand Family and Foster Care Federation. Participants were chosen for three focus groups: two reserved for foster parents and one for grandparents.

Foster parents

The author initially attended two support groups run by foster parents, at which information regarding the study was given to them. A total of 30 foster parents showed an interest in participating in the study and gave the author with their contact details. Once the date for the focus group was finalised, those who wished to participate were followed up with additional phone calls to provide them with information further explaining their role and involvement in the study. This was followed by a mail-out which included an information sheet (cited in Appendix A) explaining the study. In addition to this, the letter informed them of the venue and date of the focus group. On the actual date of the focus groups, six participants turned up for each group.

Grandparents

Participants for the grandparents' focus group were contacted through the social worker at the Family Works (Presbyterian Support) group. Unlike with the participants for the focus group for foster parents, the author was not allowed the opportunity to meet the participants of the focus group for the grandparents prior to them occurring. The social worker from Family Works was asked to forward an information sheet (cited in Appendix B) which invited grandparents to attend a focus group designed to voice their feelings about contact issues with birthparents. The venue and date of the focus group was identified on the information sheet, which also invited grandparents to contact the author if they were interested in joining the focus group. The social worker was given 30 information sheets.

Demographic characteristics of the participants

This study focused on a limited data set that included only basic demographic information on the foster parents and kinship caregivers. All the participants recruited for the study were

currently caring for foster children, and most of them had extensive experience with fostering children. The foster parents in focus group 1 comprised of one male and five females, with two of them being Maori and the rest being New Zealand Pakeha. Foster parents in focus group 2 were all females and identified themselves as New Zealand Pakeha.

Focus Group Method

Focus groups are group discussions organised to explore a specific set of issues, attitudes, perceptions, opinions and experiences (Kitzinger, 1995; Krueger, 1988). Focus group approach also facilitate greater interaction between participants, resulting in access of data that would not emerge if other methods were used (Krueger, 1988). Focus groups were first recognised in the 1920s as a technique useful in the marketing discipline (Kitzinger, 1994). However since then, focus group research has been used in different disciplines such as the social sciences, health and education (Fern, 2001).

Krueger (1988) defines five important characteristics or features of focus groups: “people”, who “possess certain characteristics”, “provide data” “of a qualitative nature” “in a focussed discussion” (Krueger, 1988, p. 27). According to Krueger (1988) the number of participants for a focus group may vary depending on the research purpose. Ideally it should include of 7-10 participants, however in some instances a smaller group size of 4-6 participants may work better if the aim is to get a broader insight (Krueger, 1988). Furthermore, Krueger (1988) does not recommend a group size of more than 12 participants, as it changes group dynamics and results in fewer experiences being shared among group members.

Focus groups are run by a moderator (sometimes known as a facilitator). Liamputtong and Ezzy (2005) suggest one of the key components of a focus group to be the moderator and point out that an experienced moderator has a considerable influence on the richness of the data obtained from the group. In a focus group the main role of the moderator is to stimulate the discussion

within the group and to guide the group towards the direction of the intended pathway of research (Liamputtong & Ezzy, 2005). A co-facilitator might at times assist the moderator/facilitator. When the moderator is engaged in stimulating the discussion within the group, the co-facilitator might take on the role of the note taker, writing down all the participants' responses (Liamputtong & Ezzy, 2005). The co-facilitator also observes and writes down any other non-verbal responses of participants which may be helpful in understanding their responses (Liamputtong & Ezzy, 2005).

While focus groups have been identified as having several advantages, there are also some limitations. For example, on some occasions the dominant participants guide the discussion while the other more passive participants are not given a chance to voice their feelings (Liamputtong & Ezzy, 2005). On instances when this happens the researcher may only be able to collect scattered information within the group and may not be able to obtain a more in-depth response. Additionally, the responses of the participants in the group are likely to be different from the views of those who did not offer responses. Therefore, non-response can be a serious problem as this can be considered as agreement to the group's responses, when in actual fact it may be a disagreement (Keating, et al., 2000; Liamputtong & Ezzy, 2005).

Based on the above mentioned limitations, it was decided to conduct the focus groups using a structured methodology, namely a modification of the Nominal Group Technique (NGT).

Nominal Group Technique

Nominal Group Technique is a highly structured group process which is designed to elicit ideas from all members of the group (Cantos, et al., 1997; Delbecq, Van de Ven, & Gustafson, 1975; Keating, et al., 2000; Macphail, 2001; Moore, 1987; Nelson, Jayanthi, Brittain, Epstein, & Bursuck, 2002; Tarren-Sweeney, Keatinge, & Hazell, 2008) and aims to limit the interplay of the researcher in the generation of ideas, clarification of issues and setting of priorities within the group (Delbecq, et al., 1975; Moore, 1987).

The Nominal group Technique was originally developed by Delbecq and Van de Ven in 1968 and since then has widely been used in health, social service, and education research (Delbecq et al., 1975). Moore (1987) suggests that NGT enables “individual judgements to be pooled and used where uncertainty exists about the nature of a problem and its possible solutions” (p. 24). It is suggested that NGT promotes the generation of more responses, in contrast to the ideas generated in a usual group (Moore, 1987). Furthermore, it prevents the dominant participants from controlling the group (Delbecq, et al., 1975; Moore, 1987) and at the same time encourages more passive group members to participate (Delbecq, et al., 1975; Moore, 1987). In addition to this, NGT has also been suggested to neutralise verbal aggression as well as prevent participants’ ideas from being dismissed by the rest of the group (Delbecq, et al., 1975; Moore, 1987).

The main purpose of NGT is claimed to be generating ideas regarding an issue and to attain a consensus within the group (Delbecq, et al., 1975; Moore, 1987). The ideal size of a NGT group is 5-9 participants (Moore, 1987). Participants engaged in this highly structured approach take part in a face -to- face meeting which usually lasts up to 2 hours.

Nominal Group Technique has several advantages over other group techniques such as the Delphi Technique (Delbecq, et al., 1975), brainstorming (Stewart & Shamdasani, 1990) and other types of focus groups (Kitzinger, 1994, 1995). Participants in a NGT group attend face-to-face meetings, unlike the Delphi Technique in which questionnaires are posted to their homes (Moore, 1987). Furthermore, due to the highly structured nature of NGT, researcher bias is minimised (Delbecq, et al., 1975). In comparison, during a brainstorming session it is often difficult to focus on a single train of thought (Stewart & Shamdasani, 1990) while the chances of being dominated by the more vocal participants in the group is higher (Stewart & Shamdasani, 1990). It is also suggested that a round-robin process produces several benefits in a NGT technique, such as generating different ideas, enabling equal participation during the presentation of ideas, tolerance

of conflicting ideas and at the same time providing a sense of depersonalization for the ideas generated within the group (Delbecq, et al., 1975; Moore, 1987).

Nominal Group Technique (NGT) Process

As described by Delbecq, et al. (1975), Nominal Group Technique is a structured group decision making process involving several steps. These are described below:

Silent generation of ideas

At the commencement of the focus groups the facilitator welcomes the participants to the focus groups and explains the NGT process to them. A pre-defined or stimulus question relating to the topic being explored is presented to the group in written form (sometimes written on a white board) as well as verbally presented. Participants are allowed several minutes to work in silence to brainstorm all the possible ideas and in some instances are provided with response cards to jot down their responses.

