

BIRTH FAMILY CONTACT AND PLACEMENT
OUTCOMES FOR CHILDREN IN KINSHIP AND
FOSTER CARE

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Teracia Gobind

University of Canterbury, New Zealand

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Abstract

A prospective, exploratory study examined the relationships between birth family contact factors and long-term placement outcomes for children who are in foster or kinship care in New South Wales. The present study utilized data which was collected for 338 children in the Children in Care study; which was conducted between 1999 and 2009. This included data that was collected from a baseline survey and a review of case files from the State Child Welfare database. The participants of the Children in Care study were between four and eleven years of age. The present study involved a series of statistical analyses including: correlations, chi-square tests, t-tests, ANOVAS, multiple linear regressions, and binary logistic regressions. Some linear associations were identified between frequency of contact and reported issues, frequency of contact and restoration, and children's reactions to contact and reported issues. However; these associations were found to be insignificant when controlling for other significant predictors in regression models. None of the birth family contact variables examined in the present analyses were found to be significant predictors of further abuse/behavioural issues in care, placement stability, or restoration. Some of the significant predictors of such outcomes included: age at entry into care; pre-care mental health; previous placements, care arrangements; and caregivers support and contact with other foster carers. Overall, the present analyses highlighted that contact may not necessarily have detrimental, or beneficial impacts on children in care; however further research in this domain is required in order to identify if other contact factors may have any impact on outcomes for children in kinship or foster care.

Chapter 1: Introduction

Over the recent years, there has been an alarming increase in the number of children being placed in out-of-home care worldwide (Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006). It was reported that, in 2005, Australia had received more than 50 notifications for every 1,000 children and 4.9 per every 1,000 children were in state care (Holzer & Bromfield, 2008). Similarly, high rates of notifications were also reported in Canada, The United States, and New Zealand (Holzer & Bromfield, 2008). The United States, Scotland, and New Zealand also reported comparably high rates of children in state care (Holzer & Bromfield, 2008). These figures show that, in the last 20 years, there have been a significant increase in child protection reports and the number of children in out-of-home care at a global level.

It is also important to recognise that many children who live in out-of-home care have been subjected to high-risk situations such as: abuse, domestic violence, and neglect (Rutter, 2000). In addition to this, children in out-of-home care may also experience various mental health, educational, social, behavioural, attachment, and emotional difficulties (Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006). Despite the increasing number of children in care and the severity of their difficulties being evidenced by research studies, there appears to be an obvious gap in the research as the population of interest is inadequately represented in research studies (Rutter, 2000; Tarren-Sweeney, 2008). Most of the literature available on birth family contact issues has emerged from studies that have been conducted on children in adoptive care, and there is only a limited amount of literature which has focussed mainly on children in kinship and foster care (Taplin, 2005b). Although there are disparities in situational contexts of children in adoptive care as compared to those

in kinship/foster care, much of the findings from adoptive studies have been extended to the population of children in kinship and foster care (Taplin, 2005b).

Contact with birth parents for children in care has been one of the most debated topics among many professionals in the field. Some of these professionals include: clinicians, social welfare workers, and policy or legislation authorities. There is still much uncertainty about the impact of contact on outcomes for children in care. Some researchers in the field argue that birth family contact is beneficial as it allows a child to maintain attachment bonds and other existing relationships (Cantos, Gries, & Slis, 1997; Davis, Landsverk, Newton, & Ganger, 1996; Delfabro, Barber, & Cooper, 2002; Fratter, 1996; Ryburn, 1999). This is thought to help minimise feelings of grief, increase the likelihood of restoration, and improve psychosocial well-being as children are able to understand where they have come from and this gives them a sense of identity (Cantos, et al., 1997; Davis, et al., 1996; Delfabro, et al., 2002; Fratter, 1996; Ryburn, 1999). On the other hand, other researchers in the field argue that birth family contact is a frequent cause of placement breakdowns and has negative impacts on children in care (Chang & Liles, 2007; Moyers, Farmer, & Lipscombe, 2006; Terling-Watt, 2001).

Apart from the longstanding debate around the impact of contact on children in care, there is also much uncertainty about the reliability and validity of the existing literature due to methodological weaknesses. Many experts in the field argue that the existing research is extremely limited as it fails to consider the impact of birth family contact on long term developmental outcomes and is flawed by methodological issues (Neil, Beek, & Schofield, 2003; Quinton, Rushton, Dance, & Mayes, 1997; Quinton, Selwyn, Rushton, & Dance, 1999). Quinton, et al. (1997) has identified several key methodological issues in the existing research. Some of these include: unrepresentative samples, lack of differentiation between

different types of contact (i.e. it is often unstated whether the contact was direct or indirect), limitations in study designs and statistical analyses, and weaknesses in sample selection. In addition to this, Quinton and colleagues (1997) also noted that previous studies have a general lack of consideration in regards to the psychosocial functioning of the children and birth parents at baseline. This is considered to be an important factor as birth parents or children with a low level of psychosocial functioning are more likely to have negative experiences of birth family contact, which then has the potential to lead to negative outcomes (Quinton, et al., 1997).

It is clear that while the existing literature provides some relevant information; the contradictory evidence, debates about the impact of contact, and the concerns about methodological issues may limit the ability of legal authorities, practitioners, and social workers to make developmentally appropriate decisions in regard to birth family contact issues. The authorities may be limited in their ability to make an informed decision about which types of contact, if any, is suitable for each child and their specific situation when making judgements about the best ways to achieve positive outcomes for the child (Scott, O'Neill, & Minge 2005).

Given the limited body of research on this population, methodological issues, and the contradictory nature of the existing research; there is little agreement about the long term relationship between birth family contact factors (such as frequency of contact) and its impact on subsequent placement outcomes (such as maltreatment, restoration, or adverse events) for children in care (Neil, Beek, & Schofield, 2003, Rushton, 2004). The consideration of the relationships between these factors is vital as this is a developmental issue (Neil, Beek, & Schofield, 2003, Rushton, 2004). This is because birth family contact may have an impact on the stability of a child's environment, their relationships, and

developmental processes (e.g. identity development); thus affecting the developmental outcomes of a child (Neil, Beek, & Schofield, 2003, Rushton, 2004). It is clear that there is a need for more longitudinal studies and studies which focus on the relationship between birth family contact and long term placement outcomes of children in care (Quinton, et al., 1997; Rushton, 2004). In addition to this, it is necessary to carry out studies which help to determine what type of birth family contact, under what conditions, are beneficial for which children (Selwyn, 2004).

An overview of foster care and parental contact in the Western world is presented below in order to provide the reader with a background, understanding, and context of the operational nature of the system. Chapter two will review the literature pertaining to birth family contact factors and outcomes for children in kinship and foster care.

Who are Foster Carers/Caregivers?

Foster carers are people who care for children who are unable to remain in the care of their birth families for some specific reason, e.g. risk of harm. Foster carers often assume responsibility for the day-to-day care of their foster children. The main purpose of foster carers upholding these responsibilities is to provide the foster child with a “normal life” as far as possible while taking into consideration that the child may have experienced adversities, such as maltreatment, prior to being placed in care (Nutt, 2006, p.7). A change in the child’s carer is largely considered to be an extremely effective intervention for children who are unable to live safely and securely within their own homes (Sinclair, Gibbs & Wilson, 2004). Foster carers play an essential role in assisting foster children who are recovering from adverse events and have the potential to improve the developmental trajectory of the child

(Nutt, 2006). While the importance of foster carers has been recognised, they are still somewhat under-valued (Nutt, 2006). This is because a gap exists in the foster care system which is typified by breakdowns in placements and allegations of maltreatment (Nutt, 2006).

Modern Foster Care

At an international level, foster care is now regarded as the primary care option for children who require care and protection (Nutt, 2006; Sinclair et al., 2004). According to Nutt (2006), almost two-thirds of the children who required care and protection in Britain were placed in foster care. Around 54% of the children in need of care and protection in Australia are placed foster care, with home-based care arrangements accounting for around 95% of children in care (Paxman, 2006). While residential care is still being used for children with extreme behavioural difficulties and those who have extremely complex needs, it seems that the number of children placed in residential care is steadily decreasing (Nutt, 2006). Some of the child welfare systems of today seem to utilise foster care as a temporary care arrangement; thus providing birth families with an opportunity for reunification at a later stage if it is considered to be a safe option for the child (Hacsi, 1995). Other countries, such as England, Australia, and New Zealand have also chosen utilise foster care as a permanent care arrangement.

Kinship care is also a form foster care. It usually involves extended family members or other members of the child's community, who may identify with the child's cultural heritage, caring for children who are in need of care and protection (Paxman, 2006). Kinship care has seen an international increase in use since the late

1980's and now accounts for 40% of children placed in care in Australia. There seems to be a general assumption that kinship care enables the child to preserve family relationships and cultural heritage, and avoids the stress of being placed within a new, unfamiliar family (Paxman, 2006). While this may be the case, there is little evidence to suggest that kinship care is more beneficial than non-relative foster care (Paxman, 2006).

In recent years, it has been recognised that caring for children who require care and protection is challenging and difficult for foster carers (Nutt, 2006; Sinclair et al., 2004). A study by Murray, Tarren-Sweeney, and France (2011) highlighted that foster carers often feel as if they require further training and support as they are faced with the challenges of caring for children who may have a range of mental health difficulties. Carers also indicated that this is a significant source of parental stress (Murray, et al., 2011). The decrease in utilisation of residential care has meant that more children with complex and high needs are now entering foster care instead of residential care (Farmer, Moyers & Lipscombe, 2004; Sinclair et al., 2004, p.9). Foster carers are now facing many challenges in providing adequate care as well as promoting positive developmental pathways for these children (Farmer et al., 2004; Hacsí, 1995, Nutt, 2006). In addition to this, foster carers are also faced with the challenges of promoting birth family contact, working with birth parents in a collaborative manner, and having less influence on the decision-making process around their foster child's care (Nutt, 2006).

History of Contact in Out-of Home Care

The subject of contact between birth families and children in out-of-home care has recently become a matter of concern (Taplin, 2005b). It is a relatively recent phenomenon for contact between birth families and children in care to be supported and encouraged and it has only recently been incorporated into legal systems (Taplin, 2005b).

Before the 1970's; the notion of confidentiality and secrecy pertaining to adoption was considered extremely important and contact between birth parents and their children was usually terminated (Macaskill, 2002; Quinton, et al., 1997). This was because there was an emphasis on the development of exclusive relationships between adoptees and their adoptive parents (Macaskill, 2002; Quinton, et al., 1997). In the 1970's, considerations were made regarding the need for more openness in adoptive placements and that children in care had a right to information or documentation pertaining to their birth (Macaskill, 2002; Quinton, et al., 1997). This ideology was supported by research studies which noted that providing children with such information enables them to understand their origins and have a sense of progression of past events in their lives to their present circumstances, thus promoting identity development (Macaskill, 2002; Quinton, et al., 1997). By the 1990's, Wales and England had placed a focus on recovery as a family with a goal of restoration of the child to their birth family and if this was unsuccessful then contact between children in care and their birth families was still encouraged (Macaskill, 2002; Quinton, et al., 1997).

Definition of Contact

Quinton, et al. (1997) defines 'contact' as any kind of intentional communication that occurs between a child and an individual that the child considers to be a significant person in their life (such as: birth parents, siblings, grandparents, prior foster/adoptive parents, or extended family members), while a child is in out-of-home care. Contact may occur in several different ways. Face to face meetings with the child are considered to be a direct form of contact (e.g. visits/overnight stays) while indirect contact may comprise of telephone calls and the exchange of letters, emails, gifts, photographs or videos (DoCS, 2008; Prasad, 2011; Quinton, et al., 1997, Sen & Broadhurst, 2011). In some situations the family court may decide that it is in the child's best interest for direct contact to be supervised, while in other situations it may be unsupervised (Quinton, et al., 1997; Taplin, 2005b). Contact visits may occur in a range of different settings, such as: a public place, the foster/adoptive carer's house, or an agency's office (Quinton, et al. 1997).

Contact Arrangements

Children in out-of-home care often have contact with members of their birth family. This may include contact with parents, siblings, grandparents, or other significant family members in the child's life (Tregeagle, Smith, Voigt, 2003). The case planning process usually involves caseworkers, other professionals involved in the case, birth parents/significant family members, and foster carers (Tregeagle, et al. 2003). Tregeagle and colleagues emphasise that while care plans need to be flexible, it is still important to ensure that they are clear, detailed,

and take into account the perspectives of all parties involved. According to Macaskill (2002), the negotiation of contact plans between all parties involved is essential as it enables the involved individuals to express any concerns or issues they may have. This is important as it ensures that the contact arrangement will be flexible, appropriate, realistic, and suitable for all parties involved so that it does not result in distressing situations for foster carers, birth families, or foster children (Macaskill, 2002).

Hess (1982, as cited in Tregeagle, et al., 2003) suggested that it is also important to consider the main purpose of contact, as defined in the case plan. According to Hess (1982, as cited in Tregeagle, et al., 2003) case plans which outline a goal of restoration should have different contact arrangements from those which have a goal of maintaining a sense of continuity in relationships with the birth family and promoting identity development.

During the case planning process, a main focus is kept on the safety of the child and what is in the best interests of the child (Tregeagle, et al, 2003). In addition to this, the child's developmental level, age, resilience, and situational context (e.g. exposure to harm, possibility of further harm during contact, etc.) needs to be taken into careful consideration (Macaskill, 2002). It is also important to take into account the birth parent's and foster carer's attitudes towards contact arrangements (Macaskill, 2002). The case plan usually consists of all the details of the contact arrangements. Case plans are usually reviewed regularly in order to ensure that the contact arrangements are meeting the child's evolving needs and remains flexible for all parties involved (Beek, & Schofield, 2004; Tregeagle, et al, 2003).

Frequency and Type of Contact

Factors that need to be given careful consideration in determining the frequency and duration of contact are the safety of the child, the child's needs, the strength of the relationship between the birth family member and the child, as well as the relationship between the foster carer and the child (Cherry, 1994, as cited in Scott, et al., 2005; Tregeagle, 2003). Increased frequencies of contact are often encouraged in situations in which the foster children have positive relationships with their birth families and positive relationships with their foster carers (Tregeagle, et al., 2003). Edwards (2003, as cited in Prasad, 2011) noted that contact arrangements which allow contact visits that are long enough in duration and frequent enough may prove to be more beneficial. This is because it shows the child that their birth family's continue to be involved and interested in them; thus reinforcing the relationship between the child and their birth family (Edwards, 2003, as cited in Prasad, 2011). In addition to this, some other important factors that are taken into consideration during the decision-making process with regards to contact arrangements are the child's age, developmental level, maturity, and resilience (Tregeagle, et al, 2003). Cherry (1994, as cited in Scott, et al., 2005) also suggested that geographical distance, parent responsiveness and motivation, financial resources, and the child's views should be taken into consideration in the decision-making process pertaining to the frequency or duration of contact.

Contact between Siblings

In cases where siblings are not living in the same home, it is important to consider the possibilities of maintaining contact between siblings. Sibling relationships are of key

importance as they are often one of the most long-lasting relationships people may have in their lifetime (Tregeagle, et al., 2003). Children in care may have strong relationships with their siblings in situations where there has been a lack of presence of a parental figure and siblings have supported each other when they have endured maltreatment or trauma (Tregeagle, et al., 2003). They may not only have strong relationships but they may also be dependent on each other (Tregeagle, et al., 2003). It is often the case that children in care have much more frequent contact with their siblings as compared to other family members. The arrangements for sibling contact are often informal and regular. Tregeagle and colleagues (2003) suggest that while sibling contact is extremely important, it is important to consider the impact of this on other aspects of the child's life, such as the child's ability to bond with their foster family.

The Present Analyses

In light of the importance and complexity of contact issues, the author has undertaken an analysis of longitudinal prospective data which was obtained in the New South Wales Children in Care study between 1999 and 2009. The birth family contact data was collected in the Children in Care baseline survey that was completed by foster carers. In addition to this, reports and case files from the State Child Welfare database was used to provide the longitudinal, continuous data of important events or outcomes for each of the participants. Using these data, this study aims to identify the long term relationship between birth family contact factors and subsequent placement outcomes for children who are in kinship or foster care. This is done in the hope that this information may be able to: provide a model of longitudinal, continuous data regarding placement outcomes (e.g. stability); make a

meaningful contribution to the existing body of research; and possibly provide a basis for future research to develop this domain further in terms of aiming to identify what type of birth family contact, under what conditions, are beneficial for which children (Selwyn, 2004). Chapter two will review the literature pertaining to birth family contact factors and outcomes for children in kinship and foster care.

Chapter 2: Literature Review

Contact between birth families and children in out-of-home care have been a long-standing area of concern for birth families, foster/adoptive carers, policy-makers, researchers, and child welfare professionals (Scott, et al., 2005). One of the main reasons that foster children as well as adopted children continue to have contact with their birth families after being placed into care is to maintain a connection with their birth families (Prasad, 2011). While this is recognised to be an important factor for children's development, child welfare professionals and legal practitioners are frequently faced with the challenge of making decisions regarding the type and frequency of contact for children in care (Neil & Howe, 2004). Considering that children in out-of-home care are likely to have experienced adversities (such as abuse) prior to entering care, decision-makers are faced with the difficult task of determining the contact arrangements that are in the 'best interests of the child' (Scott, et al., 2005).

Although there are legal disparities in contact arrangements for children in adoptive care as compared to those in kinship/foster care, the underlying needs or emotions of the children may be similar in some ways when they are put into care (Neil, et al., 2003). For example, both foster children and adopted children may have certain needs for attachment and identity development, and may experience some similar emotions of loss and grief (Neil, et al., 2003). Carers of foster and adopted children are often faced with the added responsibility of being vigilant and perceptive to the child's links to their families (Neil, et al., 2003). This review attempts to provide a comprehensive and systematic outline of the existing literature on

contact and the impact of contact on outcomes for children in kinship, adoptive, and foster care.

Literature Search Method

This manuscript aims to review the research pertaining to the debates around contact as well as the impact and implications of birth family contact on children in kinship and foster care. In order to identify any relevant empirical studies as well as reviews in the area of contact an intensive literature search was conducted on The University of Canterbury Library database. Some of the most useful databases included: Google Scholar, PsychInfo, Science Direct, PubMed, SpringerLink, ProQuest, and Scopus. The Adoption and Fostering journal also appeared to be extremely useful for this purpose. Keywords and terms such as access, parental visitation, contact, birth family, birth parents, foster care, kinship care, placement outcomes, and placement stability were used to aid my literature search. During this search it became evident that literature pertaining to contact with birth families for children in kinship and foster care was relatively sparse. In light of this, it was decided that studies pertaining contact with birth families for adopted children will also be included in this review in order to gain a greater understanding of contact issues.

Debates Pertaining to the Impact of Contact on Children in Care

At present, there is an overall lack of knowledge and research about the impact of contact with birth parents on outcomes for children who are in care (Rutter, 2000). The

research that is available on the subject provides contradictory findings and leaves room for doubt and uncertainty regarding the impact of contact on outcomes for children in care. The contrasting results of empirical research have brought about substantial debate regarding the impacts of direct contact with birth families among well-known researchers in the field (Quinton, et al., 1997; Quinton, et al., 1999; Ryburn, 1998; Ryburn 1999). Some researchers argue that it is beneficial for children in care to have contact with their birth families as it enables them to further develop and maintain relationships with their birth families, maintain their sense of identity and cultural background, and have a general understanding of their family background and why they are in care (Fratter, 1996; Ryburn, 1998, Ryburn, 1999). In addition to this, it is also argued that contact with birth families facilitates the process of restoration and reunification as well as enhances the child's psychological health and welfare by minimising feelings of loss and grief (Fratter, 1996; Ryburn, 1998, Ryburn, 1999).

In contrast to this, other researchers have argued that there is a general lack of research on the long-term effects of birth family contact on the development of children in care, and that the few empirical studies that have been conducted in the area are often flawed with methodological issues (Neil, et al., 2003; Quinton, et al., 1997; Quinton & Selwyn, 1998; Quinton, et al., 1999; Rushton, 2004). In addition to this, it is thought that in some cases contact may be problematic as it may result in multiple attachments which may prove to be a confusing situation for the child. Contact may also present as a situation in which there is risk of harm to foster/adoptive carers as well as the child and this may also undermine the placement with the foster/adoptive carers. Pithouse & Parry (1997, as cited in Barber & Delfabbro, 2004) state that some researchers suggest that contact may affect a child's emotional well-being as they may consistently experience and be reminded of their separation from their birth families. Children in care may also struggle with balancing loyalty to their

birth families and loyalty to their foster/adoptive family (Barber & Delfabbro, 2004; Simms & Bolden, 1991). Cleaver (1997, as cited in Taplin, 2005b) also suggests that contact may also present opportunities for further conflict between birth families and children in care.

Similarly, there are also debates which have emerged among legal professionals and child welfare professionals (Taplin, 2005b). Harris and Lindsey (2002) suggest that individuals who are often involved in the decision-making process around contact are influenced by their own personal experiences, their responsibilities and roles as a professional, their experience and professional training, their cultural identity, and their perceptions of their authority as a professional. There are often differences between legal professionals and child welfare professionals in terms of the manner in which assessments are conducted, the information that is collected and interpreted, and the factors which are considered important in making decisions about contact (Harris & Lindsey, 2002).

Given the compelling arguments for the beneficial and adverse impacts of contact on children in care, Selwyn (2004) has concluded that, at present, the main focus of research on contact arrangements should be targeted at identifying which children, under what circumstances may benefit from contact or be harmed by contact. Also, given that there are these differences in professional opinions, it is important that further research is used to clarify the impacts of contact on children in care and provide the multi-disciplinary teams which are involved in decision-making around contact with a more holistic view on the matter.

