

Research to Practice Series

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How are foster carers and kinship carers faring in contact visits with birth parents? Findings from the kContact study

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This Research to Practice Issue #24 of the Institute of Child Protection Studies (ICPS) presents the experiences of foster carers and kinship carers who are involved in supervised contact visits between children in long-term out-of-home-care (OOHC) and their birth parents.

This issue draws on current literature and findings from the ICPS study: *kContact: Keeping Contact between Parents and Children in Care*.

The issue also provides recommendations for case workers in supporting and training carers to improve contact visits and overall outcomes for children in OOHC.



kContact
Keeping contact between parents and children in care



Introduction

Background

Supporting good quality contact with children in OOHC and their birth parents is important for enhancing child outcomes and development, identity formation, and a coherent sense of self (McWey & Mullis, 2004; McWey & Cui, 2017; León, Jiménez-Morago, & Muñoz-Silva, 2017; Moyers, Farmer, & Lipscombe, 2005; Sen & Broadhurst, 2011; Wood, Dougherty, Long, Messer, & Rubin, 2017).

Sen and Broadhurst (2011) found that the benefits of regular family contact for children in OOHC included:

- an increase in the prospect of reunification with birth parents
- placements being less vulnerable to disruption
- children's emotional, behavioural and intellectual development are enhanced.

Foster and kinship carers play a crucial role in facilitating parental contact for children in their care. However, the official role for foster and kinship carers in contact with birth parents is not always clear (Denby, Rindfleisch, & Bean, 1999; Haight, Kagle, & Black, 2003; Pasztor, Hollinger, Inkelas, & Halfon, 2006; Turner, MacDonald, & Dennis, 2007).

Despite the role that carers play, they often do not receive the necessary support to deal with some of the difficulties experienced (Denby, Rindfleisch, & Bean, 1999; Pasztor, Hollinger, Inkelas, & Halfon, 2006). This may include: the child exhibiting difficult behaviours before and after contact visits; the carers being excluded from decision-making about the child; or difficulties around their relationship with birth parents (Denby, Rindfleisch, & Bean, 1999; Pasztor, Hollinger, Inkelas, & Halfon, 2006). Parental contact is often a major source of stress for carers (Murray, Tarren-Sweeney, & France, 2011).

Baseline interviews

This Research to Practice Issue #24 focuses on baseline interviews with 127 carers (100 foster carers and 27 kinship carers) of 137 children, conducted before an intervention. The interviews focused on past experiences of carers around contact, the amount of contact they facilitated, and supports they had received in relation to contact. We report on the following:

- time commitment involved in facilitating contact visits
- issues related to child behavior before and after visits
- additional supports suggested by carers to facilitate visits.

Randomised controlled trial

The kContact study was conducted as a cluster Randomised Controlled Trial (RCT) in OOHC agencies in the Australian Capital Territory, Victoria and New South Wales.

The study focused on supervised contact visits between children in long-term OOHC and their birth parents.

It tested the effectiveness of an intervention that aimed to support parents before and after the visits to improve the contact experience for the child.

Interviews with birth parents, case workers and carers of children were conducted before and after the intervention period.

Study participants

Foster carers
100

Kinship carers
27

Children
137

Key findings

Time commitment

There was a substantial time commitment required by carers in facilitating children attending contact visits with their birth family. Many carers were looking after more than one child, with each child commonly having several separate contact visits with both parents.

On average, foster carers in the study facilitated 42.9 face-to-face parental contact visits a year, totalling up to one contact every 9 days. For kinship carers these numbers were more than twice as high, averaging at 89.1 contact visits a year (11 kinship carers were managing weekly or daily contact for one or more children in their care).

These numbers do not include other face-to-face contact arrangements that most children had with other immediate and extended family members including siblings, grandparents, uncles and aunts.

Support needed for child before and after contact visits

When carers were asked whether the child exhibited any concerning behaviours in the lead up to or following contact visits, 33% reported an escalation in mood/anxiety, behavioural issues or sleep problems following contact visits.

In addition, a significant proportion of children (foster care 24% and 23% kinship) had refused to attend contact visits in the preceding nine months, a situation that is likely to be distressing for all parties as contact arrangements are usually court ordered.