Round-robin recording of ideas

Next, the facilitator engages in a round-robin process to concisely record each idea (discussion of ideas is not allowed at this stage). The facilitator/moderator goes around the group seeking one of their responses to the question until all the ideas have been recorded. If a participant does not want to respond to the question he or she can pass and the facilitator moves on to the next participant. The facilitator or a co-researcher concisely documents all the responses (captured in their own words) on a flip-chart or white board that can be seen by the group.

Discussion of the list of ideas

Once brainstorming has been completed and the group determines that they have produced a sufficient number of ideas, each recorded idea is then discussed to determine clarity and

importance. This step provides an opportunity for participants to express their understanding of the logic and the relative importance of the item. If participants feel that there is an overlap of statements they can link them by giving them the same number or a letter. However, care has to be taken by the facilitator not to use any broad statement that defines the phrases written by the participants as responses need to be attained in participants' own words.

Voting

When all the issues have been clarified, each participant is given a card and asked to rank in order five ideas that they believe are the most important ones (for example, '1' being the highest priority and '5' being the least). The researcher then collects the cards and starts a discussion within the group. Similarly, a second question can be given to the group and the whole process repeated, if needed.

Modification of the Nominal Group Technique

For this study, however NGT was modified in two ways. The first modification occurred when obtaining responses from participants. They were allowed to call out their responses instead of using the round-robin technique. This was adopted from (Keating, et al., 2000). The second modification was that prior to each participant ranking their preferences, they also identified among all the responses the ones they have experienced. This modified NGT was used to generate more experiences among the participants.

Procedure

Focus groups were held during morning hours at the University of Canterbury. The participants were informed of a play area for younger children. However, given the nature of what would be discussed school-aged children were not encouraged to be present at the focus groups. Each of two focus groups involving foster parents had six participants, but NGT was not used with

the grandparents group as only two grandparents turned up for the study. Instead, semi-structured discussion was used for the group. The first focus group sample of foster parents consisted of one male and five females, whereas the second focus group sample was all females. On the day of the focus groups, once the facilitator welcomed the participants, the purpose of the study was explained and participants were asked to complete a consent form. Next, the participants were informed of the ground rules and provided with explanation around the fact that we were interested in what they had to feel/believe and not what others had to say. Two questions were posed to the group and question one contained two parts. Before the beginning of each question an additional introductory component was included to provide more information to the participants. The focus groups were conducted by the author and her academic supervisor.

Question 1: Introductory sentence

Sometimes caregivers notice changes in children's behaviour or feeling around the time they have contact with their birth parents.

*1a. What changes have you noticed among children in the days **leading up to** contact with birth parents?*

*1b. What changes have you noticed among children in the days **after** they have had contact with their birth parents?*

Question 2: Introductory sentence

It is likely that foster parents (grandparents) experience a range of feelings when their foster child has contact with their parents.

1. What feelings have you experienced when a child in your care has contact with their parents?

Ethics

Prior to the study, ethical approval was obtained for the research method used, the recruitment of the participants, and the handling of the data from the College of Education, Ethical Clearance Committee at the University of Canterbury. All participants took part in the study on a voluntary basis (without receiving payment) and formal consent was obtained from each participant. The consent procedure included providing the participants with information about their right to withdraw from the group at any stage without giving a reason. And that information obtained from the study will be stored in a locked office cabinet in the researcher's office (refer to Information Letter and Consent Form in Appendix). Focus groups not only allow, sharing of personal experiences but it also leads to the disclosure of personal information. It was envisioned that this could create anxiety among participants. Hence, focus group discussions were set up in a manner to minimise harm such as:

- Emphasising that confidentiality of the group not be disclosed outside the group
- To value all the ideas generated with in the group
- To accept the diverse opinion with in the group
- To highlight the shared purpose of helping children in care

Once the focus groups were over, debriefing sessions were arranged, after which any distressed participants were to be referred to my supervisors Michael Tarren-Sweeney or Franz Kney.

CHAPTER 4: RESULTS

The purpose of this study was to elicit from foster parents and grandparents (taking care of their grandchildren) their perception about contact with birth parents. Foster parents in this study were instructed to describe changes in children in their care, when they came into contact with birth parents as well as their feelings around contact based on children currently in their care. Foster parents were explained in detail about the nature of the study and were asked to note only specific changes in behaviour related to contact visits with birth parents. They also were given an opportunity to clarify their understanding about the study.

The focus groups proceeded effectively, and foster parents participated enthusiastically and appeared to be pleased to have the opportunity to have their say. Foster parents in the focus group shared that they are often unsure of their role and responsibilities in facilitating contact visits. The use of NGT methodology allowed the behaviours and feelings generated by the focus groups to be based on the participant's descriptions.

Scoring procedure

Each foster group through the generation of ideas and subsequent discussion identified a range of behaviours that children exhibited before and after contact as well as their feelings about contact. Consistent with the NGT process the following comprised the scoring procedure for foster parents' response to the focus group questions. Each foster parent nominated five behaviours in order of priority, for each of the three focus group questions. Each foster parent's first priority is allocated a score of 5, the second priority a score of 4, and so on, until the fifth priority is allocated a score of 1. The priorities for the focus group are determined by selecting the most popular responses for each of first through to fifth priority. Hence, for focus group one, the first priority noted by foster parents leading up to contact, was Anxiety which was nominated by 5/6 participants, and which achieved a score of 22 (5, 5, 5, 5, 2). On one hand, care must be

taken in interpreting the data from the tables as the behaviours have been prioritised based on the number of participants who ranked the behaviour. On the other hand, it is also important not to dismiss the behaviours that received a minimal total or no score as participants did not choose to prioritise those behaviours. The next step in the analysis was to sum the number of points assigned to each category.

Identification of themes

Initially, the behaviours (raw data) were classified into narrowly defined categories, so that terms with similar meaning were coded in the same category. For example, the behaviours “aggressiveness,” “threatening other children,” “fighting other children in the neighbourhood, at school, at home,” “hurting animals”, and “stealing and hiding other children’s things” were classified into the category of Conduct problems, Aggression. The author and her academic supervisor worked to classify responses into narrowly defined categories.

By and large the range of behaviours that children are described as presenting before *versus* after contact can be conceptualised within a relatively small number of behavioural constructs or themes, listed here in alphabetical order:

- a. Anxious / fearful / dissociative
- b. Apprehension, ambivalent feelings, relationship insecurity
- c. Conduct problems, aggressive
- d. Disappointment
- e. Disempowerment of caregivers / overt destabilisation of placement
- f. Distress
- g. Emotionally withdrawn
- h. Monetary gains
- i. Over excited behaviour

- j. Positive feeling
- k. Secretive behaviour

A matrix of children’s behavioural constructs / themes, as identified by each focus group before and after children’s contact with their birth parents, is set out below:

	Before		After	
	Grp1	Grp2	Grp1	Grp2
a. Anxious / fearful / dissociative	*	*	*	
b. Apprehension, ambivalent feelings, relationship insecurity	*	*		*
c. Conduct problems, aggressive	*	*	*	*
d. Disappointment				*
e. Disempowerment of caregivers / overt destabilisation of placement	*	*	*	*
f. Distress			*	*
g. Emotionally withdrawn			*	*
h. Monetary gains	*	*		
i. Over excited behaviour			*	
j. Positive feeling	*	*		*
k. Secretive behaviour			*	*

Foster parents' responses to the question "What changes have you noticed among children in the days leading up to contact with birth parents?", as well as response frequencies, NGT scoring, and their attributed behavioural construct / theme for Focus Groups 1 and 2 are listed in Tables 1 and 2 respectively. The responses in sequential order identify the statements made by the participants in the focus group, and priority score represents the individual rank-orders.