Adoption and Contact

Adoption is the process by which the parental responsibilities and rights for a child or young person is legally transferred from the birth parents to the child's adoptive parents. Contact arrangements are usually made as part of the proceedings for the adoption (Quinton, et al., 1997). At present, the level of openness between adoptive parents, the child, and the child's birth parents may fall anywhere on the continuum of closed to open adoptions and is usually dependent on the particular situation or circumstances of the case. Closed-adoption is a term used to describe adoptions in which all contact between the birth family and the child/adoptive family is ceased once the child has been placed (Frasch, Brooks, & Barth, 2000). On the contrary, an open-adoption refers to an adoption in which contact between birth families and the child/adoptive family is maintained even after the child has been placed (Frasch, Brooks, & Barth, 2000).

Once again, there is much debate around the impact of contact on children that have been adopted. This is generally due to the restraints or methodological weaknesses in the research (Quinton, et al. 1997). Some researchers argue that contact between birth families and children who have been adopted may be beneficial for the child as it enables them to exercise their rights and satisfy their needs for information and knowledge pertaining to their birth families, as well as promotes healthy identity development (Fratter, 1996; Ryburn, 1998, 1999). In addition to this, it is also thought contact may have a positive impact on the child's ability to adjust; the stability of the placement; the satisfaction that the child, adoptive parents, and birth families have with the placement; and feelings of stability and security for adoptive carers (Ryburn, 1999).

In contrast to this, several researchers have argued that the research in this domain has been unable to account for the long-term impact of contact on children who have been adopted, their birth families, or their adoptive families (Quinton, et al., 1997; Quinton & Selwyn, 1998; Quinton, et al., 1999; Rushton, 2004). Quinton, et al (1999) suggests that longitudinal studies may be useful in providing information about long-term outcomes for children who maintain contact with their birth families after they have been placed. As mentioned previously, it is also important to recognise that much of the research in this domain is flawed with several methodological issues (Quinton, et al., 1997; Quinton, et al., 1999).

While there is clearly a need for research on the impact of birth family contact on children who have been adopted, there is some research available which focuses on gaining information about contact arrangements (Rushton, 2004). A recent study by Neil (2009) explored contact between birth families and their adopted children, and the openness of adoptive parents. The study sample consisted of children who were adopted before they turned four years old and were then followed up around six years after placement (Neil, 2009). Adoptive parents were interviewed and they also completed a Child Behaviour Checklist pertaining to their adopted children (Neil, 2009). The study compares children who had direct contact with their birth parents to children who had letterbox contact with their birth parents (Neil, 2009). The study found that adoptive parents whose children had direct contact with their birth parents were more open than adoptive parents who only had letterbox contact (Neil, 2009). In addition to this, it was found that the adopted children's behavioural or emotional development was not impacted by their adoptive parent's openness or by the types of contact that they had with their birth parents (Neil, 2009).

Another recent study presents information relating to the experiences of adoptive parents pertaining to contact with the adopted child's birth families (MacDonald & McSherry,

2011). The study utilises information from interviews conducted with 20 adoptive couples in the Northern Ireland Care Pathways and Outcomes Study (MacDonald & McSherry, 2011). The interviews, which focused on the experiences that adoptive parents have had when having discussions about adoption and contact with their adopted children, were analysed using Interpretative Phenomenological Analysis (IPA) (MacDonald & McSherry, 2011). It was found that adoptive parents appeared to have discussed adoption in a sensitive manner with their children; however they indicated some concerns that if the history of the birth family is complicated or problematic then this may pose as a risk to children's emotional development (MacDonald & McSherry, 2011). In terms of contact, adoptive parents suggested that it was demanding both in a practical sense and an emotional sense; however they were determined to make contact run as smoothly as possible for the benefit of the child (MacDonald & McSherry, 2011). Apart from the formal contact arrangements, there appeared to be very limited contact between birth families and adoptive families/adoptees (MacDonald & McSherry, 2011). The results from this study implies that there is a need for strategies or mechanisms to be put into place in order to promote communication between adoptive carers and birth families (MacDonald & McSherry, 2011). This may prove to be beneficial for the child as adoptive carers will be more able to provide for the child's needs in terms of information about their birth families and contact with their birth families (MacDonald & McSherry, 2011). It is important that these results are interpreted with careful consideration that the sample size in this study was relatively small.

Another recent study evaluated the experiences of 61 adoptive families in terms of how well-prepared they were for direct contact arrangements which were in the adoption plan (Logan, 2010). Semi-structured interviews were used to gather the information (Logan, 2010). This study showed that adoptive carers were made well-aware of the importance of contact by

the agencies involved (Logan, 2010). They also indicated that they did not feel as if sufficient emphasis was placed on managing issues which may arise post-adoption (Logan, 2010). In addition to this, adoptive carers felt that they were not well-prepared in terms of anticipating the emotional reactions that they may have towards the birth families (Logan, 2010). While these were the general findings of the study, the author also noted that there were varying extents to which the adoptive parents were included in the case planning process (Logan, 2010). This is thought to bear an impact on the experiences that adoptive parents seemed to have in relation to contact arrangements (Logan, 2010).

Similarly, a study by Neil (2002) also investigated the role of 10 different agencies, in the United Kingdom, in assisting the progress of contact between birth families and adoptive families/adoptees after placement. The results of the study showed that the degree to which contact arrangements were promoted differed across the different agencies (Neil, 2002). It was also noted that when agencies worked in conjunction with the involved families, and when contact arrangements were relatively flexible then contact seemed to work in a more positive manner (Neil, 2002; Neil, Beek, Schofield, 2003). Given these findings, it can be inferred that agencies should work closely and carefully with birth families and adoptive families in order to promote positive experiences of contact (Neil, 2002).

Logan (1999) also conducted another study in the United Kingdom which investigated the perceptions of birth parents and adoptive parents regarding the exchange of information between the two parties. The 11 birth parents and 30 sets of adoptive parents completed interviews (Logan, 1999). The results of the study showed that in most cases information was being sent from adoptive carers to birth families via agencies who were involved in the case (Logan, 1999). Overall, the exchange of information was not bi-directional, and proved to be an extremely intricate process which may bear an impact on the birth families, children, and

adoptive families (Logan, 1999). Once again, this indicates a need for more effective systems in promoting communication between adoptive families and birth families. One of the major limitations of this study, which should be taken into consideration when interpreting the results, is the small number of participants representing the birth parents group.

It is clear that there is a lack of research in regards to the impact of contact on outcomes for adopted children. While this is the case, the above review of research indicates that researchers have attempted to use other approaches in gaining information about contact arrangements. The review of research above indicates that individual's experiences of contact may vary depending on the involvement of agencies, the information provided to birth parents and adoptive parents, and the level of openness and communication between the birth families and adoptive families. In addition to this, it also highlights the weaknesses in systems for supporting and promoting communication and contact between adoptive and birth parents in some cases. The arguments pertaining to the benefits of contact remain ambivalent at best as they appear to be based on rights and philosophy as opposed to empirical evidence of developmental and psychological benefits (Quinton & Selwyn, 2006). The research conducted in the area appears to be largely focussed on what is required in order to make contact a success or a positive experience for all involved parties; however questions regarding the long-term benefits of contact for adopted children remain unanswered (Rushton, 2004). Further research in this domain is required in order to gain a clearer picture of how contact with birth parents may impact adopted children (Rushton, 2004). Rushton (2004) suggests that longitudinal studies may be useful in answering questions about the long-term effects of contact.

Adoption of Foster Children and Contact. It is also important to consider the research on contact arrangements and issues for children who were first placed in foster care and later adopted. It has been noted that the situational context of adoption from foster care differs in the sense that most of these children are likely to have experienced some kind of adversity, such as maltreatment or neglect, prior to being placed in care (Rutter, 2000). Moreover, these children are more likely to be older at the time of adoption thus they are more likely to have memories of their birth families as well as relationships with their birth families (Frasch, et al., 2000; Quinton, et al., 1997). Frasch, et al. (2000) also goes on to state that these children may have concerns about the possibility of further abuse or neglect. In addition to this, Frasch, et al. (2000) also claims that children may experience difficulties in developing relationships with their adoptive parents; however research in this area has shown that this is dependent on the complexity and extent of adversity that the child had been exposed to (Rushton, Mayes, Dance, & Quinton, 2003).

This is brought to light in a study conducted by Rushton and colleagues (2003). The study investigated the formation of new relationships between 61 children who had been recently placed in adoptive or long-term foster care and their new parents in England (Rushton, et al., 2003). The sample consisted of children who were between the ages of five and nine years. The data was obtained via interviews with social workers and the foster/adoptive carers. In addition to this, carers also completed questionnaires one month and 12 months after the child was placed in their care (Rushton, et al., 2003). The results of the study showed that, after being in care for one year, 73% of the children had formed an attachment relationship to at least one of their new parents (Rushton, et al., 2003). Those who

had not formed an attachment bond with their adoptive or foster parents were observed to have more emotional and behavioural difficulties as compared to those who were able to form attachment relationships (Rushton, et al., 2003). In addition to this, these children were also more likely to have been rejected by their biological parents (Rushton, et al., 2003). This shows that when a permanency plan is put into place for children in the middle childhood stage then these children are often able to develop attachment relationships with one or both of their new parents (Rushton, et al., 2003). However; the development of such relationships appears to be dependent on the level of adversity that the child may have been exposed to prior to entering the placement as well as the emotional or behavioural difficulties that the child may have (Rushton, et al., 2003). Several studies have reported similar findings and provide support for the findings of this study (Groze, 1996; Groze & Rosenthal, 1993; Hodges & Tizard, 1989; Howe, 1996a; Rushton, Treseder, & Quinton, 1995; Sroufe, 1989; Triseliotis & Russell, 1984, as cited by Rushton, et al., 2003).

Selwyn (2004) did not set out to investigate contact; however her study of 130 children, aged three to 11, who had plans for adoption yielded some interesting findings in regards to contact. Many of these children came from complicated backgrounds with their birth families having several problems or the child being exposed to abuse and neglect (Selwyn, 2004). She found that contact was not always a pleasant experience for children and not necessarily in the best interest of the child (Selwyn, 2004). This was because around 21% of children were sexually or physically abused during unsupervised direct contact with their birth families. Selwyn (2004) also suggested that indirect contact was also associated with risks and it needed to be monitored and managed carefully. The follow up at seven years after placement also showed that indirect contact between birth families and adopted children had increased while direct contact had decreased. Furthermore, many children expressed that

contact via mobile phones was preferable (Selwyn, 2004). While it is clear that pre-care adversity and the child's behavioural or emotional difficulties have an impact on the outcomes of a placement, there is still little known about the impact of contact arrangements on the developmental and placement outcomes for children adopted from foster care (Quinton, et al., 1997). Despite the paucity of research in this domain, there have been debates in which researchers argue the possible benefits and harmful effects of continued contact (Quinton, et al., 1997). Some researchers suggest that it is important to consider the possible negative effects that continued contact may have on placement stability for adopted children (Quinton, et al., 1997).

The available research in this domain has often focussed on how attitudes of involved parties may influence the outcomes of continued contact. Neil, et al. (2003) investigated the characteristics of adoptive and foster carers which are most helpful in facilitating contact. The study consisted of an overall sample of 168 adoptees and foster children, most of which were in the early or middle childhood stage at the time (Neil, et al., 2003). The findings of this study showed that direct contact appeared to be less complicated for children who were adopted (Neil, et al., 2003). This is because children who are adopted when they are young are less likely to have complex links to their birth families and are easily able to develop relationships with their adoptive families (Neil, et al., 2003). Adoptive families were also found to be more involved in decision-making processes around contact arrangements; however there was much variation in the level of involvement of foster carers in this respect (Neil, et al., 2003). Some foster carers expressed feelings of exclusion during decision-making (Neil, et al., 2003). The overall findings of the study indicated that foster/adoptive carers who were sensitive, accepting, and empathetic towards the child's birth family were able to facilitate contact in a manner which enabled children to understand their sense of

belonging to the foster/adoptive family as well as their birth family (Neil, et al., 2003). Neil, et al. (2003) suggests that when these qualities are present in carers then many types of contact arrangements may prove to be successful.

Another Californian study obtained similar results when researchers investigated openness in relation to contact in a longitudinal study (Frasch, et al., 2000). The study data was collected via questionnaires which were mailed out to participants in three waves during an eight year period (Frasch, et al., 2000). The study utilised data from 231 carers who adopted children from foster care (Frasch, et al., 2000). The study found that contact between the birth families and the adoptive families was generally maintained over long periods of time (Frasch, et al., 2000). In addition to this, the study also showed that when adoptive carers have a positive and accepting nature towards birth families then the preferred option is an open adoption (Frasch, et al., 2000). The findings of this study are consistent with the findings of Neil, et al. (2003).

Another study, in the United States, also inquired about openness between birth families/foster families and adoptive families (Barth & Berry, 1988). The study included 120 adoptive families who had adopted children from foster care when they were three years or older (Barth & Berry, 1988). Seventy nine percent of the adoptees had direct contact with their previous foster carers, while 27% of the children had direct contact with their birth parents (Barth & Berry, 1988). The results of this study showed that 38% of the adoptive parents found contact to be unhelpful in comparison to 31% who reported that it was helpful (Barth & Berry, 1988). Researchers suggested that when adoptive parents had more control over contact arrangements then this had a positive impact on the outcome of contact (Barth & Berry, 1988). While the studies outlined above provides useful information about the significance of the role, characteristics and attitudes of adoptive carers in relation to openness

to contact, it does not provide information on how this impacts the long-term developmental or placement outcomes for adopted children (Frasch, et al, 2000).

Some researchers have also debated that contact is beneficial for children who have been adopted from foster care because it provides the child with adequate information about their birth families which in turn enables the child to gain an understanding of why they were placed in care (Quinton, et al., 1997). In addition to this, it may also make the child feel less rejected (Quinton, et al., 1997). Two major studies outlined below provide contradictory results on the importance of contact to children adopted from foster care.

A study investigated the issues related to contact for 130 children in the United Kingdom (Selwyn, 2004). All of the children were adopted from out-of-home care, were between the ages of three and 11 years old, and most of them had been exposed to some type of abuse (Selwyn, 2004). It was found that adoptive parents often did not have much involvement in the planning of contact arrangements and did not receive adequate information about their role in the contact arrangements. In addition to this, it was also noted that at follow-up several children had not had contact for at least a year, indicating that contact plans had fluctuated over time. A significant finding from this study indicated that contact was not a positive experience for some children as around 21% of the children had been exposed to sexual or physical abuse during direct contact.

On the other hand, a longitudinal study conducted by Thoburn (2004) examined issues pertaining to contact for 297 children from minority ethnic groups. Most of these children were at least three years old when they were taken into the care of their adoptive or long-term foster carers (Thoburn, 2004). The data for this study was obtained from the children's files which enabled the researchers to gain detailed information on each case around 10 to 15 years after the children were permanently placed (Thoburn, 2004). In

addition to this, 51 adoptive/foster carers and 28 children were interviewed (Thoburn, 2004). The results of this study indicated that contact with birth families was extremely important for children who were placed in families of a different ethnic/cultural group as it enabled them to experience a sense of belonging to their ethnic group as well as develop a cultural and ethnic identity (Thoburn, 2004). Some of the older children also indicated that they would prefer to be in placements in which they were allowed to have continued contact with their birth families (Thoburn, 2004). Neil and Howe (2004) also suggested that when contact is not a realistic option for children in care, then there is a greater need for adoptive/foster carers to address the issues of identity development and loss.

In consideration of these two studies, it is clear that contact arrangements should be made on a case by case basis as for some children contact may be beneficial and of high importance whereas for other children contact may prove to be detrimental and harmful. Overall, the research available on contact arrangements for adopted children is inadequate and insufficient to enable us to make inferences about the beneficial or harmful impacts of contact on outcomes for these children. In addition to this, much of the research in this area is hindered by limitations, methodological weaknesses, and gaps in the research (Quinton, et al., 1997).

Children in Out-of-Home Care and Contact

As mentioned previously, contact is one of the most debated and controversial topics of interest in the field of foster care. A substantial amount of the research and evidence that is often used to justify arguments in these debates does not come from research in the field of

foster care, but instead they come from the field of adoption (Macaskill, 2002). The situational contexts of adoption and foster care are thought to be quite different in legal proceedings as well as on other fronts (Taplin, 2005b). Moyers, et al. (2006) also states that, the research in this domain has been unable to identify the differences in outcomes of contact for children in early or middle childhood as compared to those in adolescence. There are three main arguments suggesting that there are benefits of contact with birth parents. These include: birth family contact promotes the reunification and restoration of the child to their birth parents, birth family contact preserves and maintains attachment bonds that children have with their birth families, and birth family contact promotes the psychological well-being of children in out-of-home care. The research on the benefits of birth family contact for children in care is presented below.

Birth Family Contact and Reunification

For many children in care the main goal of the permanency plan is reunification with their birth family. Several studies have indicated that children who have greater frequencies of direct contact with their birth families are more likely to be reunited with their birth families (Cantos, Gries, & Slis, 1997; Davis, Landsverk, Newton, & Ganger, 1996; Delfabbro, Barber, & Cooper, 2002; Leathers, 2002, Millham, Bullock, Hosie, & Haak, 1986).

Millham, et al. (1986) conducted a large scale prospective study, over the period of two years, with a sample of 450 children who had recently entered care. The study showed that 75% of the children who had regular contact with their birth parents were restored to

their birth families within six months (Millham, et al., 1986. Fanshel and Shinn's (1978) prospective study also support these findings. Quinton, et al. (1997) suggests that while there is evidence that contact has an impact on reunification, contact alone is not sufficient for reunification to occur (Sen, & Broadhurst, 2011). Sen and Broadhurst (2011) suggest that some of the factors that need to be taken into consideration in achieving reunification are: pre-care maltreatment, social support, and the child's physical and emotional health.

Davis, et al. (1996) also examined the relationship between birth family contact and reunification of foster children with their birth families. The sample consisted of 922 children in foster care in the United States (Davis, et al., 1996). Data collection methods included interviews with caseworkers as well as analysing case records (Davis, et al., 1996). The study showed that, after being in care for 18 months, 66% of children who had birth family contact were restored to their birth families (Davis, et al., 1996). In addition to this, permanency plans were also put into place for 34% of the remaining children (Davis, et al., 1996). The possibility of reunification was around ten times more likely when children had the level of contact recommended by legal professionals with their biological mothers (Davis, et al., 1996). One of the key limitations of this study was that even though data was sought from case records and case workers, no information was collected from the foster parents themselves (Davis, et al., 1996). In addition to this, the study did not take into account confounding factors, such as whether or not restoration was initially part of the permanency plan for these children (Davis, et al., 1996). Several other studies have yielded results which support the findings of this study (Cantos, et al., 1997; Delfabbro, et al., 2002).

Another study by Leathers (2002) provided further support for the links between birth family contact and reunification. The study examined the impact of parental involvement and inclusive practice on the frequency of contact and reunification (Leathers, 2002). The study

sample consisted of 230 children who were 12 or 13 years old (Leathers, 2002). Telephone interviews were conducted with the children's caseworkers and foster carers (Leathers, 2002). The results of the study showed that birth mothers who visited their children, and remained involved in case review meetings and childcare exercises were likely to be visiting their children more often than mothers who were less involved with their children (Leathers, 2002). In addition to this, a higher frequency of maternal contact was related to a higher likelihood of reunification (Leathers, 2002). The study also showed that caseworkers' were able to predict whether a child was not likely to be restored to their birth families (Leathers, 2002). Moreover, 43.5% of the children who caseworkers' predicted would be restored had returned home within the year (Leathers, 2002). The results of this study remained robust even after controlling for factors such as mental health, substance use by the mothers, or the previous placement history of the children (Leathers, 2002).

While these studies provide compelling evidence for the argument that contact has a positive impact on the likelihood of reunification, research suggests that contact is not a single predictor of reunification and a causal relationship is yet to be established (Taplin, 2005b, Wilson & Sinclair, 2004). Sanchirico and Jablonka (2000) discuss the importance of other factors, such as the foster carer's level of training and support, in facilitating contact as well as reunification.

A major longitudinal study by Wilson and Sinclair (2004) investigated issues pertaining to contact for 596 foster children in England. The findings indicated that when the case plan did not include the goal of reunification, then contact did not increase the likelihood of restoration (Wilson & Sinclair, 2004). On the other hand, when plans for restoration were put into place then frequent and regular contact was an important factor in meeting the goal of reunification (Wilson & Sinclair, 2004). While it was recognised that

visitation has a positive relationship with reunification, it was argued that contact alone was not enough to increase the probability of this outcome (Wilson & Sinclair, 2004). Barber and Delfabbro (2004) further support this viewpoint as they argue that the seriousness of the reasons for why the child is in care and the relationships that the child has with their family is likely to impact the amount of contact the child has with their birth family. This in turn also has an impact on the likelihood of reunification (Barber & Delfabbro, 2004).

Some studies have also shown that reunification may not necessarily promote positive outcomes for children in care. Farmer, Sturgess, and O'Neill (2008) conducted a study with a sample of 180 children, who were 14 years or younger, who were reunified with their families after being in care. The study lasted for a period of two years and data collection involved reviewing case records, as well as interviewing 22 social workers, 19 children, and 34 birth parents. At follow up, it was found that 47% of restorations had been unsuccessful (Farmer, et al., 2008). Of those who were still reunified with their families, the quality and conditions of care for 33% of these children remained questionable (Farmer, et al., 2008). Farmer, et al. (2008) stated that the family's ability to care for the child, the preparedness of the family for reunification, current risk factors, and the availability of support after reunification are key factors which may impact the outcome of reunification. Another study, of 596 children who were in care, yielded similar results and showed that almost half of the children who were reunited with their birth families were at risk for further abuse or neglect (Sinclair, Wilson, Gibbs, 2005).

In summary, the research evidence suggests that a higher frequency of birth family contact is associated with an increased likelihood of reunification. At present, there is no evidence that suggests that this relationship is a causal one (Wilson & Sinclair, 2004). In addition to this, some researchers also highlight the potential for further harm once

reunification occurs, thus suggesting that reunification may not necessarily promote positive outcomes. Researchers suggest that the impact of several other confounding factors on reunification need to be taken into consideration. Some of these factors include: pre-existing goals for restoration, the birth parent's and children's ability to adjust, the child's behavioural problems, mental health, and the relationships between the birth family and the child (Barber & Delfabbro, 2003; Cantos, et al., 1997; Quinton, et al., 1997; Wilson & Sinclair, 2004).

