



# Baby on Board

**Report of the Infants in Care and Family  
Contact Research Project**



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### ***The Research Team***

Professor Cathy Humphreys oversaw the project, guiding its formulation and development, and the establishment of the partnerships needed to make it possible. She convened and chaired the Project Reference Group. She participated in running several of the Focus Groups.

Meredith Kiraly took the lead on the implementation of the project. This included ethics approvals, planning and set-up of the research project, data gathering and analysis, and report-writing.

Rhona Noakes (Senior Policy and Program Advisor, Department of Human Services) and Jim Oommen (Senior Project Officer, Office of the Child Safety Commissioner) assisted in a part-time capacity with data gathering including the case file audit, case studies and focus groups, and conference presentations.

### ***Acknowledgements***

The Research Project Reference Group provided valuable discussion and guidance.

David Hoadley provided technical assistance with the use of Microsoft Excel for the analysis of quantitative data.

The participants in the focus groups provided invaluable insights and experience of the issues under investigation. Others supplied brief case studies. We thank them for their participation.

Further copies of this report are available at:

<http://research.cwav.asn.au/AFRP/OOHC/InfantsInCare/default.aspx>

## *Glossary*

<b>CSO</b>	Community Service Organisation. In this context, a not for profit organisation receiving government funding in order to provide out of home care services to children subject to statutory intervention by Child Protection.
<b>DHS</b>	Department of Human Services (Victoria)
<b>VLA</b>	Victoria Legal Aid, the public legal service that helps socially and economically disadvantaged Victorians with their legal problems ( <a href="http://www.legalaid.vic.gov.au/">www.legalaid.vic.gov.au/</a> ).
<b>IAO</b>	Interim Accommodation Order. An IAO is a Children’s Court order that covers a three-week period of adjournment to allow for consultation by DHS with the child and parents about the issues involved, and for a report to be prepared. The IAO states where the child should live until the case comes back to Court ( <a href="http://www.childrensCourt.vic.gov.au/">www.childrensCourt.vic.gov.au/</a> ).
<b>RCH</b>	Royal Children’s Hospital, Melbourne.
<b>Infant</b>	For the purpose of this study, an infant is defined as a child aged 12 months or under.
<b>Bonding</b>	The emotionally intimate relationship of a child with their parent figure(s); the process of “falling in love” with a newborn baby.  Simply stated, bonding is the process of forming an attachment. Just as bonding is the term used when gluing one object to another, bonding is using our "emotional glue" to become connected to another. Bonding, therefore, involves a set of behaviours that will help lead to an emotional connection (attachment) (Perry, 2008).
<b>Attachment</b>	Defined by J. Bowlby (1953) as “a warm, intimate and continuous relationship between a child and their mother or mother figure.” Bowlby later extended the definition to include other significant parent figures and (a small number of) multiple attachments in a hierarchy of importance (J. Bowlby, 1988).  Attachment can be impaired in a variety of ways. Attachments are categorised as secure; avoidant; ambivalent/resistant; & disorganised.
<b>Parents</b>	Mothers and fathers of infants. This report uses the terms mother, father and parent(s). Alternatives seen in child welfare reports are birth parents, biological parents, natural parents.
<b>Foster carer, caregiver</b>	Volunteers who take the place of a parent insofar as they provide continuous, 24/7 care for an infant for a period of time. Also known as foster parents.
<b>Koori</b>	A widely used, preferred term for Aboriginal people from Victoria and southern New South Wales.
<b>Access</b>	Access is a term for parental contact that is used in the legal sphere, and in the Children, Youth and Families Act 2005 (2005b).
<b>Contact</b>	The terms “contact” and “access” have been used in a variety of ways in relation to children in out of home care. In this study, contact has been taken broadly to include face to face meetings between a child and family members with whom they do not live.
<b>Connection</b>	A term used to embrace both family contact and a deeper sense of connection to family, culture, country and spirituality for an Indigenous child.

*Glossary continued*

<b>Frequent family contact</b>	For the purpose of this research, frequent family contact has been defined as visits with family members 4 or more times per week. In this context, when separate visits are consecutive (eg mother and father visiting separately but consecutively), this has been counted as one visit.
<b>Out of home care</b>	Continuous 24 hour care by approved carers, following removal from the care of parents by Child Protection. This report uses this term to include foster care, residential care and formally approved kinship care (see below).
<b>Kinship care</b>	Care within the family or friendship network of the child. Kinship care may be informal, or formally approved by Child Protection authorities. In this report, the term refers to formally approved kinship care.  <i>Note ambiguity in this term: Indigenous Australians regard kinship care as family, and not as out of home care. While respecting Indigenous understanding of family, this report assumes a mainstream definition.</i>
<b>Home based care</b>	Out of home care provided within the home of another person not related to the child, a “stranger” placement (see below). For infants, this is usually foster care.
<b>Family reunification</b>	The return of a child in out of home care to their mother and/or father.  <i>Again, note ambiguity in that Indigenous Australians also regard a move from foster care to kinship care as family reunification. This report uses the term reunification to refer only to return to mother and/or father.</i>
<b>Case support worker</b>	One of a range of names for a DHS staff member who provides care and support in the process of arranging family contact visits for children in care. They collect children from their caregivers and drive them to the family contact visit, providing care along the way, and sometimes supervise the visit. They are also known as child development workers, access workers, transport workers, and drivers.
<b>Stranger</b>	Defined as a person whom one does not know (Macquarie dictionary); a person who is neither a friend nor an acquaintance. In this context, “stranger” refers to a person who is charged with the care of an infant, who the infant does not previously know.
<b>Agency</b>	In this context, an agency refers to a for-profit employment agency that provides child care services. Agencies are sometimes engaged by DHS or CSOs to assist where work demands exceed staff availability.
<b>Concurrent planning</b>	A relatively new initiative in several countries that seeks to achieve permanent care in a timely fashion by placing children with carers who will support family reunification efforts, but become their permanent family if this fails

## **Introduction**

### ***Origin of the project***

Contact between infants in protective care and their families was raised as an issue by staff of community service organisations (CSOs), as well as Department of Human Services Victoria (DHS) Child Protection staff. In recent years, there has appeared to be an increasing number of high frequency parental contact arrangements for infants, usually involving infants being transported to the visit location. As a result, some indications of stress in infants have been reported, especially where infants have health problems. The issue is complex. While high levels of parental contact are sometimes seen to be needed to maximise the chance of family reunification, infants also need safety, tranquillity and stability of care in order to thrive. These two factors may be in tension, particularly given the level of disruption involved for infants with travel and associated arrangements. The question of the infant's best interests was thus seen to require further exploration.

The over-arching aim of the research was the development of a better understanding of infants' best interests in relation to intensive family contact during protective placements. In particular, the intent was to explore current practice by DHS and community organisations in managing family contact, and to consider the impact of orders being made by the Children's Court. Issues to be explored included the physical and psychological needs of infants; frequency of family contact; issues of attachment and neurological development; and numbers of infants involved in current arrangements.

This research forms Stage 1 of a two-stage research process; Stage 2 is currently being developed (see Methodology).

### ***Definition***

"Contact" has been taken broadly to include any direct or indirect communication between a child and a range of family members and significant others with whom they do not live, including parents, siblings, grandparents, previous foster parents and carers. These contacts include face-to-face meetings, letters, phone calls and messages (Quinton, Rushton, Dance, & Mayes, 1997, p. 395). However, in much of the literature cited, it is used to mean only face-to-face meetings. This is also arguably the only method of contact that has meaning for the infant, therefore, indirect contact is not addressed in this research.

Most attention in the literature has been given to contact with mothers and fathers. However, children in care may have also been separated from siblings, grandparents and other close relatives, friends, and significant neighbourhood people and places (Pine, Warsh, & Maluccio, 1993). Sibling contact in particular is an undervalued and under-researched area, especially given the role of siblings in supporting each other in adulthood (Mullender, 1999; Pine et al., 1993).

Given the key role of mothers and fathers in the first year of life, and research resource constraints, this project has focused on direct contact with mothers and fathers.

### ***Background***

Infants under one year of age are over-represented in admissions to out of home care. In 2006/2007, 14% of admissions in Victoria were for this group (AIHW, 2008, p. 54). Many of these infants come into care in the first couple of months of life, often before they have had an opportunity to form an attachment to their mother and/or father. The early months of life are the critical time in a child's life for developing effective attachment relationships, and for neurological development (Perry, 2008). Stability of relationships is of the utmost importance to the infant's well-being and development, whether achieved by family reunification or permanent care. Infants are also unique among children in the level of their dependency and vulnerability, and inability to make their needs known unambiguously. Underscoring their vulnerability, it is noted that infants in the first year of life comprise the greatest percentage of deaths of children known to Child Protection (VCDRC, 2008).

This project starts from a presumption that, after safety, attachment is the key issue in ensuring the well-being of infants in care (expanded in the Literature Review). The following assumptions are made:

- An infant's primary attachment will be made with the person (or possibly, persons) doing the consistent, ongoing 24-hour care of the infant. This is usually the mother, but in out of home care would normally be the foster carer.
- Secondary attachments to other people occur (eg father, grandparents etc). Their strength will vary with the role of the person, including the amount of time spent caring, degree of active care, and emotional engagement with the infant.
- If a primary attachment is well developed, it may be possible to retain this via regular contact during separation. The attachment is likely to attenuate during separation, especially if the infant is very young, and if the separation is long.
- The infant's neurological development, including cognitive and emotional development, is intimately tied to the primary attachment relationship.
- Early experiences of trauma can create disrupted patterns of attachment with far-reaching and negative effects on infants' development and well-being.

### ***Project outline***

Research questions for Stage 1 were:

- A. What are the current arrangements for infants' contact with their family members?
- B. What is the evidence of the impact on infants of family contact arrangements?
- C. What are the directions for good practice in this area?

Stage 1 consisted of three strands:

#### ***Audit of case files***

Data was collected regarding the details of parental contact arrangements for all infants 12 months of age or less in out of home care on 1 August 2007, as recorded in DHS electronic case files.

#### ***Focus Groups***

The views of key stakeholders were sought via a series of focus groups & interviews.

#### ***Brief case studies***

A set of brief case studies were collected from foster carers and case managers.



### ***The Reference Group***

A Reference Group was established at the outset of the project. It had wide representation of the interested parties at a high level. It met six times over the course of the research project.

Its Terms of Reference were:

1. To provide support and advice on the research methodology for the project.
2. To provide support and advice on the research utilisation process.
3. To provide support and advice on future directions for research in the area of contact between infants in protective care and their families.

The Reference Group included:

Bernie Geary (Child Safety Commissioner)

Coleen Clare (CEO, Centre for Excellence in Child and Family Welfare)

Judge Paul Grant (President, Children's Court)

Paul McDonald (Executive Director, Children Youth and Families Division, DHS)

Mary McKinnon (Director, Child Protection)

Robyn Miller (Principal Child Protection Practitioner, DHS)

David Clements (Assistant Director, Placement & Support, DHS)

Janet Elefsiniotis (Foster Care Manager, Good Shepherd Youth and Family Services)

Brigitte Boulet (Manager, Out of Home Care, Anglicare Victoria)

Associate Professor Campbell Paul (Consultant Infant Psychiatrist, RCH Department of Mental Health/University of Melbourne Department of Psychiatry)

Associate Professor Brigid Jordan (RCH Paediatric Social Work - Infant and Family/University of Melbourne Department of Paediatrics)

Professor Cathy Humphreys, Alfred Felton Chair in Child and Family Welfare, University of Melbourne

Meredith Kiraly (Visiting Research Fellow, University of Melbourne, Alfred Felton Child and Family Research Project).

The report is the responsibility of the researchers and does not necessarily represent the views of all Reference Group members.

### ***Developments over the course of the research project***

Research is a slow process. A number of issues have been addressed and practice has developed across the eighteen month period of research activity.

By invitation, early research findings were presented to the Magistrates of the Children's Court in April 2008.

Following an extensive review of family contact arrangements by DHS North & West Region Child Protection Program in 2006-2007, The Arbour Child and Family Access Centre has been established, and commenced operations in November 2008. Set in a refurbished suburban house, it provides a family-friendly environment for parents to visit their children, with staff who provide support, activities and assistance.

The DHS Child Protection Supervised Access Project was initiated in 2008 following the rise in the rate of supervised access/contact between children in care and their parents. Information is being collected about the practice and functioning of "access arrangements" across the State that will inform the development of a broader policy and practice framework. It is expected to be completed in 2009.

## Methodology

As indicated in the Introduction, this work constitutes Stage 1 of the Infants in Care and Family Contact research project.

Multiple research methods were used. The methodology was developmental, and included some elements of action research.

### *Ethical issues*

Approval to conduct the research was obtained from the DHS Office for Children<sup>1</sup> Research Coordinating Committee, and DHS Human Research Ethics Committee, and ratified by the Human Research Ethics Committee of the University of Melbourne. The initial application was followed by a number of applications for amendments as the project developed.

Confidentiality of data was assured in the following ways:

- For the quantitative data (case file audit), each case was assigned an identifying code. Names were not collected. Other identifying data such as date of birth and case file number were deleted once data collection was complete.
- For the qualitative data (focus groups and case studies), names of people and places, services etc, which appeared in the transcripts were substituted with unrelated names<sup>2</sup>.

### *DHS electronic case file data mining*

The Department of Human Services has two electronic case file systems for Child Protection case files, CASIS (Client and Service Information System) and CRIS (Client Relationship Information System). In 2007-2008, DHS was in the process of transferring case file operations from CASIS<sup>3</sup> to CRIS. Data retrieval was slow and difficult. This eventually limited what was possible within the scope of the project.

Two pilot projects were undertaken. The first consisted of 28 cases of infants (12 months of age or under) who were in care on 1 February 2006, exploring a range of variables. Few high frequency family contact orders were found in this sample. Discussions with key DHS staff suggested that high frequency family contact orders may have become more common later than this. Accordingly, a new snapshot date was set at 1 August 2007, and 12 more cases were explored. This time, data was collected on “access conditions” at up to four points in the infant’s care history, as well as a range of background variables. Due to the slow nature of data retrieval, less background data was collected than in the first pilot. This led to a better rate of data access, though the slow process of data retrieval remained problematic<sup>4</sup>.

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<sup>1</sup> Now Division of Children, Youth and Families

<sup>2</sup> Thus any names or initials in this report are unrelated substitutions for real names.

<sup>3</sup> CASIS has now been decommissioned.

<sup>4</sup> CRIS was a relatively new electronic database and DHS staff were experiencing much difficulty with its use at this time.

*Final data gathering – full sample*

Final data selection included 100% of cases of infants (12 months of age or under) in protective care on 1 August 2007. Data gathered included:

- Demographics (case file number, date of birth, region, ATSI status, gender).
- Information from the date of first placement: date, age and placement type.
- Presence or absence of contested Court cases
- Length of time from first placement to first protection order
- Types of orders
- Time from first order to Protection Application outcome
- “Access conditions” at up to four points in the case history, with order and placement type at each point.
- Comments on unusual or particular features of court orders were noted.

*Final data gathering: high contact cases*

From the full sample of 119 cases, all cases with instances of high frequency contact (4-7 family visits per week) were selected for further data gathering. Additional data gathered on the high frequency group included:

- Risk factors
- Time of and duration of high frequency family contact order
- Age, health and placement type at high frequency family contact order
- Location of contact visits
- Place of residence and Court order on 1 August 2008, ie one year later.

***Focus Groups***

Eleven focus groups and five interviews were undertaken, four by telephone and one face-to-face. The interviews were conducted to allow input from informants who were unable to attend the focus groups. Notes were received from another informant. Case support worker focus groups included both metropolitan and country sites<sup>5</sup>. There were a total of 111 participants in focus groups, and seven in interviews.

Participants for focus groups were recruited by invitations from their employing bodies. Focus groups were conducted with the following stakeholder groups:

- Two groups of foster carers (two different community service organisations)
- One group consisting of staff of a number of different foster care services
- Lawyers who represent parents engaged or employed by Victoria Legal Aid
- Lawyers employed by DHS Legal Services
- Staff of the Children’s Court Clinic.
- DHS High Risk Infants state-wide team
- Four groups of DHS Child Protection workers and case support workers (Two metropolitan and two rural regions)

Two researchers conducted each focus group. They were audio-recorded and transcribed. The data was coded using NVivo, a software package for the analysis of qualitative data<sup>6</sup>.