Table 1.

Focus group 1, Changes noted by foster parents leading up to contact.

Item	Responses in sequential (Time) order	Priority score (Individual priorities)	Number observing behaviour / 6	Theme
A	Anxiety	22(5,5,2,5,5)	6	Anxious / fearful / dissociative
B	Sleep disturbances/ changes		6	Anxious / fearful / dissociative
C	Aggressiveness	7(2,3,2)	6	Conduct problems, aggression
D	Excitement	3(2,1)	6	Positive feeling
E	Smartness/ cockiness	3	6	Disempowerment of caregivers/ destabilisation of placement
F	Disappointed-thinking they might not turn up	16(3,5,4,4)	6	Apprehension, ambivalent feelings, relationship insecurity
G	Bedwetting	5	4	Anxious / fearful / dissociative
H	Fidgeting		6	Anxious / fearful / dissociative
I	Soiling	5(1,4)	4	Anxious / fearful / dissociative
J	Want to go but don't want to go	3	5	Apprehension, ambivalent feelings, relationship insecurity
K	Fear/dread		4	Anxious / fearful / dissociative
L	Big shopping list-things that they want to buy		3	Monetary gains
M	You can't tell me what to do -you are not my mother	8(4,3,1)	3	Disempowerment of caregivers/ destabilisation of placement
N	Threatening other children		4	Conduct problems, aggression
O	Fighting other children-school, neighbours, home	4(2,2)	4	Conduct problems, aggression
P	Threatening caregivers with allegation	1	4	Disempowerment of caregivers/ destabilisation of placement
Q	Hurting animals	1	2	Conduct problems, aggression
R	Stealing and hiding other children's things	4(3,1)	4	Conduct problems, aggression
S	Hide and threatening to hide / because fearful	8(4,4)	4	Anxious / fearful / dissociative
T	Threatening to runaway		4	Disempowerment of caregivers/ destabilisation of placement

Table 2.

Focus group 2, Changes noted by foster parents leading up to contact.

Item	Responses in sequential (Time) order	Priority score (Individual priorities)	Number observing behaviour / 6	Theme
A	Little excitement –children who do not have contact every week- excitement	6(4,1,1)	6	Positive feeling
B	Looking forward	10(5,3,2)	6	Positive feeling
C	Insecurity-when will I see u? Will I come back? When am I coming back?	10(5,5)	6	Anxious / fearful / dissociative
D	If pleased to go home, attitude changes-cocky	10(5,1,4)	6	Disempowerment of caregivers/ destabilisation of placement
E	Distressed- if they don't	5(1,2,2)	5	Anxious / fearful / dissociative
F	Fear of the person they are going to visit		5	Anxious / fearful / dissociative
G	Apprehension that they don't come	10(3,2,5)	6	Apprehension, ambivalent feelings, relationship insecurity
H	Strange, silly-off the wall stuff	2	5	Anxious / fearful / dissociative
I	Almost nervous breakdown, very anxious		4	Anxious / fearful / dissociative
J	Soiling		3	Anxious / fearful / dissociative
K	Cheeky		6	Disempowerment of caregivers/ destabilisation of placement
L	Anticipating presents/ mercenary	12(2,3,3,4)	6	Monetary gains
M	Excited about outing	2	5	Positive feeling
N	The pattern of behaviour changes over time in response to disappointment		5	Apprehension, ambivalent feelings, relationship insecurity
O	Some children(2 days before) Regression (baby stage) Soiling, language/ baby talk Bed wetting	13(5,1,3,4)	5	Anxious / fearful / dissociative
P	Away with fairies/ blank-out (dissociation)	8(4,1,3)	5	Anxious / fearful / dissociative
Q	Behaviour changes to match prior to seen in care, matching birth parents as seen to when first came into care		5	Conduct Problems/ Aggression

The highest five priority responses for question 1a for each focus group, as well as the behavioural themes they reflect, are listed in Table 3. These findings suggest that the most prominent themes were (in order of priority): anxious / fearful / dissociative behaviours; disempowerment of caregivers / overt destabilisation of placement; apprehension, ambivalent feelings, relationship insecurity; positive feeling; monetary gains; and conduct problems, aggression.

Table 3.

Priorities given to responses to question 1a.

<i>Responses</i>	<i>Foster parent/1</i>	<i>Theme</i>	<i>Foster parent/2</i>	<i>Theme</i>
Priority 1	A Anxiety	a	O Some children (2 days before) regression (baby stage), soiling, language/baby talk, bed wetting	a
Priority 2	F Disappointed thinking they might not turn up	b	L Anticipating presents/ mercenary	h
Priority 3	M You can't tell me what to do- You are not my mother.	e	B Looking forward	j
	S Hide and threatening to hide/ because fearful	a	D If pleased to go home -attitude changes- cocky G Apprehension that they don't come	e b
Priority 4	C Aggressiveness	c	P Away with fairies/ blank-out (dissociation)	a
Priority 5	G Bedwetting	a	A Little excitement- children who do not have every week- excitement	j
	I Soiling	a		

Note: Question 1a: "What changes have you noticed among children in the days leading up to contact with birth parents?", and the theme that each reflects. (The capital letters identify the responses made by foster parents and the simple letter represents the categorised themes)*

Question 1a / themes:

- | | |
|---|---|
| a. Anxious / Fearful / Dissociative | e. Disempowerment of caregivers/ overt destabilisation of placement |
| b. Apprehension, Ambivalent feelings, relationship insecurity | h. Monetary gains |
| c. Conduct problems, Aggression | j. Positive Feeling |

Foster parents' responses to the question "What changes have you noticed among children in the days after they have had contact with birth parents?", as well as response frequencies, NGT scoring, and their attributed behavioural construct / theme for Focus Groups 1 and 2 are listed in Tables 4 and 5 respectively. The responses in sequential order identify the statements made by the participants in the focus group, and priority score represents the individual rank-orders.

Table 4.

Focus Group 1, Changes noted by foster parents after contact.