However, it is important to note that the majority of foster carers and kinship carers did not report that the child had any concerning behaviours.



Contact visits facilitated with birth parent

Foster carers
42.9 per year

Kinship carers
89.1 per year

Child refusal to attend contact visits

Foster care children
24%

Kinship care children
23%

Key findings

Training and support

Most foster carers (96%) reported having received some initial training when they first became carers. However, the number was much lower for kinship carers with only 19% receiving training about contact visits. Kinship carers across the jurisdictions commonly reported lack of training.

Carers who had completed training did comment that there were many helpful aspects, but there is room for improvement in some components of the training. The suggested improvements included painting a more realistic picture of what caring for a child would look like and taking into account carers' prior knowledge.

Most carers (71% of foster carers and 93% of kinship carers) had not received specific training about how to deal with parents, although many hoped to receive more training (58% foster carers and 48% kinship carers) in the future.

Formal training received at the start

Foster carers
96%

Kinship carers
19%

No training received specific to contact

Foster carers
71%

Kinship carers
93%



What carers want

Carers were asked what type of training they would have liked to receive in relation to contact. Both foster carers and kinship carers had similar responses to this question that fell into four categories. Foster and kinship carers wanted to learn more about the following issues:

- what to expect from contact visits
- more clarity about their own role
- how to communicate with parents
- how to support the child.

To better understand what to expect of the contact visits

Carers expressed a desire to know more what to expect from contact visits (24% foster carers and 23% kinship carers), such as the following:

- learning from the experiences of other carers
- being prepared in terms of safety for themselves and for children
- understanding how the birth parent is feeling.

“Would have been useful to hear from established carers about their experiences ... with support from trained psychologist. Think through legal and psychological complexities of contact.”

“What to expect during visits such as safety issues if visits are at parents' homes generally rather than individual information.”

To better understand the carer's role

Not all carers said they were hoping to receive more training for contact, but those who did (57% of foster carers and 47% of kinship carers) expressed an interest in what role they should play in contact visits, before, during, and after.

“How to supervise, when to cancel, what is my role in the contact.”

“Preparing the carer using role plays, going through the process, communication to break ice with parents, tips on what to say.”

What carers want

To better communicate with parents

Carers expressed a desire to know more what to expect from contact visits (24% of foster carers and 23% of kinship carers), such as: learning from the experiences of other carers; being prepared in terms of safety for themselves and for children; understanding how the birth parent is feeling.

“How to handle situations when parents are inappropriate or aggressive.”

“Training in how to talk to someone with mental health issues.”

To better support the child in relation to contact visits

Some carers wanted to better support the child in relation to contact visits (16% of foster carers and 23% of kinship carers). Carers wanted to learn more about how to prepare the child for contact with their parent; for example, what to do if child doesn't want to go and how to manage difficult behaviour after contact. This also included answering the child's questions about their birth parents.

“Handling children's reactions to contact both good and bad.”

“How to encourage children to speak about contact and visits, and understanding the purpose of visits.”

Major difference between foster carers and kinship carers

A key difference was that kinship carers tended to be worried about their ability to be neutral, or that their judgement might be influenced by emotion when it came to making decisions about contact.

“Get [training] ... around [how to manage my daughter's child's] emotions [about belonging], trauma and distress.”

“Worried my judgement will be clouded by emotion.”

Summary

Caseworkers can play an important role in supporting carers to better facilitate contact for the children in their care. The carers in the kContact study highlighted some specific ways they were hoping to be supported in relation to supervised contact for children who were on long-term placements in their care.

Facilitating and, in some cases, supervising contact requires a substantial time commitment from the carers. Some carers also reported escalation of behavioural or psychological issues following contact or child refusing to attend contact, although for most carers these issues were not present.

To better facilitate contact, carers were hoping to have more support in relation to the child, and to have access to tools that would help them manage their own relationship with the birth parent. In some jurisdictions, practice is shifting to having carers supervise contact where appropriate and possible. In these cases, it is especially important to provide carers with appropriate support for contact visits.