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<sup>5</sup> The number and diversity of focus groups, together with the other data sources, raises the confidence in the findings of the qualitative data (Kidd & Parshall, 2000).

<sup>6</sup> NVivo7, QSR International.

Details of participants in the focus groups appear below. A striking difference is apparent between the average years of experience of the case support staff, and that of senior DHS staff. Averages have been calculated with and without including the outliers, which in all cases were senior staff included in groups of workers.

<b>Group</b>	<b>No of participants</b>	<b>Average years of experience</b>	<b>Average years of experience with outliers</b>
Children's court clinic staff	7	6	11 (Director 43 years)
Foster Care Group 1	9	2	5 (Manager 25 years)
Foster Care Group 2	14	12	
Regional Child Protection	10	No info available	
Case Support Team 1	15	6	
Case Support Team 2	8	2	7 (Three senior CP staff in group, average 14 years)
Case Support Team 3	7	1	
DHS High Risk Infant Team	9	15	
DHS Court Advisory Unit	9	2 (partly estimated)	
VLA legal advocates	11	No info available	
Foster care managers	12	No info available	
Interviews (various participants)	7	No info available	
<b>TOTAL</b>	<b>118</b>		

### ***Brief case studies***

The brief case studies developed as a response to stakeholders' wishes to describe cases which raised significant concerns for them. A total of 30 were collected and recorded<sup>7</sup>. Most were undertaken as telephone interviews. Questions were asked about family members involved; frequency of family contact; transport arrangements for the infant and their family members; impact on the infant; and concerns of the informant about the case. The interviewer made notes as the interview progressed, using a template to enable consistent recording of data.

<sup>7</sup> The brief case studies may have involved some of the same children who were part of the case file audit, but were treated independently from the audit.

***Action research***

Elements of action research were included in the project. Early results were presented to the Reference Group, leading to active discussion and an invitation to present the material to a seminar with Children's Court magistrates. Early results were also presented to a series of conferences in 2008 in Victoria, New South Wales and Queensland<sup>8</sup>. The Reference Group was actively involved in the collaborative inquiry, opening discussions about policy and practice within their respective organisations on the basis of interim findings.

***Limitations of the methodology***

A limitation was that the project was unable to capture the perspective of infants. This was represented as best as possible by the descriptions of infant behaviour from other stakeholders. Direct infant observation may be involved in Stage 2 (see below).

Largely due to the lengthy ethical clearance process entailed, the parents' perspective was not captured directly in Stage 1 of the project. Parents' perspectives were variously reflected by legal advocates and other stakeholders. Further work in this area might include focus groups or interviews with parents, whether in the active phase of Child Protection intervention, or subsequently. This is work envisaged for Stage 2.

A further study limitation was a lack of attention to infants' contact with their brothers and sisters, grandparents and others. This is an important area, given the fragility of parental relationships in many instances. While it was originally intended to include some work on wider family contact in the case file audit, case file data retrieval was so slow that this had to be abandoned. Focus groups provided incidental feedback about sibling contact, and this has been included.

***Research Project Stage 2***

Stage 2 is under negotiation with the infant observation experts at the Royal Children's Hospital. It will include some attention to the direct experience of infants and their mothers and fathers. It is subject to funding being secured.

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<sup>8</sup> Victorian Home Based Care Conference, Melbourne; Australian Institute of Family Studies Conference, Melbourne; Association of Child Welfare Agencies Conference, Sydney; Queen Elizabeth Centre Conference, Melbourne; Australian Foster Care Conference, Sydney; DHS Division of Children, Youth and Families Lorne Forum; and the Child Safety Conference, Brisbane.

## Literature review

### *Purpose of family contact*

The purpose of foster care is to provide a temporary safe home for a child because his or her parents are unable to do so, with the eventual aim of returning the child successfully to the family of origin. With this in mind it is important the child continues to identify with his natural family (Browne & Moloney, 2002, p. 36).

The United Nations Convention on the Rights of the Child (United Nations, 1991) articulates the child's right to parental contact.

Article 9.3 States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

The Children, Youth and Families Act (Victoria, 2005) also affirms that the best interests of the child include giving consideration, as relevant, to:

“the need to strengthen, preserve and promote positive relationships between the child and the child's parents, siblings, family members and other persons significant to the child (s10.3b),”

“to plan the reunification of the child with his or her family” (s10.3i), and

“access arrangements between the child and the child's parents, siblings, family members and other persons significant to the child” (s10.3k).

Quinton et al (1997, p. 394) suggest that the importance of a child's contact with parents to human relationships and development does not need to be demonstrated. Such contact involves a delicate balance between a child's need for relationships with their mother and father, and the need for safety and security, given protective issues (Stott, 2006, p. 47).

Barber and Delfabbro (2004) cite research in the 1980s and 1990s that indicates that most children in foster care want visits from their parents and that most children in care say that they miss their families a lot; they also cite a New South Wales study in 2000 that showed that most children wanted more family contact, and named family members that they did not see but would like to. However, in a British study of adoption and permanent care, Selwyn (2004) reported instances where children and young people were re-abused during family contact, and that some young people stated that they needed more protection at these times. Clearly, this is a complex area.

A unique circumstance exists where an infant is taken into care straight after birth, when there has been little opportunity for attachment to mother and/or father to take place. In this circumstance, the attachment to the foster carer is critical; this will be important to the infant's healthy development, possibly laying the foundations for later developing a secure attachment to mother and/or father (Mennen & O'Keefe, 2005).

As well as being a basic human need, parental contact also serves specific purposes. It can ease the pain of separation and loss for both parent and child (Littner, cited in Burry & Wright, 2006). Where an infant has become attached to their mother and/or father before separation, regular visiting allows them to maintain these attachments, protecting parent-child relationships and promoting return home where possible. Family contact thus works against the risk of “agency-created or court-created abandonment” (Steinhauer, 1991, p. 176) in which a temporary placement may inadvertently become a permanent one. In all parental contact arrangements, the

purpose of contact needs to be clear, and the frequency of contact should change according to its purpose (Steinhauer, 1991).

Contact with mothers and fathers is also important for the development of a clear and positive sense of identity and social heritage, particularly when well supported by carers and workers (Kelly & Gilligan, 2002, p. 68).

### ***Indigenous children and family contact***

The *Bringing Them Home* report (HREOC, 1997) documented the effects of the forced removal of Indigenous children from their families and communities over much of the twentieth century. Widespread damaging impacts on children, families and communities were recorded, which continue up to the present time.

With several generations of Indigenous people denied normal childhood development, the opportunity to bond with parents and experience consistent love and acceptance, both the skills and the confidence to parent have been damaged...(Atkinson & Swain, 1999 p.222)

The Indigenous birth rate is increasing (Pink & Allbon, 2008). Indigenous children are grossly over-represented in Child Protection and out of home care statistics in Australia. Across Australia, the rate of Indigenous children in care on 30 June 2007 was eight times the rate for the population of Australian children as a whole (AIHW, 2008). While Victoria recorded the lowest rate of children in care (4.3 per 1,000 children), the rate for Indigenous children was thirteen times the rate for other children (47.8 per 1,000), the highest in Australia (AIHW, 2008). A South Australian study suggested that Indigenous children are less likely to have family contact than non-Indigenous children (Delfabbro, Barber, & Cooper, 2002). This heightens the imperative to improve support to Indigenous families to enable them to stay in contact with their infants in care, hopefully improving their chances, when grown, to care for their next generation.

As a part of redressing the wrongs of the past, the Aboriginal Child Placement Principle has now been adopted in all Australian states (HREOC, 1997). It lays down the placement priorities to be followed when placing an Indigenous child. Consideration must first be given to a placement with family as customarily defined; then to other community members consistent with local custom, and then other Indigenous carers. Placement outside the family with non-Indigenous carers is therefore a last resort when no Indigenous carer is available, or if such a placement is deemed not to be in the child's interests. In such cases, placement must still be in proximity to the child's Indigenous family and community, with contact with family, community and culture ensured, and family reunion remaining a primary objective (HREOC, 1997). However, in 2007, 38% of Indigenous children in care in Victoria had not been placed with a relative or in Indigenous care (AIHW, 2008). This raises significant issues for the health and well-being of Indigenous children, and for their chances of maintaining effective contact and connection with their families and culture.

A policy paper from the Secretariat of National Aboriginal and Islander Child Care (SNAICC, 2005) outlines a set of principles to underpin national out of home care standards for Indigenous children. The principles include: safety as paramount; case planning to focus on the maintenance of connections to family and community and the development of cultural and spiritual identity over the life course; and adequate caseworker, medical and educational support. It is suggested that this approach will

go a long way towards building inner strength and resilience to deal with life's difficulties as they arise. An example of effective practice is described in a case study of Yorganop Child Care Aboriginal Corporation. This program provides high levels of training and support for carers, who provide a life course approach to children in their care. This includes children knowing their families, learning to live with their family dynamics even if not physically with their family, and coming to terms with their family background, in order to become a healthy, mature adult. Yorganop provides high levels of placement stability and carer retention (SNAICC, 2005).

### *Attachment and infant development*

The work of John Bowlby (1953, p. 13) first drew the attention of mental health practitioners to the critical importance of attachment, defined as a 'warm, intimate and continuous relationship' between a child and their mother or mother-figure. Bowlby later developed the concept of attachment to allow for relationships with significant people other than the child's mother (1969/1982, cited in Cassidy and Shaver, 1999, p. 14), positing three major premises about multiple attachments. He suggested that first, most young infants form more than one attachment; second, the number is not limitless; and third, they are not all equivalent or interchangeable: there is a hierarchy, usually with a principal attachment figure (Cassidy & Shaver, 1999, p. 181). Kelly and Gilligan (2002, p. 22) describe how this makes possible the simultaneous attachment of an infant to both parent and foster carer, especially when the two sets of parent-figures are working together well, such that the foster carers can also foster the parent-child relationship.

Fahlberg (1994) describes the primary developmental task at this stage as building feelings of safety, security and trust in other human beings. Infants develop security and trust as a result of day-to-day experiences, and the quality of these helps them develop physically and mentally. The infant signals discomfort and the adult responds, simultaneously providing pleasurable interaction. A very small infant does not differentiate between different kinds of discomfort, and is reliant on the adult's capacity to "tune in" to their discomfort, discover the source and alleviate the distress (Daniel, Wassell, & Gilligan, 2004, p. 161). Repeated cycles of care lead to attachment to the mother and/or father. Organisation of emotional responses is another key developmental task; infants need to be able to regulate these so that they feel calm enough to use their senses to process the environment. From around six months, infants start consistently distinguishing between family members and strangers, and usually experience fear or anxiety when approached by strangers. This reaction increases in the next few months, making it difficult to develop an attachment to a stranger at this time. Fahlberg emphasises the parents' tasks as to meet the infant's needs on demand, to be consistently available and responsive so that trust develops, and to provide stimulation to encourage the use of the infant's senses.

By providing care in a rhythmical, consistent manner, the parent helps the child organise the nervous system....Providing visual, auditory and tactile stimulation that fit with the child's perceptive and motor skills stimulates development (Fahlberg, 1994, p. 67).

Fahlberg further warns that parents whose infantile needs were unmet may have memories evoked that lead to them seeking the infant to meet their needs rather than the other way around, leading to high risk of bonding problems, with serious long-term consequences.

Ainsworth's (1967) early research on infants confirmed that infants use their attachment figure as a "secure base" from which to explore; the proximity of the



secure base promotes autonomy. Bowlby (1988) regarded the notion of a secure base as central to his concept of parenting.

Belsky (1999) outlines the various factors that contribute to the security of an infant's attachment, concluding that there is strong evidence for the significance of social support as a factor, but in interaction with other factors such as maternal mental health, spousal relationship and infant temperament.

### ***Multiple attachments***

Cross-cultural studies suggest that attachment is a universal phenomenon, albeit with some contextual determinants. They highlight the importance of wider social networks in which children grow and develop, and suggest that:

We need a radical change from a dyadic perspective to an attachment network approach (van IJzendoorn & Sagi, 1999, p. 730).

Steinhauer (1991, p. 164) suggests that studies of multiple attachments demonstrate that these occur frequently in the community. He also references extensive literature on the benefits to children of maintaining contact with their families. In the context of parental separation, he states that:

Studies of children's longitudinal responses to marital separation ... and to being raised in day care... have demonstrated that children can form, hold, and benefit from several significant attachments simultaneously. Yet, surprisingly, this knowledge has remained isolated, and has been insufficiently utilised within the foster care system (Steinhauer, 1991, pp. 372-373).

He advocates "protecting continuity with major attachment figures (p. 372)" and the promotion of multiple attachments wherever indicated. He also advocates for further research into "how long at different ages separation can be tolerated without permanent detachment occurring;...[and also] when shared parenting protects a child's adjustment and development and when it undermines it (p. 377)."

The need to establish a sense of security which is both physical and psychological is a primary goal of protective care; and one where the infant needs to form an effective attachment to their caregiver (Daniel et al., 2004). Simultaneously, where there is a chance of family reunification, attachment to parents (where established), needs to be actively supported while the infant is away from home (Pine et al., 1993, p. 122).

Brown (2008) comments that the process of changing "parents" or attachment figures is a difficult one for children, and emphasises that attending to the needs of parent-figures is critical to helping the child, "reciprocity in the attachment process being axiomatic." She echoes John Bowlby's comment that "If a community values its children, it must cherish their parents (1951, p. 84)."

John Bowlby's son Richard Bowlby (R. Bowlby, 2007) – over fifty years after his father's first publication on attachment – has articulated concerns about daycare centres where an infant has no secondary attachment figure to draw on in the absence of a parent. He describes "fight or flight" behaviours as attachment-seeking responses when an infant is distressed. "Freezing" or dissociation may result as a response to not finding an attachment figure, as a means of de-activating the attachment-seeking responses when unsuccessful. R. Bowlby (2007) asserts that it is critical to ensure that a staff member is designated as a secondary attachment figure for each infant in daycare. The infant needs to have a special relationship with this person, who will be

a constant presence and available for comfort as needed. He outlines a model of attachment-based daycare which actively supports infants' attachment relationships and ensures comfort and security. A similar model is now being adopted by Lady Gowrie Centres ("Lady Gowrie Child Care Melbourne (Inc)," 2008) and supported by child care standards (DEST, 1993) which allow only a limited number of infants per centre, with higher staff ratios for infants than for older children.

### ***Attachment and neurobiology***

Dr Bruce Perry, an American authority on children and trauma, describes the connection between attachment and the development of the brain in an infant:

Bonding experiences lead to healthy attachments and healthy attachment capabilities when they are provided in the earliest years of life. During the first three years of life, the human brain develops to ninety percent of adult size and puts in place the majority of systems and structures that will be responsible for all future emotional, behavioral, social, and physiological functioning during the rest of life. There are critical periods during which bonding experiences *must be present* for the brain systems responsible for attachment to develop normally. These critical periods appear to be in the first year of life, and are related to the capacity of the infant and caregiver to develop a positive interactive relationship (Perry, 2008).

The brain develops and organizes as a reflection of developmental experience, organizing in response to the pattern, intensity and nature of sensory and perceptual experience. The more a neural system is activated, the more that system changes to reflect that pattern of activation. This is the basis for development, memory and learning. The capacity to care, to share, to listen, value and be empathic develops from being cared for, shared with, listened to, valued and nurtured (Perry, 2007).

Newman (2008) has reviewed recent literature which examines the way in which the infant's interpersonal experiences and interactions affect neurological development. The quality of emotional interaction and input that the infant brain receives from caregivers is held to directly affect brain growth. Both infant and caregiver influence the other in the quality and intensity of their interactions. Traumatic experiences such as neglect or abuse, and disturbances of emotional interaction in infancy can disrupt the process of brain development, resulting in damage to the infant's emotional functioning. As the quality of interaction in the first year of life is seen as providing the basis for patterns of expected interactional sequences (Newman, 2008), parental capacity is crucial for infant development. Thus family support and reunification programs need to focus on improving mothers' and fathers' capacity for empathic understanding of their infants, and the quality of parent-infant interaction (Newman, 2008).