	Responses in sequential (Time) order	Priority score (Individual priorities)	Number observing behaviour / 6	Theme
A	Attitude	17(5,1,5,1,5)	6	Disempowerment of caregivers/ destabilisation of placement
B	Disruptive behaviour	12(5,4,3)	6	Conduct problems, aggression
C	Name calling- pedigree (Verbal abuse)	8(4,4)	4	Disempowerment of caregivers/ destabilisation of placement
D	Depression	5	4	Emotionally withdrawn
E	Tearful	2	6	Distress
F	Secretive / not allowed to tell what they have been doing	2	4	Secretive behaviour
G	Subdued/ quiet		4	Emotionally withdrawn
H	Clingy	11(3,3,5)	5	Anxious / fearful / dissociative
I	Anxious	7(3,2,2)	5	Anxious / fearful / dissociative
J	Fearful	1	5	Anxious / fearful / dissociative
K	Soiling		4	Anxious / fearful / dissociative
L	Over excited		6	Overexcited behaviour
M	One-man ship	2	6	Disempowerment of caregivers/ destabilisation of placement
N	Bragging about what they have done Example: KFC for lunch	5(4,1)	5	Disempowerment of caregivers/ destabilisation of placement
O	Sleep disturbances	4	5	Anxious / fearful / dissociative
P	Grizzly	5(4,1)	5	Conduct problems, aggression
Q	Running away		4	Disempowerment of caregivers/ destabilisation of placement
R	Threatening	3	5	Conduct problems, aggression
S	Hide what they bring from home after contact example: cell phone	6(2,3,1)	4	Disempowerment of caregivers/ destabilisation of placement
T	Aggression		6	Conduct problems, aggression
U	Show-off- cocky		1	Disempowerment of caregivers/ destabilisation of placement
V	Gang attitudes/ beliefs- I am the man		1	Disempowerment of caregivers/ destabilisation of placement
W	Bedwetting		1	Anxious / fearful / dissociative

Table 5.

Focus Group 2 - Changes noted by foster parents after contact.

	Responses in sequential (Time) order	Priority score (Individual priorities)	Number observing behaviour / 6	Theme
A	Secretive	9(4,5)	4	Secretive behaviour
B	Reality check (single first contact at age 5 years) Fearful of growing up to be like him	5(4,1)	4	Apprehension, ambivalent feelings, relationship insecurity
C	Distressed	8(1,5,2)	6	Distress
D	If it is a good day-happy depending on how the visit went	3	4	Positive feeling
E	Disruptive/ aggressive behaviour	6(1,5)	3	Conduct problems, aggression
F	Disappointment (not meeting with the fantasy)	6(3,3)	5	Disappointment
G	A little resentful because boundaries are applied	13(4,5,4)	6	Disempowerment of caregivers/ destabilisation of placement
H	Happy because they want/like to be with their parents	5	4	Positive feeling
I	Arrogant and I am better than you (I don't have to do what you tell me) foster parent's disempowered	4	4	Disempowerment of caregivers/ destabilisation of placement
J	Shut-down, withdrawing/ emotionally inhibited in relationship	11(5,3,3)	5	Emotionally withdrawn
K	Tearful if they find out anything Example: pregnancy in particularly threatening	4	5	Distress
L	In sighted to make unreasonable demands		4	Disempowerment of caregivers/ destabilisation of placement
M	Running away(largely suggested)	2	3	Disempowerment of caregivers/ destabilisation of placement
N	Go off to secretive meeting with parents		5	Secretive behaviour
O	Improved behaviour-encouraged by parents	1	5	Positive feeling
P	Split loyalties/ ambivalence Misses each parent	7(2,3,2)	6	Apprehension, ambivalent feelings, relationship insecurity
Q	Very angry if denied junk food given by parents		4	Disempowerment of caregivers/ destabilisation of placement
R	The contact reinforces the split relationship	5(2,2,1)	5	Apprehension, ambivalent feelings, relationship insecurity

The results for question 1b are listed in table 6. The most prominent themes were (in order of priority): disempowerment of caregiver / overt destabilisation of placement; conduct problems, aggression; emotionally withdrawn; secretive behaviour; distress; apprehension, ambivalent feelings, relationship insecurity; and anxious / fearful / dissociative behaviour.

Table 6.

Priorities given to responses to question 1b.

<i>Responses</i>	<i>Foster parent/1</i>	<i>Theme</i>	<i>Foster parent/2</i>	<i>Theme</i>
Priority 1	A Attitude	e	G A little resentful because boundaries are applied	e
Priority 2	B Conduct problems/Aggression	c	J Shut-down, withdrawing/emotionally inhibited in relationship	g
Priority 3	H Clingy	a	A Secretive	k
Priority 4	C Name calling-pedigree (verbal abuse)	e	C Distressed	f
Priority 5	I Anxious	a	P Split loyalties/Ambivalence misses each parent	b

*Note: Question 1b: What changes have you noticed among children in the days **after** they have had contact with birth parents? and the theme* that each reflects*

Question 1b / themes:

- a. Anxious / fearful / dissociative
- b. Apprehension, ambivalent feelings, relationship insecurity
- c. Conduct problems, Aggression
- e. Disempowerment of caregivers/ overt destabilisation of placement
- f. Distress
- g. Emotionally withdrawn
- K. Secretive behaviour

Foster parents' feelings about contact

Foster parents' feelings about contact can be conceptualised within a number of constructs or themes, listed here in alphabetical order:

- a. Anger, Annoyance
- b. Anxiety, Dread, Worry
- c. Betrayal
- d. Despair
- e. Dishonesty
- f. Elated
- g. Feeling used
- h. Frustration
- i. Hate
- j. Lack of faith in Supervision
- k. Positive feeling for children
- l. Powerlessness
- m. Pressure from foster parent's family
- n. Relief
- o. Resentment
- p. Sadness for children
- q. Strengthened by adversity
- r. Suspicious
- s. Vindication

Foster parents' responses to the question "What feelings have you experienced when a child in your care has contact with birth parents?" as well as response frequencies,

NGT scoring, and their attributed construct / theme for Focus Groups 1 and 2 are listed in Tables 7 and 8 respectively. A matrix of the themes identified by focus group 1 and 2 is set out below:

	Grp1	Grp2
a. Anger, Annoyance	*	*
b. Anxiety/ Dread/ worry	*	*
c. Betrayal		*
d. Despair		
e. Dishonesty		*
f. Elated		*
g. Feeling used		*
h. Frustration		*
i. Hate		*
j. Lack of faith in Supervision		*
k. Positive feeling for children		*
l. Powerlessness	*	*
m. Pressure from foster parent's family		*
n. Relief	*	
o. Resentment		*
p. Sadness for children		*
q. Strengthened by adversity		*
r. Suspicions	*	
s. Vindication		*

Table 7.

Focus group 1, Foster parents feelings around contact.

	Responses in sequential (Time) order	Priority score (Individual priorities)	Number observing behaviour / 6	Theme
A	Dread	15(2,5,3,5)	6	Anxiety/ worry/ dread
B	Relief that it is over	9(3, 4, 2)	5	Relief
C	Hate, anger and the plot	9(4, 5)	5	Anger, annoyance
D	Glade he comes home safe	10(1, 1, 3, 5)	5	Relief
E	Worrying/ going to be late/ don't have to call police		4	Anxiety/ worry/ dread
F	Anxiety -will or won't come, if they don't come more trouble blamed by the children - always our fault	8(5,3)	5	Anxiety/ worry/ dread
G	Fear e.g.: children not returned repercussion- children has not returned contact police	8(4,4)	5	Anxiety/ worry/ dread
H	Suspicious about what has happened	3(1,2)	5	Suspicious
I	Powerlessness	10(4,3,2,1)	5	Powerlessness
J	Cranky	2	5	Anxiety / worry/ dread
K	Fear of rejection from social worker/ misinterpretation	1	4	Anxiety / worry / dread

Table 8.