Birth Family Contact, and Attachment and Other Related Issues

Attachment refers to the emotional relationship which develops between an infant and their primary carer. The infant usually seeks proximity to their attachment figure when there is a perceived threat to their safety or security. This attachment between the primary caregiver and the infant creates a blueprint of how the child will develop and form new relationships in the future (Bowlby, 1982, as cited by Taplin 2005b; Bowlby, 1984, as cited by Scott, et al., 2005). Researchers have argued that one of the main reasons for continued contact between birth families and children in care is to preserve or develop attachment bonds between the child and their birth family (Taplin, 2005b). Attachment theory states that children's abilities to develop and form relationships later on in life may be hindered if young children are required to sever well-established existing relationships (Barth & Berry, 1988; Neil & Howe, 2004). In addition to this, it is also considered important to maintain relationships with birth families as this contributes to healthy identity development (McWey, 2004; McWey & Mullis, 2004). Hess (1987) states that child welfare professionals should support and encourage attachment relationships between children in care and their birth

families when the main goal of the case plan is reunification. When the main goal of the case plan is long-term out-of-home care then attachment bonds between the child and their new carers should be encouraged and supported (Hess, 1987; Scott, et al, 2005). In addition to this, Hess (1987) also noted that attachment bonds between foster carers and foster children should be encouraged even when reunification is the main goal of the case plan as children are able to form multiple attachment bonds.

The concept of attachment in the context of child welfare appears to be a complex one (Taplin, 2005b). This is because many of the children in foster care may have experienced maltreatment prior to entering care. Haight, Kagle, and Black (2003) noted that children who have been maltreated are likely to have insecure attachments, particularly disorganised attachment. Children who have been sexually/physical abused, exposed to domestic violence, or neglected by their caregivers often have difficulties with regulating their emotions, finding strategies to feel secure and safe, and developing a healthy sense of self (Taplin, 2005b). As a result of this, many of these children may become difficult to care for as they may be aggressive, scared, sad, and violent (Haight, et al., 2003). This also has a negative impact on the child's development (Taplin, 2005b). Given the complexity of the issue of contact and attachment, it is important to review the available research on the matter.

A well-known study by Fanshel and Shinn (1978) investigated the relationships between contact and attachment for 624 children in care in New York State. Parental visitation was defined by two categories: "High" if the child was visited frequently or irregularly or if the child visited their birth family at home, and "low" if there was limited amounts of visitation or no visitation. Caseworkers were asked to provide an index score based on their assessment of the child's attachment to their birth parents. The study showed that children who were visited less or not visited at all were more attached to their birth

parents as compared to those who were visited more often. The researchers suggest that one reason for this may be that the caseworkers may have perceived the children's longing for their parents as an attachment even when the parents were barely/not visiting the children (Fanshel & Shinn, 1978). The results also showed that frequency of contact did not seem to have an impact on the caseworkers' perception of the attachment between the child and their birth family. The study also highlighted that contact was positively associated with intellectual development for children in care; however this finding was not consistent across the cohort. Parental visits were also associated with negative as well as positive impacts on behavioural and emotional development (Sen, & Bradhurst, 2011). Overall, this study shows that more frequent contact does not necessarily imply a stronger attachment to birth families and promote positive outcomes for a child's behavioural and emotional development (Sen, & Broadhurst, 2011).

Another study by McWey (2004) also examined the relationships between styles of attachment and contact for 110 children in foster care in the United States. All of the children were under the age of five (McWey, 2004). Three researchers completed the Attachment Q-set after observing a one and a half hour direct contact visit (McWey, 2004). This instrument is a criterion-referenced instrument designed to measure dependent and secure attachment styles (McWey, 2004). The study also collected information regarding birth family contact (including information about how many visits have been cancelled or completed) from case records (McWey, 2004). This study showed that the researchers perceived 85.5% of the children to have avoidant attachment styles towards their birth parent (McWey, 2004). The avoidant attachment style refers to an insecure attachment type in which the child is not responsive to the attachment figure when they are present (i.e. the child does not seem to become distressed when the attachment figure leaves and the child responds to strangers in a

similar manner to how they respond to the attachment figure) (Berk, 2006). In addition to this, it was also found that children who were visited on a more frequent basis exhibited less avoidant attachment styles but more externalising behavioural difficulties (McWey, 2004). The researchers suggest that the reason for children having more externalising behaviours may be that the children were merely expressing their feelings after the contact visits (McWey, 2004).

In contrast to the Fanshel & Shinn study, this study shows that contact does have some relationship to the development and evolution of attachments. However; it is important to note that one of the key limitations of this study was that attachment styles were not measured prior to the observations by researchers thus contact may not be the reason for the changes observed in attachment styles (McWey, 2004). This presents as a threat to the reliability and validity of the study as researchers suggest that attachment styles may evolve over time (McWey, 2004).

McWey & Mullis (2004) also examined attachment relationships between 123 children in care and their birth parents in relation to supervised contact. The data was collected using the same methodology outlined in the above study. The study showed that the children with case plans which indicated reunification as a main goal were more likely to have more frequent and consistent contact with their birth families. They were also more likely to have a stronger attachment to their birth parent as compared to those who had less frequent and consistent contact. In addition to this, children with stronger attachments to their birth parents were less likely to be taking medication for psychiatric conditions, were less likely to be developmentally delayed, and had fewer behavioural difficulties as compared to those with weaker attachments to their birth parents. In interpreting the results of this study it is important to consider that children with a strong attachment to their birth parent and fewer

behavioural difficulties are likely to have been exposed to fewer adversities prior to entering care as compared to those with more behavioural difficulties and weaker attachments. This in turn also means that those with stronger attachments and fewer behavioural difficulties are more likely to have goals of reunification as well as more frequent contact with their birth families.

Delfabbro, et al. (2002) investigated the relationships between birth family contact, and placement status and the well-being of children in care in Australia. Two hundred and thirty five children aged four to 17 years were included in the study (Delfabbro, et al., 2002). The data collection methods included interviews with case workers and a review of case records from government and agency databases (Delfabbro, et al., 2002). The findings of this study showed that the frequency of any type of contact increased the likelihood of reunification and decreased the length of time that the child spent in care (Delfabbro, et al., 2002). In addition to this, it was also found that there were no positive changes in the relationships between the child and their birth families (Delfabbro, et al., 2002). The frequency of contact did not seem to change over the eight month period of the study (Delfabbro, et al., 2002). Furthermore, most case workers reported that contact was beneficial for children in care; however 15-20% of caseworkers suggested that it was not beneficial (Delfabbro, et al., 2002). Those who perceive contact as not beneficial suggested that this was because relationships between the children and their birth families were deteriorating as contact continued (Delfabbro, et al., 2002). Children who were well-adjusted were visited more often than those who had difficulties, such as hyperactivity (Delfabbro, et al., 2002). Overall, this study highlights the point that contact does not necessarily maintain or strengthen attachment bonds between children in care and their birth parents.

In examining the above studies, it is clear that the benefits or adverse effects of contact on attachment remain unclear. However; some researchers also argue that maintaining contact with the birth parents is essential as the development of new relationships with foster carers may pose as a threat to the existing relationships between birth parents and their children. On the other hand, other researchers seem to emphasise the importance of the healthy development of relationships between foster carers and foster children as children have the capacity to develop and maintain several attachment bonds (Haight, et al., 2003; Kelly & Lamb, 2003). Rushton, Mayes, Dance, and Quinton (2003) conducted a study which highlighted the importance of an attachment relationship between foster children and their foster carers. The study showed that children who were not regarded as strongly attached to their foster carers, after a period of one year, had difficulties with communicating their emotions to their foster parents. In addition to this, the foster carers also experienced difficulties in relating to their non-attached foster children in a responsive and warm manner. This shows that in order for foster care to occur in an effective and nurturing manner, foster children and foster carers need to have a well-established relationship so that there are clear communication channels in care. Chapman, Wall, and Barth (2004) reported that foster children often experienced similar feelings of closeness to their caregivers to that of the national sample of adolescents in the United States. While children in foster care developed positive relationships to their new caregivers, they also preserved their hopes for restoration to their birth families (Chapman, et al., 2004). In addition to this, Beckerman (1989) also suggests that contact minimises separation and alienation from their birth families as well as enables children to identify with both their foster families as well as their birth families.

A recent study by Humphreys & Kiraly (2009) highlighted the importance of attachment relationships with caregivers for infants. The study involved an analysis of the case records for 119 children under the age of one who were in care in Australia (Humphreys & Kiraly, 2009). In addition to this, data were also collected by means of 30 case studies, focus groups, and interviews with 118 child welfare professionals as well as foster carers (Humphreys & Kiraly, 2009). The researchers found that the development of positive and interactive relationships between foster carers and infants in care was essential in terms of promoting healthy brain development in the infant (Humphreys & Kiraly, 2009). In addition to this, intensive contact was found to have a negative impact on the infants as their sleeping and feeding routines were often disrupted as a result of contact arrangements (Humphreys & Kiraly, 2009). Similar results were yielded from a study in England which was conducted by Kenrick (2009, as cited in Sen, & Broadhurst, 2011). Both of these researchers suggest that consideration needs to be given to the impact of very young children having multiple carers as a result of intensive birth family contact (Humphreys & Kiraly, 2009; Sen, & Broadhurst, 2011).

This then brings us to the next point in question which is around the issues that may influence the child's development of a relationship with their new carers. Many researchers suggest that contact reduces the likelihood of children in care experiencing loyalty conflicts by providing them with a deeper understanding of why they are in care and a sense of belonging to their birth families. In addition to this, researchers argue that contact also promotes identity development.

Weinstein (1960, as cited in Hess, 1987) examined the relationships between contact and attachment by interviewing 61 children who were five years or older. The children who

participated in this study did not appear to have severe emotional difficulties and they were all in care for at least one year (Weinstein, 1960 as cited in Hess, 1987). Semi-structured interviews were used to elicit information about whether the child seeks proximity to their birth parents or foster parents in situations where security or safety is needed, who they love most, and who they think loves them the most (Weinstein, 1960 as cited in Hess, 1987). The study showed that contact with their birth parents was a pre-requisite for the child being able to identify with them (Weinstein, 1960 as cited in Hess, 1987). Some children identified with both their foster parents and their birth parents. Eleven out of 28 children who identified with their foster carers also had regular contact with their birth parents (Weinstein, 1960 as cited in Hess, 1987). This shows that regular contact may be essential for children in care to be able to identify with their birth parents; however contact alone is not sufficient to ensure the child's identification with their birth family (Weinstein, 1960 as cited in Hess, 1987).

Another study by Salahu-Din and Bollman (1994) highlighted the importance of contact in identity development for adolescents who are in foster care. The study examined the relationship between identification with birth families and the ability to develop high self-esteem and a sense of self-identity in 116 fostered youths (Salahu-Din & Bollman, 1994). The study utilised the Baltimore Self-Esteem Scale, the Guttman scale, and the birth family scale (Weinstein, 1960, as cited by Salahu-Din & Bollman, 1994) as a means for data collection. The study showed that youth who had less identification with their birth families were likely to experience difficulties in developing their identities, have lower self-esteem, and more difficulties with forming meaningful relationships with their foster parents (Salahu-Din & Bollman, 1994). The authors concluded that these findings suggest that contact is necessary in order to provide children with the opportunity to discuss their emotions of loss,

understand their past, as well as understand that they are not just a part of one family (Salahu-Din & Bollman, 1994). This in turn may facilitate healthy identity development and a sense of self (Salahu-Din & Bollman, 1994).

In contrast to this, some researchers suggest that contact may have negative impacts on identity development, and loyalty conflicts. Browne and Moloney (2002) presented findings from their study which investigated birth family contact patterns and their impact on children in care. Questionnaires were completed by 17 social workers (Browne & Moloney, 2002). They answered the questionnaire based on the information of 127 placements with 74 foster carers in the United Kingdom (Browne & Moloney, 2002). The questionnaires focussed on psychological issues which may affect foster children as a result of their contact with their birth families (Browne & Moloney, 2002). While social workers perceptions revealed that contact visits were positive for around 62% of the children, further analysis showed that around 28% of the placements were ambiguous and 26% were in crisis (Browne & Moloney, 2002). The researchers suggested that the reason for this may be that contact had made children uncertain about the type of relationship they have with their birth families (Browne & Moloney, 2002). This in turn may have some contributions to the ambiguity of their placements and may also be a contributing factor to placement breakdowns (Browne & Moloney, 2002). This means that contact does not necessarily provide foster children with clarity in terms of their identities, and sense of belonging to their foster families or birth families.

Beek & Scholfield's (2004) three year longitudinal study of 58 children, between the ages of four and 12, in long-term foster care aimed to identify the ways in which birth family contact may undermine or promote placement stability and the well-being of the children. A

variety of tools were used in order to collect the necessary data. Some of these included: the strength and difficulties questionnaire; interviews with birth parents, foster parents, children, and foster carers; as well as questionnaires completed by social workers (Beek & Schofield, 2004). The findings showed that children appeared to be more relaxed, at ease, and less stressed when there was a sense of continuity between the foster carers and birth families during contact visits (Beek & Schofield, 2004). In addition to this, contact visits appeared to be most successful when the contact arrangements made had accounted for the child's needs for a sense of belonging and security within their foster families (Beek & Schofield, 2004). This shows that when reunification is not a priority then contact, if not arranged carefully and in consideration of the child's needs, may be stressful and confusing for the child.

Leathers (2003) predicted that birth family contact was associated with foster children's feelings of conflict regarding their loyalty to their birth families and foster families. In addition to this, she also suspected that these loyalty conflicts may have an impact on the emotional and behavioural difficulties experienced by children in care (Leathers, 2003). Foster parents of 199 adolescents, who were in care for at least one year in the United States, were interviewed over the telephone (Leathers, 2003). The interviews yielded information about the amount and type of contact that these children were having with their birth families, the strength of the relationships between the child and their birth families, and conflicts between the child and their birth families (Leathers, 2003). Findings showed that children who had more frequent contact with their birth families experienced loyalty conflicts as they felt a sense of loyalty towards their foster families as well as their birth families (Leathers, 2003). This effect seemed to be less strong for children who had

been in care for much longer periods of time (Leathers, 2003). Once again, this shows that contact may be a source of stress on children in care.

As mentioned previously, several researchers argue that frequent and regular contact between birth families and children in care have beneficial outcomes when restoration is the main goal outlined in the case plan (Haight, et al., 2003; Harris & Lindsey, 2002). The evidence for this argument comes from attachment theory. As mentioned previously, this often becomes more complicated in situations where children have been maltreated or neglected. In addition to this, the research evidence provides equivocal answers about the impact of contact on attachment, identity development, and loyalty conflicts (McWey, 2001). Furthermore, the need for further research in this area is highlighted by the fact that the existing research studies come with several methodological weaknesses and limitations. Consideration also needs to be given to the differences in attachment relationships for children placed at an early age as compared to late-placed children (Loxterkamp, 2009). Given that the relationship between parental visitation and attachment remains unclear, it should not be assumed that more frequent contact will result in healthy attachment relationships between children in care and their birth families (Taplin, 2005b).

Birth Family Contact and the Child's Developmental Well-Being

Hess (1987) suggests that the impact of not having contact may result in the child feeling abandoned or rejected, and this may have a negative impact on the child's well-being. She also argues that contact acts like a moderator of the stress of separation that a child may experience when placed in care (Hess, 1987). In addition to this, some researchers argue that

contact fulfils the child's needs for information about their birth family and assists in their understanding of their cultural background and origins (Taplin, 2005b). It is also thought that contact enhances the child's well-being and development, and prevents the child from idealising their birth family (Hess, 1987; Quinton, et al., 1997). Wilson and Sinclair (2004) argue that the prevention of unhealthy idealisation of the birth family may be beneficial in the sense that it enables the child's adjustment in their foster placement, thus decreasing the likelihood of disruption. Several studies provide evidence for these claims; however no causal link between contact and these benefits has been established (Cantos, et al., 1997; Delfabbro, et al., 2002; McWey, Acock, & Porter, 2010; Neil & Howe, 2004; Quinton, et al., 1997; Thoburn, 2004; Wilson & Sinclair, 2004).

McWey, et al. (2010) recently examined externalising problems and depression in 362 seven to sixteen year olds using information from a National Survey of Child and Adolescent Well-Being. Measures used included: questionnaires completed by the children, the Children's Depression Inventory completed by the children, the Child Behaviour Checklist completed by foster carers, and The Violence Exposure Scale which was completed by the children (McWey, et al, 2010). The study showed that children who had more frequent contact with their birth mothers were more likely to exhibit less externalising behaviour than those who had a lower frequency of contact (McWey, et al, 2010). This effect remained robust even after controlling for the effects of exposure to violence and gender (McWey, et al, 2010). In addition to this, these children were also less depressed (McWey, et al, 2010). This shows that consistent and frequent contact may have a positive impact on children's levels of externalising behaviour and depression (McWey, et al, 2010).

Another study by Cantos, et al. (1997) also provided support for the benefits of contact for children in care. This study explored the relationship between direct contact and

behavioural and emotional adjustment of foster children (Cantos, et. al., 1997). The study included 68 children from the United States and their foster carers (Cantos, et. al., 1997). Forty nine of these children had been referred for treatment due to behavioural problems (Cantos, et. al., 1997). The Child Behaviour Checklist was used to gain information about the children's behavioural difficulties (Cantos, et. al., 1997). The results showed that children who were visited on a more frequent basis showed fewer internalising and externalising behaviours (Cantos, et. al., 1997). This association between contact and behavioural difficulties appeared to be dependent on the child's level of adjustment to being in care as well as the specific type of behaviour (Cantos, et. al., 1997). While this shows that contact may have an impact on the level of behavioural difficulties exhibited by children in care, it also shows that other factors need to be taken into consideration (Cantos, et. al., 1997).

On the other hand, other researchers have noted the possible negative outcomes associated with contact. Loxterkamp (2009), who examined three clinical cases, suggested that children in care need help with managing and understanding the harsh but real reasons for why they are in care. This is thought to prevent the child from feeling like they are to blame, feeling like they were not good enough for their birth families, or thinking that he/she has been removed from their family for no good reason (Loxterkamp, 2009). This in turn should counter the feelings of loss, rejection, or abandonment (Loxterkamp, 2009). In addition to this, some researchers have also raised concerns about the possibility of children in care being further abused or neglected during contact visits (Loxterkamp, 2009; Quinton, et al., 1997). This may have some implications for the child's development and well-being.

While many suggest that contact promotes and enhances the development and well-being of children in care, the relationship between these two variables remains unclear. In addition to this, some researchers have highlighted the possible negative impact of contact on

a child's well-being. Quinton, et al. (1997) also noted that many of these studies have not accounted for the child's level of development or functioning prior to entering care or prior to the commencement of the study. In consideration of the available research, it is evident that further research is required in this domain.

Birth Family Contact and Placement Stability

Many children in care have experienced abuse and neglect which may have had an impact on their attachments (Quinton, et al., 1997). Placement stability also plays an important role in providing children in care with opportunities to develop secure and permanent attachments (Leathers, 20002). At present, there are some contrasting arguments in the field relating to the impact of contact on placement stability and outcomes. Some researchers suggest that contact may promote stability and positive outcomes in placements (Palmer, 1996; Webster, Barth, & Needell, 2000), whereas other researchers suggest that contact may have adverse effects on placement outcomes (Moyers, Farmer, & Lipscombe, 2006). Some researchers have also expressed the possibility that contact may not have any relationship to placement stability (Moffatt & Thoburn, 2001).

Palmer (1996) examined the relationships between placement stability and inclusive practice. The study sample comprised of 184 children in care, over the age of four, in Canada (Palmer, 1996). The authors defined inclusive practice as involving birth parents in the case planning process as well as maintaining contact after placement (Palmer, 1996). Questionnaires were completed by placement workers and several key variables pertaining to inclusive practice were tracked over a period of 18 months (Palmer, 1996). The study showed

that children in care had fewer changes in placement when birth parents were more involved in preparing their children for placement and maintained contact with their children even after placement (Palmer, 1996). Children with less behavioural difficulties also experienced fewer changes in placement (Palmer, 1996). The researcher recognised that most of the participants in this study were in care as a result of parents requesting support and placements (Palmer, 1996). Palmer (1996) noted that for children who have experienced pre-care maltreatment, contact may not be a feasible option and may not yield the same outcomes in terms of placement stability. Webster, et al. (2000) provided further support for these findings.

In contrast to this, some researchers have identified the potential for adverse effects of contact on placement outcomes. Moyers, et al. (2006) explored the skills and support of foster carers, as well as the contact that adolescents in care had with their birth families (including siblings, parents, and other family members). The sample was made up of 68 adolescents in long term foster care, social workers and foster carers in the United Kingdom (Moyers, et al., 2006). The adolescents, social workers, and foster carers were interviewed and case files were reviewed in order to collect the necessary data (Moyers, et al., 2006). Participants were interviewed after three months of being placed and then at one year after being placed (Moyers, et al., 2006). In the event of a disruption in placement, interviews were conducted at the time of the incident (Moyers, et al., 2006). The baseline interviews showed that 41% of foster parents perceived that the adolescent's contact with their birth family had an adverse effect on them (Moyers, et al., 2006). Furthermore, the findings showed that contact that was problematic was one of several factors which contributed to placement breakdowns (Moyers, et al., 2006). The 12 month follow-up results indicated that

63% of the adolescents had experienced contact with a family member that was harmful to them (Moyers, et al., 2006).

Other researchers have indicated that contact may not have any link to placement stability. Moffatt and Thoburn (2001) conducted an exploratory analysis on placement outcomes for 254 children, from minority ethnic groups, who were placed in long-term foster care. The researchers gathered information about the characteristics of the children, carers, and birth parents (Moffatt & Thoburn, 2001). Placements in which there were no breakdowns were considered to be “successful” placements (Moffatt & Thoburn, 2001, p13). Continued contact was found to have no effect on the stability of the placements. Age and behavioural difficulties appeared to be the most significant predictors of placement stability. Osborn, Delfabbro, and Barber (2008) also noted that placement instability may be impacted by the child’s capacity for psycho-social adjustment. Barber and Delfabbro (2003) also go on to state that placement instability within the first eight months of placement may not necessarily be detrimental to child.