The significance of the interaction between brain development and the attachment relationship in the first six months of life is now well established (Schonkoff & Meisels, 2000). In this critical period infants become 'wired' for attachment and through this process learn not only the process of social relationship, but also emotional regulation, and the earliest patterns of behavioural and cognitive development.

### ***Disrupted attachments***

Infants experience disruption to their key attachments first by virtue of abuse or neglect, and second by resulting removal from their primary carers.

Much attention has now been given to the range of ways in which the attachment of infants may be disrupted or damaged (Main & Hesse, 1990; Prior & Glaser, 2006; Schofield, 2007; Zeanah et al., 1999). In particular, the effects of abuse and neglect have been studied, and the impact on their attachment behaviour documented. The need of the infant to establish proximity to an attachment figure, and hence security, is seen as an over-riding drive (J. Bowlby, 1969), but one which will be shaped by the caregiver response in the first twenty months of the infant's life (M.D.S. Ainsworth, Blehar, Waters, & Wall, 1978). Different attachment patterns are evident and are dependent upon the response of the caregiver to the infant's distress cues. Initially three predominant patterns were identified: secure; avoidant; and ambivalent/resistant (M.D.S. Ainsworth et al., 1978). Later a fourth pattern of attachment – disorganised – was identified. This has been observed where fear of the parent's behaviour is evident, and where the simultaneous need for proximity and avoidance of fear creates disorganisation (Main & Solomon, 1993). Disorganised attachment is associated with ongoing developmental problems in childhood (Newman, 2008), and thus presents particular challenges for carers, and for the management of family contact (Dozier, Higley, Albus, & Nutter, 2002).

Early experiences of trauma can create disrupted patterns of attachment with far-reaching and negative effects (Gaensbauer, 2002; Main & Hesse, 1990). In particular, domestic violence can have a significant deleterious effect on mother-infant attachment. The risk of domestic violence is higher during pregnancy and following a birth (Buchanan, 2008) than at other times, and points to men who are at the more dangerous end of the violence continuum. The increase in miscarriage is shown in studies by Campbell (2002) and Schornstein (1997). The latter study showed that women subjected to domestic abuse in pregnancy were four times more likely to miscarry than women who were not abused. Furthermore, women assaulted in pregnancy were four times more likely to report severe violence which includes beating, choking, attacks with weapons and sexual assault (Jameison & Hart, 1999). It is unsurprising, therefore, that 'attack in pregnancy' is considered one of the highest domestic violence risk factors for both women and children, and is a significant consideration in the way in which parental contact is arranged in such circumstances.

Mary Dozier and colleagues (2002) provide one of the few studies of infants in foster care. Their study showed infants with disrupted relationships are significantly at risk of behavioural, emotional and neuroendocrine dysregulation. Moreover, infants with disrupted attachment relationships did not provide cues to carers which would elicit nurturing responses from the carer. Their cortisol levels, which are indicative of stress, showed unusual patterns, being either particularly high or particularly low, relative to infants with secure attachments. The diurnal pattern which normally becomes established in the first year of life was not evident. This is a similar finding to Zeanah et al (1999) whose study of infants who had lived with domestic violence showed high cortisol levels and no diurnal pattern. The study by Dozier et al (2002) showed that with confident foster carers who responded with nurturance and had a good sense of their own autonomy, infants' attachment patterns improved. Critically, a predictable environment which was highly responsive to the infant's signals was needed (Dozier et al., 2002, p. 547). The establishment of attachment patterns which are secure rather than ambivalent, avoidant or disorganised, are part of the ameliorative response which is sought through foster care (Dozier et al., 2002).

### *Attachment and Indigenous families*

Minge, Scott et al (2005) note that attachment is a culturally bound concept that may have somewhat different meaning in Indigenous communities where a larger number of parent figures may share the nurturing and care of their children.

Indigenous family includes all blood and marriage relations as well as others with whom a significant relationship has been shared. Indigenous families are thus often larger than other families and provide connections that are a great strength for children and other family members (SNAICC, 2005). Ensuring that Indigenous infants retain a meaningful connection to their families as they grow into childhood is thus much more complex than focussing on contact with mother and father alone.

Atkinson & Swain (1999) identified that traditional patterns of mothering continue in contemporary Koori society. That is, mothering is not confined to biological mothers: multiple mothering is common, with kin women taking an active role in the mothering of children. This creates a strong safety network of support and security for children, and a strong sense of Koori identity. This way of raising children “provides the best model for strengthening the next generation of Koori children to negotiate their place in Australian society (Atkinson & Swain, 1999 p.228).”

A web of interconnections runs from the individual through the extended family to the wider community with the result that a high percentage of the local community is considered as kin (Atkinson & Swain, 1999 p.224).

A central Australian study also describes mothering as done by a range of women including the biological mother’s sisters (all referred to as “mother”) and other relatives, especially grandparents, who gradually pay more attention to the child in their second year of life (Priest, 2002). There may also be multiple fathers, often the brothers of the biological father; in some communities, the term “uncle” is now used. Grandparents typically play a very strong role, especially grandmothers.

Another particular feature of Aboriginal child-rearing in many areas is that, after the early years, the main influence is the peer group, often consisting of children of the same gender, mostly related, and of different ages and relationships. The peer group provides learning, role-modelling and nurturing by older children, play activities, navigation within the home environment, managing risk-taking, conflict resolution, and behavioural expectations. The peer group becomes the most significant force in their daily lives from an early age, providing learning, care and support (Priest, 2002).

An Indigenous child is thus likely to have close bonds with a range of parent figures, while spending much time with other children without direct adult supervision. The large number of people available to provide life-long support and security to a child is a notable strength of Indigenous society. This highlights the importance of maintaining contact and connection with the range of significant family for Indigenous children in out of home care (SNAICC, 2005).

### *Attachment and family contact*

There is relatively little solid evidence for the effects on young children or birth parents of different patterns and intensities of contact. Most of the research has been with older children in foster care (reviewed by Sinclair, 2005) or post-adoption (Neil and Howe, 2004) (Monck, Reynolds, & Wigfall, 2005, p. 18).

Attachment theory supports maintaining contact with parents, for the child's well-being, to reduce separation distress and allow for developmental progress to continue. This reassures the child that they have not been abandoned and helps them to deal with feelings generated by the separation (Pine et al., 1993, p. 122). A number of child welfare theorists have emphasised the importance of frequent interaction to the development and maintenance of attachment (M.D.S. Ainsworth et al., 1978; J. Bowlby, 1969; Fraiberg, 1959). However, frequency is not defined.

There are indications from research that children who know and continue to have an attachment to their family members will be in a better position to form a new attachment with a foster carer (McWey & Mullis, 2004), and that conversely, a secure attachment to foster carers can help to form "internal working models" for future relationships, including a healthier attachment to mothers and fathers (Mennen & O'Keefe, 2005). However, recognition that infants may need support during contact to prevent re-traumatisation where there has been abuse provides a qualification to much of the current literature on family contact, which is generally positive about the benefits for children. Active work with mothers and fathers may also be required during contact visits to interrupt previously established destructive attachment patterns which have the potential to re-traumatise infants (McIntosh, 2006).

Cleaver's (2000) research demonstrated that parental contact tends to fade with time in care, and that early visiting behaviour influences later patterns of contact. She cites other research which suggests that parental contact can give children permission to form relationships with their carers, and cites a number of small scale studies which suggest that the well-being of the child is enhanced by contact with the parents (2000, p. 44). However, research by Barber and Delfabbro (2004) cautions that there is probably not a clear causal relationship between parental contact and well-being for children in care; rather, the association between the two may be caused by other variables. Cleaver (2000) further suggests that regular review of family contact arrangements is important. Circumstances change over time, and so should contact, as appropriate to the current goals of placement and work with the family.

Using attachment theory and research, Haight, Kagle and Black (2005) provide specific recommendations for understanding and supporting relationships between parents and young children age 2-6 during contact visiting. They comment on the complexity of the assessment task and the likelihood of misinterpretation of behaviour by either parent or child as indicative of attachment difficulties rather than grief or separation anxiety. The authors further comment on the particular stress of separation for infants between 6 and 36 months, and recommend more frequent and prolonged visits for this age group than are typical for older children. They state that there is no empirical research to guide decisions about frequency of contact for the development of attachment relationships, but suggest that:

Our clinical judgement is that visits with infants and toddlers should occur more than once a week, for several hours, and encompass caregiving activities (Haight, Kagle, & Black, 2003, p. 199).

The first year of life encompasses a wide developmental age range. As noted earlier, separation anxiety and stranger anxiety appear in the second half of the first year. Ward et al (2006, p. 18) note that separations before the age of about six months are thought to be less damaging than later ones. In the early months infants seem to be less discriminating in their interest in their caregivers, and positive interactions may matter more than interacting with specific people. Once attachments are formed to

specific people (such as mother and father), the loss of these people can lead to considerable distress, and multiple losses can lead to difficulty in making effective relationships in the future. Monck et al (2005, p. 31) also comment on observations by Jones et al (1991), that changes of carer appear to disturb infants relatively little up to about six months of age, but that from 6-18 months they become increasingly selective. However, the work of Dozier et al (2002) which pays attention to cortisol levels as an indication of physiological stress, not just overt behaviour, suggests that much more care may need to be taken in making this assumption.

Using a case example of a one-year-old, Goldsmith, Oppenheim and Wanlass (2004) describe how attachment theory can be used both positively, and harmfully misconstrued, in deciding the living arrangements for children removed from their parents' care. They provide specific advice in the form of principles for judges to follow. Among other advice, they urge judges to minimise lengthy separations and multiple moves in care; to maintain regular supervised visits for children with primary attachment figures in both structured and unstructured settings; to act quickly to bring the case to a conclusion where removal is likely to be permanent; and to ensure that the caring family have the support they need.

### ***Family contact – in general***

While a number of researchers have found that regular parental contact helps to promote attachment to parents (Browne & Moloney, 2002), Quinton et al (1997) have argued that the research evidence for the impact, benefits and consequences of parental contact in child protection circumstances is far from clear. The authors (1997) reviewed research in the area of parental contact, and concluded that contact is associated with return home, but that the link may not be causal, as there are other variables that may be contributing. They further argued that while there are indications in a number of studies that parental contact may have beneficial effects on a range of outcomes, studies to that time showed little clear evidence of its effect on family reunification, placement breakdown or social or intellectual development. They noted a wide range of methodological problems in studies reviewed. They concluded that there was little evidence on which to base decisions, and that in this absence, sense and experience still need to guide decision-making. Ryburn (1999) disputed some of the analysis of Quinton et al, concluding that the evidence for the benefits to all parties of child-parent contact is strong; and the debate continues (Quinton, 1999).

A substantial literature review on contact between children in out of home care and their families was produced by the NSW Department of Community Services (Minge et al., 2005). This sits alongside a more detailed review of supervised family contact arrangements for children in out of home care in the North & West Region of Victoria (Minge, 2007), and two Australia-wide reviews of research on children living in out of home care (Bromfield & Osborn, 2007; Cashmore & Ainsworth, 2004). Taken together these overviews outline a number of strengths and limitations in current research knowledge in this area. The research to date suggests that broad patterns regarding parental contact are discernable, but that further research is required to understand the nuances which need to inform practice.

Infants' responses to contact with family may be evident or unclear. While still complex, reactions of older children are sometimes easier to interpret. Browne and

Moloney (2002) concluded that, while the majority of children (mixed ages) experienced some positive reactions to contact, many had mixed reactions, and that visiting was not always to the advantage of the child. They also identified a complex association between contact and placement success. The strongest association appeared to be between infrequent<sup>9</sup>, uncertain family contact arrangements, and placements that were showing warning signs of impending difficulty. The authors hypothesise that these children were more likely to be confused about their probable futures.

Earlier research by Berridge and Cleaver (1987) into foster care breakdowns had demonstrated a clear link between successful placements and placements where contacts between children and their parents were encouraged, and where positive relationships existed between parents and social workers. The researchers commented, however, that:

...parents' involvement over time tends to wither, largely as a result of implicit barriers to contact. Here, however, we have demonstrated that the withdrawal of parental interest tends to be counter-productive and is associated with placement discontinuity (Berridge & Cleaver, 1987, p. 177).

However, Quinton et al (1997), in the work quoted above, argue that the association in the Berridge and Cleaver study may have arisen because of other factors, such as a higher level of disturbance in some children, and/or degree of poor parenting, and that breakdowns may not have been prevented if contact had been maintained.

There is no research with infants which addresses the combination of the length of time an infant might spend away from the primary carer for the purpose of parental visiting, infant travel arrangements, the impact of multiple strangers handling the infant during this time, and how often such arrangements should occur.

### ***Family reunification and family contact***

Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection – from full re-entry of the child into the family system to other forms of contact, such as visiting, that affirm the child's membership in the family (Pine et al., 1993, p. 6).

While not the only purpose, facilitating the possibility of family reunification is a major reason for contact between infants and their mothers and fathers. Without regular, high quality contact combined with skilled and persistent supportive work with families, reunification is unlikely (Pine et al., 1993). However, the relationship between contact and reunification is far from clear. As indicated above, Quinton et al (1997) concluded that parental contact is associated with return home, but possibly not causally.

Biehal (2007), in her extensive review of literature on family reunification and family contact, has similarly concluded that contact is not causally related to reunification, but related in a complex way via other variables. Biehal further argues that research evidence suggests caution in assuming that family reunification is a good thing, citing studies which have shown significant rates of re-entry into care, and re-abuse of children returned home. One study cited showed that re-abuse was more likely where

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<sup>9</sup> “infrequent” is not defined.

there were high levels of contact with a relative, irrespective of whether children returned home; re-abuse was also associated with a trial return home, and where family contact was uncontrolled following prior abuse (Sinclair, Baker, Wilson, & Gibbs, 2005). The studies reviewed suggested that re-abuse was especially likely for infants under the age of one year. Biehal therefore cautions the need for very careful assessment, preparation and support when returning children to their families, “particularly if they are very young (Biehal, 2007, p. 818)”. She suggests that:

Contact could be a useful ingredient in the return process if it was purposeful, had the aim of improving the parent-child relationship and was a positive experience for the child (Biehal, 2007, p. 815).

Australian research on reunification (Delfabbro, 2006) similarly suggests that there is a clear link between the amount of contact a child has with family and the likelihood of family reunification. However, Delfabbro also reflects the UK research of Quinton et al (1997) in his assessment that the link is not causal, but complex, and that a number of other factors, such as the strength of family relationships, the level of child behavioural issues and the age of the child, may explain both contact frequency and successful family reunification. Some of these factors “might cluster together and be hard to disentangle.” In earlier work, Barber and Delfabbro (2004) also found that increasing the rate of parental contact achieved “little or nothing” in relation to the likelihood of family reunification.

### ***Infants and car transport***

Car travel is a central part of the experience of parental visiting for infants in foster care in Victoria, with both parents and infant travelling to a third location for visits. Considerable attention has been given to the subject of safe transport of infants in cars over many years, and a variety of infant seats and restraints have been developed to maximise their safety.

Concern has been registered in medical literature about car travel for well infants, and in particular about how best to restrain and support them while travelling. However, much of the literature emanates from overseas. In this context, it is noted that:

Australian child restraint standards are some of the most stringent in the world and most overseas child restraints do not comply with these standards and cannot legally be used in Australia - this includes restraints from countries such as the UK and USA.

(<http://www.bubhub.com.au/infocarseats.php>)

Tonkin et al (2006) recommend that infants should not be left for “excessive periods” (undefined) in car seats, and should not be left sleeping unobserved in standard car safety seats due to concern about the impact of semi-reclining posture on infants. Syed (2006) states that it is “widely known that pre-term infants (less than 37 week gestation) or who require intensive care admission at birth should preferably avoid travel in car safety seats for the first month and may suffer from desaturation.<sup>10</sup>” Merchant et al (2001), evaluated respiratory stability and safety requirements of healthy, minimally preterm infants in car seats, compared with term infants. They confirmed the need for careful assessment of infants born three or more weeks premature in their car seats before hospital discharge, given that lowering of oxygen saturation values was seen uniformly in all newborn infants. They suggested that car seats should be used only for travel, and that travel should be minimised during the first months of life. Note that Tonkin et al were in New Zealand, Syed in the UK, and

<sup>10</sup> A medical condition involving an abnormal drop in oxygen level in the blood.