Focus group2, Foster parents feelings around contact.

	Responses in sequential (Time) order	Priority score (Individual priorities)	Number observing behaviour / 6	Theme
A	A bit of resentment towards the parents and not the children example: birth mother, they are my children not yours	8(5,3)	5	Resentment
B	Contact reinforces love for the children	9(3,1,5)	5	Positive feeling
C	Sometimes hate towards the parents	5(2,3)	5	Hate
D	Betrayal towards the children-they go off and they think it is wonderful	6(4,2)	5	Betrayal
E	Frustration	12(5,5,2)	6	Frustration
F	Feel sick		4	Anxiety/ worry/ dread
G	Sadness for children	10(5,5)	4	Sadness for children
H	Elated as I was free (weekend off)	1	6	Elated
I	Vindication(parents couldn't cope)	5(4,1)	6	Vindication
J	Anxious for the children as it is not going well/ worries about the children's safety issues		3	Anxiety/ worry/ dread
K	Feel annoyed-undermine all the good work	3	6	Anger, annoyance
L	Lack of faith in supervision process	1	5	Supervision
M	Taken advantage of- feeling used	4	6	Feeling used
N	Undervalued (In relation to supervision during access)	4(2,2)	5	Supervision
O	Angry	5(2,3)	5	Angry, annoyance
P	Amplifies the feelings around the care system	2	6	Powerlessness
Q	Anxiety-cycle	1	4	Anxiety/ worry/ dread
R	Powerlessness-to protect own children and children in care, example: false allegation	7(4,3)	6	Powerlessness
S	Despair		4	Despair
T	Pushed to become resolute	4	5	Strengthened by adversity
U	Specific fear for physical safety of foster family through information being given in contact		5	Anxiety/ worry/ dread

V	Unhappy and sad from foster parents perspective/what they are going through	5	Sadness for children
W	Dishonest-uncomfortable, dishonest to put up a positive front	5	Dishonesty
X	Pressured between what you are doing for the children versus what the family are saying	6	Pressure from foster parents family
Y	Pride in children, how well presented	6	Positive feeling for children

The highest five priority responses for question 2 for each focus group, as well as the themes they reflect, are listed in Table 9. These findings suggest that the most prominent themes were (in order of priority): powerlessness; anxiety / worry / dread; frustration; relief; sadness for children; anger, annoyance; positive feeling; resentment; suspicions.

Table 9.

Priorities given to responses to question 2

<i>Responses</i>	<i>Foster parent/1</i>	<i>Theme</i>	<i>Foster parent/2</i>	<i>Theme</i>		
Priority 1	A	Dread	b	E	Frustration	h
Priority 2	D	Glad he comes home safe	n	G	Sadness for children	p
	I	Powerlessness	l			
Priority 3	C	Hate, anger and the plot	a	B	Contact reinforces love for the children	k
	B	Relief that it is over	n			
Priority 4	C	Anxiety-will or won't come, if they Don't come trouble, blamed by the children- always our fault	b	A	A bit of resentment towards the parents and not the children, e.g.: birth mother. they are my children and not yours	o
	G	Fear e.g.: children not returned Repercussions-children has not returned Contact police.	b			
Priority 5	H	Suspicious about what has happened	r	R	Powerlessness- to protect own children and Children in care, e.g.: false allegation	l

Note: Question 2. What feelings have you experienced when a child in your care has contact with parents?") and the theme that each reflects*

Question 2 / themes:

- | | |
|-------------------------|-------------------------|
| a. Anger, Annoyance | o. Resentment |
| b. Anxiety/ Worry/Dread | p. Sadness for children |
| h. Frustration | r. Suspicious |
| l. Powerlessness | n. Relief |
| k. Positive feeling | |

Semi-structured Interview with Grandparents

The focus group for grandparents did not proceed, as only two participants attended the meeting. Although both participants discussed the three questions posed, it was not possible to conduct a focus group; hence semi-structured interviews were conducted with grandparents. The use of semi-structured interviews enabled the responses of grandparents to have more detailed comments than the other two focus groups and thus creates the potential for response bias. Both the grandparents in the study were females and identified themselves as New Zealand Pakeha. At the time of the study, both the grandparents were caring for their grandchildren.

Question 1a

The responses to the question “What changes have you noticed among children in the days leading up to contact with birth parents?”

The behaviours identified by grandparents included children exhibiting anxiety behaviour on the on the day of contact visits; and children being excited to see their birth parents

Example comments include:

“Children being quiet”

“Exhibiting more clingy behaviour before going to school on the day of contact”

“Being excited to see his mother”

“Exhibiting a mixture of anxiety behaviour” (child is uncertain as to what is going to happen)

Question 1b

“What changes have you noticed among children in the days after they have had contact with birth parents?”

The responses identified by grandparents included children: having nightmares, feeling stressed, exhibiting behaviours problems, being moody and tiredness following visits.

Example comments include:

“Children being tired”

“She knows she has to look after mom even to cross the road”

“She takes on the mother’s role as a result of the mother’s intellectual ability”

“Repetitive stress related behaviour”

“Night terrors”

“Tiredness, for example: the child is allowed to stay up till 3 am in morning on a contact visit”

“Exhibiting naughty behaviour (when his expectations are not fulfilled or when he is let down)”

“Moodiness”

“Increased behaviour problems after contact”

“No positive change either before or after contact”

“Residing with the child’s other birth parent maybe moderating contact with the child’s mother”

Question 2

Themes arising from the responses to the question “What feelings have you experienced when a child in your care has contact with birth parents?”

The feelings identified by caregivers include: feeling frustrated, powerless, and disappointed, being angry, feeling stressed and fearing for their marriage.

Example comments include:

“Frustration in a situation where the child has weekly contact”

“Feeling of being on a roller coaster as during the week the child is fine however the he exhibits disruptive behaviour every time he has contact with the parent”

“Sharing the child’s disappointment as at times he comes home gutted”

“Angry at times on the child’s behalf after feeling empathy at the situation”

“Powerlessness: both at the point of caregiver and from the angle of the child”

“Sense of responsibility”

“Positive feeling about contact thinking about the long- term outcomes for the child”

“Contact visits are emotionally draining and stressful”

“Fearful about own marriage due to stress related to contact”

“Financial issues”

The responses identified by the grandparents’ largely reflect the range of behaviours identified by the foster parents. These include children exhibiting anxiety behaviours on the day of contact visits; being excited to see their birth parents. Additionally, the behaviours identified after contact visits include children having nightmares, feeling stressed, exhibiting behaviours problems, being moody and tired.

The feelings elicited by grandparents around contact visits with birth parents include feeling of grief, anger, powerlessness, and frustration. Grandparents also identified novel themes, which can be specific to kin caregivers such as: the strain of contact visits on their marriage, financial issues related to contact visits, the sense of responsibility they have around contact visits, understanding the long-term benefits of contact visits for the children, and contact being emotionally draining for them.