Overall, there are mixed opinions as well as contradictory findings regarding the importance of early placement stability and the impact of contact on placement stability. Contact may be beneficial and promote stability in placements, it may be indifferent, or it may also prove to be detrimental to child and the stability of their placement. In any case, it is important to consider other factors which may also be contributing to placement instability or breakdowns. Further research in this domain is necessary to gain a more holistic view of the impact of contact on placement stability (Quinton, et al., 1997).

Contact with Siblings

Several studies have shown that placing siblings in care within the same placement may result in positive outcomes (Herrick & Piccus, 2005; James, Monn, Palinkas, & Leslie, 2008; Linares, Li, Shrout, Brody, & Pettit, 2007). Some of these positive outcomes include: pro-social behaviour towards peers, fewer behavioural and emotional difficulties, better academic performance, and fewer placement disruptions (Herrick & Piccus, 2005). In addition to this, research also shows that sibling relationships may be useful in moderating feelings of discontinuity with family, grief, anxiety, trauma, and guilt for children in care (Herrick & Piccus, 2005). Researchers have also suggested that separation from siblings may result in negative outcomes, such as poor socialization and mental health, for children in care (Tarren-Sweeney, & Hazell, 2005). It was also noted that contact may not be useful in situations where the presence of the sibling poses as a threat to the child (Herrick & Piccus, 2005). These findings may also indicate that negative sibling relationships may have negative effects on children in care (Herrick & Piccus, 2005). Sen and Broadhurst (2011) recommend that children's preferences regarding whether or not they want contact with their siblings should be taken into consideration. While the importance of sibling relationships has been recognised, there is surprisingly an immense scarcity of research on the impact of sibling contact on children in care (who are not within the same placement as their sibling) (Herrick & Piccus, 2005).

James, et al. (2008) conducted a study in the United States which involved interviewing the carers of 14 children in care. The children were between six and 14 years of age (James, et al., 2008). The findings of this study showed that children

may have varied responses to contact with their siblings (James, et al., 2008). The authors concluded that it is essential to make decisions relating to sibling contact on a case by case basis as it may have a negative or positive impact on the child's well-being (James, et al., 2008). The authors also indicated that contact with siblings from previous foster placements may have some importance depending on the child's relationship with the sibling (James, et al., 2008). No studies which investigated the impact of sibling contact on children in care were found; thus highlighting the need for research in this area (Lundström, & Sallnäs, 2012).

Kinship Care

The utilisation of kinship care as an out-of-home care option has been steadily increasing over the recent years (Terling-Watt, 2001). Several researchers have noted that kinship care appears to have several benefits for children; such as greater placement stability, opportunities for more contact with their birth families, and opportunities to maintain connections to their cultural background and identity (Holtan, Ronning, Handegard, & Sourander, 2005). On the other hand, other professionals in the field argue that children in kinship care have lengthier stays in out-of-home care and slower rates of reunification than children in unrelated foster care (Berrick & Barth, 1994; Gleeson, O'Donnell, & Bonecutter, 1997). In addition to this, concerns have been raised about the risks involved with a lack of permanency planning, and continued unsupervised contact with parents who have previously maltreated their children (Berrick, Barth, & Needell, 1994).

Birth Family Contact in Kinship Care

Currently, there are only few available studies which examine birth family contact in the context of kinship care. Many researchers have suggested that children in kinship care often have informal, frequent contact with their birth parents (Berrick, et al., 1994; Holtan, et al., 2005). One study has highlighted that 58 kinship caregivers had reported that 43% of contact arrangements were informal and that mothers were likely to visit more often than fathers (Cohon, Hines, Cooper, Packman, & Sigging, 2000; as cited in Scott, et al., 2005).

A study conducted by Berrick and colleagues (1994) compared 354 non-kinship foster families to 246 kinship families in California on a number of different variables, including contact. The caregivers completed surveys and the Behaviour Problems Index (BPI) was also used to gain insight into the child's behavioural difficulties (Berrick, et al., 1994). The study showed that around 81% of the children in kinship care had contact with their birth families; while only 58% of the children in foster care had contact with their birth families (Berrick, et al., 1994). Children in kinship care were also more likely to meet with their birth families at least once per month than children in foster care (Berrick, et al., 1994). It was found that when contact occurred, it was family orientated and informal for children in kinship care (Berrick, et al., 1994). Kinship carers often thought that children had stronger relationships with their birth parents as compared to foster carers (Berrick, et al., 1994). In addition to this, only few kinship carers felt that they did not have much control over contact with birth parents and often indicated that birth families appeared to be satisfied with the placement (Berrick, et al., 1994).

Few studies have also considered the impact of birth family contact on placement stability for children in kinship care. Terling-Watt (2001) investigated the factors contributing to the rates of disruption in 875 kinship placements in Texas. Data for this study was obtained from a large database which holds detailed information in the form of case records, and interviews were also conducted with 26 intervention workers (Terling-Watt, 2001). The study showed that continual contact and interference from birth parents appeared to be one of the several factors contributing to placement breakdown or disruption (Terling-Watt, 2001).

Chang and Liles (2007) also investigated the potential contributing factors to placement disruption by interviewing 130 caregivers of children in kinship care. The Californian study showed that placement outcomes were more likely to be positive when the kinship carers perceived their relationships to their foster child and the child's parents to be a strong relationship (Chang & Liles, 2007). The small sample size and dependence on kinship carer's perceptions limit the generalizability, reliability, and validity of the study (Chang & Liles, 2007).

Some empirical research has also indicated that contact in the context of kinship care may also have implications for the child's mental health. A study by Holtan, et al. (2005) compared the mental health of children in kinship care to those in foster care. Caregivers of 214, four to 13 year old, children completed questionnaires and the Child Behaviour Checklist (CBCL). Children in kinship care were often placed in their local communities, had more frequent contact with their birth families, had fewer placements prior to the present placement, and had birth parents who were more satisfied with the arrangements of the placement. Children in kinship care were noted to have lower total problem scores than

children in foster care, as evaluated by the CBCL. This shows that contact along with other relevant factors may promote positive mental health outcomes for children in kinship care.

The studies outlined above show that the impact of contact on children in kinship care remains ambiguous as it may have positive or negative effects on outcomes. Given the little empirical research in the area and the complexity of birth family contact for children in kinship care, it is evident that there is an overwhelming need for further research in this area.

Children's Views on Birth Family Contact

Given that the children's needs and best interests are the core purpose for contact, it is important to take into account the perspectives of the children involved in contact arrangements. Research evidence suggests that children in care continue to be concerned and worry about their birth families (Moyers, et al., 2006; Sen, & Broadhurst, 2011; Sinclair, et al., 2005). Studies have also shown that it may be damaging or problematic when children do not have contact with their birth families but wish to have contact (Sinclair, Wilson, & Gibbs, 2001). In addition to this, it has been shown that even when children do not want to reside with their birth families, they may still wish to maintain some kind of contact with their birth families (Sinclair, et al., 2001).

Sinclair and colleagues (2001) conducted a study in which 150 foster children completed questionnaires about what they would like from their foster placements. All of the children were over the age of five (Sinclair, et al., 2001). The findings showed that most children wanted contact with their birth families; however they also

expressed preferences for wanting choose the types of contact, and the family members they would like to have contact with (Sinclair, et al., 2001). In addition to this, the children also expressed that they would like to experience fewer loyalty conflicts, and be able to have some choices in regards to how much support they receive during contact (Sinclair, et al., 2001). These findings were also supported by Macaskill (2002) who found that children expressed preferences in regards to how often contact should occur, which family members they should have contact with, and the setting in which contact should occur .

It is important to take into account that the children's views of contact may vary depending on their age as well as the situational context. Nevertheless, the child's view remains an important part of whether contact will be a positive and beneficial experience for the child. Children's views on contact should be considered alongside several other relevant factors in order to ensure that any action that is taken is in the best interests of the child. While it is important to consider the child's preferences; it is also important to note that, at times, the child may have unrealistic expectations for contact and relevant adults may need to provide the child with an explanation in an age appropriate manner in order to deal with this complication (Sen, & Broadhurst, 2011).

Birth Parents Experiences of Contact

Contact may not only be distressing for children and foster carers; but may also be a source of distress in birth families. This may also have an impact on the

length of time that contact between birth families and foster children is maintained (Sen, & Broadhurst, 2011). Bilson and Barker (1995) conducted a study in which social workers completed questionnaires in regards to 848 children in care. They found that 75% of children who were in care for under six months continued to have contact with their birth families on a regular basis (Bilson, & Barker, 1995). On the other hand, only 25% of the children who were in care for over five years had contact with their birth families on a regular basis (Bilson, & Barker, 1995). Children who were placed in care due to difficult behaviour were more likely to have frequent contact with their birth families as compared to children who were placed in care against their birth parents' wishes or due to concerns for their safety (Bilson, & Barker, 1995).

Millham, et al. (1986) states that distressed parents may experience difficulties in maintaining regular contact with their children which in turn may result in them terminating all contact. Several studies have also shown that parents often long for their children and have desires for contact with their children; however they may find it too distressing (Freeman & Hunt, 1998, as cited in Sen & Broadhurst, 2011). Freeman and Hunt (1998, as cited in Sen, & Broadhurst) found that parents often felt uninvolved in decision-making processes and found the experience of supervised contact to be aversive. Millham, et al (1986) also noted that when birth parents have made requests for their children to be placed in care, then parents often feel like failures or experience feelings of shame. Overall, it is clear that birth parents' views and feelings on the matter of contact may bear an impact on the success or outcomes of contact.

Foster Carers and Birth Family Contact

Foster parents play an important role in facilitating and executing contact arrangements as well as supporting foster children before, during, and after contact with their birth families (Hashim, 2009). Given, the essential role of foster carers in contact arrangements, there is a surprising lack of research focusing on the perspectives of foster carers on contact, the goals of contact, and the specific roles of foster carers in contact visits (Hashim, 2009). Few researchers have studied the concerns of foster carers around contact as well as the useful attributes of carers which may have an impact on the outcomes of contact visits.

Evidence has shown that the attitude that foster carer's have towards birth family contact may have an impact on the way that contact occurs as well as the way in which foster children react to contact (Simms & Bolden, 1991). As mentioned previously, a study by Neil, et al. (2003) showed that when foster parents are more receptive to the needs of their foster child then this may have a positive impact on contact with birth families. In addition to this, the study also found that contact was distressing for foster children and foster parents when the foster carers were not included in the decision-making processes around contact (Neil, et al., 2003). Beek & Schofield (2004) provided support for these findings as their study showed that when foster carers are sensitive to the needs of their foster children and their birth families, then they are more likely to be cooperative and supportive in relation to contact plans.

The views of social workers and foster carers on contact are considered to be of key importance in understanding the factors which may improve contact for children in care

(Haight, et al., 2002). It is important to understand the types of activities that foster carers are involved in and the difficulties they may face in executing contact arrangements. A pilot study evaluated the ability of an intervention program in enhancing the experience and quality of contact (Simms & Bolden, 1991). The study was conducted over a 16 week period in the United States with four birth parents, four foster carers, and eight children in foster care (Simms & Bolden, 1991). The foster children were between five and nine years of age. Foster children and birth parents were designated to an intervention group; while foster carers were designated to a support group (Simms & Bolden, 1991). Each of the groups met on a weekly basis and the support group was run by a clinical social worker (Simms & Bolden, 1991). The intervention sessions included family therapy sessions run by a social worker as well as group activities run by a therapist (Simms & Bolden, 1991). Data was collected via observations which were recorded on a daily basis (Simms & Bolden, 1991). The study found that a key point in discussion among the foster carers was that children often exhibited difficult behaviours which appeared to have some relation to contact visits (Simms & Bolden, 1991). In addition to this, it was brought to light that many foster carers expressed their recognition that their foster child had desires to return home to their birth families and that the children's aggressive or difficult behaviours may have been an expression of their emotional equivocation (Simms & Bolden, 1991).

Another study investigated the views of 28 birth parents, 13 foster mothers, and 24 child protection workers in regards to contact (Haight, et al, 2002). Semi-structured interviews were used to determine factors which may improve contact arrangements in the United States (Haight, et al., 2002). The children in care were between 24 and 60 months of age, had permanency plans, and were regularly visited by their birth families (Haight, et al., 2002). Key themes were identified and extracted from the interviews (Haight, et al., 2002).

Foster parents expressed that preparing the foster children for parental visitation, by providing them with emotional support, was a stressful task. In addition to this, it was also found that many factors needed to be carefully considered during parental visitation (Haight, et al., 2002). Some of these important factors included: age-appropriate activities, positive interactions between the birth parent and the child during contact, a positive relationship between the birth parent and the supervisor, and suitable supervision during contact (Haight, et al., 2002). Foster parents also indicated that it is extremely important to provide the foster children with support in a suitable and sensitive manner (Haight, et al., 2002). In addition to this, foster parents also noted that children experience significant emotional harm when birth families did not attend or cancelled planned visits (Haight, et al., 2002).

Researchers have identified contact as an area of distress, not only for the foster children, but also for the foster carers. A study was conducted in the United States in order to identify the situations that foster carers may find to be distressing in their lives (Jones & Morrisette, 1999). The sample consisted of 156 foster carers who had been fostering children for at least six months but less than 30 years (Jones & Morrisette, 1999). Quantitative and qualitative analyses showed that foster carers often experienced high levels of stress when birth families did not attend planned visits (Jones & Morrisette, 1999). In addition to this, they also expressed that they did not feel included in contact arrangements and that some of these arrangements may have not been in the child's best interest (Jones & Morrisette, 1999). Wilson & Sinclair (2004) provided support for these findings as foster carers in their study also identified contact as being a stressful experience from time to time. The findings also indicated that most children found contact distressing even when they had a desire for contact with their birth families (Wilson & Sinclair, 2004).

An exploratory study conducted by Erera (1997) investigated the attitudes that foster carers had towards case workers and birth families, in Israel. Three-hundred and twenty four foster carers completed the Foster Parents Role Performance Questionnaire (FPRPQ) (Erera, 1997). The study showed that most foster carers were not engaging with birth families (Erera, 1997). Seventy-nine percent of foster carers had never been visited by their foster child's birth family and 52% had never contacted the birth family via telephone (Erera, 1997). Only 14% of carers engaged in contact with birth parents within their own homes and 21% engaged in contact at the birth parent's home (Erera, 1997). Foster carers also expressed that their foster children belong to them more than they belong to their birth families (Erera, 1997). These visits were often initiated by the birth families and not the foster families (Erera, 1997). While most carers had a positive view of the case workers, many expressed that they felt inadequately prepared for their roles as foster carers (Erera, 1997).

Evidence in this area also suggests that support and training for foster carers may have a positive impact on contact arrangements. A recent exploratory study examined the views of 26 child welfare workers, 24 foster carers, and 24 children in permanent foster care who have supervised contact with their birth families (Morrison, Mishna, Cook, Aitken, 2011). Data was collected through interviews as well as focus group discussions (Morrison, et al., 2011). The results of the study showed that child welfare workers and foster carers are often dissatisfied with the contact arrangements that are put into place (Morrison, et al., 2011). Furthermore, many child welfare workers and foster carers expressed that were not adequately equipped or trained to deal with the complexities of contact arrangements (Morrison, et al., 2011). There was often a lack of communication between all involved parties and there was a lack of clarity around the role of supervisors during contact visits (Morrison, et al., 2011). These findings suggest that these factors may be contributing to

distressing contact experiences (Morrison, et al., 2011). In addition to this, it is evident that training, support, clarity of roles, and clear communication are key factors in facilitating contact between children in care and their birth families (Morrison, et al., 2011).

A New York study examined the effects of the foster carer's level of training and level of support on contact between foster children and their birth families (Sanchirico & Jablonka, 2000). The study sample consisted of 560 carers who had foster children that had contact with their birth families. The study showed that 77.2% of the foster carers communicated with birth parents at the time of contact visits, 63.2% supported and encouraged their foster children to keep in touch with their birth families via telephone, and 51.3% provided supervision during contact visits. In addition to this, 47.5% of the foster carers included birth families during special occasions and holidays, 35% invited birth families to their homes, 33.3% included birth families in decision-making processes, and 8.9% engaged in other activities to maintain the child's link to their birth family. The findings indicated that trained foster carers had foster children who were having more birth family contact. Moreover, foster carers who had support and were trained were more likely to engage in several exercises associated with contact as compared to those who were untrained and did not have support.

Foster carers have expressed concerns around the lack of consultation from case workers in relation to contact arrangements, a lack of clarity of their role in contact arrangements, and cases of contact within their homes which have been distressing (Hashim, 2009). In addition to this, research studies have also shown that training and support for foster carers may have a positive impact on contact. These findings show that foster carers may be able to provide a valuable insight and perspective on what exactly is difficult for children as well as the ways in which children may express their distress in relation to

contact. Furthermore, these studies also provide insight on the aspects of contact that foster carers may struggle with. This may prove to be valuable information in attempting to improve the conditions of contact for children.

Methodological Issues

As mentioned previously, most of the research in regards to contact matters originates from the field of adoption and is often extrapolated to the foster care field (Macaskill, 2002). It has been noted that situations in the field of adoption may be different as compared to those in foster care (Macaskill, 2002). In the field of adoption contact is often considered to be beneficial as it enables the child to preserve their relationships and cultural background (Macaskill, 2002). Macaskill (2002) stated that there may be some risks in extrapolating research evidence regarding contact matters in the context of infant adoption to situations in which adoptees are difficult to place or entering long-term out-of-home care.

The limited amount of research that has investigated the impact of birth family contact on children, who are in foster care, does not come without methodological weaknesses. Quinton, et al. (1997) has outlined the following concerns:

- Studies often use unrepresentative samples or small sample sizes that may result in the lack of generalizability and reliability of the findings of the studies.
- Contact has not been measured in a reliable and accurate manner as there is often no differentiation between different types of contact (i.e. direct or

indirect contact).

- Case files and records are often relied upon as a source of data; however these data are often subject to human error, differences in coding systems, and the individual interpretation of those entering the data.
- Only a limited number of studies have examined the impact of contact on outcomes in a systematic manner, or gathered information directly from birth parents or foster children.
- Many studies do not take into account that the psychosocial abilities of the parents and children prior to placement in care may have an impact on the outcomes of contact. In the few studies where this is taken into account; the information does not come directly from the children or their parents. This means that secondary sources of information may not include this information for all participants or may not have an adequate amount of information on this matter. Given that this is the case, it is difficult to draw conclusions about whether the impacts of contact are related to the parent's and children's abilities to adjust or whether it reflects the impact of the contact visits per se.
- Few studies have adequately controlled for potential confounds.
- Several studies select the study sample according to the placements instead of the children's individual characteristics. The main problem with this is that there may be differences between the children who have several placements and those who do not.

In addition to this, Taplin (2005c) also noted that response bias and retention of participants in longitudinal studies may also be important limitations to consider when interpreting the results of these studies.

Berrick, Frasch, and Fox (2000) also suggested that most of the studies in this field rely on interviews and surveys with carers and child welfare professionals, and case files as sources of data. However; only few studies collect data directly from the children in care (Berrick, et al., 2000). The researchers consider that this may be one of the key limitations of these studies as information about the children's views on contact may be extremely useful in informing the operations of foster care systems (Berrick, et al., 2000). Berrick, et al. (2000) also noted that one of the reasons for studies not including children in care as participants in studies is the difficulties in the recruitment process. In order for studies to be able to recruit children in care, consent may need to be gained not only from their legal carers but also from birth parents, lawyers, and social workers (Berrick, et al., 2000). Berrick, et al. (2000) suggests that the development of measurement tools, and interviewer bias and skills also appear to be some of the key challenges in conducting research in this field.

As mentioned previously, studies within this field often rely on information reported by foster carers. Some may also consider this to be a methodological weakness in the research as there may be a lack of consistency between foster parent's reports (Hashim, 2009). In addition to this, foster parents may find it difficult to provide information regarding children's behaviour specifically during contact visits as foster children not only exhibit a range of difficult behaviours during contact but also under usual everyday circumstances (Hashim, 2009). While some consider this to be a limitation, other researchers have conducted a study which suggests that foster carers are able to provide information that is just

as reliable as information that may be reported by birth parents in regards to children's behavioural difficulties (Tarren-Sweeney, Hazell, & Carr, 2004). In addition to this, kinship and foster carers have also been reported to provide more reliable information regarding children's behaviours as compared to birth mothers who are depressed (Randazzo, Landsverk, & Ganger, 2003). This shows that the reliance on reports of foster caregivers may not necessarily be a limitation of these studies.

At present, it is clear that the research comes with several limitations thus it is difficult to draw adequately strong and confident conclusions about the impact of contact on outcomes for children in care (Quinton, et al., 1999). Regardless of these methodological limitations, contact is generally considered to be beneficial in all cases, except for those in which children have experienced extreme maltreatment (Taplin, 2005b). Taplin (2005b; 2005c) also notes that there may be other situational contexts in which direct birth family contact may not be beneficial for a child in care.

Summary

At present, the research literature does not provide conclusive evidence for the benefits of contact. Some researchers have suggested that contact plays an important role in promoting reunification, maintaining bonds with birth families, promoting identity development, maintaining cultural identity, preventing unhealthy idealisation of birth families, and enhancing the well-being of children in foster care. On the other hand, other researchers have noted that contact may prove to be harmful for children in care as it creates confusion due to multiple attachment bonds, causes loyalty conflicts, may place the child at

risk for further maltreatment, and may become stressful and emotionally distressing for foster carers and children. In addition to this, it has also been found that in some cases contact may be associated with high rates of disruption within placements. This indicates that contact may be beneficial for some children and adverse for others; thus the present challenge in this field is to identify for which children, under what circumstances contact is beneficial (Selwyn, 2004).