Merchant et al were in the USA, and that car safety seat products vary according to country. However, concern has also been expressed locally.

A 2004 position statement by the Australian College of Neonatal Nurses (ACNN, 2004) cautions that there is evidence of health risks to premature infants from car travel in approved infant car seats, but insufficient evidence to be definitive about how long is too long for a premature infant to spend in a car seat. This document recommends that parents and other caregivers be advised to limit the time their infants spend in car seats, “including the removable bassinette of the capsule style car seat” and that the position statement be reviewed in 2006. This position statement is currently undergoing reconsideration (Mannix, 2008).

There is also much health advice publicly available for parents about how to protect infants while being transported in cars ([www.mynrma.com.au](http://www.mynrma.com.au), 2007; [www.bubhub.com.au](http://www.bubhub.com.au), 2008). However, it is clear that there is not enough known about the degree of stress that may be experienced by young infants under conditions of frequent transportation, especially those with prematurity or other health issues.

### ***Support for infants and families during family visits***

Professionals working in therapeutic contact programs have argued that high levels of contact do not necessarily lead to increased attachment between mothers and their babies. Without intervention, attachment behaviours which have developed in the context of abuse and neglect are unlikely to change, and are simply replicated in ways which may continue to be destructive (Rella, 2006-07). For example, frequent non-attendance is disruptive to infants and disturbing to older children (Browne & Moloney, 2002).

Both setting and supervision may conspire against being conducive to optimal parent-child interaction; they may minimally serve the parents’ needs for ongoing contact with the child, and even be harmful to the child (Miller et al., 2000).

In the Victorian context, Porter (2005) argues for a better range of shared or inclusive parenting models to support long-term relationships between parents and separated children; improved placement prevention services for families; and early intervention and integration of service delivery in the community sector.

Pine et al (1993, p. 135) detail the importance of quality visiting arrangements. They emphasise that visiting arrangements are a complicated component of family reunification work, and that staff need to have knowledge and skill development to manage them successfully. They also need time and resources; lack of these increases the chance that visits will be arranged in offices rather than parents’ homes, reducing the quality of the experience for the child and family. They emphasise the need for secure and comfortable visiting sites, assistance with transportation, and reimbursement to parents for expenses. Time for planning of visits and communication with all parties is important, as is careful documentation of each visit. Parents need simultaneous assistance with relevant programs such as parent education and counselling.

While via a small consultation, children in care emphasised that, in addition to feeling safe, they would like to be in an environment that allows them to have fun with their families. They spoke of outdoor settings with activities, for example, a park with play equipment, and animals (CREATE Foundation, 2007).

The attitudes of foster carers and foster care programs towards the parents of children in care are also influential in determining the regularity of visits between children and their parents and associated positive outcomes such as the child's attachments, and the chance of family reunification (Browne & Moloney, 2002). The authors see it as the responsibility of the fostering agency to ensure that the foster carers encourage the relationship between the child and family. On the other hand, they note that such a relationship is not always positive, and there may be situations in which contact should be reduced. They conclude, however, that such assessments are not easy, and that "more research is needed to determine what contact patterns are best for individual children (Browne & Moloney, 2002, p. 44)".

Short visits do not allow for optimal parent-child interaction or a psychologically meaningful relationship with parents (Miller et al., 2000). Visits should be frequent and long enough to enhance the parent-child relationship, as well as to assess parents' ongoing interest and involvement with the child (Miller et al., 2000). It is common to lengthen visits over time as progress is apparently made towards reunification. In some circumstances, this may increase ambivalence and confusion in parents, and provide an opportunity to more realistically assess the prospects of successful reunification with continued support (Pine et al., 1993, p. 123).

Brown (2008) stresses the need for a kind and knowledgeable approach to supporting families and children in making decisions about family contact, bearing in mind that such decisions can determine later outcomes. McWey and Mullis (2004) similarly stress the importance of workers understanding the child's attachment history and development, in order to create a supportive environment in which parents feel safe to explore their relationships, and thus allow for personal growth and greater safety for the child. Support to mothers and fathers as well as infants is essential if they are to handle the deep and difficult emotions generated by contact following the infant's removal (Clever, 2000).

Parents believed that social workers helped them to keep in contact with their child and valued the time social workers spent with them (Clever, 2000, p. 271).

However, in over half of the cases studied, there was little evidence to suggest that contact was used therapeutically to assist in improving relationships or parenting. She concluded that for therapeutic work to be effective, training for both social workers and foster carers in this difficult area of work is important.

Clever (2000) (in the UK) also found that parents' transport difficulties had a negative impact on contact between parents and children in care over time, although not in the short-term; McWey and Mullis (2004) in the USA also comment that assisting parents with transport may be important to improve consistency of visiting, and thus possibly attachment.

Careful assessment is key to a contact experience that is positive and beneficial, especially in infants (McIntosh, 2006). In addition to assessment of issues such as substance abuse, mental health & intellectual disability, propensity for violence to the infant, domestic violence, or violence towards workers also needs careful assessment, as does capacity to respond to therapeutic intervention. Frequency of contact needs to be tailored to this assessment and to progress over time (Rella, 2006-07).

McIntosh (2006) describes a comprehensive assessment process, based upon attachment theory and research, to determine the capacity of a parent to respond to therapeutic treatment such that they can provide "good enough" care within a time frame that is appropriate for an infant.

Parental substance abuse is a major reason why infants are staying in care longer than children who are older when removed (Burry & Wright, 2006). Cleaver (2000) found that families with substance abuse issues were more likely to lose contact with their children. Workers supporting family contact need training in the issues of substance dependency and recovery if they are to provide support that will promote reunification (Burry & Wright, 2006).

In recent years, a program to assist infants and their parents involved in the Miami-Dade, USA Court process has been developed. It provides a coordinated model of support and assistance, helping magistrates with better information, and providing direct therapeutic services to mothers of infants. In this program, over three years there were no further acts of abuse or neglect in the population assisted, and 100% family reunification was achieved (Zero to Three Policy Centre, 2005).

Foster carers have a key role in family contact. Case workers may feel obliged to reduce contact frequency in order to alleviate pressure on foster carers, and at times to reduce the risk of placement disruption (Sanchirico & Jablonka, 2000). These researchers demonstrated that training and support to foster carers makes a significant difference to their involvement in family contact for children in their care. Beek and Schofield (2006, pp. 115-117) provide a training programme for foster carers and adoptive parents that includes helping children feel comfortable in both families, providing appropriate information and discussion about family, and handling feelings and tensions with the child's birth family.

Rella (2006-07) describes a Canadian (Toronto) program of therapeutic family contact based upon attachment theory and research that utilises the contact time to train parents in parenting in a supportive environment. Workers are specifically trained for this challenging task. Access periods are highly structured, for example four hours twice a week for six weeks, with a planning phase before each access begins, and a debrief afterwards. The focus of the sessions is parenting rather than visiting; the parent is supported to undertake all care and activity appropriate to the age of the child. A therapeutic contact plan guides the work; each session is documented, with strengths as well as areas for further learning noted, and this is signed by the parent. Plans and progress are reported to court, and are the basis for changes to contact schedules, including increase or decrease of time, move to less supervision, etc. Careful assessment precedes the program. Some parents are deemed not suitable; and recommendations based upon progress may or may not be for reunification. The physical location for this program is a specially designed, family-friendly, safe and welcoming visitation centre with a number of visiting rooms, kitchen, infant sleeping rooms, etc (Deacon, 2006).

A study of the experience of family contact in the new UK "concurrent planning" arrangements, explored the views of both parents and carers of infants under the age of 12 months (Monck et al., 2005). The contact program sought to maintain and enhance the attachment of infants and their parents with the explicit aim of enabling a return home, while simultaneously making possible attachment to carers who would become permanent should family reunification not occur. Carers were recruited and trained to relate directly and positively to the parents. Contact was commonly set at three times a week for 2-3 hours. The contact program took place in a congenial contact centre, with staff trained for supervising and observing. Time and materials were available for parents to undertake daily care and play activities with their infants. Permanent placements were achieved in half the average time, although few were

reunified with their parents. However, a major feature of the program was the generally positive relationships between parents and carers, which seemed in some cases to have made relinquishment of infants easier for parents.

### *Infants and the Children's Court*

Cases of infants at risk present many challenges for court decision-making. The extreme vulnerability of infants and the particular difficulties of predicting harm where there is limited parenting history, together with differing levels of experience and understandings of the issues, have led to tensions over time between child protection workers and legal advocates. Child Protection staff have been criticised for being insufficiently skilled in court presentations, often indicating inexperienced workers practising beyond their skill level. They in turn have expressed dissatisfaction with the way they are treated in court within the adversarial system (L. Campbell, Jackson, Cameron, Goodman, & Smith, 2003). The authors recommend, among other things, a more open and shared discourse among the various players about the processes of the court.

### *Summary*

The literature review indicates that research drawn from attachment theory, neurobiology, infant transport, and the out of home care literature may all be relevant to family contact for infants in care. There is, however, little literature which explores the issues for infants specifically. In particular, the question of frequency of family contact for infants who are being transported away from their secure base has not been directly addressed. Thus, a range of different sources need to be drawn upon.

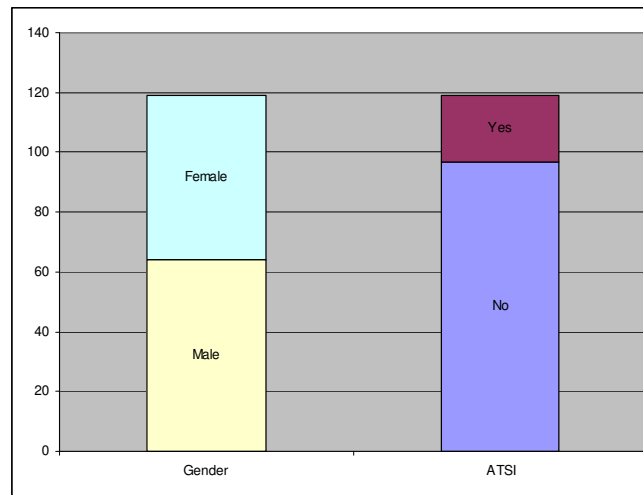
The literature on both attachment and neurobiology draws attention to the first year of life as critical. The development which occurs at this point is foundational. Massive brain development occurs, which is directly related to the infant's attachment experience. Particular significance lies in support for secure attachment, and the need for a primary caregiver who is attuned to the infant's needs, so that a limited number of other attachments may be possible. Family contact is pivotal to keep open the door for reunification, particularly if intensive support for mothers and fathers can address the issues which brought the infant into care.

While frequency of contact is rarely addressed in the literature, Dozier et al (2002) draw attention to the fact that to ameliorate the destructive effects of disrupted relationships in the earliest period of life, a predictable environment is needed in which a carer is highly attuned and responsive to the infant's signals. Such findings suggest that quality rather than frequency (quantity) of contact may be needed to ensure the infant's brain development whilst also promoting family relationships.

## Results - Case file audit

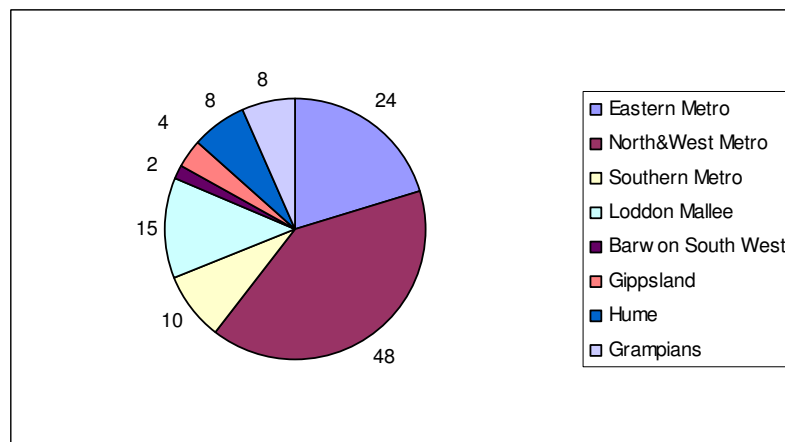
This section describes the characteristics of a snapshot of infants (12 months or less) who were in care on 1 August 2007. Data is taken from the DHS Child Protection CRIS (Client Relationship Information System) electronic database. Information was collected on the full sample, and also on a subgroup of cases where contact with family occurred 4 to 7 times per week (high frequency family contact group).

### *Total sample (119 cases)*



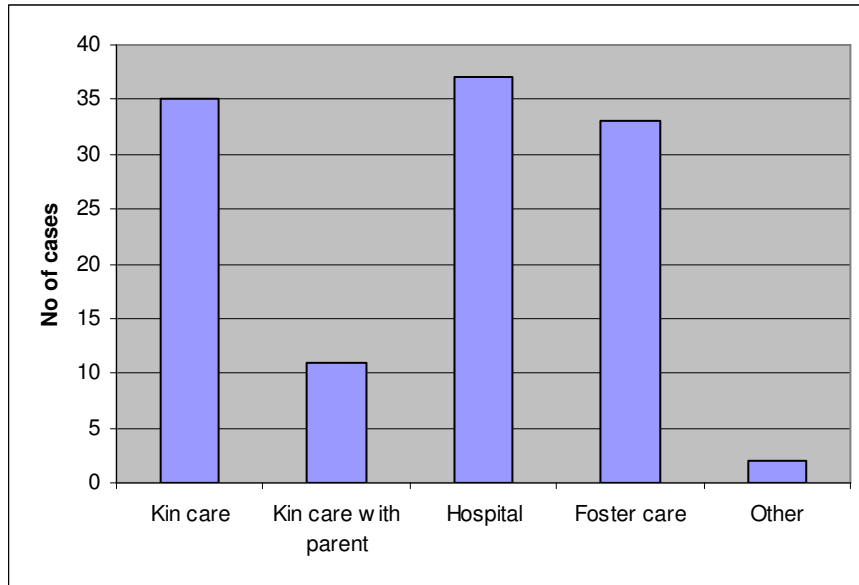
**Figure 1: Gender and ATSI status**

The high incidence of ATSI children (18%) in this sample reflects the over-representation of Indigenous children in out of home care generally (AIHW, 2008). The gender mix is also consistent with Victorian statistics showing a small bias towards males among children in care generally (AIHW, 2008).



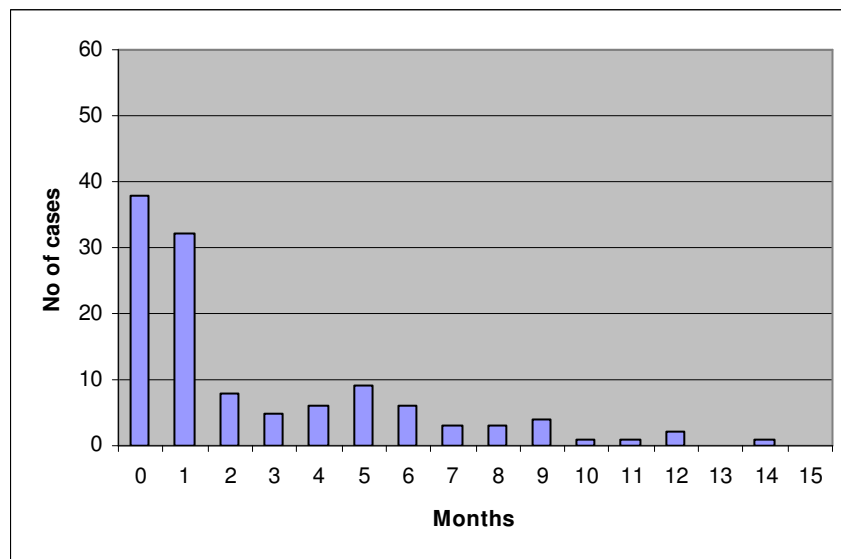
**Figure 2: DHS Region of origin of infants**

The Victorian Department of Human Services operates via eight Regions: three metropolitan and five rural. Of the rural regions, Loddon Mallee, a region with significant Aboriginal communities, had the highest number of infants in care (15). Of these 15 infants, five were Indigenous. The incidence of infants in care in SMR seems unexpectedly low.