CHAPTER5: DISCUSSION

This section will initially discuss the findings of this study in comparison to the literature previously reviewed. The implications of this study finding will then be noted and suggestions for future research will be provided.

Comparison with other studies

As demonstrated, foster parents in this study reported a wide range of experiences both in relation to children's reactions to the contact visits, as well as how they felt about the visits. This study illuminates important findings about foster parents' feelings around contact visits. Foster parents largely described children's behaviours before and after contact to be distressing and stressful for them, with few positive benefits. Although, findings in this study were determined independently of those identified in the literature, this finding has been reported by Wilson & Sinclair (2004). For example, Wilson & Sinclair's (2004) study findings indicated that foster parents viewed children's contact with biological parents to be distressing for them. Findings resulting from research question 1a: "What changes have you noticed among children in the days leading up to contact with the birth parents?" indicated that foster parents' encountered a myriad of behaviours in children prior to contact with birth parents. However, it appears that the greatest concern for the two focus groups were children exhibiting anxious, fearful or dissociative behaviours. Additionally, foster parents reported that some children undermined their authority, some appeared to exhibit ambivalent feelings around contact visits, some appeared to associate monetary gains with the visits and others appeared to display aggressive behaviours. Overall, as mentioned above, foster parents described few positive gains with children's visits with their birth parents. Similarly, findings for research question 1b: "What changes have you noticed among children in the days after they have had contact with birth parents?" revealed that for both the

focus groups, the greatest concern was perceived as disempowerment of caregivers resulting in destabilisation of placement. These findings suggest that for some foster children the impact of contact with birth parents appears to make the placement more problematic.

In addition, from the above findings, the behaviours that children exhibit before and after contact with birth parents can be classified into three distinct categories. The first group consists of children who appear to be more defiant, disrespectful and aggressive prior to and after contact. This group of children may have been encouraged to misbehave and may be emotionally inhibited thus resulting in creating a barrier between the foster children and their foster parents. The second group consists of children who appear to be more fearful, insecure, having nightmares, and not wanting to have contact with parents. And the third group is made of children who appear to show a mix of the above two groups which can be described as the group of children who exhibit ambivalent behaviour. Alternatively, these results also suggest that foster parents need support in dealing with children whose responses to birth parents' visits are difficult and problematic.

In contrast, the findings reported in this study appear to be quite different, from those reviewed in literature, where contact with birthparents had mostly been cited to be beneficial to children in foster care (Fanshel & Shinn, 1978). Some of those reported gains stated in the studies include that for foster children contact with birthparents facilitates family reunification (Davis, et al., 1996; Leathers, 2002); and assists in enhancing the psychological well being of children (Cantos, et al., 1997; Delfabbro, et al., 2002). Additionally, a further body of the reviewed literature states that contact with birth parents assists in the attachment relationships of foster children with their birth parents (McWey, 2004; McWey & Mullis, 2004). However, the pattern of results obtained from this study raises doubt whether contact promotes the benefits which it has been argued and promoted for. Furthermore, it appears that although arguments put forward by researchers regarding contact with birth parents are convincing, they are not conclusive as different

study findings show equivocal results. Therefore, a number of questions need to be addressed before we can be certain that contact is beneficial.

“In our present state of knowledge it is seriously misleading to think that what we know about contact is at a level of sophistication to allow us to make confident assertions about the benefits to be gained from it.” (Quinton, et al., 1997, p. 411)

While in some of the reviewed literature, foster parents voiced their feelings around foster children’s contact with biological parents (Haight, et al., 2002; Simms & Bolden, 1991) the role of their feelings around contact issues have not been highlighted to the same degree as the current study. As demonstrated in the findings, foster parents mainly stated strong, negative feelings around contact with biological parents. This may be that foster parents may have wished to protect the foster children from birth parents who they may have perceived to be unsafe for the children. Similarly, as suggested by Erera (1997) foster parents may at times appear to dislike birth parents and regard foster children as belonging to them. Furthermore, as noted by Simms & Bolden (1991) a degree of competitiveness exists between foster parents and birth parents, and foster parents may at times “frustrate and discourage visiting by the biological parents” (p. 680). Perhaps, foster parents reactions to the visits may be that they perceive birth parents as a threat to the foster child. In addition, the fact that foster children are not in the care of their birth parents may reinforce foster parents’ thoughts that birth parents are unfit. It is also probable that foster parents attitude towards contact may have an influence on the time the child has spent in the placement. Thus, these variables need further study to understand any probable associations among them. However, the implication of the study finding on foster children appears to be significant. If foster parents attitude towards contact are negative, this raises the issue of how foster parents are able to help the child understand the complex nature of the role between the two families. Likewise, if the attitude of foster parents towards contact with birth parents is negative, foster children may find it difficult

to talk with them about the birth parents and may have to deal with the emotions evoked by the visits on their own. However, a note of caution is warranted in interpreting the finding of this study: it may be that not all foster parents demonstrate negative feelings towards contact with birth parents. The foster parents in this study were recruited from two different support groups, thus the strong negative feelings surrounding contact could reflect a sample bias resulting from the recruitment methodology. It is possible that the views expressed by foster parents in this study may reflect the perception of a group of foster parents and not the general population of foster parents as a whole.

Alternatively, research studies have also noted that when foster parents played a minimal role in the contact plans, contact was rated to be distressing for the children as well as to the foster parents (Neil, et al., 2003). Similarly, researchers have suggested that when foster parents were sensitive to the thinking and feeling of the child and the birth parents they were able to help children make sense of their feelings around contact arrangements (Beek & Schofield, 2004). Thus these findings illuminate the importance of foster parents' role and feelings in the implication of the actual visits. In the current study, data around foster parents' role in the contact plans was not obtained. However the results of this study indicated how difficult contact visits can be for foster parents. Thus, this highlights the need for foster parents to receive training and ongoing support around skills which enables foster parents to take upon a more collaborative role with birth parents, while at the same time supporting their role as a parent. Similarly, research studies have indicated that when foster parents receive specialised training and support they are more involved in the contact visits (Sanchirico & Jablonka, 2000; Simms & Bolden, 1991).

In addition, in the previously reviewed literature foster parents found contact visits with birth parents highly stressful (Jones & Morrissette, 1999; Wilson & Sinclair, 2004). The findings of this study highlight strong negative feelings that contact visits bring about in foster parents, thus

it may be that these foster parents are also experiencing stress due to the visits. It is probable that when foster parents are under stress, they are not able to relate to the foster children on an emotional level and hence find it difficult to manage the difficult behaviours exhibited in response to the contact visits. Alternatively, when foster parents' reactions to birth parent contact visits are negative, they may not be able to empathise with the foster children.