Studies have also found that some of the other factors that may be having an impact on the outcomes of contact include: whether the case plan has a goal for reunification, the lack of clarity of the role of foster carers, foster carer's and social worker's level of training in facilitating contact, and foster carer's attitudes towards birth family contact. While these studies have been able to provide some indication of the possible impacts of contact on outcomes for children in care, it is important to exercise caution in interpreting the results of these studies due to the several methodological limitations of the studies in this field. Overall, the contradictory evidence, controversial debates, and methodological limitations of studies indicate that there is a need for further research on contact and the impact of it on outcomes for children in care.

The Rationale for the Present Analyses

Contact is clearly a significant issue since there has been a significant increase in the number of children entering out-of-home care internationally over the recent years. In addition to this, the issue of contact and its effect on outcomes for children in out-of-home care is a developmental issue. This is because it has implications on

the child's relationships with others, stability of the child's environment, and some aspects of the child's development (e.g. identity development).

While contact is clearly a significant issue; there have been relatively few studies which have focused on contact issues regarding children in foster care. Even though the circumstances of adoption and out-of-home care is thought to be quite different in many aspects, evidence from adoption studies has been used to provide a basis for the guidelines, legislation, and procedures used in out-of-home care systems. In addition to this, contact appears to be one of the most debated topics in the child welfare field; however research studies are yet to provide strong evidence regarding the benefits or adverse effects of contact for children in care. While the topic of contact is clearly a significant one, it is important to consider that the available research studies are also flawed with several methodological limitations, such as small sample sizes and inadequate controls for confounding variables. Studies have also failed to account for the long-term impacts of contact on outcomes for children in care. The combination of contradictory evidence, controversial debates, and methodological weaknesses have limited the abilities of practitioners, legal authorities, and social workers to make developmentally appropriate and informed decisions about which types of contact, if any, is suitable for each child and their specific situation.

Given the importance of the topic as well as the limitations of the available research, it is clear that there is a need for more longitudinal studies which focus on the relationship between birth family contact and long-term placement outcomes for children in care (Quinton, et al., 1997; Rushton, 2004). The present study aims to

address some these factors as it aims to provide a perspective on the relationship between contact and the long-term outcomes for children in kinship and foster care, consists of a large sample, and attempts to control for confounding variables; such as pre-care mental health and maltreatment of children in care.

The Objectives of the Present Analyses

As mentioned previously, this study is an analysis of prospective data obtained in the New South Wales (NSW) Children in Care study between 1999 and 2009. The key objective of the present study was to explore the caregiver reports from the NSW Children in Care study and data from case files in order to examine the relationships between birth family contact variables at baseline and subsequent outcomes for children in foster and kinship care; whilst controlling for the effects of pre-care maltreatment and mental health issues at baseline. In addition to this, the study also investigated the relationship between children's behaviour leading up to and following birth family contact and their long-term placement outcomes. The study makes a meaningful contribution as it offers insights into the nature of the long-term relationship between contact and outcomes for children in kinship and foster care. In addition to this, it provides a basis for future research to develop this domain further in terms of aiming to identify what type of birth family contact, under what conditions, is beneficial for which children (Selwyn, 2004). This is an important development in the field as it will provide information to the necessary authorities (social workers, legal authorities, etc.) which will be used to guide their decision-making process and enable them to make appropriate decisions in regard to birth family contact issues for each individual case.

Chapter 3: Method

The present analyses involve a series of statistical analyses using data collected from the New South Wales Children in Care Study and the Client Information System (Child Welfare database). Some of the important factors while exploring these data included: the frequency of contact, whether contact was supervised or unsupervised, and the emotional and behavioural reactions that foster or kinship carer's observed in children leading up to and after instances of contact. The main purpose of these analyses was to examine the relationship between these birth family contact factors and the long-term outcomes for children in care. The specific outcomes which were examined included: the number of reported issues, number of new foster placements, whether or not children had any new long-term foster placements and whether or not the children experienced restoration events since baseline.

In this chapter, an overview of methods applied in the Children in Care Study; and an overview of the out-of-home care system and legislation in New South Wales is provided in order to provide the reader with a clear background and context for the present analyses. Finally, the methodology for the present analyses is also outlined.

Overview of the New South Wales Children in Care Study

The Children in Care study was a prospective, epidemiological study that examined the mental health of children in care (as ordered by court) in New South Wales and other associated factors (including birth family contact) (Tarren-Sweeney,

& Hazell, 2006). A baseline survey was designed to collect information on estimates of the children's mental health. It also obtained information about the possible retrospective and concurrent protective or risk factors (including birth family contact) (Tarren-Sweeney, 2008). The questionnaires were mailed out to and completed by caregivers (Tarren-Sweeney, 2008). Children did not actively participate in the data collection process (Tarren-Sweeney, 2008). Information was collected from the Client Information System (CIS) which is the Department of Community Services' child welfare database (Tarren-Sweeney, 2008). Caregivers were assured that the identities of all those who participated or did not participate would be kept confidential even from the involved child welfare agency (Tarren-Sweeney, 2008).

Participants. The initial sampling frame of the cohort for the Children in Care study consisted of children in New South Wales (NSW), who were between four and nine years of age, and were ordered by the court to live in a kinship or foster care situation (Tarren-Sweeney, & Hazell, 2006). The sample only included children if the Department of Community Services (DOCS) was responsible for their case, and if the Minister of DOCS held the guardianship of the child (Tarren-Sweeney, & Hazell, 2006). This means that children were excluded from this study if their cases were being handled by other fostering agencies, or if the custody orders pronounced the parents as guardians. In addition to this, the contact details of the carers were required for the purpose of this study. A total of 819 children were identified and met the criteria; however the contact details were not confirmed for 198 of these children (Tarren-Sweeney, & Hazell, 2006).

Questionnaires were then mailed out to the caregivers of the remaining 621 children; of which a total of 347 caregivers of children between four and eleven years of age (this was due to some delays in recruitment and designing measures for the study) responded (Tarren-Sweeney, & Hazell, 2006). A comparison between the participants and the non-participants revealed that non-participants consisted of children who had an earlier entry into care, was more likely to have been with their current caregivers for most of their lives, and experienced less exposure to maltreatment (Tarren-Sweeney, & Hazell, 2006). The final sample consisted of 297 children who were in foster care and 50 children in kinship care; who were all between four and eleven years of age (Tarren-Sweeney, & Hazell, 2006). There were 176 boys and 171 girls; of which 52% of them came from the urban locations in NSW while the rest came from rural or regional locations in NSW. It was found that 80% of these children experienced maltreatment, and 78% of them experienced neglect (Tarren-Sweeney, & Hazell, 2006). There were only 20 children that had entered care without experiencing any form of maltreatment (Tarren-Sweeney, & Hazell, 2006). Many of these children have poor mental health and socialization, as well as a wide range of health, education, development, and language problems (Tarren-Sweeney, & Hazell, 2006).

Measures.

Caregiver Reports. The NSW Children in Care study's survey questionnaire consisted of a consent form, questions measuring a range of different factors, a Child

Behaviour Checklist (CBCL), and an Assessment Checklist for Children (ACC) (Tarren-Sweeney, & Hazell, 2006).

As mentioned previously, the caregiver questionnaire measured a number of different factors, such as the child's education, development, constitution and type of current placement, and recent major life events (Tarren-Sweeney, 2008). The questionnaire also included questions pertaining to birth family contact. In particular, these questions probed for descriptions of the contact a child has with their birth families, and descriptions of the child's behavioral or emotional responses prior to, during, and after contact. In addition to this, the questionnaires also inquired about who were present during these contact visits.

The CBCL is a measure of child behaviour problems which consists of two principal scales: anxiety or depression symptoms, and symptoms of disruptive behaviour (Tarren-Sweeney, & Hazell, 2006). Some of the main reasons that this measure was selected for this study are that there is sufficient evidence available in support of the validity and reliability of this instrument, there is comparable data available for populations at risk, and it is an Australian normed instrument (Tarren-Sweeney, & Hazell, 2006).

The ACC is a measure of behaviour, psychosocial functioning, emotional condition, and individual characteristics (traits) (Tarren-Sweeney, 2007). This instrument was specifically designed for children in care populations. It also demonstrates factorial, content, and construct validity; as well as internal reliability (Tarren-Sweeney, 2007).

The CBCL and ACC as well as other factors measured by the survey questionnaire at baseline are extremely important as they act as a control for possible

confound variables; such as psychosocial functioning, disruptive behaviour, poor mental health, etc. These confound variables were taken into careful consideration during the statistical analyses. While the reliance on caregiver reports can possibly be seen as a weakness, evidence suggests that foster parents of children in long-term care provide information that is at least as reliable as information that can be gained from birth parents (Tarren-Sweeney, Hazell, & Carr, 2006).

Case files and reports from the Child Welfare database. The Children in Care study also obtained historical information using the Client Information System database (Tarren-Sweeney, 2008). This retrospective data provided valuable information regarding the children, e.g. their history of maltreatment, history of placements or being in care, and information about their birth families. While this study relied upon historical data, it is important to note that events recorded in the Client Information System database are often recorded shortly after the occurrence of the event (Tarren-Sweeney, 2008). It is thought that this method of obtaining historical data is more reliable than that of typical retrospective studies (Tarren-Sweeney, 2008).

Overall, the Children in Care study aimed to reliably measure all the possible factors which may have an impact on the mental health of children in care (Tarren-Sweeney, 2008). A pilot study was conducted in 1997 to determine which study factors were accessible and able to be measured in a reliable manner (Tarren-Sweeney, 2008). A list of the factors measured in the baseline survey of the Children in Care study can be found in Tarren-Sweeney (2008, p.5, Table 1). In addition to

this, further information regarding the classification or categorization of maltreatment may be found in Tarren-Sweeney (2008, p.4).

Context of Care and Contact in New South Wales

The Out-of-Home Care Service System. Children, under the age of 18, may enter out-of-home care if they have been exposed to harm or are at risk of sexual abuse, physical abuse, emotional abuse, neglect, or exposure to domestic violence; or the carer is unable to care for the child without having some kind of periodic relief (Taplin, 2005a). Some of the other reasons that children enter care include: homelessness; carer's being unable to care for the child due to incarceration, alcohol or other drug problems, or illness; and family breakdowns (Taplin, 2005a).

The Department of Community Services offers families a range of services and support which may include care by: foster care, relative or kinship care, adoption, residential care or independent living (DoCS, 2007). Permanent or long-term care refers to circumstances in which it is not expected that the child will be restored and can last for the duration of more than six months; whereas short to medium-term care arrangements usually have a goal of restoration and reunification with the birth family and may last for the maximum duration of six months.

General foster care and kinship care are the most common types of out-of-home care and account for approximately 75% of the services delivered by DoCS. Foster care is a type of out-of-home care that may be provided to children under the age of 18 when they are unable to reside with their families (DoCS, 2008a). This usually involves DoCS or another accredited agency authorising the foster carers to provide a nurturing and safe environment

for the child within the carer's home (DoCS, 2008a). This can be either for a short period of time or a long period of time (DoCS, 2008a).

Another common type of out-of-home care is kinship or relative care. Kinship or relative care refers to a type of foster care in which the carer is a relative (extended family member), close friend, or belongs to the child's community (has a cultural/tribal/community link to the child) (DoCS, 2007). This promotes the child's relationship and connection with their family (DoCS, 2007). Relative care is not necessarily facilitated by DoCS in all instances, and it may also include situations in which private agreements have been made among family members (DoCS, 2007).

New South Wales Legislation. In New South Wales, it was not until the mid-1970's that legislation recognised that children in care should have contact with both of their parents, unless there are some extreme or extraordinary situations (Taplin, 2005b). Prior to this, birth families had no rights to contact with their children if their children were removed from their care due to exposure to neglect or abuse (Taplin, 2005b). In 2000, when the Children and Young Persons (Care and Protection) Act 1998 took effect, then the Children's Court obtained the authority to make court orders pertaining to contact.

At present, the Children and Young Persons (Care and Protection) Act 1998 is the key legislation which provides child protection services, governs child well-being, and provides out-of-home care services. This Act operates by the core principle that the well-being, welfare, and safety of children must remain paramount during all decision-making processes. Some of the other principles of the Act denote that individual factors (such as language, culture, sexuality, etc.) of the child should be taken into account during decision-making; minimum intrusion should be imposed on the child or family during interventions;

the state should provide special assistance or protection, permanently or temporarily, for children who are unable to live within their family environment; a stable, safe, and nurturing environment should be provided for the child; and relationships with those who are significant to the child should be retained unless it is not in the best interest of the child or against the child's wishes (Children and Young Persons (Care and Protection) Act 1998). In addition to this; the name, culture, identity, language, and religion of the child should be maintained and preserved as best as possible (Children and Young Persons (Care and Protection) Act 1998). It is important to consider that these policies and legislations of the organisation may not necessarily reflect the approaches taken in practice.

The Present Analyses

The researcher conducted all of the statistical analyses; however she sought guidance and advice from Associate Professor Michael Tarren-Sweeney, Dr Elena Moltchanova, and Dr. Arindam Basu regarding statistical methods.

Data Entry. The study utilized reports and case files from the State Child Welfare database in order to gain information regarding important events or outcomes for each of the participants which have occurred since baseline but prior to the follow up date (i.e. May, 2009). The researcher undertook the sizable task of carefully coding and entering the data of over 100 variables from the Client Information System into a Microsoft Access 2010 database. In particular, the most useful data from this source was information regarding the number of reported issues, number of changes in long-term placement, and number of restorations that the children had

experienced since baseline. This data was then formatted and combined with the necessary variables from the baseline survey of the Children in Care study. IBM SPSS Statistics 19 was used to conduct the statistical analyses.

Data Cleaning. The researcher then cleaned the data set by removing any unnecessary variables, removing outliers from continuous variables, recoding variables, and creating new variables as necessary. Outliers in continuous variables were detected by examining box plots, as well as by using the rule of thumb that a value is an outlier if it lies beyond the range of: Median + or - (1.5)* IQR. In addition to this, the data cleaning process also involved checking for missing values, and ensuring that the data were entered correctly. Missing values were considered a difficulty only if over 20% of the values were missing.

The variables which denoted the frequency of birth family contact with mothers, fathers, siblings, grandparents, and other family members were found to have far more than 20% of the values missing. The researcher dealt with this issue by creating a single new variable which indicated the frequency of contact with any family member. This variable was created by indicating the most frequent contact that a child had with their mother, father, siblings, grandparents, or any other family member. The frequency of contact variable was categorized into six different groups: no contact (0), contact once every five months or longer (1), contact once every three to four months (2), contact once every one to two months (3), contact once every month (4), and contact more than once per month (5). Given that this variable has several categories and is ordinal in nature, the researcher decided that it will be most appropriate to express these data on a continuum.

In terms of outcome variables, the number of reported issues and the number of new long-term foster placements since baseline were both used as continuous variables in the statistical analyses. The number of new long-term foster placements was also transformed into a binary variable for the purpose of identifying the key predictor variables which may contribute to any placement breakdowns. Finally, the number of restorations was also categorized into two groups: restorations since baseline and no restorations since baseline. In addition to this, dummy variables were also created as seen necessary by the researcher.

Statistical Analysis. Associations between pre-care mental health and birth family contact variables were examined using correlations, independent samples t-tests and ANOVAS. CBCL total scores, which were measured at baseline, were used as an indicator of pre-care mental health as it appears to be commonly used in the literature pertaining to children in care (Cantos, et al., 1997; Holtan, et al., 2005; McWey, et al., 2010; Neil, 2009) The associations between pre-care maltreatment and birth family contact variables were also examined using Pearson's Chi-Square and independent samples t-tests.

The associations between categorical study factors and categorical outcome variables were examined using cross-tabulations and chi-squares tests. In general, the Pearson Chi-Square co-efficient is reported; however when both the study factor and the outcome variable were ordinal in nature then the linear-by-linear associations (trends) were reported. The odds ratios are also indicated to show the ratio of the odds of having changes in placements, and restorations or not having these outcomes based on exposure to each of the study factors. In addition to this, independent samples t-

tests were used to examine the associations between categorical study factors and continuous outcome variables, as well as continuous study factors and binary outcome variables. ANOVAS were also used to examine the associations between continuous outcome variables and multi-category study variables. As part of the ANOVA multiple comparison tests, Bonferonni corrections were also computed. The effect sizes for significant study factors are indicated in the form of standardized differences in the mean scores between groups (Cohen's *d*) (Tarren-Sweeney, 2008). In addition to this, r-squared values are also reported as an indication of the proportion of variance accounted for by study factors. In light of the large number of comparisons, all of the results for birth family contact variables are shown; however only associations with *p*-values of less than 0.05 are reported for other potential predictor variables.

Given the exploratory nature of this study, backward stepwise regressions were conducted in order to identify the extent to which birth family contact variables predict each of the particular outcomes after accounting for the contributions of other confounding factors. Multiple linear regressions were conducted in order to identify significant predictors of the number of reported issues and the number of new long-term foster placements since baseline. Binary logistic regressions were conducted to identify predictors of the outcomes: new long-term foster placements and restorations since baseline.

The backward stepwise regressions involved beginning with a model which included all candidate predictor variables. Variables were considered as candidate variables if they had a *p*-value of less than 0.05 (statistically significant) in correlations, chi-squares, ANOVAS and t-tests; or if they were identified to have

conceptual importance. Variables were removed in a systematic manner based on their significance and if the model improved after the deletion of the variable. This process was repeated until no further significant improvement in the model could be attained. Gender and age were variables which were included in all of the models. All birth family contact factors, pre-care mental health, and pre-care maltreatment variables were included in the models in order to show their effects; regardless of their level of significance. All other factors were retained in the model only if their association with the outcome variables was $p \leq 0.1$. A large number of predictor variables were also found to be multi-collinear. In considering the impact of this on modeling, only the variables which most strongly predicted the given outcome was retained from all of the variables that it was highly correlated with.

Ethics

The baseline survey of the Children in Care study has ethical approval from the Human Research Ethics Committee of the University of Newcastle, Australia. The follow-up survey of the Children in Care study has ethical approval from the Human Research Ethics Committee of the University of Newcastle, Australia and the University of Canterbury, New Zealand. Ethics approval includes the provision for research students to work on the study, including carrying out data analyses.

Chapter 4: Results

Characteristics of the Sample

The sample consisted of 338 children between the ages of four and 11 years old ($M=7.83$, $SD=1.62$). The gender mix was fairly balanced as 51.2% of the sample was male and 48.8% was female. Just over half of the sample was located in metropolitan cities (51.5%), while the others resided in regional or rural areas of New South Wales. Most of the children were in foster care while 14.8% of the children were in kinship care. Most of the children entered care between birth and 9.17 years of age ($M=3.47$, $SD=2.28$).

In terms of children's pre-care mental health, the CBCL total scores as indicated by caregivers ranged between zero and 181 ($M = 50.20$, $SD = 33.23$). Most of the children were exposed to some kind of abuse (75.1%) and neglect (76.9%). It was found that 58% of the children were exposed to physical abuse, 44.7% were exposed to emotional abuse, and 12.4% were exposed to sexual abuse. In addition to this, 31.1% of the children were exposed to domestic violence. In considering seven different types of harm (number of categories of harm child was exposed to): sexual abuse, emotional abuse, physical abuse, exposure to domestic violence, physical neglect, developmental neglect, and medical neglect; it was found that only 3.8% of the children had not experienced any of these types of harm. Around 27.8% of the children had been subjected to three types of harm, 23.7% were subjected to two types of harm, and 20.1% had experienced one type of harm. Eighty-three of the children had experienced more than three types of harm. For further details regarding

the children's pre-care mental health and exposure to maltreatment refer to papers by Tarren-Sweeney (2008), and Tarren-Sweeney and Hazell (2006).

Birth Family Contact Factors

Frequency of Contact. In the baseline questionnaire, caregivers were asked to provide a succinct narrative summary of the child's frequency of contact with their birth family and which members of the family the child is in contact with. While the Children in Care study was able to gain some specific information regarding the frequency of contact children had with particular members of the birth family (i.e. mother, father, siblings, grandparents, and other family members); a large amount of these data were missing or not stated in the baseline surveys. As mentioned previously, a variable indicating the frequency of contact with any family member was created, where the highest frequency of contact with any of the family members was recorded.

Most of the respondents stated whether or not their foster children had contact (90.5%). Of those who responded to the questions pertaining to contact, 6.2% indicated that their foster children did not have contact with their birth families. Of the 84.3% of children who had contact, 37 did not state the frequency of contact. Caregivers indicated that 15.2% of those who had contact, had contact more than once a month. About 13.4% of the children had contact once every month, 10% had contact once every one to two months, 32% had contact once every three to four months, and 21.6% had contact once every five months or longer.

An independent samples t-test revealed a significant relationship between pre-care exposure to domestic violence and frequency of contact ($t_{(267)} = 2.77, p=0.006$). Those who were exposed to domestic violence prior to entering care ($M=2.83, SD=2.28$) had significantly more contact with their birth families as compared to those who did not have exposure to pre-care domestic violence ($M = 2.28, SD = 1.51$). In addition to this, a significant relationship between pre-care sexual abuse and frequency of contact was also found ($t_{(267)} = 2.44, p=0.015$). Those who experienced sexual abuse prior to entering care ($M=3.03, SD=1.56$) had significantly more birth family contact than those who were not exposed to pre-care sexual abuse ($M=2.36, SD=1.51$).

A one-way ANOVA also revealed a significant relationship between frequency of contact and supervision of contact ($F_{(4, 240)} = 3.29, p = 0.012$). Bonferroni post-hoc tests indicated that those who were supervised by a foster carer and another adult ($M=1.64, SD=.67$) had a significantly lower frequency of contact than those who were not supervised during contact ($M=3.09, SD=1.36$) ($p = 0.022$).

Supervision of Contact. Respondents were also asked to specify who was usually present during the contact visits. Some of the participants did not have any contact visits or the carers did not indicate whether or not the visits were supervised (13.3%). Most of the children had contact visits that were supervised by a supervisor from DoCS or another child welfare agency (45.3%). Five percent of the children had contact visits that were supervised by other adults, 17.8% were supervised by their foster carers, and 3.3% were supervised by both a foster carer and another adult. Some of the children had visits that were not supervised at all (15.4%).