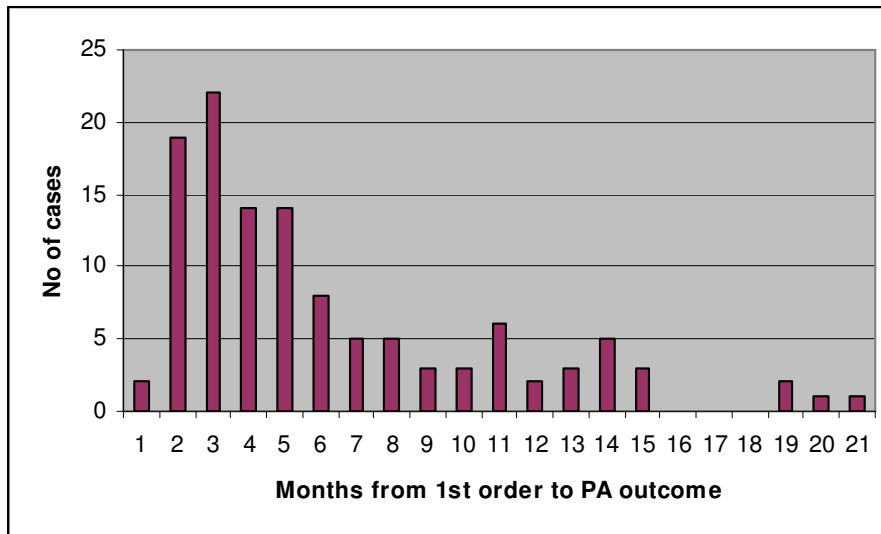
**Figure 3: Placement type at first Court Order**

Most infants were either in hospital (usually in the days following birth), kinship care or foster care at first court order. Kinship care with a parent living in was also seen in a number of cases.



**Figure 4: Age at first placement**

Most infants in the sample were placed within two months of birth.



**Figure 5: Time from first order to outcome<sup>11</sup> of Protection Application (n=119)**

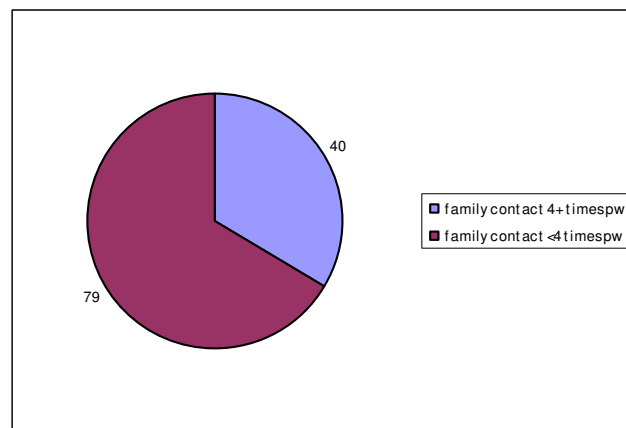
While the majority of Protection Application (PA) outcomes occurred in the first few months of an infant's time in care, a number took from 6 to 15 months to be resolved, with a few longer than this.

<sup>11</sup> The outcome of a Protection Application (PA) means that the PA has been either proven or not proven. If proven, an order other than an Interim Accommodation Order will be made.

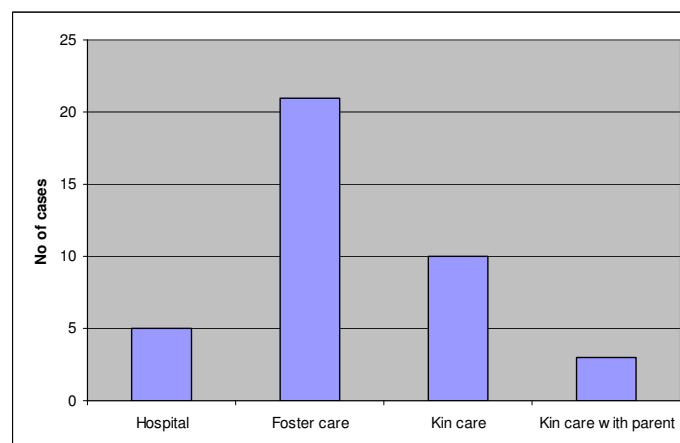
### *High frequency family contact group*

For the purpose of this study, high family contact was defined as four to seven visits per week, specifically defined in a condition of a court order. Of the 119 cases identified, there were 40 cases of such high family contact<sup>12</sup>, approximately one-third of all cases.

There was another group of infants for whom contact orders were “as agreed” or unrestricted. Many of these infants were in kinship care. It was not possible to determine how frequently these infants saw their parents, as this is not recorded information. The following data therefore relates to the group where frequency of contact was specifically defined in the court order.



**Figure 6: Incidence of high frequency family contact**

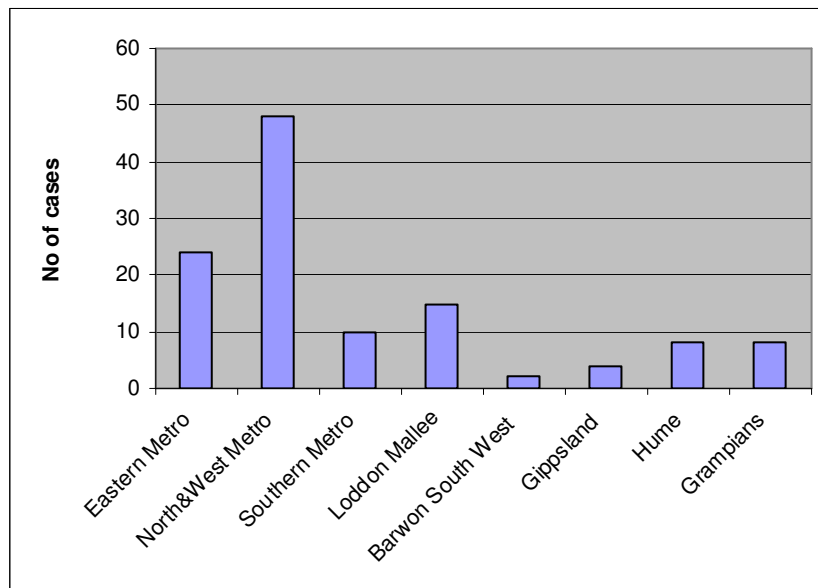


**Figure 7: Placement type at high frequency contact order**

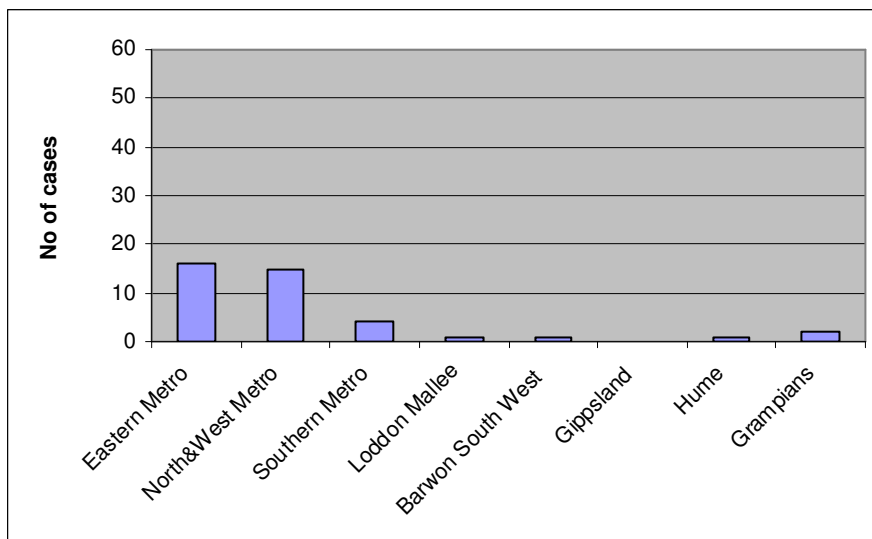
About half of high frequency family contact orders (21 out of 40) were made for infants in foster care.

<sup>12</sup> 34 infants were identified as having one or more high family contact orders at some stage in their recorded placement history. Six infants had two separate high family contact orders. Since the circumstances of their two high contact orders varied (eg age, placement type, travel arrangements, etc), they have been counted as separate cases. Hence, the total number of “cases” is 40.



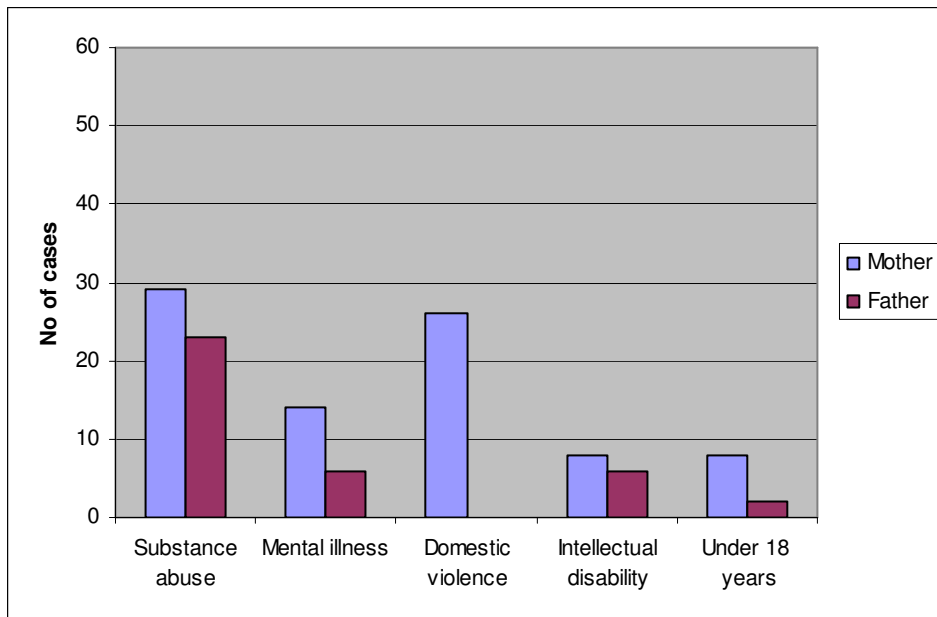


**Figure 8: Region of origin of infants (whole sample, n=119)**



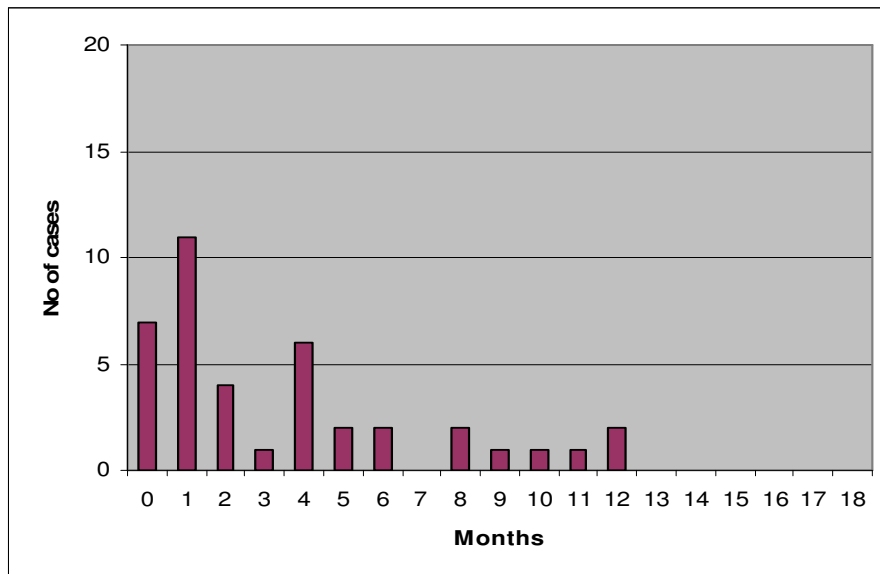
**Figure 9: High family contact orders by Region (n=40)**

At this time, high family contact orders were overwhelmingly a metropolitan phenomenon. Southern Region's lower numbers of high contact orders reflects the lower number of infants in care in this Region overall. Eastern Region has an unexpectedly high incidence of cases of high frequency family contact.



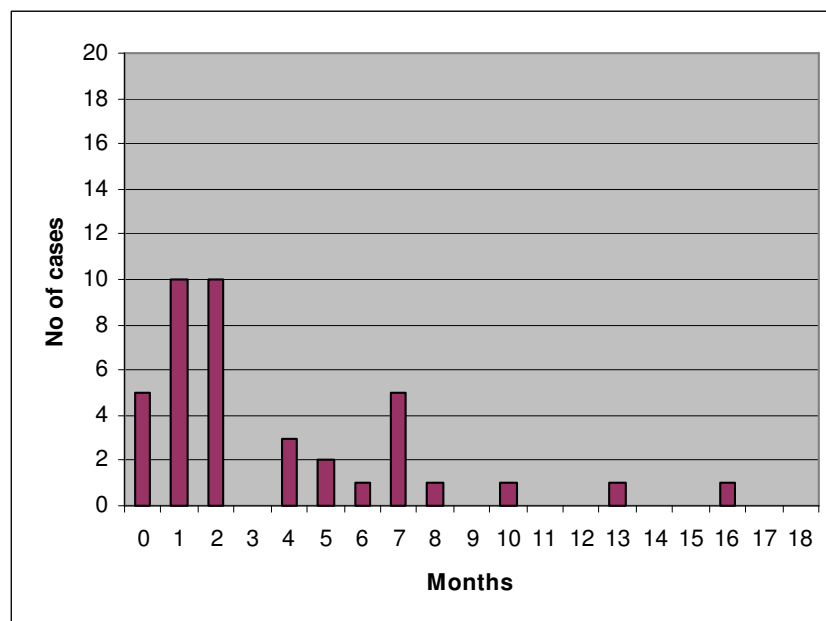
**Figure 10: Risk factors for infants (high frequency family contact group)**

Substance abuse featured in the overwhelming majority of cases, usually involving both parents. Domestic violence was also prominent. Risk factors frequently co-existed.



**Figure 11: Age at high frequency family contact order**

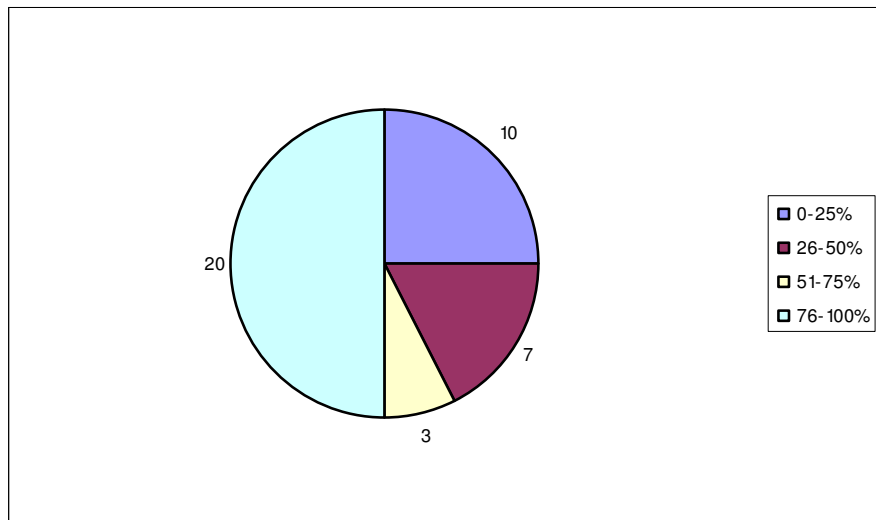
Most high frequency family contact orders were made when the infant was in the earliest months of life. For most infants, this was the first order, at the time of first separation from their mothers, when the Protection Application had not been proved.



**Figure 12: Duration of high frequency family contact orders<sup>13</sup>**

A little over half of these orders were of two months or less in duration; 12 were of four to eight months duration, with three very long high contact orders. In one case where the order has gone for seven months, and one which has gone for 16 months, these conditions were ongoing as at 1 August 2008.

<sup>13</sup> Note that durations are rounded to the nearest month.