When comparing the findings across the two focus groups in this study, it appeared that there were some similarities as well as some variations in the themes identified by both the focus groups. In response to the question about the types of behaviours children displayed after contact visits with birth parents, for both the groups the greatest concern was perceived as disempowerment of caregivers leading to overt destabilisation of placement. This theme was reflected in statements that were nominated as first, third and fourth priority for focus group one whereas for focus group two it was ranked only as a first priority. It is notable that this theme is perceived as more concerning for foster group one as their majority of statements reflected this theme. Similarly, in response to the question about foster parents' feelings around contact visits it was observed that foster parents in focus group one, brainstormed far fewer responses for this question compared to focus group two. The differences between the feelings identified by focus group one and focus group two may be reflective of the number of children fostered by each group as well as the level of emotional involvement foster parents had towards the children in their care. It appeared that foster parents in focus group two had fostered fewer children in comparison to the focus group one. In addition, these foster parents showed more sensitivity towards the children in their care in comparison to the foster parents in focus group one. It was also noted that there were some themes that were distinctive to focus group one, which were about gang fighting. It is probable that this may have been due to the presence of Maori foster parents in

the focus groups. However, currently there is no research available from the New Zealand context with Maori foster parents, to compare this finding.

Although, the focus group with grandparents did not take place the semi-structured interview with the two grandparents largely reflects similar themes as noted by the foster parents such as feeling frustrated and feeling powerless around contact visits. However novel themes were also identified in comparison to the foster parents' focus groups such as contact being stressful and emotionally draining for them. In addition, they also noted being fearful about their marriage due to the level of stress related in contact visits. It may be that contact issues for grandparents may appear to be very different in comparison to the situation with the foster parents. Grandparents maybe more emotionally attached to the children and also the contact visits may be more informal in kinship placements (Berrick & Barth, 1994; Cohon, et al., 2000). Thus, additional research is needed with grandparents to understand their views around contact issues as in New Zealand placement with the extended family is the preferred option for children in state care.

Limitations of the current study

Several limitations of the study should be noted. Due to the exploratory nature of the study and the small scale of a dissertation, some of the limitations in the study were foreseen. The sample, although representative of the foster parents in New Zealand, may not be generalised to the wider population. Similarly, although foster parents in the study provided useful perceptions around their reactions towards contact visits the sample size was small, and there was a participant response bias due to the recruitment of the participants in the study. Additionally, as mentioned in the discussion chapter, foster parents in both the focus groups belonged to the same support group thus this may have resulted in them generating similar themes as a group.

Similarly, the focus group with the grandparents did not take place due to limitations in participant numbers. Therefore, their attitude around contact visits was not obtained. Thus, the attitude of grandparents not examined in this study needs further investigation, which can provide useful insights about how contact issues are perceived by grandparents. Alternatively, as in New Zealand more emphasis is given in placing children with the extended families, these findings may provide greater understanding around the complexities of contact visits for grandparents. The author feels that a better strategy of getting participants would have been to locate kinship caregiver groups in different locations who would have been keen to talk about contact issues in a focus group.

Another limitation of the study was the lack of demographic information on the foster parents and kinship caregivers. Obtaining some basic background information about the participants such as age; marital status; length of time fostering; number and age of current fostered children; numbers of children cared for over the length of fostering would have provided more valuable understanding around the findings of the study. Additionally information around foster children such as the time spent in present placements; age of the foster child when entry into care, and data on the frequency of contact with birth parents would have been of value in discussing the findings.

Implications for Practice

Although the findings in this study are preliminary, several implications can be obtained to inform policy and practice. To begin with, this study highlighted that foster parents largely perceived contact to be distressing and stressful for children, with few positive benefits. In addition, foster parents expressed strong and mostly negative feelings in relation to contact. Therefore, the principal finding of the study suggests that contact with birth parents some times has few positive benefits for foster children.

The main implication of this finding suggests that there is a great need to understand the impact of contact with birth parents on foster children so that when contact takes place, it is in the best interest of the child and is guided by the developmental needs of the child. Thus, decisions on contact plans must be determined on a case-by-case basis and needs to be reviewed regularly as children's reactions change overtime as they move through different developmental and attachment stages.

Furthermore, although additional research is needed to understand foster parents views regarding contact visits with that of children's perceptions, if foster parents highlight behavioural and emotional problems in children after contact then this information may be valuable in case planning for the review of further contact visits. Drawing upon foster parents' experience of children's behaviour and their responses to contact visits also raises the issue of the kind of support being provided to foster parents by CYF around issues related to birth family contacts. This study finding suggest that foster parents' needs around contact issues with birth parents needs to be addressed through training and adequate supervision to help them deal adequately with the behaviours of children as well as their own reactions to the visits. The components in such training should emphasise on how the foster parents can support children whose response to contact visits are intense and problematic. Therefore, CYF needs to provide adequate provisions to foster parents around contact visits as this study revealed how difficult the visits can be emotionally for both the foster children as well as the foster parents.

In addition, although kinship caregivers view points were not obtained in this study, the type of support and training available for them is an area which CYF needs to highlight as kinship placements are one of the preferred type of placement for most children in state care.

Recommendations for further research

The goal of this study was to investigate foster parents' views around contact visits with birth parents. Data was collected to test three questions relating to this goal and many significant findings resulted from the examination of the data. The main recommendation is that future research into this subject be replicated with a large sample, across different sub-groups of foster parents to obtain a more in-depth view on issues related to contact visits. Furthermore, another venue of research could be to obtain the perspectives of foster children. Understanding the views of foster children could be combined with that of the foster parents to ascertain how they perceive contact visits with their birth parents in comparison to how it is experienced by the foster parents. Thus a study in this nature, would allow researchers to delve deeper into various variables related to contact with birth parents for foster children. Similarly, obtaining the attitudes of kinship caregivers on contact visits may provide more insight and understanding into the different variables that is involved in the visits for them.

Conclusions

The results for this study illuminate important perceptions around foster parents' views regarding children's behaviour before and after contact. Furthermore, this study also highlights the reactions of foster parents around contact visits with birth parents. The findings of this study revealed that foster parents generally viewed children's behaviour before and after contact to be stressful and problematic. In addition, the present study also identified that foster parents mainly had adverse negative feelings around contact visits. Noteworthy differences were found among some of the responses given by foster parents for focus group one and two, with foster parents in focus group one having a more detached attitude towards the foster children in comparison to the foster parents in focus group two.

In conclusion, the findings of this study highlight the need to examine the complex process of birth parent contact for children in foster care, as this study indicated few positive gains for foster children from these visits. Alternatively, the results of the study also identified that for some children, contact with birth parents appeared to make the placement more difficult.

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APPENDIX



Foster Parent Focus group Information Sheet

Dear Caregiver

My name is Shiyath Hashim, and I am a trainee Child and Family Psychologist at the University of Canterbury. As part of my training, I am conducting a small study of children's contact with their birth parents. The study consists of several focus groups exploring caregivers' ideas about children's contact with their birth parents. Two of the focus groups are with foster parents and one is with kinship caregivers (who are raising their grandchildren). My principal supervisor on this study is Dr Michael Tarren-Sweeney, who is a Senior Lecturer in Child and Family Psychology, and my associate supervisor is Franz Kney, Psychologist at Child and Youth Family Services (CYFS). Franz is associating as an associate of the University's Child and Family Psychology programme. CYFS has no involvement in the study.

You are invited to participate in a focus group of around 10 to 15 foster parents, to be held at Room Wheki 450, between 10.00 am to 12 .00 pm on the {Date} at the University of Canterbury College of Education. I will be conducting the focus group, assisted by Michael Tarren-Sweeney. We hope to obtain a variety of opinions from caregivers about contact between children in care and their birth parents. We intend to conduct the group in a structured and positive atmosphere, so that participants can express their opinions freely.