A Pearson's Chi-Square test showed that there is a significant relationship between pre-care sexual abuse and supervision of contact visits by a DoCS or agency supervisor ($X^2_{(1, n=293)} = 4.89, p = 0.027$). Those who experienced pre-care sexual abuse (69.4%) were more likely to have contact visits supervised by a DoCS or agency supervisor than those who did not experience pre-care sexual abuse (49.8%). In addition to this, it was also found that there is a significant relationship between pre-care physical abuse and supervision of contact visits by foster carers ($X^2_{(1, n=293)} = 5.77, p = 0.016$). Those who were exposed to pre-care physical abuse (19%) were less likely to have contact visits supervised by their foster carers than those who were not exposed to pre-care physical abuse (31.2%). A significant relationship was also found between supervision of contact and children's reactions to contact ($X^2_{(10, n=296)} = 36.08, p < 0.001$). Those who did not have supervised visits (46%), those who had visits supervised by foster carers (57.6%), and those who had visits supervised by other adults (58.8%) were more likely to have positive reactions to contact visits than those who had visits that were supervised by a DoCS or agency supervisor (21.8%) and those who had visits that were supervised by both a foster carer and another adult (18.2%).

Children's behavioural and emotional reactions to contact. As part of the baseline survey in the Children in Care study, caregivers were also asked to provide a description of their foster child's emotional and behavioural responses to contact with their birth family. These descriptions were then coded into three categories: positive, ambivalent, and negative reactions. This only included the child's emotional and behavioural responses, not the child's attitude towards contact. For example, a child

who is enthusiastic about meeting with his birth family but appears to be distressed or behaves in a defiant manner after a contact visit would be considered as a child who had a negative reaction to contact.

The information regarding children's reactions to contact was recorded for 296 children. Around 36.2% of the children appeared to have positive reactions to contact, while 31.4% had ambivalent reactions to contact, and 32.4% had negative reactions to contact. A chi-square test revealed that there is a significant relationship between pre-care physical abuse and children's positive reactions to contact ($X^2_{(1, n=296)} = 5.35, p = 0.021$). Those who had accounts of pre-care physical abuse (21.1%) were less likely to have positive reactions to contact than those who did not have accounts of pre-care physical abuse (38.4%). Similarly, a significant relationship was also found between pre-care sexual abuse and children's positive reactions to contact ($X^2_{(1, n=296)} = 4.30, p = 0.038$). A significant relationship also existed between any form of pre-care abuse and children's positive reactions to contact ($X^2_{(1, n=296)} = 7.34, p = 0.007$). Children who did not experience any kind of abuse prior to entering care (50%) were more likely to have positive reactions to contact with their birth families than those who did experience some kind of abuse (32%).

In addition to this, a one-way ANOVA also revealed a significant relationship between mental health at baseline and reactions to contact ($F_{(2, 293)} = 11.2, p < 0.001$). Bonferroni post-hoc tests indicated that those who has positive reactions to contact ($M = 38.71, SD = 28.37$) had significantly lower CBCL total scores than those who had ambivalent ($M = 57.88, SD = 38.57$) ($p < 0.001$) or negative reactions to contact ($M = 57.27, SD = 30.30$) ($p < 0.001$).

Inter-correlated Candidate Predictor Variables

The relationships between different candidate predictor variables were examined prior to conducting the multiple linear and logistic regressions. The purpose of this was to identify potential issues of multi-collinearity. Age at baseline and age at entry into care were found to be highly correlated; however age at baseline was included in all predictive models. A number of different pre-care maltreatment variables: total number of confirmed notification prior to baseline, emotional abuse, physical abuse, sexual abuse, and neglect were all highly correlated with each other; thus the number of categories of harm that the child was exposed to and the length of time exposed to maltreatment were used to indicate the effect of pre-care maltreatment on the outcome variables.

In terms of mental health variables; the psychotropic medication, psychiatric condition, and CBCL total score variables were all highly correlated. CBCL total scores were used in the logistic regression models as a broad measure of pre-care mental health.

In addition to this, the different types of care arrangements were also highly correlated; thus the care arrangement variable which best predicted the specific outcome variable was selected to be included in the relevant model.

Furthermore, the variable indicating whether or not the care order expires prior to 17 years of age was somewhat related to carer's perceptions of the permanency of the placement. Once again, the variable which was most closely related to the particular outcome variable was selected to be included in the model.

Carer's perceptions of when the child would leave their care and whether or not restoration to the birth family is likely were also highly correlated. The variable which was the stronger predictor of the outcome variable was included in the model; however in the presence of other predictor variables, both of these variables were found to be insignificant.

Outcome Variables

Number of reported issues since baseline. Data regarding the number of reported issues since baseline was available from the Client Information System for 335 participants. As mentioned previously; reported issues comprised of incidents in which the child was at risk for or exposed to domestic violence, sexual abuse, physical abuse, emotional abuse, neglect, homelessness, or abandonment. It also included risky behaviours such as: suicide attempts, aggressive behavior, running away, and alcohol or drug use. The mean number of reported issues across the sample was 6.09 ($SD = 9.94$). The minimum number of reported issues was 0; while the maximum number of reported issues was 76.

A series of correlations, independent samples t-tests and ANOVAS were conducted in order to examine the relationships between study factors and number of new long-term foster placements since baseline.

Table 1.
Factors Associated with the Number of Reported Issues since Baseline

<i>Continuous Variables</i>	<i>n</i>	Pearson's Correlation (<i>r</i>) ^a		<i>r</i> -squared ^a		<i>p</i> -value		
Frequency of Contact	266	0.20		0.04		0.001		
Age at baseline	335	0.14		0.02		0.010		
Age at entry into care	335	0.30		0.09		< 0.001		
CBCL total score ^c	335	0.25		0.06		< 0.001		
Number of categories of harm ^d	335	0.22		0.05		< 0.001		
Total number of confirmed notifications ^e	335	0.22		0.05		< 0.001		
Number of previous placements ^f	335	0.32		0.10		< 0.001		
Exposure to maltreatment ^g	335	0.18		0.03		0.001		
<i>Dichotomous Variables</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i> -value	Cohen's <i>d</i> ^a	<i>r</i> - squared ^a
Reported psychiatric condition				-3.62	175.37	< 0.001	-0.43	-0.21
No	201	4.31	7.10					
Yes	127	8.81	12.83					
Exposure to domestic violence ^h				-2.66	149.22	0.009	-0.33	-0.16
No	231	5.00	8.50					
Yes	104	8.52	12.27					
Exposure to sexual abuse ^h				-2.36	45.71	0.023	-0.45	-0.22
No	293	5.42	8.97					
Yes	42	10.79	14.35					
Exposure to emotional abuse ^h				-1.99	333	0.047	-0.22	-0.11
No	185	5.12	8.77					
Yes	150	7.29	11.13					
Permanent care arrangement				3.67	69.79	< 0.001	0.60	0.29
No	64	12.05	15.64					
Yes	271	4.68	7.40					
Care arrangement: Restoration imminent				-3.02	12.41	0.010	-1.00	-0.45
No	322	5.61	9.44					
Yes	13	17.92	14.56					
Care order expires before age 17				-3.47	86.85	0.001	-0.52	-0.25
No	259	4.74	7.96					
Yes	72	10.24	12.78					
<i>Multi-Category Variables</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i> -value ^b	Cohen's <i>d</i> ^a	<i>r</i> - squared ^a
Supervision of Contact				1.68	5, 329	.139		
1. Not stated	44	3.41	5.47					
2..No supervision	51	6.98	8.39					
3. Supervision by DoCS or other agency	152	7.34	12.57					
4. Supervision by foster carer	60	4.70	6.81					
5. Supervision by other adult	17	3.59	5.40					
6. Supervision by foster carer and other adult	11	6.91	5.65					
Children's Reactions to Contact				3.97	1, 291	0.020		
1. Positive	106	4.27	7.78					
2. Ambivalent	93	7.39	9.48					
3. Negative	95	8.11	13.16					
Comparison: Group 1 with Group 3						0.027	0.36	0.17

Table 1. (Continued)
Factors Associated with the Number of Reported Issues since Baseline

Multi-Category Variables	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i> -value ^b	Cohen's <i>d</i> ^a	<i>r</i> -squared ^a
Age carer expects child will leave				6.41	3, 312	< 0.001		
1.Before age 12	28	12.96	13.43					
2.Between 13 and 15	22	6.36	8.44					
3.Between 16 and 18	61	6.59	7.96					
4.Beyond age 18	205	4.78	9.18					
Comparison: Group 1 with Group 4						< 0.001	0.71	0.34
Comparison: Group 1 with Group 3						0.019	0.58	0.28
Carer expects restoration				14.30	2, 327	< 0.001		
No	266	4.84	8.00					
Unsure	52	12.04	14.04					
Yes	12	2.75	4.00					
Comparison: Group 1 with Group 2						< 0.001	-0.63	-0.30
Comparison: Group 2 with Group 3						0.005	0.90	0.41

^a Effect Size.

^b Regular font is used to indicated the overall p-values for ANOVA. Italicized font is used to indicate the p-values for multiple comparisons between different groups.

^c CBCL total score used as a measure of pre-care mental health.

^d Number of categories of harm child was exposed to prior to baseline: sexual abuse, emotional abuse, physical abuse, exposure to domestic violence, physical neglect, developmental neglect, and medical neglect.

^e Total number of confirmed notifications prior to baseline.

^f Number of previous placements: number of non-respite (i.e. longer than one week) placements since child last resided with a birth parent until baseline

^g Length of time exposed to harm: Time elapsed, in years, between 1st notification and entry into permanent care.

^h Indicators of pre-care maltreatment.

Associations with birth family contact factors. Frequency of contact was significantly correlated with the number of reported issues since baseline ($r = 0.20$, $p = 0.001$) (refer to table 1.). The correlation revealed a positive relationship which suggests that a higher frequency of contact is associated with an increasing number of reported issues. In addition to this, an ANOVA revealed a significant association between children's reactions to contact and the number of reported issues ($F_{(2, 291)} = 3.97$, $p = 0.020$) (refer to table 1.). Bonferroni post-hoc tests indicated that children who had a positive reaction to contact ($M = 4.27$, $SD = 7.78$) had a significantly lower number of reported issues than those who had negative reactions to contact ($M = 8.11$,

$SD = 13.16$). No significant relationship was identified between supervision of contact and the number of reported issues ($F_{(5, 329)} = 1.68, p = 0.139$).

Associations with other factors. Pearson's Correlations showed that age ($r = 0.140, p = 0.010$), age at entry into care ($r = 0.298, p < 0.001$), CBCL total score ($r = 0.246, p < 0.001$), the number of categories of harm exposed to prior to entering care ($r = 0.222, p < 0.001$), the total number of confirmed notifications ($r = 0.224, p < 0.001$), the number of placements prior to baseline ($r = 0.316, p < 0.001$), and the length of time exposed to harm ($r = 0.183, p = 0.001$) were significantly correlated with the number of reported issues since baseline (refer to table 1.).

In addition to this, independent samples t-tests revealed that the following study factors: psychiatric condition (as reported by foster carers) ($t_{(175.37)} = -3.62, p < 0.001$), pre-care exposure to domestic violence ($t_{(149.22)} = -2.66, p = 0.009$), pre-care exposure to sexual abuse ($t_{(45.71)} = -2.36, p = 0.023$), pre-care exposure to emotional abuse ($t_{(333)} = -1.99, p = 0.047$), permanent care arrangements ($t_{(69.79)} = 3.67, p < 0.001$), care arrangements in which restoration is imminent ($t_{(12.41)} = -3.02, p = 0.010$), and whether or not the child's care order that expires before the age of 17 ($t_{(86.85)} = -3.47, p = 0.001$) were all significantly associated with the number of reported issues since baseline (refer to table 1.).

Furthermore, ANOVAS revealed that the age at which caregivers expect their foster children to leave the present placement ($F_{(3,312)} = 6.41, p < 0.001$) and whether or not the caregivers expect their foster child to be restored to their birth families ($F_{(2,327)} = 14.30, p < 0.001$) were significantly associated with the number of reported issues since baseline (refer to table 1.).

Table 2.

Multiple Linear Regression: Number of Reported Issues

	Correlation	Partial Correlation	Standardized Beta co-efficient (β)	<i>p</i> -value
Frequency of contact	0.17	0.09	0.08	0.200
Supervision of contact ^c	-0.03	-0.009	-0.009	0.887
Children's reactions to contact ^d	-0.13	-0.04	0.04	0.544
Age at baseline	0.15	0.003	0.004	0.960
Gender	0.04	-0.08	-0.07	0.234
Age at entry into care	0.28	0.12	0.14	0.083
Number of categories of harm ^a	0.19	0.08	0.08	0.248
CBCL total score	0.26	0.15	0.15	0.021
Permanent care arrangement	-0.29	0.14	-0.14	0.033
Number of previous placements ^b	0.27	0.19	0.19	0.003

Adjusted *R*-squared = 0.207

N = 237

^a Number of categories of harm exposed to prior to baseline = 0-7 (indicator of pre-care maltreatment)^b Number of previous placements: number of non-respite (i.e. longer than one week) placements since child last resided with a birth parent until baseline.^c Supervision of contact: Yes/No^d Positive reaction to contact: Yes/No

Multiple linear regression: Birth family contact factors. Frequency of contact ($\beta = 0.08$, $p = 0.200$), supervision of contact ($\beta = -0.009$, $p = 0.887$) and children's reactions to contact ($\beta = 0.04$, $p = 0.544$) were not found to be significant predictors of the number of reported issues since baseline (refer to table 2.).

Multiple linear regression: Other factors. The number of placements prior to baseline ($\beta = 0.19$, $p = 0.003$), CBCL total scores ($\beta = 0.15$, $p = 0.021$) and permanent care arrangements ($\beta = -0.14$, $p = 0.003$) were identified as significant predictors of the number of reported issues since baseline (refer to table 2.). Age ($\beta = 0.004$, $p = 0.960$), gender ($\beta = -0.07$, $p = 0.234$), age at entry into care ($\beta = 0.14$, $p = 0.083$), and pre-care maltreatment ($\beta = 0.08$, $p = 0.248$) were not identified as significant predictors of the number of reported issues (refer to table 2.).

Number of foster placements since baseline. The information pertaining to the number of new, adult supervised placements was obtained for 337 children from the Client Information System. This outcome was analyzed as a continuous variable as well as a binary variable. The mean number of placements across this sample was 1.28 ($SD = 2.10$); with the maximum number of new placements since baseline being 11. Over half of the children did not have any new placements since baseline (56.1%).

Number of foster placements since baseline (Continuous). A series of correlations, independent samples t-tests and ANOVAS were conducted in order to examine the relationships between study factors and the number of new long-term foster placements since baseline.

Associations with birth family contact factors. Frequency of contact did not have a significant correlation with the number of new long-term foster placements since baseline ($r = 0.07, p = 0.235$) (refer to table 3.). In addition to this, ANOVAS revealed that supervision of contact ($F_{(5, 331)} = 0.27, p = 0.93$) and children's reactions to contact ($F_{(2, 292)} = 3.01, p = 0.051$) had no significant association with the number of new long-term foster placements since baseline (refer to table 3.).

Table 3.

Factors Associated with the Number of New Long-Term Foster Placements since Baseline (Continuous)

<i>Continuous Variables</i>	<i>n</i>	Pearson's Correlation (<i>r</i>) ^a		<i>r</i> -squared ^a		<i>p</i> -value		
Frequency of Contact	268	0.07		0.005		0.235		
Age at baseline	337	0.13		0.02		0.014		
Age at entry into care	337	0.21		0.04		< 0.001		
CBCL total score ^c	337	0.24		0.06		< 0.001		
Number of previous placements ^d	337	0.36		0.13		< 0.001		
Number of life events ^e	337	0.20		0.04		< 0.001		
<i>Dichotomous Variables</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i> -value	Cohen's <i>d</i> ^a	<i>r</i> -squared ^a
Reported psychiatric condition				-3.36	187.47	0.001	-0.40	-0.20
No	203	0.94	1.61					
Yes	127	1.80	2.59					
Permanent care arrangement				2.75	74.84	0.008	0.43	0.21
No	64	2.13	2.91					
Yes	273	1.08	1.82					
<i>Multi-Category Variables</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i> -value ^b	Cohen's <i>d</i> ^a	<i>r</i> -squared ^a
Supervision of Contact				0.27	5, 331	0.930		
1. Not stated	45	1.20	1.74					
2. No supervision	52	1.48	2.46					
3. Supervision by DoCS or other agency	152	1.20	1.97					
4. Supervision by foster carer	60	1.38	2.53					
5. Supervision by other adult	17	1.00	1.37					
6. Supervision by foster carer and other adult	11	1.55	2.30					
Children's Reactions to Contact				3.01	2, 292	0.051		
1. Positive	107	0.91	1.78					
2. Ambivalent	93	1.40	2.09					
3. Negative	95	1.63	2.56					
Age carer expects child will leave				6.65	3, 314	< 0.001		
1. Before age 12	28	2.57	3.10					
2. Between 13 and 15	22	0.91	1.54					
3. Between 16 and 18	61	1.77	2.64					
4. Beyond age 18	207	0.98	1.69					
Comparison: Group 1 with Group 4						0.001	0.64	0.30
Comparison: Group 3 with Group 4						0.048	0.36	0.18
Comparison: Group 1 with Group 2						0.028	0.68	0.32
Carer expects restoration				4.47	2, 329	0.012		
No	268	1.12	1.90					
Unsure	52	2.02	2.86					
Yes	11	0.83	0.84					
Comparison: Group 1 with Group 2						0.012	-0.37	-0.18

^a Effect Size.^b Regular font is used to indicated the overall p-values for ANOVA. Italicized font is used to indicate the p-values for multiple comparisons between different groups.^c CBCL total score used as a measure of pre-care mental health.^d Number of previous placements: number of non-respite (i.e. longer than one week) placements since child last resided with a birth parent until baseline.^e Number of life events in the last year prior to baseline.

Associations with other factors. Age ($r = 0.13, p = 0.014$), age at entry into care ($r = 0.21, p < 0.001$), CBCL total scores ($r = 0.24, p < 0.001$), the number of previous placements ($r = 0.36, p < 0.001$), and the number of life events in the year preceding baseline ($r = 0.200, p < 0.001$) were all found to be significantly correlated with the number of new long-term foster placements since baseline (refer to table 3.).

In addition to this, independent samples t-tests revealed that reported psychiatric conditions ($t_{(187.47)} = -3.36, p = 0.001$) and permanent care arrangements ($t_{(74.84)} = 2.75, p = 0.008$) both had a significant associations with the number of new long-term foster placements since baseline (refer to table 3.).

Furthermore, ANOVAS revealed that the age at which caregivers expect their foster children to leave the present placement ($F_{(3,314)} = 6.65, p < 0.001$) and whether the caregivers expect their foster child to be restored to their birth families ($F_{(2,329)} = 4.47, p = 0.012$) were significantly associated with the number of new long-term foster placements since baseline (refer to table 3.).

Multiple linear regression: Birth family contact factors. Frequency of contact ($\beta = 0.03, p = 0.649$), supervision of contact ($\beta = -0.08, p = 0.187$) and children's reactions to contact ($\beta = 0.07, p = 0.293$) were not found to be significant predictors of the number of new long-term foster placements since baseline (refer to table 4.).

Table 4.

Multiple Linear Regression: Number of New Long-term foster placements

	Correlation	Partial Correlation	Standardized Beta co-efficient	p-value
Frequency of contact	0.07	0.03	0.03	0.649
Supervision of contact ^c	-0.07	-0.09	-0.08	0.187
Children's reactions to contact ^d	-0.09	-0.07	-0.07	0.293
Age at baseline	0.09	0.03	0.03	0.612
Gender	0.09	0.07	0.07	0.280
Number of categories of harm ^a	0.03	-0.05	-0.05	0.472
CBCL total score	0.23	0.18	0.17	0.008
Number of previous placements ^b	0.30	0.27	0.27	< 0.001

Adjusted *R*-squared = 0.143

N = 238

^a Number of categories of harm exposed to prior to baseline = 0-7 (indicator of pre-care maltreatment)^b Number of previous placements: number of non-respite (i.e. longer than one week) placements since child last resided with a birth parent until baseline.^c Supervision of contact: Yes/No^d Positive reaction to contact: Yes/No

Multiple linear regression: Other factors. The number of placements prior to baseline ($\beta = 0.27$, $p < 0.001$), and CBCL total scores ($\beta = 0.17$, $p = 0.008$) were identified as significant predictors of the number of new long-term foster placements since baseline (refer to table 4.). Age ($\beta = 0.03$, $p = 0.612$), gender ($\beta = 0.07$, $p = 0.280$), and pre-care maltreatment ($\beta = -0.05$, $p = 0.472$) were not identified as significant predictors of the number of new long-term foster placements since baseline (refer to table 4.).

Long-term foster placements since baseline (Binary). A series of independent samples t-tests and chi-square tests were conducted in order to examine the relationships between study factors and whether or not a child has had any new long-term foster placements since baseline.

Associations with birth family contact factors. Frequency of contact did not have a significant relationship with new placements since baseline ($t_{(266)} = -1.77, p = 0.078$) (refer to Table 5.). There were also no significant trends identified between children's emotional and behavioural reactions to contact visits and having a new foster placement since baseline ($X^2_{(2, n=295)} = 2.11, p = 0.146$) (refer to Table 5.). Similarly, no significant relationship was identified between supervision of contact and having a new foster placement since baseline ($X^2_{(5, n=337)} = 0.58, p = 0.99$) (refer to Table 5.).

Associations with other factors. T-tests showed that age at baseline ($t_{(335)} = -2.86, p = 0.005$), age at entry into care ($t_{(335)} = -4.92, p < 0.001$), CBCL total scores ($t_{(335)} = 3.82, p < 0.001$), the number of placements prior to baseline ($t_{(214)} = -3.23, p = 0.001$), the number of life events (in the last year prior to baseline) ($t_{(335)} = -2.56, p = 0.011$), and the number of categories of harm that the child was exposed to ($t_{(335)} = -2.43, p = 0.016$) were significantly associated with whether or not children had any new placements since baseline (refer to Table 5.).