**Figure 13: Proportion of frequently ordered visits that actually occurred**

In half of all high frequency family contact orders, scheduled visits occurred most of the time (76-100% of the time)<sup>14</sup>. Among this group, a small group of parents did not have to travel to visit their infants, for example, when the mothers were in hospital with their infant, or when the infant was brought to the mother.

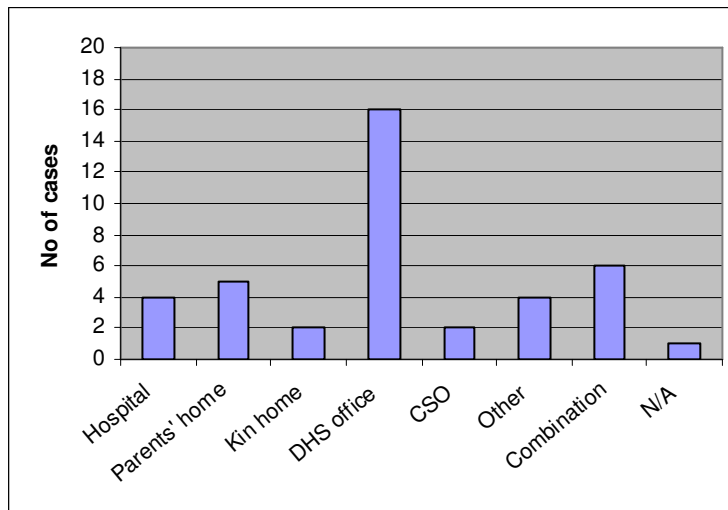
However, in nearly half of the cases of high frequency family contact, rates of implementation of visits were much lower (50% or less of the time). Reasons evident from files included:

- Parents being unwell; missing; in prison<sup>15</sup>; parents' unacceptable behaviour leading to suspension of visits; financial and other difficulties with transport. Often, it appeared that parents were unable to maintain the high frequency visiting schedule for reasons relating to their life circumstances.
- Occasionally, infants being unwell.
- Rarely, DHS inability to provide transport and/or supervision for visits.

Notes on files regarding parenting behaviour during contact visits indicated wide variation in mothers' and fathers' capacity to tune in to their infants' physical and emotional needs. This variation was evident even among parents who attended most scheduled visits.

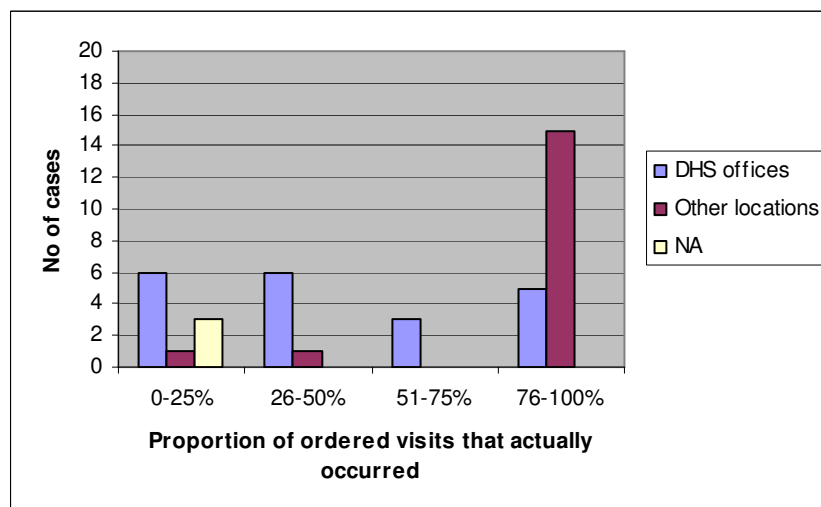
<sup>14</sup> Implementation rates were sometimes able to be calculated from specific notes in case files. On occasion, they were taken from Court reports, and sometimes a degree of estimation was required based upon what evidence was available. A visit was assumed to have taken place when one parent was present, even if both were entitled to be present under the Court order. Where only one parent attended (of two mentioned in the order), it was usually the mother. Separate visits for two parents were rarely ordered; when they were, rates took into account attendance of at least one person at all visits ordered.

<sup>15</sup> Reasons why visits rarely took place in prisons were usually not evident from files.



**Figure 14: Location of visits**

There was a range of venues used for visits, but most took place in DHS offices.

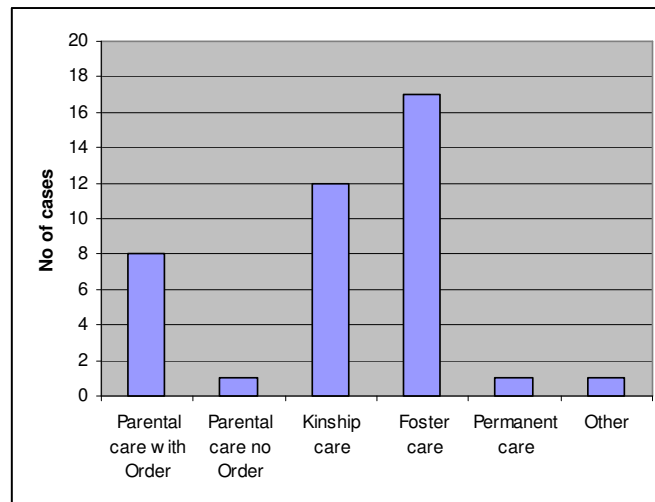


**Figure 15: Proportion that actually occurred and location of visits<sup>16</sup>**

The visit environment appears to be associated with the rate at which visits actually occurred: higher implementation rates were clearly associated with locations other than DHS offices. Causality is not possible to determine however. While files recorded that some parents expressed dislike of DHS offices as the visit venue<sup>17</sup>, it is apparent that there are a number of selective reasons why some families are obliged to have their visits at DHS offices, including the need for higher security and supervision.

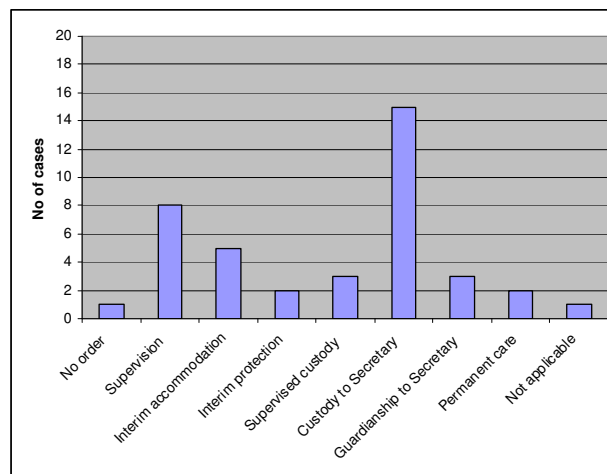
<sup>16</sup> NA (not applicable) applies where no visits took place.

<sup>17</sup> See also focus group data which reflects this.



**Figure 16: Residence of infant at 1 August 2008 (n=40)**

High frequency family contact orders are made by the Court with the intention of fostering infant-parent relationships, and of allowing for family reunification wherever possible. While not definitive, infant placement one year after the initial snapshot is one crude measure of family reunification<sup>18</sup>. Nearly one-quarter of the high frequency family contact group had been reunited with one or both parents one year later, while another group of just over one-quarter were in kinship care. Nearly half of the infants remained in (temporary) foster care one year later. Most (64%) of the infants in foster care were on Custody to Secretary Orders, which usually have the objective of family reunification as a case plan.

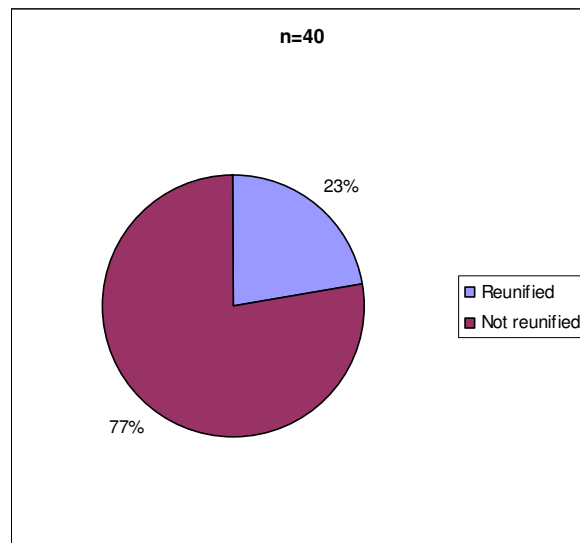


**Figure 17: Court Orders at 1 August 2008 (n=40)**

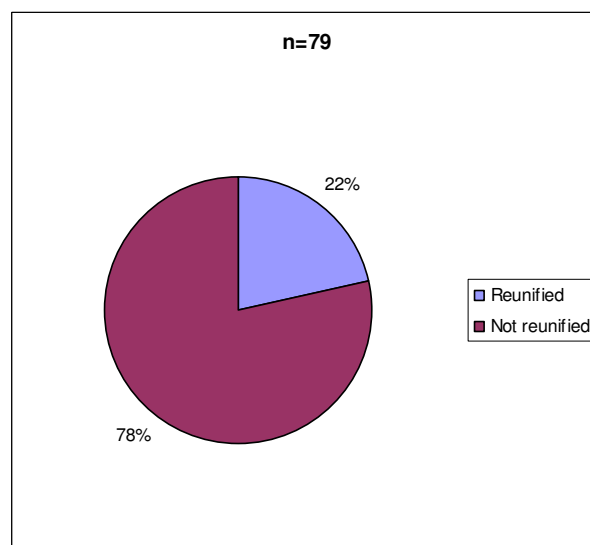
One year from the first snapshot, most infants who had high frequency parental contact have had final orders made. However, most have neither returned to their parents nor been placed in alternative permanent care. While this is consistent with the time requirements of the Act<sup>19</sup>, it constitutes a long time for an infant to be living in a temporary arrangement when their developmental tasks require a stable, predictable care arrangement. In this context, it is noted that the reasons why these infants were still in temporary care are various, and are normally beyond the power of the Court to resolve.

<sup>18</sup> It is recognised that family reunification takes time, and there may be further reunifications in this sample in the future; however, the research data collection only took place over one year.

<sup>19</sup> Under the Children, Youth & Families Act, a stability plan (plan for long-term out of home care) is required to be made after an infant under the age of 2 years has been in out of home care for 12 months.



**Figure 18: Reunification of infants with a period of high frequency family contact (one year on)**



**Figure 19: Reunification of infants with lower frequency family contact (one year on)**

The figures above allow a comparison between the reunification rates of infants where there had been an interval of high frequency family contact and those where there had not been. There was no significant difference in the rate of family reunification between the two groups. The proportion of cases where reunification with mother and/or father had been achieved on 1 August 2008 was 23% in the high frequency family contact group and 22% in the low frequency family contact group.<sup>20</sup>

<sup>20</sup> More infants in the low frequency family contact group (17) were living with their parents one year later than in the high frequency family contact group (9). However, as seen earlier, there were almost twice as many infants in this group.

*Summary of some key findings from the case file audit*

- Most infants in the sample were placed within two months of birth.
- In most cases there had been at least one Court contest.
- Substance abuse featured in the overwhelming majority of cases, usually involving both parents. Domestic violence was also prominent.
- Approximately one-third of all cases (40 out of 119) had a high frequency family contact condition at some stage.
- On 1 August 2007, high frequency family contact orders were overwhelmingly a metropolitan phenomenon.
- Most high frequency family contact orders were made when the infants were in the earliest months of life.
- A little over half (25) of the high frequency family contact orders were of two months or less in duration; 12 were of four to eight months duration; and three of very long duration (10-16 months or more<sup>21</sup>).
- The Department of Human Services (DHS) provided almost all contact visits ordered by the Children's Court. Visits were rarely cancelled by DHS.
- In half of all high family contact orders, scheduled contact visits took place most of the time (75-100% of the time). However, in the other half of the cases, contact visits took place far less frequently.
- Wide variation was seen in both mothers' and fathers' capacity to tune in to their infants' physical and emotional needs, even when they attended most scheduled visits. Some tuned in well to their infants, while others were disengaged or unable to respond effectively.
- A range of venues were used for visits, but most took place in DHS offices.
- The visit environment appears to be associated with the rate at which ordered visits actually occurred: higher implementation rates were clearly associated with locations other than DHS offices.
- A period of court-ordered high frequency parental contact did not improve the rate of family reunification within the year studied. There was no significant difference between the numbers of infants who were living with their mother and/or father on 1 August 2008 who had had an interval of high frequency parental contact (23%) and those who had not (22%).

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<sup>21</sup> Two of these orders were ongoing as at 1 August 2008 when data gathering was completed.



## Results: Focus Groups and Brief Case Studies

This section describes the themes that were evident from the focus groups, interviews and brief case studies. The focus groups and interviews involved 118 participants, most of whom had direct contact with infants during parental contact visits. There was remarkable consistency in the themes that emerged, with the exception of the group of legal advocates for parents.

### *Attachment and family relationships*

The importance of attachment for an infant was a strong, predominating theme. Stability was seen as necessary so that the infant could develop a secure attachment with the parent or parent-figure who would provide continuous care. Attachment was universally seen as critical to an infant's sense of security, well-being and healthy development, even if the infant was subsequently moved and had to develop another attachment relationship. Every focus group raised this issue repeatedly, although, as outlined below, there were some different views about what attachment meant.

The important thing for a baby and their future emotional health is to do with how well they're responded to and looked after by a constant carer...Because we all know that children, if they get that really good, solid response and care in those first six months whilst their parents do whatever work they need to be able to care for them safely, they will be able to form an attachment with their parents if we do return them home (case support worker).

The length of time taken to resolve an infant's future was frequently raised as an issue in relation to attachment and development<sup>22</sup>. This was seen as creating difficulties for infants, who become increasingly attached to caregivers from whom they might yet be removed. There was much concern about the need for DHS to resolve the plan for the infant's future, and on that basis to establish ongoing levels of parental contact that were appropriate to a case plan.

### *Promoting parental relationships*

Caregivers and case support workers indicated clear understanding of the importance of supporting infants' relationships with their mother and father where safe, if reunification is to be a possibility.

So, if [his mother] turned up regularly it would be a great benefit because he'd get to know her. He's at an age now where he knows me. He follows me around the room with his eyes. I'm his "mum". So if she did turn up, the benefit would be that he would know her and it would make reunification easier (caregiver).

I so don't agree with the travelling times for that child, but she is getting a good experience out of her access with her mum. You do see a recognition between the child and the mother. It's a beneficial time for that child. There's a definite recognition and a definite bond, and there was prior to that child being removed (case support worker).

However, a number of people expressed concern about apparent misunderstandings of the concept of attachment. The complexity of the situation was evident to many.

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<sup>22</sup> In this context, the case file audit results indicate that Court decisions are consistent with the timeline requirements of the Children, Youth and Families Act 2005. Beyond this, the Courts have limited power to reduce the length of time from first placement to final placement. Final placement may take place long after a final order is made - for example, after the case plan is worked through, following subsequent final orders, when a permanent care placement is found, etc.

A child is not a tree, it's not the fact that you trim the roots, you pull it up out of the ground and then you plop it in somewhere else. And I think the fridge magnet concept - the idea that you can attach it to one fridge and then you can just take it off and then you can stick it on another fridge and then everything is going to be fine - I'm concerned about this one-size-fits-all model...(VLA lawyer).

There was an awareness that infants' attachment can become damaged by patterns of poor care:

The human being's attachment system doesn't develop if the system is highly traumatised by being exposed to multiple strangers, by not being aware of who the primary care giver is because there are five or six different carers...in one day. I think as a system, we are going to reap the [consequences] of children who have been subjected to these regimes with very disorganised attachment, and more and more difficult behaviours for us to try and manage (High Risk Infant team manager).

Much concern was expressed about the assumption that frequent parental contact will foster attachment per se, without attention to the nature of the contact, such as parenting capacity, environment, and parental support.

Attachment is a two way process. You have to shore up the mother's interest and concern, make them more available to their infants (Children's Court Clinic staff member).

In my experience you certainly see situations where the mothers have often got a lot on their plate anyway and it doesn't take much separation for the baby to be out of sight, out of mind, and I just think in some cases the facilitation of her commitment to the baby is very important at that early time... that detachment process can set in quite quickly (Children's Court Clinic staff member).