In a future issue of the Research to Practice Series, we will report on the effectiveness of the kContact intervention and present our findings on whether carers' experiences of contact visits changed after receiving the intervention.

Several other publications are also in development, including implementation of the kContact RCT, parent characteristics and the factors associated with cancelling contact visits.



What case workers can do to support carers

Here are some recommendations on how to assist carers in their role with facilitating contact visits with the child and their birth parents. Keep discussions child-focused and assess the carers' needs on a case-by-case basis, according to family circumstances.

Recommendations on how to communicate with and support parents

Case management plans can include formal discussions with carers about how to communicate with parents. Here are suggested approaches.

- Organising practical aspects of a visit such as location, what to bring, what happens during the visits.
- Discussing developmentally appropriate activities and communication for parents and children.
- Discussing what kind of information to share about the child, which family/cultural celebrations to maintain.
- Managing potential confrontations with parents.
- Communicating with and understanding a parent who has mental illness/drug and alcohol problems.
- Understanding the concept of loss from the parents' perspective and how contact visits may re-trigger the trauma of losing a child.

Recommendations on how to support children

The following suggestions can assist carers manage child wellbeing.

- Encourage carers to empathise with the child before and after contact, even when they are not showing any obvious signs of distress.
- Discuss how to talk to the child before/after contact visits about the visit.
- Stress the importance of the carer's role in painting a positive picture about the child's relationship with the parent, where possible.
- Encourage carers to talk with the child about their parent between visits, but be mindful that in some circumstances, such as serious abuse or neglect, a child might not want to talk about the parent.
- Discuss the merits of acknowledging the carer's own attitude towards the parent.
- Have a plan about what to do when the child is refusing contact.

Recommendations on how to support kinship carers

Kinship carers may need extra support that addresses the particularly sensitive circumstances of caring for children of family members. Here are suggested approaches.

- Offer practical tools around how to set boundaries with a parent, particularly when the parent is their own child, e.g., communication protocols such as the best time to call, a formal contact schedule, rules around the specific role of the parent and the carer in the child's life.
- Review the current contact arrangements; if the situation does not meet the needs of the child/carer family discuss any external support that can facilitate contact.

Resources

We recommend that case workers use their practice knowledge in the identified areas to better support and equip carers for their important role, keeping in mind the individual circumstances of each family. The following resources are also useful:

- [Kids Central Toolkit](#): an ICPS toolkit that builds on child-centred practice.
- [Keeping Kids Central](#): a free online program to help individuals and organisations understand and apply child-centred approaches in their work with children and young people.
- [Emerging Minds](#): a paper that addresses the importance of supporting foster and kinship carers.
- [Raising Children Network/Raising foster children](#): an overview of the role of the foster carer.

About the kContact study

This study is an Australian Research Council and NSW Department of Family and Community Services funded cluster Randomised Controlled Trial (RCT) conducted in OOH agencies across three Australian jurisdictions: Australian Capital Territory (ACT), Victoria (VIC), and New South Wales (NSW) with the following partner organisations:

- **Government organisations:** ACT Community Services Directorate, NSW Department of Family and Community Services
- **Non-government organisations:** ACT – Barnardos, Marymead Child and Family Centre; NSW - Uniting, CareSouth, St Saviours, Life Without Barriers; VIC - Baptcare, Berry Street, CAFS Ballarat, Mackillop Family Services, OzChild, Salvation Army Westcare, Wesley Mission, Centre for Excellence in Child & Family Welfare

Visit the ICPS website for more information about the kContact research:
www.acu.edu.au/icps

About the Institute of Child Protection Studies

The Institute of Child Protection Studies (ICPS) at the Australian Catholic University aims to enhance outcomes for children, young people and families through quality research, evaluation, training and community education.

ICPS research strengths include promoting children's participation, strengthening service systems and informing practice, and supporting child-safe communities.

The ICPS Research to Practice Series is supported by a grant from the ACT Community Services Directorate. The grant assists to enhance outcomes for children, young people and families through enhancing the skills and practice of the workforce, increasing awareness in the community, and contributing to evidence-based policy outcomes.

The full list of references is available at <https://bit.ly/2XYq9Bg>

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