Psychiatric condition ($X^2_{(1, n=330)} = 8.24, p = 0.004$) and psychotropic medication ($X^2_{(1, n=337)} = 4.13, p = 0.042$) were also found to be significantly associated with new placements since baseline (refer to Table 5.).

Table 5

Factors Associated with New Long-Term Foster Placements since Baseline (Binary)

<i>Continuous Variables</i>	New Placements	<i>n</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i> -value	Cohen's <i>d</i> ^a	<i>R</i> -squared ^a
Frequency of contact					-1.77	266	0.078	-0.22	-0.11
	No	146	2.31	1.48					
	Yes	122	2.64	1.57					
Age at baseline					-2.86	335	0.005	-0.32	-0.16
	No	189	7.60	1.58					
	Yes	148	8.11	1.64					
Age at entry into care					-4.92	335	<0.001	-0.54	-0.26
	No	189	2.95	2.16					
	Yes	148	4.14	2.28					
CBCL total score ^c					-3.82	335	< 0.001	-0.42	-0.21
	No	189	43.99	32.55					
	Yes	148	57.50	31.84					
Number of previous placements ^d					-3.23	214	0.001	-0.37	-0.18
	No	189	2.66	1.86					
	Yes	148	3.67	3.42					
Number of life events ^e					-2.56	335	0.011	-0.28	-0.14
	No	189	1.49	1.30					
	Yes	148	1.86	1.36					
Number of categories of harm ^f					-2.43	335	0.016	-0.27	-0.13
	No	189	2.43	1.33					
	Yes	148	2.79	1.35					
<i>Categorical Variables</i>	Chi-Square		<i>p</i> -value		Odds Ratio ^a				
Supervision of Contact	0.58		0.99						
Children's Reactions to Contact^b	2.11		0.146						
Reported Psychotropic Medication	4.13		0.042		1.82				
Reported Psychiatric Condition	8.24		0.004		1.92				
Temporary Care Arrangement:	6.32		0.012		9.33				
Hoping to Stay									
Permanent Care Arrangement	7.67		0.006		0.47				
Care order expires before age 17	14.89		< 0.001		2.79				
Age carer expects child will leave	14.28		0.003						
<12 and >18					3.59				
12-15 and >18					0.97				
16-18 and >18					2.14				

^aEffect Size.^bChi-Square Linear-by-Linear association reported given the ordinal nature of the predictor and the outcome variable.^cCBCL total score used as a measure of pre-care mental health.^dNumber of previous placements: number of non-respite (i.e. longer than one week) placements since child last resided with a birth parent until baseline.^eNumber of life events in the last year prior to baseline.^fNumber of categories of harm child was exposed to prior to baseline: sexual abuse, emotional abuse, physical abuse, exposure to domestic violence, physical neglect, developmental neglect, and medical neglect.

A chi-square test showed that there was also a significant relationship between temporary care arrangements where the hope was that the children would stay in that placement and having new placements since baseline ($X^2_{(1, n=337)} = 6.32, p = 0.012$). In addition to this, a significant relationship was identified between permanent care arrangements and new placements since baseline ($X^2_{(1, n=337)} = 7.67, p = 0.006$) (refer to Table 5.). Furthermore, children who had care orders which were due to expire before age 17 were more likely to have new placements since baseline ($X^2_{(1, n=333)} = 14.89, p < 0.001$) than those who had care orders which were only due to expire after the age of 17.

The age at which the carer expects that the child will leave was also significantly associated with new placements since baseline ($X^2_{(3, n=318)} = 14.28, p = 0.03$) (refer to Table 5.).

Binary logistic regression: Birth family contact factors. The binary logistic regression showed that, when other important factors are taken into account, frequency of contact ($OR = 1.05, p = 0.616$); supervision of contact visits ($OR = 0.90, p = 0.727$); and children's behavioural and emotional reactions to contact ($OR = 1.29, p = 0.485$) were not found to be significant predictors of whether or not children in care have new foster placements (refer to Table 6.).

Table 6.

Binary Logistic Regression: New foster placements since baseline

New Long-term foster placements since baseline		
	Odds Ratios (95% C.I.)	p-value
Frequency of contact	1.05 (0.86-1.29)	0.616
Supervision of contact ^c	0.90 (0.49-1.64)	0.727
Children's Reaction to contact ^d	1.29 (0.64-2.60)	0.485
Age at baseline	0.93 (0.75-1.15)	0.492
Gender	0.81 (0.47-1.41)	0.451
Age at entry into care	1.26 (1.07-1.50)	0.007
Number of categories of harm ^a	1.00 (0.80-1.26)	0.987
Number of previous placements	1.13 (1.01-1.27)	0.038
CBCL total score	1.01 (1.00-1.02)	0.034

Variance accounted for by model: Nagelkerke Pseudo *R*-squared = 0.152

Apparent error rate for model = 36.6%

Reference Category: No new placements

N = 238

^a Number of categories of harm exposed to prior to baseline = 0-7 (indicator of pre-care maltreatment)^b Number of previous placements: number of non-respite (i.e. longer than one week) placements since child last resided with a birth parent until baseline.^c Supervision of contact: Yes/No^d Positive reaction to contact: Yes/No

Binary logistic regression: Other factors. Some of the factors that were identified as predictors of new foster placements since baseline included: age at entry into care, the number of placements prior to baseline and pre-care mental health (refer to Table 6.).

Firstly, it was found that children who enter care when they are older have significantly higher odds of having new foster placements than those who enter care when they are younger ($OR = 1.26, p = 0.007$). Secondly, it was also found that those who have had a higher number of previous placements have increased odds of having new foster placements as compared to those who have had fewer previous placements

($OR = 1.13, p = 0.038$). Finally, it was also found that children who have higher CBCL total scores have an increased odds of having new placements than those who have lower CBCL total scores ($OR = 1.01, p = 0.034$). Age ($OR = 0.93, p = 0.492$), gender ($OR = 0.81, p = 0.451$), and pre-care maltreatment ($OR = 1.00, p = 0.987$) were not significant predictors of whether or not children had new placements since baseline.

Restoration to birth family since baseline. This information was also obtained for 337 participants from the Client Information System. The majority of the children did not have any restorations (88.4%). The remainder of the children ($n = 39$) experienced at least one restoration, but no more than three restorations.

A series of independent samples t-tests and chi-square tests were conducted in order to examine the relationship between study factors and whether or not a child has been restored to their birth family since baseline.

Associations with birth family contact factors. A t-test revealed that frequency of contact ($t_{(266)} = 2.53, p = 0.012$) was significantly associated with restoration since baseline. Table 7. shows that those who had no restoration events since baseline ($M = 2.37, SD = 1.52$) had a significantly lower frequency of contact with their birth family as compared to those who had restorations since baseline ($M = 3.09, SD = 1.47, r^2 = 0.05$).

Table 7.

Factors Associated with Restoration since Baseline (Binary)

<i>Continuous Variables</i>	Restoration	<i>n</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i> -value	Cohen's <i>d</i> ^a	<i>R</i> -squared ^a
Frequency of contact					2.53	266	0.012	0.48	0.05
	No	236	2.37	1.52					
	Yes	32	3.09	1.47					
Age at entry into care					4.40	335	< 0.001	0.83	0.14
	No	298	3.28	2.29					
	Yes	39	4.95	1.70					
Total number of confirmed notifications ^c					2.85	335	0.005	0.47	0.05
	No	298	3.28	2.63					
	Yes	39	4.56	2.85					
Number of categories of harm ^d					2.17	335	0.031	0.36	0.003
	No	298	1.56	2.06					
	Yes	39	2.23	2.19					
<i>Categorical Variables</i>	Chi-Square			<i>p</i> -value			Odds Ratio ^a		
Supervision of Contact	7.09			0.21					
Children's Reactions to Contact^b	1.89			0.169					
Reported Intellectual Disability	3.97			0.046			0.31		
Pre-care exposure to domestic violence	10.92			0.001			3.12		
Temporary Care Arrangement: Awaiting move	6.84			0.009			6.25		
Care arrangement: Short order	7.12			0.008			3.55		
Permanent Care Arrangement	17.35			< 0.001			0.25		
Restoration imminent care arrangement	15.80			< 0.001			7.82		
Planned duration of care event	4.71			0.030			2.00		
Care order expires before age 17	10.21			0.001			3.11		
Caregiver's contact with and support from other foster carers	6.00			0.014			0.35		
Age carer expects child will leave	21.32			< 0.001					
<12 and >18							5.71		
12-15 and >18							1.43		
16-18 and >18							4.29		
Carer expects Restoration	17.44			< 0.001					
No and Yes							5.44		
No and Unsure							3.67		

^a Effect Size.^b Chi-Square Linear-by-Linear association reported given the ordinal nature of the predictor and the outcome variable.^c Total number of confirmed notifications prior to baseline.^d Number of categories of harm child was exposed to prior to baseline: sexual abuse, emotional abuse, physical abuse, exposure to domestic violence, physical neglect, developmental neglect, and medical neglect.

No significant associations were found between restoration/s to the birth family since baseline and children's emotional and behavioural reactions to contact ($X^2_{(2, n=295)} = 1.89, p = 0.169$) (refer to Table 7.). Similarly, no significant relationship was identified between restoration and supervision of contact ($X^2_{(5, n=337)} = 7.09, p = 0.21$) (refer to Table 7.).

Associations with other factors. Several other factors were also found to be significantly associated with restoration/s since baseline. T-tests revealed that age at entry into care ($t_{(335)} = 4.40, p < 0.001$), the total number of notifications prior to baseline ($t_{(335)} = 2.85, p = 0.005$), and the length of time exposed to harm prior to baseline ($t_{(335)} = 2.17, p = 0.031$) were significantly associated with whether or not restoration occurred since baseline (refer to Table.7).

A significant association was found between intellectual disability and restoration to birth family in a chi-square test ($X^2_{(1, n=337)} = 3.97, p = 0.046$). In addition to this, an association was found between exposure to pre-care domestic violence and restoration to birth family since baseline ($X^2_{(1, n=337)} = 10.92, p = 0.001$).

Four different types of care arrangements were also significantly associated with the restoration/s since baseline (refer to Table 7.). Firstly, there was a significant relationship between care arrangements which were based on short orders and restoration ($X^2_{(1, n=337)} = 7.12, p = 0.008$). Secondly, a significant relationship was identified between permanent care arrangements and restoration ($X^2_{(1, n=337)} = 17.35, p < 0.001$). Thirdly, it was also found that care arrangements which indicated that restoration was imminent prior to baseline also had a significant association with restoration since baseline ($X^2_{(1, n=337)} = 15.80, p < 0.001$). Lastly, there was also a

significant relationship between temporary care arrangements where the child was awaiting a move from a placement at baseline and restoration ($X^2_{(1, n=337)} = 6.84, p = 0.009$).

In addition to this, two more care factors were also associated with restoration since baseline (refer to Table 7.). The first factor that was associated with the restoration since baseline was whether the child's care order expires before age 17 ($X^2_{(1, n=333)} = 10.21, p = 0.001$). The second factor that was associated with restorations since baseline was the planned duration of the placement at baseline ($X^2_{(1, n=337)} = 4.71, p = 0.030$)

Three carer factors were also found to be associated with restoration since baseline: the age at which the carer expects that the child will leave ($X^2_{(3, n=318)} = 21.32, p < 0.001$), whether the carer expects that the child will be restored to their birth families ($X^2_{(2, n=332)} = 17.44, p < 0.001$), and the level of support or contact that carer received from other foster carers ($X^2_{(1, n=337)} = 6.00, p = 0.014$) (refer to Table 7.).

Binary logistic regression: Birth family contact factors. The binary logistic regression showed that, when other important factors are taken into account, frequency of contact ($OR = 1.31, p = 0.084$); supervision of contact visits ($OR = 0.59, p = 0.299$); and children's behavioural and emotional reactions to contact ($OR = 0.68, p = 0.436$) are not significant predictors of restoration to the birth family (refer to Table 8.).

Table 8.

Binary Logistic Regression: Restoration since baseline

	Restoration	
	Odds Ratios (95% C.I.)	<i>p</i> -value
Frequency of contact	1.31 (0.97-1.77)	0.084
Supervision of contact ^e	0.59 (0.22-1.60)	0.299
Reaction to contact ^b	0.68 (0.26-1.78)	0.436
Age at baseline	1.27 (0.96-1.68)	0.101
Gender	0.51 (0.21-1.21)	0.127
Number of categories of harm ^a	0.86 (0.61-1.22)	0.402
Carer support & contact ^c	8.59 (1.87-39.40)	0.006
Care arrangement: Restoration Imminent ^d	6.06 (1.63-22.54)	0.007
CBCL Total score	0.99 (0.98-1.01)	0.287

Variance accounted for by model: Nagelkerke Pseudo *R*-squared = 0.22

Apparent error rate for model = 11.8%

Reference Category: No restoration

N = 238

^a Number of categories of harm exposed to prior to baseline = 0-7 (indicator of pre-care maltreatment)

^b Positive reaction to contact: Yes/No

^c Caregiver's support and contact from other carers

^d Restoration Imminent care arrangement at baseline: Yes/No

^e Supervision of contact: Yes/No

Binary logistic regression: Other factors. Some of the factors that were identified as predictors of restoration events since baseline included: whether or not caregivers received support from and were in contact with other foster carers, and care arrangements in which restoration is imminent (refer to Table 8.).

Firstly, it was found that children whose caregivers have support and contact from other caregivers have a significantly higher odds of being restored to their birth families than those whose caregivers do not have support or contact with other foster

carers ($OR = 8.59, p = 0.006$). Secondly, it was also found that those who have care arrangements where restoration is imminent also have increased odds of having restoration events than those who do not have care arrangements in which restoration is imminent ($OR = 6.06, p = 0.007$). Age ($OR = 1.27, p = 0.101$), gender ($OR = 0.51, p = 0.127$), pre-care maltreatment ($OR = 0.86, p = 0.402$), and pre-care mental health ($OR = 0.99, p = 0.287$) were not identified as significant predictors of whether or not children are restored to their birth families.

Chapter 5: Discussion

This chapter aims to discuss the findings from the present analyses in relation to previously reviewed literature. In addition to this, the limitations of the Children in Care study as well as the present analyses will be outlined. Finally, the implications for future research as well as practical implications of the present analyses will be discussed.

Firstly, the present analyses examined the relationships between birth family contact variables and the number of reported issues since baseline for a large sample of children in care. As mentioned previously; reported issues comprised of incidents in which the child was at risk for or exposed to domestic violence, sexual abuse, physical abuse, emotional abuse, neglect, homelessness, or abandonment. It also included risky behaviours such as: suicide attempts, aggressive behavior, running away, and alcohol or drug use.

Secondly, the study examined the relationships between birth family contact variables and the number of new long-term foster placements (continuous variable) that children in foster or kinship care had since baseline. In addition to this, the present analyses also highlighted the relationship between birth family contact factors and whether or not children in kinship or foster care had any new long-term placements since baseline (binary variable).

Finally, the present study also examined the relationships between birth family contact variables and whether or not children experienced restoration events since baseline.

Frequency of contact

A Pearson's correlation revealed a positive relationship between frequency of contact and the number of reported issues. This means that a higher frequency of contact is associated with a higher number of reported issues. However; a multiple linear regression revealed that, after controlling for other important factors, frequency of contact is not a significant predictor of the number of reported issues. Similarly, an independent samples t-test showed that children who have a higher frequency of contact are more likely to be restored to their birth families than those who have a lower frequency of contact. However; a binary logistic regression revealed that frequency of contact is not a significant predictor of whether or not children are restored to their birth families.

These findings suggest that, after taking into account other important factors, a higher frequency of contact does not necessarily have an association with the number of events pertaining to further abuse, neglect, or other behavioural difficulties that children in foster or kinship care may experience, nor does it necessarily have an association with whether or not children in care experience restoration events.

In addition to this, a Pearson's correlation showed that there is no significant relationship between frequency of contact and the number of new long-term placements since baseline (continuous variable). Similarly, an independent samples t-test showed that there is no significant relationship between frequency of contact and whether or not children in care experienced new long-term foster placements since baseline (binary). Finally, a multiple linear regression and a binary logistic regression

showed that, after controlling for other important factors, frequency of contact is not a significant predictor of the number of new long-term foster placements or whether or not children in care experience any new long-term foster placements. These results do not provide support for the argument that a higher frequency of contact is beneficial for children in care; nor does it provide support for argument that a higher frequency of contact may have an adverse impact on children in care.

Possible explanations for the present findings. There may be several possible explanations for these findings. The researcher speculates that the following may be some of the possible explanations for the present findings. One possible explanation for this finding may be that frequency of contact does not necessarily have a direct impact on the number of times children in care may be maltreated or exhibit risky behaviours, have changes in placement, or experience restoration to their birth families. Instead; there may be other important factors which have a more significant influence on these particular outcomes that children in care may experience. As demonstrated in the present analyses, some of these factors include: the age of the child at the time they entered care, the number of previous placements a child has had, the pre-care mental health of the child, whether or not the foster carers of the child has contact with other foster carers and receives support from them, and the type of care arrangement that is outlined in the child's case plan. It is also important to note that often these factors are taken into account in decision making processes regarding contact arrangements; including the frequency of contact a child may have with their birth family (DoCS, 2008). For example, the child's mental state at the time they were put into care is taken into account when decision-makers are

developing plans around the contact arrangements. This phenomenon is also demonstrated by previous researchers who have suggested that the main reason for their findings; which suggests that a higher frequency of contact is associated with an increased possibility of restoration; is that children who have a higher frequency of contact also have case plans with a main goal of restoration (Hess, 1987). For example, children who have case plans which do not have restoration as a main goal often have less contact as compared to those who do have restoration as a main goal.

Another possible explanation may be that frequency of contact as a variable on its own is not an adequate measure of contact which can be used to determine whether or not children will experience outcomes such as: maltreatment in care, risky behaviours, placement stability, or restoration. Perhaps other contact factors; such as the quality of contact, the relationship between birth family members and the child, children's preferences regarding contact, and birth parents or foster carers views on contact; may be more useful indicators of the impact that contact may bear on such outcomes (Barber & Delfabbro, 2003; Cantos, et al., 1997; Macaskill, 2002; Quinton, et al, 1997; Sinclair, et al., 2001; Wilson & Sinclair, 2004). For example, children who may have more frequent contact with a family member they desire to have contact with may be less likely to have reported issues. Similarly, other factors such as the birth parents and foster carers views on contact and quality of contact may also impact the possibility of having adverse or beneficial outcomes. This in turn may imply that some birth family contact factors may have an association with the outcomes for children in care; however frequency of contact alone may not be a good indicator of this association.

Furthermore, it may be possible that frequency of contact simply has no significant relationship with some of the outcomes of interest. For example, no significant association was identified between frequency of contact and placement stability; as indicated by the correlation and independent samples t-test. These analyses do not take into account the influence of other potential confounding factors.

Overall, it is evident that there may be several possible explanations for the findings of the present analyses; however further research may be required in order to gain more insight on the impact of contact factors on outcomes for children in care.

Comparison to other studies on contact and maltreatment or behavioural difficulties for children in care. The findings pertaining to the number of reported issues from the present analyses contradict the findings of Quinton; et al. (1997), Selwyn (2004), and Loxterkamp (2009); who raised concerns regarding the increased possibility of further abuse or neglect during contact visits. In addition to this, the findings of the present analyses also provide a contrast to the findings presented by Sinclair, et al. (2004) which suggested that in situations where children were previously harmed; the risk of harm during contact is higher.

The findings from the present analyses are also contradictory to the findings of other researchers who have argued that a higher frequency of contact is associated with the exacerbation of children's behavioural and emotional difficulties around the time of contact, and in some cases the impact was long-term. Simms and Bolden (1991) found that one of the key concerns of foster carers were the difficult behaviours exhibited by children in relation to contact visits. The foster carers further suggested that these difficult behaviours were an expression of the children's

emotional equivocation to contact. Similarly, Moyer, et al. (2006) found that several foster carers perceived contact as having adverse effects on their foster children. In addition to this, Fanshel and Shinn's study (1978, as cited in Sen & Broadhurst, 2011) also indicated that more frequent contact does not necessarily promote positive outcomes for children's behavioural or emotional development. Moreover; Mcwey (2004) emphasised that children who are visited on a more frequent basis often exhibit more externalising behavioural difficulties.

In contrast to this, several other studies also seem provide evidence for the benefits of a higher frequency of contact. For example, another study by McWey & Mullis (2004) illustrated that children with more frequent contact often demonstrated fewer behavioural difficulties. Similarly; McWey, et al. (2010) found that children who had more frequent contact with their birth mothers were less likely to exhibit externalising behaviours. Cantos, et al. (1997) also showed that those children who have more frequent contact often have fewer internalising and externalising behavioural difficulties. The findings of these studies suggest that a higher frequency of contact should be associated with fewer reported issues; thus they do not support the findings of the present analyses. This is because the present analyses suggest that, after controlling for relevant confounding variables, frequency of contact is not a significant predictor of the number of reported issues since baseline.

Comparison to other studies on contact and placement stability. The present analyses does not provide support for several studies which have highlighted that contact and higher frequencies of contact may be one of the several factors which contribute to placement breakdowns. For example, Moyers, et al. (2006) showed that

problematic contact was one of several factors which contributed to placement breakdowns. Similarly, Terling-Watt (2001) suggested that continual contact and interference from birth parents appeared to be one of the several factors contributing to placement breakdown or disruption (Terling-Watt, 2001). In addition to this, Browne and Moloney (2002) suggested that contact may result in children being unsure about the type of relationship they have with their birth families; which in turn results in ambiguity or crisis situations in placements. Similarly, Beek and Schofield (2004) also suggested that when restoration is not a primary goal; then contact may prove to be generally confusing and stressful. Leathers (2003) found that the children who had more frequent contact with their birth families experienced loyalty conflicts as they felt a sense of loyalty towards their foster families as well as their birth families; which in turn may also have implications for the stability of placements. The present analyses have not provided any evidence for this link which suggests that a higher frequency of contact is associated with placement breakdowns.