One hour visits were seen by some as insufficient to foster attachment. Quality was considered more important than frequency. Suggestions included that visits should be less frequent but take place over a number of hours in a friendly, supportive environment, allowing for help with parenting and a range of suitable activities. (See below, *Facilitators and barriers to good family contact.*)

### *Visits and distress*

Indicators of stress in infants following visits with parents were frequently mentioned. Examples included: unduly wakeful nights; sobbing to sleep; being tired and grizzly by day; being clingy. A carer described handing over a screaming infant to the worker to go on a visit. Carers spoke of their distress about the times they saw infants upset by visiting arrangements. One carer spoke of sleeping on the floor beside the cot of a distressed infant so as to provide additional security and comfort during the night.

I think too for foster carers seeing a child taken out every day and come back, they try and settle the child, and that may be an extended period of settling. And I think every day is just a mirror image of when the child was first apprehended and brought into care. So they also get a sense of inability to actually soothe the traumatised child, because it is just repeated every day. I think it becomes a point where carers feel, I'm part of the abuse of this child, just as I think us as protective workers feel like we're part of the ongoing abuse of the child (HRI manager).

Now the older the baby gets the harder it gets for them to leave us to go and see the birth parents and all that sort of thing. And we literally have to pass over screaming babies to the worker that's turned up, that might not be the same worker that picked them up yesterday or last week (foster carer).

Concerns were also raised about the impact on infants and their potential re-traumatisation when visiting mothers or fathers who had abused them. Participants felt that some infants may have needed more support during visits to manage their anxiety or fear.

While there is now scientific evidence of the impact of trauma on the developing brains of very small infants (Perry, 2008), the observable behavioural signs of distress in neonates are less clear than in older infants. In situations where there had been abuse or neglect, older infants at times were reported to show anxiety or fear directly, for example, crying and/or pulling away from parents. Younger infants were reported as sometimes becoming passive and “floppy”.

### *Enabling foster care to meet the infant's needs*

Foster carers reported that the attachment to the carer was often overlooked in planning parental contact for the infant. An example was during an infant's residential placement with his mother in a parent-baby unit for assessment of parenting capacity. No contact visits were arranged with the foster carer, in spite of her being the primary attachment figure.

He has been in care since he was two weeks old and is six months now. He was sent to [parent-baby unit] for ten days with his mother. When he returned to his foster carers, his muscle tone was lacking. He won't leave the carer now. It's systems abuse (foster care manager).

Another problem was when foster carers go away for a holiday, and the infant is required to be sent to a stranger caregiver so that parental contact visits can continue – thus prioritising parental visits over the infant's primary attachment figure, and causing further distress to the infant.

Yeah, lots of carers [are in this] situation. I have actually cancelled holidays in the past because I wasn't prepared to leave a nine month old baby with somebody else for a week. But the whole family ends up [missing out] or having to postpone...I think that there just needs to be a lot [more flexibility] about holiday times...It would be nice if there was a little bit more graciousness about changing access for holidays. You tend to feel guilty for asking and you tend to have to make up accesses. You know that half the time the parents aren't turning up anyway. So you might come home earlier for an access that ends up not happening (foster carer).

...I don't think people understand that we do take them for however long they're with us. They're part of our family. You know we're not going to put them under any more stress than we have to and if they got to stay with, say, your family ... that probably wouldn't be so bad. But they have to go to usually another carer who might be a stranger. So where's the benefit? (foster carer).

I think [the notion of attachment has] very much been applied to the biological parents' relationships with the children. It is not taking note of the damage that we do to these infants once they've been in carers' homes for a significant period of time. I'm not looking at short-term placements, but these placements where children haven't known any other home than our home and they're reaching one year of age. I think we really need to give sufficient weight to the attachment that these children have to us as their parents. They don't understand biology and I don't know that we do either. I mean I don't think we would become foster carers or permanent carers if we gave enormous weight only to biology. It is about relationships and attachments (foster carer).

The special circumstances of infants taken into care before an attachment has developed with their parents was noted by some.

From my point of view, I get to pick up the child and I get to see the parents and so I get to see the child's reaction to both parties, and while the child might be okay with the parents, it's more on the level of if they were going to child care type of thing. It is often so much more obvious how excited they are to see their primary caregivers when they come back to their home that they have with the caregiver. They don't get excited seeing their parents, they are okay about it (case support worker).

### *High frequency family contact*

Almost all of the observations about high frequency family contact were of infants in foster care who had to travel for their visits. Parental contact was therefore associated with routine disruption and multiple handling by strangers. Participants observed that high frequency family contact was not manageable or suitable for all mothers and fathers, many of whom were unable to manage the intensive demands<sup>23</sup>.

Positive feedback about frequent family contact included the opportunity for infants to get to know their parents, and for the parents to learn how to care for the infant. A number of participants spoke of its importance for building relationships with a view to family reunification, when associated with a definite case plan.

I think it's important while it's a reunification [plan], and as long as the parents are addressing those needs...There was an infant and a two year old. The cues and the communication skills of these children were lacking, and mum and dad both had mental health issues. The children had come out of that quite traumatised, but the regular contact with the parents while they were healthy actually saw these children returned into [their] care. The building of that relationship and the trust from the children to the parents, you could see that build through regular contact (case support worker).

I think if we're working towards reunification and the parents are addressing protective concerns, then it is important to have a lot of time with the parents, a lot of access.....If they're putting in the effort and it looks like they're going to succeed in addressing the concerns, then I think it's important to have as much contact as the baby can cope with (case support worker).

Legal advocates for parents saw the importance of high frequency parental contact in an unambiguous way, seeing it as clearly related to attachment and maximising the chance of family reunification.

Looking at it from the end, a number of cases that reach final contests will invariably have an expert witness....And they are invariably going to get up and say words to the effect that the amount of contact that the infant has had in the first 12 months of life is crucial, absolutely crucial to issues of bonding and attachment. And the more you have and the better quality, the less problems the child is going to have, so the first 12 months are crucial. So it's setting up for that. If you think you're heading to a final contest or things are not going to resolve, it is just going to be something the experts are all going to sing from the same song sheet about (VLA lawyer).

There are two issues here: there's a short term issue about the child and there's also the long term issue about whether it's a social good that children live with their parents wherever possible. And if you accept that that long term objective is valid, that it is a social good, then it must follow, on a short term basis, you must have access as high as possible to make that long term objective possible (VLA lawyer).

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<sup>23</sup> It was noted that there were many other family contact orders that were more flexible, such as "access as agreed", or "open access", that may have included very frequent parental visiting. These were usually in placements such as kinship care or hospital.

However, most participants were more opposed to high frequency parental contact. Sensitivity to the particular circumstances was seen as important:

How the child is travelling is another factor because that can change too...by the time they get to two months old they're not sleeping and they're crying. Now I find with my little fellow he cries ... but the birth family are then complaining that he's upset and crying and he's obviously not a happy baby. Now that's not good for anybody. That's not good for the baby. It's not good for the birth family spending quality time with their child (foster carer).

They know if their parents are agitated and upset, and how is that good for a child if they need to see their parents three times a week. Mum and Dad are coming in already tense because they've got a beef with the Department (case support worker).

Case planning and the Court process were seen as inextricably linked to decisions about the frequency of family contact.

I'm just thinking probably the most important factor is whether or not the access is going to be positive, and what is the foreseeable duration that the child's going to be in care, when the Courts are planning on the frequency of access. If we think it's going to be a short period of time, then frequent access I agree is really important. If it's something that we're fairly confident that the child perhaps isn't even going to go home, or it's going to be long term, then I'd question the positiveness of having such high levels of contact because of the upheaval to the children every single day, and the routines and the exposure. In one week, the child could be exposed to 15 different workers, and that's not exaggerating. (case support worker).

There was particular concern about high frequency parental contact when infants had health problems. Workers involved in implementing these Court orders felt distress about the impact of this on sick infants. It was also the subject of several of the brief case studies which were brought to the attention of the researchers.

The value of breastfeeding in promoting attachment was an issue raised by a few professionals in the context of high frequency family contact. While some professionals advocate this as a way of supporting attachment, others raised concern about the impact of limited maternal contact on breastfeeding – even daily visits being largely insufficient for this<sup>24</sup>. Indications were that unless breastfeeding had been established while an infant was living with their mother, it tended to be unsuccessful<sup>25</sup>. There were also some views from workers that breastfeeding is sometimes used as a bargaining tool in Court to win greater contact, whether or not it was actually happening (a view also documented in an earlier study of “high risk” infants in the Children’s Court (L. Campbell et al., 2003), cited in the Literature Review

Many participants raised concerns that parents frequently did not attend planned visits. While some participants showed understanding about the barriers for parents in attending scheduled visits, they were concerned about the impact on infants’ routines being unnecessarily disturbed. Requirements for parents to phone to confirm their attendance assisted, but did not obviate this problem, as the phone call still does not guarantee attendance.

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<sup>24</sup> Breastfeeding is not normally successful with very young infants unless it is regular and frequent, ie takes place every few hours, or the mother is expressing milk many times a day to maintain her supply (Royal Children's Hospital, 2006).

<sup>25</sup> In the case file audit, case notes also suggested that mothers were having a lot of difficulty breastfeeding within supervised contact visits, and that in general, it was not taking place.

When I got my little one, access was five days a week, six hours a day. That couldn't be changed until it went back to Court. Now many times she was taken down and no-one was there. So they hang around the office for an hour. And she screams the whole time. Then they bring her back. So eventually it went back to Court and it's now down to three days a week and it has to be confirmed on the morning...So I'm still hanging around and I don't know what the answer is (foster carer).

I mean everyone knows that there's two families [in our program] that have not turned up. Week after week after week of not turning up to accesses. Now these are big transports... (case support team leader).

Thus, it is clear that concerns about high frequency parental contact are inextricably linked to the context and circumstances of visits.

### *Multiple strangers*

[The foster carer] got her baby at a couple of days old and her baby is now nine months old. But she kept a record that the child has had 46 different people turn up over a period of six months for the transports for the access for this child. The child is having three or four accesses a week - 46 people (foster carer).

He is 11 months now...A friend came to visit. He crawled up to me in fear and hung on to me and looked at me anxiously, followed me in fear [in case he was going to be taken away] (foster carer).

But this child has got a really significant attachment issue, and it's not to do with instability of placement, the child's been in the one, stable placement all the way through. It's to do with the fact that the child has had contact with so many different people that she's very indiscriminate. She will approach people in public places and be overly familiar with them and touch them. They're the sorts of behaviours that we would associate with children who have been subjected to abuse and trauma, but this has happened in the context of just the system (case support worker).

Case support workers raised the issue of infants being apparently happy to "go to anyone" being seen by some as positive, when it may indicate a lack of adequate attachment to anyone, reflecting an indiscriminate behaviour pattern characteristic of an attachment disorder (Putnam, 2006).

Overwhelming concern was expressed by professional staff and foster carers about the impact of multiple strangers on infants. It was seen as leading to indiscriminate behaviour in some infants, and evident distress in others. It was also seen as leading to confusion for the infant as to who are their parents, and who is their primary carer. Case support workers also raised the concern that, on the other hand, a consistent worker sometimes became actively preferred by the infant, making it harder for the parent to build a relationship with their child during visits.

Permanent care [planning has] been dragging on for two years. Angela and I worked on that for three and a half years. The lines started to get a bit blurred. I know for me I had to actually request to be moved off the case because the children were becoming too familiar with us. They would come to us instead of the mum (case support worker).

If the purpose of access between the mother and the child is to establish a bond, I'm just wondering what does that mean? Do the parents really know the kinds of things that are necessary to connect with their child? Is it just being there? I had a parent ask me... does the child know I'm the mother?...Sometimes we spend more time with the children during transport, during access - we spend two hours with a child and the parent during access - and then we take the child home. How is that really that much different than [the child] spending it with a parent? A child doesn't understand the concept of "this is my mum"... [We need to] analyse what are the things that actually create a bond between the child and a mother, and

talk about these things with the parents, so they know the things that they ought to be doing to establish that bond, so they distinguish themselves from other people as being the parents (case support worker).

Comments were made about the infant having a secure base with the caregiver who is the primary attachment figure, and that this has been removed when the infant travels frequently with strangers to parental visits. This stresses the infant and does not enhance the chance of bonding with the parents.

Care by multiple strangers was seen as more likely for infants with high frequency family contact arrangements, due to the logistical challenges for Child Protection managing many such arrangements per day.

I think when there's a higher amount of access per week, then you're exposing that child to numerous people throughout the day and throughout the week which is not good for the baby, trying to develop some kind of bonding attachment (case support team leader).

The ability to provide consistency of case support workers was seen to be particularly positive, though only able to be achieved when visits were less frequent.

This theme highlights the complexity of the infant's attachment relationships and the primary role of the caregiver.

### *Fathers*

The importance of recognising fathers in the early lives of infants – as one of two parents, or on occasion as the primary parent – was highlighted by a few participants. This echoes the growing awareness of the importance of fathers to very young infants (Steele, 2002). In some instances the father was noted to become of equal or greater importance to the infant's well-being than the mother.

But may I also say that we are increasingly seeing fathers becoming primary carers because of the aggression and assaultive behaviour and inappropriate behaviour of the mothers, and I think that's a whole area that we're forgetting. That what we're finding is that [sometimes] it's the fathers who are the nurturing responsive ones, but the services are not geared to assist them as is motherhood. I think we need to be looking at that as a future issue too... And I think we might have less apprehensions if we had. It's about investing to avoid potential apprehensions, because we haven't got that support there for the father and the baby, or the mother and the baby, while we're addressing it. (High Risk Infant Team Manager).

The father was saying that he didn't want the child in his care, he wanted the child with the mother ultimately. However the magistrate...seemed to take the view that the father shouldn't be taking a back seat, should be given the opportunity to have as much access and bond, possibly because she had concerns about the long term viability of the mother. So she wanted to make sure the father had an ability to bond with the child in the meantime (DHS lawyer).

### *Brothers and sisters*

The damage inflicted by sibling separation...can involve the loss of a lifetime's close and loving relationship; support in adversity; a sometimes parental degree of personal care; a shared history; a sense of kinship; of "flesh and blood"... of continuity and rootedness; a source of knowledge about the family; and a resource for the individual's own development of identity (Mullender, 1999).

This research project focused upon contact with parents. However, the question of contact with siblings arose from time to time. There was awareness in some

participants of the critical importance of sibling relationships, particularly in the context where relationships with parents may not be strong.

The sibling access visits are organised well in advance and orchestrated well, and they tend to be at a neutral venue, and that seems to work okay. Our child Robert is too young to really know what's going on, but it is part of the process of connecting with his sibling, and hopefully that will have some meaningful bonding or relationship for him in the future. [The visit is] about once every two months; it is sort of infrequent (foster carer).

There was concern that sibling contact is not always given the priority and support needed to build these relationships.

Another issue is access with other siblings. We often have five or six children in five or six different placements. Now what's the access of that baby with the siblings? There is no access, and that's terrible, because these children may be deprived of their parents for the rest of their lives, and often these parents may die of drug overdoses or whatever, and the only people they have left in their life will be their siblings (DHS lawyer).

We often don't get it. Siblings are spread out all over the place. I have never seen ever any active work for little babies to get some sibling access early, like from day one (foster care manager).

### *Summary*

Attachment was one of the most frequently cited issues by all focus group participants. It was universally recognised as of critical importance to the security, well-being and development of infants. Continuity of a primary carer was seen as critical in ensuring secure attachment, and the relationship with the carer as the person with the 24-hour care as needing to be recognised and supported. Contact with parents was seen as important to maintaining relationships and maximising the chance for family reunification. However, concerns were expressed about many aspects of high frequency parental contact. Quality was seen as more important than quantity. Major concerns were expressed about the deleterious impact of care by multiple strangers, and the multiple factors that lead to delays in decisions about with whom the infant would spend their childhood. There was concern that attachments to fathers and siblings, as well as to mothers, also be recognised and promoted where safe.