The focus group is being run in school hours, which caregivers have told me is the most suitable time. I will set up a play area for younger children (under 5) in the room. However, given the nature of what will be discussed, school-aged children should not be present at the focus group.

The identity of participants will remain confidential to the group, and your identity will not be recorded with the focus group responses, or revealed in any publications from this study. Participants will be asked to keep what is said in the focus group confidential. The information obtained in the focus groups will be stored confidentially in my office cabinet, where it will be kept locked. My supervisor and I will only have access to this data, and this data will be kept for the minimum of five years after which it will be

destroyed. The resulting report will not contain any identifying details and the results of the research will refer to the responses of the group on a whole, and will not be linked to individuals.

Should you decide to participate in this project, you have the right to withdraw at any time without having to give a reason. Thank you for taking time to consider my request. If you want to know more about the project (either now or at a later date), please feel free to contact either myself or my supervisors.

We are committed to treating all case study participants in a fair and ethical manner. This project has been reviewed and approved by the University of Canterbury College of Education Ethical Clearance Committee.

Shiyanath Hashim
Trainee Child and Family Psychologist
University of Canterbury
Cell phone: 02102785874
Email: sha130@ student.canterbury.ac.nz

My supervisors' details:

Michael Tarren-Sweeney, Ph.D
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Private Bag 4800 Christchurch 8140, New Zealand
Ph: +64 3 3642987 - Extn 7196 Fax: +64 3 3642418

Franz X. Kney, B.A., M.Ed., M.N.Z.Ps.S.
Psychologist, Department of Child Youth and Family Services
195 Hereford Street, Christchurch 8140
Ph 03 961 6255, Fax 03 963 6365

Complaints may be addressed to:

Dr Missy Morton, Chair, Ethical Clearance Committee
College of Education, University of Canterbury
Private Bag 4800, CHRISTCHURCH
Telephone: 345 8312

Consent Form for Foster parents Child and Family Psychology

- I have read and understood the attached information sheet, and I have been given an opportunity to ask the researcher questions. I understand what participating in the focus group will involve.
- I understand that all information will be confidential and the written report will not contain any identifying details. Identifying information will only be available to the participant, the supervisor and myself. At the start of the focus group, participants will be asked to maintain confidentiality with regard to the identity of fellow participants, and individual's responses.
- I understand that the data obtained from the focus groups will be stored confidentially in the researcher's office cabinet, where it will be kept locked. The researcher and her supervisor will only have access to this data, and this data will be kept for the minimum of five years after which it will be destroyed.
- I agree and consent to taking part in the focus group described in the attached information sheet.
- I understand that I can withdraw from the group at any time without affecting the way I am treated and without having to give a reason.
- I note that this project has been reviewed and approved by the University of Canterbury College of Education Ethical Clearance Committee.

I (Please print name) agree to participate in the focus group described in the attached information sheet.

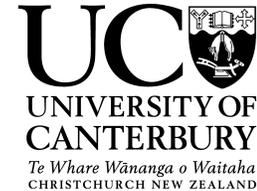
Signature.....

Date.....

Complaints may be addressed to:

Dr Missy Morton, Chair, Ethical Clearance Committee
College of Education, University of Canterbury
Private Bag 4800, CHRISTCHURCH
Telephone: 345 8312

Grandparent Focus group Information Sheet



Dear Caregiver

My name is Shiyath Hashim, and I am a trainee Child and Family Psychologist at the University of Canterbury. As part of my training, I am conducting a small study of children's contact with their birth parents. The study consists of several focus groups exploring caregivers' ideas about children's contact with their birth parents. Two of the focus groups are with foster parents and one is with kinship caregivers (who are raising their grandchildren). My principal supervisor on this study is Dr Michael Tarren-Sweeney, who is a Senior Lecturer in Child and Family Psychology, and my associate supervisor is Franz Kney, Psychologist at Child and Youth Family Services (CYFS). Franz is associating as an associate of the University's Child and Family Psychology programme. CYFS has no involvement in the study.

You are invited to participate in a focus group of around 10 to 15 grandparents, to be held at Wheki 450, between 10.00 am to 12 .00 pm on {Date} at the College of Education, University of Canterbury. I will be conducting the focus group, assisted by Michael Tarren-Sweeney. We hope to obtain a variety of opinions from caregivers about contact between children in care and their birth parents. We intend to conduct the group in a structured and positive atmosphere, so that participants can express their opinions freely.

The focus group is being run in school hours, which caregivers have told me is the most suitable time. I will set up a play area for younger children (under 5) in the room. However, given the nature of what will be discussed, school-aged children should not be present at the focus group.

The identity of participants will remain confidential to the group, and your identity will not be recorded with the focus group responses, or revealed in any publications from this study. Participants will be asked to keep what is said in the focus group confidential. The information obtained in the focus groups will be stored confidentially in my office cabinet, where it will be kept locked. My supervisor and I will only have access to this data, and this data will be kept for the minimum of five years after which it will be destroyed. The resulting report will not contain any identifying details and the results of the research will refer to the responses of the group on a whole, and will not be linked to individuals.

Should you decide to participate in this project, you have the right to withdraw at any time without having to give a reason. Thank you for taking time to consider my request. If you want to know more about the project (either now or at a later date), please feel free to contact either myself or my supervisors.

We are committed to treating all case study participants in a fair and ethical manner. This project has been reviewed and approved by the University of Canterbury College of Education Ethical Clearance Committee.

Shiyanath Hashim
Trainee Child and Family Psychologist
University of Canterbury
Cell phone: 02102785874
Email: sha130@ student.canterbury.ac.nz

My supervisors' details:

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Psychologist, Department of Child Youth and Family Services
195 Hereford Street, Christchurch 8140
Ph 03 961 6255, Fax 03 963 6365

Complaints may be addressed to:

Dr Missy Morton, Chair, Ethical Clearance Committee
College of Education, University of Canterbury
Private Bag 4800, CHRISTCHURCH
Telephone: 345 8312

Consent Form for Grandparents Child and Family Psychology

- I have read and understood the attached information sheet, and I have been given an opportunity to ask the researcher questions. I understand what participating in the focus group will involve.
- I understand that all information will be confidential and the written report will not contain any identifying details. Identifying information will only be available to the participant, the supervisor and myself. At the start of the focus group, participants will be asked to maintain confidentiality with regard to the identity of fellow participants, and individual's responses.
- I understand that the information obtained in the focus groups will be stored confidentially in the researcher's office cabinet, where it will be kept locked. The researcher and her supervisor will only have access to this data, and this data will be kept for the minimum of five years after which it will be destroyed.
- I agree and consent to taking part in the focus group described in the attached information sheet.
- I understand that I can withdraw from the group at any time without affecting the way I am treated and without having to give a reason.
- I note that this project has been reviewed and approved by the University of Canterbury College of Education Ethical Clearance Committee.

I (Please print name) agree to participate in the focus group described in the attached information sheet.

Signature.....

Date.....

Complaints may be addressed to:

Dr Missy Morton, Chair, Ethical Clearance Committee
College of Education, University of Canterbury
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