In addition to this, the present analyses also contradict the findings of other research studies which have suggested that a higher frequency of contact may be beneficial in terms of placement instability. For example, a study by Salah-Din and Bollman (1994) showed that children with less contact and identification with their birth parents may have more difficulties with forming meaningful relationships with their foster parents. This may have an affect the stability of the placement. Similarly, Palmer (1996) found that children in care had fewer changes in placement when birth parents were more involved and maintained contact with their children after placement (Palmer, 1996). In contrast to this, the present analyses suggest that frequency of contact does not have a significant relationship with placement stability.

The findings from the present analyses provide support for the results from Moffatt and Thoburn's (2001) study which also showed that there was no relationship between contact and placement stability.

Comparison to other studies on contact and restoration. While several other studies provide support for the finding from the t-test which suggests that a higher frequency of contact is associated with an increased possibility of restoration (Cantos, et al., 1997; Davis, et al., 1996; Delfabbro, et al., 2002; Leather, 2002; Millham, et al., 1986); it is evident that the findings from the binary logistic regression does not provide support for the findings of these previous studies.

The present analyses does not provide support for the existence of a positive relationship between frequency of contact and restoration; thus indicating that a higher frequency of contact does not necessarily imply that restoration is likely. In interpreting results pertaining to the relationship between frequency of contact and restoration; it is important to recognize that restoration may not always be a positive outcome for children (Farmer, et al., 2008; Sinclair, et al., 2005). This is because there are times in which restoration is unsuccessful and there may be a risk for further neglect or abuse (Farmer, et al., 2008; Sinclair, et al., 2005).

Possible explanations for disparity in findings between the present analyses and previous studies. The present analyses do not provide supporting evidence for many of the previous studies outlined above. One possible reason for the disparity in findings between previous studies and the present analyses is that many of the previous studies have not taken into account the possible confounding factors;

such as pre-care mental, placement history, and care arrangements (Quinton, et al., 1997). As demonstrated by the present findings, it is important to control for other influential factors as statistical tests which do not control for these factors may provide misleading results. In addition to this, many of the previous studies suffered the limitation of having relatively small sample sizes. One other possible reason for this disparity in findings may be due to the fact that some of these studies have measured only the short-term impacts of contact whereas the present analyses were designed to investigate the long-term impacts of contact.

Supervision of contact

ANOVAS within the present analyses revealed that supervision of contact visits is not significantly associated with the number of reported issues and the number of new long-term foster placements since baseline. In addition to this, Chi-Square tests also showed that supervision of contact is not significantly associated with whether or not children in care have any new long-term foster placements and whether or not they are restored to their birth families. Multiple linear regressions and binary logistic regressions also revealed that, after controlling for other important factors, supervision of contact is not a significant predictor of the number of reported issues children in care may have, whether or not they would have any or multiple changes in long-term foster placements, and whether or not they would be restored to their birth families.

Possible explanations for the present findings. These findings suggest that supervision does not seem to have much influence in terms of minimising or maximising the possibility of having reported issues, new long-term foster placements, or restoration events. There may be several possible explanations for this finding. The researcher speculates that the following may be some of the possible explanations for the present findings.

One of the possible explanations for such a finding may be that the presence or absence of supervision is not an adequate measure of the influence supervision may bear on these outcomes for children in care. Some of the other factors related to supervision of contact; such as the attitudes or feelings of the children or birth families towards supervision, the lack of clarity around the role of supervisors, poor relationships between birth family members and the supervisor, or a lack of suitable supervision during contact; may need to be taken into account in determining the impact of supervision on placement outcomes. For example, Sinclair, et al. (2002) found that children expressed that they would like their view to be taken into consideration when deciding the level of support that the child should have during contact. Similarly, Freeman and Hunt (1998) found that often birth parents find the experience of supervised contact to be aversive. Haight, et al. (2002) also highlighted the importance of a positive relationship between the supervisor and birth family member, as well as an appropriate and suitable level of supervision during contact. Morrison, et al. (2011) also showed that there is often a lack of clarity in terms of the role of the supervisors during contact. All of these factors may contribute to supervised contact having positive or negative outcomes; however further research is

required in this domain in order to determine the nature of the relationship between supervision of contact and placement outcomes for children in care.

Another possible explanation for these findings may be that supervision of contact simply has no significant association with these placement outcomes, and it may be more important to consider other factors which may be significant predictors of these placement outcomes for children in care.

In addition to this, an alternative explanation for such results may be that contact supervision was not adequately measured in the Children in Care study. This is because the study relied upon foster carers to report the details pertaining to contact supervision and did not set out to collect information from other sources in regards to this birth family contact factor.

Comparison to other studies. While only few studies have reported findings related to the supervision of contact; it is important to note that contrasting findings were reported by Selwyn (2004). This study found that some children have negative experiences during unsupervised contact due to physical or sexual abuse during contact visits (Selwyn, 2004). Haight et al (2002) also highlighted the need suitable supervision during contact. On the other hand, the present analyses suggests that supervision of contact does not play a significant role in contributing to an increased number of reported issues or reducing the possibility of further harm, risk of harm, or further behavioural difficulties. Once again, the possible reasons for this disparity in findings may be because the present analyses controlled for other significant variables and focussed more on the long-term impacts of supervision; while some of the

previous studies examined short-term impacts of supervision and may have not taken into consideration other confounding variables (Quinton, et al., 1997).

The researcher was unable to locate any existing literature which has a specific focus on the relationship between supervised birth family contact and placement stability, or birth family contact and restoration.

Overall, the present analyses have suggested that there is no significant relationship between supervision of contact and the relevant placement outcomes for children in care. However; the lack of research in this domain suggests that future research should attempt to measure multiple factors related to supervision of contact in order to gain more insight and clarity of the relationship between supervision of contact and placement outcomes for children in care.

Children's Behavioural and Emotional Reactions to Contact

An ANOVA from the present analyses showed that children who had a positive behavioural and emotional reaction to contact had a significantly lower number of reported issues since baseline as compared to those who had negative behavioural and emotional reactions to contact. In addition to this, another ANOVA and a Chi-Square test showed that children's behavioural and emotional reactions to contact had no significant relationship with whether or not children in care had any or multiple new long-term foster placements since baseline. Another Chi-Square test also showed that there was no significant relationship between children's reactions to contact and whether or not children in foster or kinship care were restored to their birth families. Multiple linear regressions and binary logistic regressions showed that,

after controlling for other important factors, children's reactions to contact were not a significant predictor of any of the placement outcomes investigated in the present analyses. These results should be interpreted with some caution as only 39 of the participants in the present study had experienced restoration events since baseline.

Possible explanations for the present findings. The present analyses suggest that the reactions that children have to contact may not have any long-term relation to the placement outcomes examined in the present analyses. There may be several possible explanations for this finding. The researcher speculates that the following may be some of the possible explanations for the present findings. One of the possible reasons for these findings may be that children's reactions to contact may be influenced by their mental health, and as suggested by the present analyses pre-care mental health is an independent predictor of the number of reported issues and new long-term foster placements children in care may experience.

Another possible explanation for this finding may be that children are often confused about their emotional connections and bonds to their birth families. For example, children may still seek contact with their birth families and have positive reactions to contact even though they may be experiencing maltreatment or other adversities during contact (Wilson & Sinclair, 2004). This suggests that children's behavioural and emotional reactions may not necessarily be a good indicator of the outcomes or events that a child may experience while in care.

Similarly, it is also possible that other important factors contributing to children's reactions to contact need to be considered. For example, the relationship between the birth parents and child, the stability of the child's current placements,

whether or not the child is maltreated during contact, the quality of contact, the purpose that contact serves from the child's point of view, relationships between the child and their foster carers, and the child's ability to adjust may all also play a role in the reaction that a child may have to contact. For example, Beckerman (1989) showed that contact enables children to identify and have positive relationships with both their foster carers and their birth parents. This may lead to a healthy relationship between the foster carers and child, as well as the birth parents and the child. If the child is able to still maintain a healthy relationship with their carers whilst having positive reactions to contact then this may serve as a protective factor in terms of promoting positive outcomes for children in care. These studies suggest that it may not be enough to merely consider the children's reactions to contact, but rather studies need to also consider the several factors which may be contributing to the children's reactions to contact.

Another possible explanation may be that children's behavioural and emotional reactions to contact simply has no significant association with the number of reported issues for children in care, and it is more important to consider other factors which may be significant predictors of the placement outcomes investigated in the present analyses.

Comparison to other studies. While several studies have identified the reactions that children may have to contact (Cantos, et al., 1997; McWey & Mullis, 2004; Simms & Bolden, 1991); no previous studies have identified the long-term impacts of the children having such reactions to contact. For example, Simms and Bolden (1991) found that foster carers were often concerned about the difficult or

aggressive behaviours their children seemed to exhibit in relation to contact visits. Similarly, Wilson and Sinclair (2004) showed that children may still find contact visits distressing even when they have a desire for contact. These studies have identified some of the aspects of the behavioural or emotional responses that children have to contact; however the long-term impact of these reactions have not been previously investigated.

Overall, the present analyses suggest that children's reactions to contact have no significant association with the placement outcomes investigated in the present analyses and are not independent predictors of any of these outcomes. However; the lack of research pertaining to the long-term impacts of children's emotional and behavioural reactions to contact suggests that future research should attempt to measure multiple factors related to or contributing to the children's reactions to contact in order to gain more insight and clarity of the long-term relationship between children's reactions to contact and placement outcomes for children in care.

Other Significant Predictors of the Placement Outcomes Investigated in the Present Analyses

Predictors of further maltreatment and behavioural difficulties while in care. Pre-care mental health, permanent care arrangements, and the number of previous placements were identified as significant predictors of the number of reported issues since baseline in a multiple linear regression.

It was found that, in general, children who have higher CBCL total scores, and have had a higher number of previous placements are more likely to have reported

issues. These findings are supported by several other studies which suggest that the level of adversity experienced prior to entering care as well as the child's level of emotional or behavioural difficulties may have an impact on the issues they may experience while in care (Frasch, et al., 2000; Rushton, et al., 2003; Selwyn, 2004, Tarren-Sweeney, 2008). This suggests that these factors present as a risk for further issues that a child may experience while in care.

In addition to this, it was also found that children who have permanent care arrangements are less likely to experience further issues. Permanency planning is one of the core aspects of child welfare systems, and the benefits of permanency planning in terms of reducing further risk of harm and providing stability for children has been previously recognised (DoCS, 2008).

Predictors of new long-term foster placements since baseline. A multiple linear regression and binary logistic regression also showed that number of previous placements, and pre-care mental health are significant predictors of whether or not children in care have any or multiple new long-term foster placements. In addition to this, the binary logistic regression also showed that age at entry into care was also an independent predictor of whether or not children in care have any new long-term foster placements.

It was found that children who enter care when they are older are more likely to experience new placements than those who enter care when they are younger. In addition to this, it was also found that children who have higher CBCL total scores are more likely to experience new placements than those who have lower CBCL total scores. This finding is supported by several other studies. For example, Palmer

(1996) found that children who have fewer behavioural difficulties experienced fewer changes in placement. In addition to this, Holtan, et al. (2005) showed that children in kinship care have lower total problem scores and fewer changes in placement than children in foster care. Finally, it was also found that children who have had more previous placements are more likely to have new long-term foster placements than children who have had fewer previous placements.

Predictors of restoration. The present analyses also highlighted that those care arrangements in which restoration is imminent, and the contact and support caregivers may have from other foster carers are significant predictors of restoration. Both of these factors were found to significantly increase the likelihood of restoration. Several previous studies also support the finding that when restoration is imminent in care arrangements then restoration is more likely to occur (Cantos, et al., 1997; Davis, et al., 1996; Delfabbro, et al., 2002; Leather, 2002; Millham, et al., 1986, Wilson & Sinclair, 2004). In addition to this, previous studies have also shown that the support received by the caregivers plays an essential role in facilitating contact between children in care and their birth families (Morrison, et al., 2011). There are some possible reasons why these two factors play an important role in facilitating restoration. Firstly, case plans may provide clarity about the purpose of contact (DoCS, 2008). Secondly, support from other caregivers may provide foster carers with extra information and guidance around the best ways to facilitate contact; thus creating positive experiences of contact for all involved and facilitating restoration (Morrison, et al, 2011).

Strengths and Limitations of the Children in Care Study

The Children in Care study utilised data which was collected from the Client Information System (child welfare database). This was one of the key strengths of the study as the information within this database often consists of detailed narrative information which is recorded by caseworkers' shortly after the event occurs. This means that there was less likelihood of recall bias as well as a wealth of information that could be gained from this data source (Tarren-Sweeney, 2008). In addition to this, confidentiality of all the caregivers involved in the study was maintained and those who participated remained unknown to DoCS in consideration of the strained relationships that occasionally form between caseworkers and foster carers (Tarren-Sweeney, 2008). Another key strength of the study was that it accounted for the possible effects of responder bias by distinguishing between responders and non-responders (Tarren-Sweeney, & Hazell, 2006).

Some of the limitations of the Children in Care study should also be noted. Firstly, the study sample may have been somewhat unrepresentative of children who are in long-term out-of-home care in New South Wales. This is because children were excluded from the study if they had custody orders or if they were in care which was supervised by another agency (Tarren-Sweeney, & Hazell, 2006). In addition to this, children who entered care at a young age and resided in long-term stable foster placements were also underrepresented (Tarren-Sweeney, & Hazell, 2006). The study also only included a small sample of children in kinship care, and excluded children who had custody orders while in kinship care (Tarren-Sweeney, & Hazell, 2006). Furthermore, it was found that the kinship care sample consisted of children who

experienced an unusually high number of placements; which suggested that this group was not representative of the overall population of children in kinship care in New South Wales or worldwide (Tarren-Sweeney, & Hazell, 2006).

The Children in Care study was also flawed by its lack of measurement of several key factors (Tarren-Sweeney, 2008). Some of these factors include: temperament during infancy, genetic pre-dispositions, exposure to pre-natal risks, quality of care in present foster placements, carers' attachment styles, carers' emotions toward their foster child, motivations of carers', burdens related to caring for foster children, and parenting stress (Tarren-Sweeney, 2008). Some of these factors, such as exposure to pre-natal risks, may be measured in future studies by including birth parents as participants in the study (Tarren-Sweeney, 2008). It is important to measure such factors as some of these factors may be contributing to the child's current situation and they may also be important indicators of the difficulties experienced by the child prior to entering care (Tarren-Sweeney, 2008).

Tarren-Sweeney (2008) also noted that the reliability of some of the measures of exposure to risk seems to be questionable. The "number of confirmed notifications" is thought to be an unreliable measure of exposure to incessant harm, such as neglect (Tarren-Sweeney, 2008). Furthermore, "time from first notification to entry into care" was used as a measure of length of time exposed to maltreatment; however the reliability of this measure remains dubious particularly for children who have experienced evanescent or irregular harm (Tarren-Sweeney, 2008). In addition to this, confirmed and unconfirmed notifications of maltreatment were used to develop dichotomous measures of harm (Tarren-Sweeney, 2008). Given that many of

these were unconfirmed notifications, questions were raised about the validity of these dichotomous measures of harm (Tarren-Sweeney, 2008).

Strengths and Limitations of the Present Analyses

The present analyses placed an emphasis on the long-term effects of birth family contact factors on placement outcomes for children in care. The use of data from the Client Information System (database) provided comprehensive and detailed accounts about the events in the participants' lives over a ten year period. In addition to this, the present analyses attempted to control for some other factors which are also thought to have an impact on placement outcomes for children in care. Some of these factors include: age, age at entry into care, gender, pre-care mental health, maltreatment, care arrangements/case plans, and carer support. This was useful as it provided a clearer picture of the impact of birth family contact while controlling for other relevant confounding variables.

While there are some clear strengths within the present analyses, it is important to note that there are also several limitations. The Children in Care study was not designed to specifically measure birth family contact factors. This in turn has resulted in several issues for the present analyses. Firstly, the information regarding birth family contact factors reported by caregivers in the baseline survey were in the form of a narrative description. No clear or specific questions pertaining to contact were asked in survey. While this provided some information and a rich description of contact, there was not necessarily a coherence or consistency of the information reported by the sample population. For example, some respondents provided details

about frequency of contact whereas others may have not thought it necessary to include this information in their descriptions. This in turn also resulted in a large proportion of information which was not stated or missing in the data set. This may have contributed to the lack of statistical power in the analyses. The manner in which the data was collected also limited the ability of the present analyses to differentiate between different types of contact and the nature of contact with specific family members (e.g. mother, father, siblings, etc.). Furthermore, several important birth family contact factors; including the quality of contact, relationships between the children and their birth family members, and interactions between birth family members and foster caregivers; could not be measured and accounted for in the present analyses.

One of the key birth family contact variables in the present analyses was the children's emotional and behavioural reactions to contact; however it is important to note that this factor may have been confounded by the mental health of the children. A key limitation in the predictive modelling analyses was that several variables were found to be multi-collinear. In dealing with this issue of multi-collinearity, it is possible that some key variables may have been excluded from the regression models. The present analyses were also not able to take into account some important factors that are thought to impact the outcomes of contact. Some of these include: birth parents' attitudes towards contact, and birth parents' level of psycho-social development and ability to relate to their children. Although longitudinal real-time data of the children's life events was available, survival analyses could not be conducted in order to determine the effects of contact on placement outcomes for children in care due to the time constraints of the present project.

Recommendations for Future Research

The present analyses have focused on identifying the relationship between birth family contact factors; such as frequency of contact, supervision of contact, and children's emotional and behavioural reactions to contact; and placement outcomes for children in care. The present study findings will help inform the design of a proposed cross-sectional longitudinal study of the psychosocial effects of impermanent care; which the author's supervisor, Michael Tarren-Sweeney and others are planning (Tarren-Sweeney, 2010).

While several previous studies had focused on the relationship between frequency of contact and outcomes for children in care; the present analyses has also highlighted that children's reactions to contact, supervision of contact, and other related contact factors may also have important implications regarding placement outcomes for children in care. Future research is needed, particularly on these two birth family factors, in order to clarify their impacts on placement outcomes for children in care.

Future research should also employ longitudinal designs which measure the long-term effects of birth family contact on placement outcomes for children in care (Quinton, et al., 1997). Unlike the present analyses, it is recommended that future research in this domain collect and utilise data which answers more specific questions regarding contact instead of narrative accounts of contact. A larger, more representative sample is also needed in order to understand and generalise the effects of contact to the general population of children in care (Quinton, et al., 1997).

Similar to the present analyses, it is also recommended that future studies control for various potential confounding factors, such as pre-care mental health and maltreatment (Quinton, et al., 1997). Various other factors, such as quality of contact and birth parents or foster carers attitudes towards contact, also need to be considered. In addition to this, studies should aim to identify which types of contact will be beneficial for which children in what specific conditions. This may be possible if different groups of children in care are compared. For example, comparisons between children who have been placed in care due to concerns for their safety and children who have been placed in care because their parents have requested assistance due some difficulties with caring for their child may reveal that contact may be beneficial in some cases but detrimental in others.

Overall, future research in this domain which takes into account these recommendations may provide useful and valuable information regarding the long-term effects of contact on placement outcomes for children in care with minimal methodological limitations. It may be useful in identifying whether or not birth family contact factors significantly contribute to certain placement outcomes for children in care. Furthermore, if significant relationships are identified then this type of research may clarify the nature of the relationships which exist between birth family contact variables and placement outcomes for children in care. This in turn will add a wealth of information to the existing literature in this domain.

Implications for Practice

The main implication of the present analyses is that frequency of contact, supervision of contact, and children's reactions to contact are not necessarily independent predictors of placement stability, restoration or further maltreatment and behavioural difficulties. The contact factors may not have any relation to placement outcomes for children in care and may say little about whether or not contact will bring about detrimental or beneficial outcomes for children in care. However; decision-makers of contact arrangements may need to take into consideration other important contact factors; such as the quality of contact, the relationships between all of the involved parties during contact, and the children's wishes regarding contact; as suggested by several previous studies (Sen, & Broadhurst, 2011; Wilson & Sinclair, 2004).

Decision-makers should also consider that the type of care arrangement or the goal set for the case plan should be carefully considered as this not only has implications for the contact arrangements that are made, but it also has implications for the placement outcomes that children in care may have. Furthermore, they should consider that mental health is also an important factor in determining placement outcomes for children in care.

In addition to this, child welfare systems should ensure that foster carers are adequately trained and supported in facilitating contact arrangements as this was identified to play a key role in the impact that contact has on outcomes for children in care.

Conclusions

The present analyses showed that frequency of contact, supervision of contact, and children's reactions to contact are not factors which significantly contribute to placement outcomes. This suggests that the findings from the present analyses do not provide support for the argument that contact is beneficial, nor does it provide evidence for the argument that contact is detrimental to the outcomes for children in kinship and foster care. It is important to consider that these findings do not come without methodological limitations which need to be carefully considered when interpreting these findings. Perhaps the findings of the present analyses is an indication that a generalisation across the population of children in care regarding contact is not ideal; and that contact arrangements should be made based on an individual case-by-case basis. This suggests that it may be necessary to conduct further research which includes other important contact factors in order to gain a clearer picture of whether or not contact may be beneficial or harmful, and for which children, in which contexts will contact be beneficial or harmful. It is important to note, that the present analyses also highlighted that several other factors; such as mental health of the child, care arrangements/case plans, caregiver support, and age at entry into care; were also found to significantly contribute to placement outcomes; thus these factors also require some consideration in identifying what may be in the best interests of the child.

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Appendix A

Questions on Birth Family Contact from the Children in Care Study

1. Briefly describe any contact that your child has with members of his or her birth family.

examples: “sees her mother and grandparents once a month”

“his father writes to him”

2. Who is present during any contact visits?
3. Briefly describe your child’s feelings and behaviour prior to visits, and in the days following visits.