### *Physical well-being*

#### *Infant travel*<sup>26</sup>

Current arrangements for parental contact for infants in foster care involve the infant travelling to the visit location. This is often done to protect the foster carer's family from perceived risk from the infant's parents. For various reasons, transportation is usually done by people other than the caregiver.

Now that [institutions are] done away with and so you've got foster care placements only and the mother quite reasonably can't go to the foster carer's place, and so the child has to travel, and so you've got an extra stress on the child having to travel (Children's Court Clinic staff member).

If you've got an infant like Tracey who is brilliant, she just travels well, really does respond to her parents well in access and things, that's great. But when we've had infants that have screamed the entire way...where is that in the best interest of the child? And while I appreciate a parent's right to see their child, I don't get where that was okay. Then finally that child becomes comfortable with the parent they've come to see, and you drag them away again and they scream the other way. Who's looking at the best interests of the child in that situation as well? (case support worker)

These two case support workers reflect the dilemma of subjecting infants to high levels of travel. Of necessity, many infants adapt to a routine that many participants suggested is not designed to promote their healthy development or well-being:

This is my experience in my time here, that 90 per cent of our children are well behaved or good travellers or go to anybody, because that is what they're used to. They've been used to being passed around here, there and everywhere, and it becomes normal for them. It is not (case support worker).

I just think even for your own children you would not expect to give your own infants that experience really, of that level of transport and that number of people (rural case support workers).

There were numerous concerns expressed about the amount of time infants spend in cars travelling. Both lengths of trips and frequency were seen as a problem. In the country, distances were described as often excessive; in the city, traffic was noted as adding time to trips, and making it more difficult to attend to care needs during travel.

Infants were reported as reacting sometimes during travel, but more often afterwards.

Exposure to undue temperature was raised by some participants, especially exposure to excessive heat in summer.

Pressure of busy schedules on staff was mentioned, including insufficient time to stop and feed a thirsty infant, or for the staff member to have lunch before a return drive.

Rural travel presents particular problems with distance:

Just touching on the transport issue, if you're going to represent the regional rural experience, it would have been great to have someone from Newtown, because they just travel the most extraordinary hours. They go right up to the border. They do some big ones.

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<sup>26</sup> Note that concerns about high levels of travel relate to all infants, not just those with four or more family visits per week. It would appear that where travel times are particularly long as in some rural areas, high frequency family contact conditions may be less likely to be made.

We've had a family of two siblings, one's a newborn and one was two. One's placed 40 minutes that way and the other one's placed 40 minutes that way...The logistics of that was to get them here on time, and then the mother wouldn't turn up (case worker).

With the scarcity of foster carers available – the children are placed in different towns often, so therefore there's often a lot more argument in country cases about frequency of access. Because quite often you're dealing with either a twenty kilometre or more round trip to get the child to access and home again once the child's picked up and the access is had. Then it becomes not only a resource, but a time issue. How distressed, and how much time can young children be subjected to on a round trip of access when there's a lot of travelling involved, and having the access. And I know the Courts in the country were faced with this, and situations came up where it was going to be an eight hour day; once you picked up the child, spent two and a half hours to get to the access, two and a half hours to get back, and had say two to three hours of access. And the court said that is excessive for a child who is only six months old, to be in a car you know, potentially in the heat. So it's not only resourcing, its logistics, it's where the baby is placed, and country placements have particular issues attached to them (VLA lawyer).

Some concerns were raised that infant capsules used are not always the correct ones, as there are limited supplies of these; and that they are not always correctly fitted, for example, the straps may be too loose, exposing the infant to risk<sup>27</sup>.

We, similarly to the other people in the room, have watched workers...turn up with no idea about infants at all, with car seats inappropriately fitted....So then you have to have the confidence to say, "Hey listen I'm not letting this kid go in that car unless you let me refit it" (foster carer).

### *Disrupted routines*

This was a much discussed topic. Concern centred on disrupted sleeping associated with unsettled behaviour, undue crying day and night, etc. Other concerns were about feeding routines, including infants being reluctant to take feeds in their normal way.

Of course going to an access involves possibly waking them up; they go in the car, they fall asleep again, they get woken up again, they're in the access. They go back in the car, they fall asleep again, and they get woken up again. Especially when you have an infant, it is quite traumatic. Then of course if they are cranky and unsettled it is harder on us as well (foster carer).

We see infants who are tired, unsettled, ratty, with disrupted sleep (CSO manager).

I find that during the week his behaviour is not bad but he's more unsettled. We look forward to the weekends when he can sleep when he's tired, eat when he's hungry and play when he wants to play. His routine certainly changes. It certainly different from the five days a week that he's "in access" (foster carer).

The biggest thing was he was basically constantly tired and I mean he had black circles under his eyes... I don't think I've seen a baby with black circles under their eyes [before]. And then as he got older he'd be constantly grizzly and clingy to me and – I know that's probably his age now – if I walk out of the room he'll have a fit...I'd come back and apart from doing the school run, I'd make sure I was home to try and give him some kind of quiet time to recover. And at times we used to find – because it was Mondays to Thursdays - so basically every Friday he was grizzly and sleepy...and by Sunday he'd be excellent and lovely and then it would all start up again. But he always used to be a good sleeper and then he started not going down to sleep (foster carer).

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<sup>27</sup> This issue is being actively addressed by Child Protection at present following interim feedback from this research.

But effectively by him having access every second day has caused so much disruption to him. When he was very tiny on the days he had access he used to scream and became exhausted later in the day. Often at six in the evening, or 2.00am, he would scream for up to an hour and would be inconsolable, and it was only ever on access days. I am sure it was because he could not get enough sleep on those days, and I just don't see how that could be good for any child...On the days that they are tired and cranky and not sleeping, how can they possibly learn well and grow well (foster carer).

### *Summary*

What you would do is you'd have the one person transport in and out and supervise the access. You'd have the same time of day for accesses. You'd have the same room. You'd have a room that facilitates the needs of the child and the parents during that time. That would be your ideal (HRI manager).

A number of issues about infants' physical well-being surfaced repeatedly in the focus groups. They included stress and distress in reaction to excessive travel, and to disruption to routines of sleeping and feeding. There was some concern about incorrect use of infant car seats. Participants were overwhelmingly concerned that the physical demands on infants were compounding other stresses on them, and had the potential for creating an adverse climate for development.

### CASE STUDY 1

The little baby girl came to us at five weeks with her two year old brother. There were two siblings in care elsewhere. At first the access was three or four days per week for one hour, at DHS. She would go with her brother. They would go at 1pm and return as late as 5.45pm. The worker would pick up the other children after these two, as we were the furthest away. Returning was in peak hour traffic. She was really unsettled, her routine was out. The brother was less unsettled, he seemed to sleep in the car more. She would have a feed and then go. But they were both better when access changed to twice a week, and for longer; she was much more settled. The new routine was 20 minutes there and 20 minutes back. At that stage they went to their paternal grandfather's home, and he supervised access. Circumstances caused the change – the father died; he had had a drug problem. So after that, less supervision was needed for the mother. I think that if ever it is possible to have access in a more natural environment, for longer and less often, it is better. In a six hour access, they can have a bath and a nap. I thought it was brilliant.

(Brief case study taken from foster carer.)

### *Facilitators and barriers to good family contact*

An issue raised frequently – which echoed the findings of the case file audit – was that parents often did not attend for scheduled family visits. As seen in the case file audit, complex issues appear to underlie this: some relating to the mothers’ and fathers’ personal problems, and some to the circumstances and environment for visits.

It was noted that visits often failed to offer parents and infants the opportunity to relate to each other in a positive way. This section addresses issues relating to quality contact.

#### *Parents’ travel*

One barrier to regular parent-child contact is parents’ travel. Concerns were raised about the cost of public transport to low income parents; the need to travel often long distances and use multiple modes of transport; the complications of bringing other children, and of managing travel combined with mental health and/or substance abuse issues. Providing more transport assistance to parents was suggested by a few participants.

I was recently in a matter where the magistrate in delivering her decision [said] that, ‘Assistance to the mother is assistance to the child’ ...The number of times that representing a parent I’ve had to fight for a train ticket, a \$6.30 daily ticket for a parent to attend access...that assistance is then assistance to the child (VLA lawyer).

#### *Unsuitable physical environments*

Much concern was expressed about the unsatisfactory nature of the environments available for family visiting. Most visits discussed took place in the regional offices of the Department of Human Services, usually in “access rooms” which are set up for the purpose, with glass walls for observation. It was recognised that security was needed in some cases where there was a history of violence. However, much concern was raised about the unsatisfactory nature of these rooms, and it was felt that not all parents having contact visits in DHS offices needed this level of security. Some rooms were seen as too small to provide play space for siblings; space and equipment for infants to sleep, and for bottles to be warmed, were seen as lacking. Surveillance and security measures are overt. The psychological ambience was seen to be oppressive. It was suggested that parents feel threatened and uncomfortable in the offices of the Department that has removed their children, and in the presence of staff who are perceived as critically assessing with a view to adversarial Court proceedings.

If we’re serious about meeting the needs of the infant, a room that’s actually tailored to an infant would be a useful asset – Child Protection should really be investing resources in this and creating access centres for each region that parents actually feel not threatened to enter. Lots of our parents don’t want to come into the State Government offices in Moreton, because they’re the third generation that’s entered that building and it’s got massive stigma - to have an access with your child; it’s already not positive (HRI manager).

[Clients tell us about their experiences] all the time. They hate supervised access at Department offices (VLA lawyer).

I had a client whose access was facilitated by [CSO], and at that stage things improved dramatically. Until then, there’d actually been a cessation of access which is very unusual. But that was a reflection of the fact that the client found the experience of access in the Department’s premises just unsupportable (VLA lawyer).

There is often agreement that DHS and the CSO do the visits 50/50. Often what happened, was that DHS supervised at DHS, and we did it at [CSO]. A lot of parents asked for all visits at [CSO], it was more friendly (CSO worker).

Changing the access environment definitely has a big impact on the quality of the access – if you take it away from the office. If it's at the office, the parents are very restricted in what they can do with the baby. It's either offer the baby a bottle, change the baby's nappy. There's nowhere to put the baby down for a nap. It's not a natural environment having it at the office.

I think for office-based access, any more than two hours is a really big ask of parents and babies because, as Helen said, it's the atmosphere, and it's not easy to be there in a room for longer than two hours. In my experience parents tend to get a bit anxious about being there that long, and what they're meant to do.

Their anxiety passes across to the baby as well (case support workers).

Unsuitable environments were seen as causing problems with both the quality of the visit experience, and its frequency.

There were also some comments about the problems of hour-long visits. Sometimes infants might be asleep for much of the visit, or be awake, but tired; parents were reported as keeping their infants awake, or waking them on occasions. An hour was seen by some as insufficient time for parents to relate to their infant, including providing appropriate care, nurturing and play and allowing for sleep as needed. On the other hand, accesses that were much longer were sometimes seen as difficult for parents when they had to stay in an access room the whole time.

Fast food restaurants and shopping centre facilities were also mentioned as other unsuitable visiting environments that are used at times, especially on weekends when DHS offices are usually closed.

Assessments were seen as being affected by the environment.

Sometimes our observations can be not really good observations about how the parents and the children are interacting, because of the environments and the settings that we have for these accesses (case support worker).

### *Visits in kinship care*

Visits with parents in the home of a kin carer were generally seen as providing an easier environment. Importantly, the infant remains with her/his secure base (the family member who is the carer), who can provide support as needed during the visit. Greater flexibility is possible with visit length; supervision can usually be done by a family member; and there is no travelling for the infant. On the other hand, family conflict or disruption may make visits difficult. There was little feedback in the focus groups about direct observations of high frequency parental contact in kinship care, as this is usually not supervised by Child Protection workers.

It was suggested that kinship care placements may not always have the same level of assessment and support as foster care:

My issue with a lot of that type of access is that because of the busy life of the protective staff, if it's a kinship placement, "thank goodness", it's grandma or aunt, and access can be left and done there; and I'm always concerned about the quality of access and the evaluation of that, and how that's progressing. It is for me obviously far better if that person has been well assessed (HRI manager).

### *Alternatives*

Preferred environments included outdoors, such as parks and gardens, parents' own homes, and the homes of their relatives. It was understood that these environments were generally only suitable for families where security risks were low.

Wherever possible, we have access in the parents' home. We have done this lots of times, but usually after the initial period – depending on the protective issues. They can normalise – their own home, own cot etc. You can get a better feel for their parenting skills (HRI manager).

Discussion of the possibility of visits in the foster carers' home was viewed with some concern by many foster carers, especially in relation to their own safety and privacy. However, a few foster carers indicated their willingness to try this, depending on individual circumstances.

Other suggestions were also made:

So I know in other countries they even have units in the community where the mother comes in and visits some weeks, and they work with them hands on, and [we need to be] looking at more creative ways of doing this...(HRI manager)

I think we should be recruiting for carers that can take the mother and the child into their homes. That's honestly where I think the future is (HRI manager).

### *Purpose designed family contact centres*

While there was much agreement that natural environments such as people's homes and congenial outdoor areas were best suited to family visiting, there was recognition that these were not always possible.

Congenial physical environments were seen as important, combined with emotional support to all family members. It was understood that security issues would need to be addressed. All focus groups put forward views about the desirability of finding properly designed contact centres to replace DHS office rooms as visiting venues. Suggestions included funding contact centres similar to those used for Family Court contact visits, or use of such centres for Child Protection family contact as well.

An access centre would be brilliant. Properly set up, not intimidating. Parents hate coming here [DHS office]. Run by responsible people. A friendly environment, where the other kids can play, parents can sit and relax and not feel watched every minute. They can still be supervised. Of course, this isn't always possible (HRI manager).

Yes, [our Springfield access centre is] a great place. It provides change tables, cots, kitchens, play toys. It's set up like a mini-home (case support worker).

I also think that ... if we were creative and we were able to work closer with the health system that we might be able to develop some partnerships, or the Department might be able to...with community health centres and maternal & child health centres in local communities where access could occur...And possibly some of the supervision could be outsourced to professionals who are working in these facilities to try and reduce the amount of travel [for infants]. There is a maternal & child health centre in every neighbourhood; there is a community health centre virtually in every collection of neighbourhoods. So the Jackson region is an enormous region, and why would we transport a child for a whole hour to have an access with a parent for an hour, and then another hour back again, when we could be far more creative and be organising these accesses in the local community? Even the neighbourhood house networks are worth looking at. But we need to be looking very creatively at how to support children...to have positive contact with their birth families in their own communities (foster care manager).

*Support and education for families during visits with infants*

Participants expressed concern that visits can be difficult and painful, and that parents need more support and parenting education within a conducive environment. Many ideas were put forward about models for such programs.

I think what we need to start looking at is how to see access also as an educative opportunity for the parents. So instead of access six times a week, one six hour access at an early parenting centre - where the parent is supported by the maternal and child health nurses to take the baby through a whole routine and to be working on parenting during that contact – [this] is less traumatic for the infant and is much better for the infant's brain development and emotional situation (HRI manager).

We need...communities where the families...can come, it's a learning, they can actually spend the time there, and we come with a package to the Courts and instead of five or seven days, we have two days of six hours or whatever. And then coming in, it's a family unit where they're comfortable, where they're getting the best. In other words, we are working hard in regards to reunification rather than [them] not turning up...It has become a cat and mouse game of access rather than being a healing attachment, learning process, which is really what, in my opinion, access should be (HRI manager).

3-4 times a week seems to work quite well, especially if it's in the home. The parents can get into a routine, a rhythm, with good planning. You can identify a specific worker. We have had success doing those here. Extra supports, eg Enhanced Home Visiting Services can be provided during access – we pay for this with our High Risk Infant brokerage funds. We have used Family Preservation Services in the weeks before a child goes home (HRI manager).

In an ideal world, you'd be able to provide more support to parents around managing their interactions with their child. Because a lot of the mothers that we deal with, the really high risk cases, are cases that involve generational patterns of abuse and neglect, and mothers who haven't had the basics themselves...and they really struggle to spend that time with their child, to manage themselves in that time. It would be really good if we could offer a service that helped parents prepare for the access, and how they were going to cope with that access. We could give them some cues and guidance during the access, and then you could help them debrief after the access (case support workers).

I have worked for many years in a foster care program in a maternal & child health centre and it was an absolutely wonderful working environment because we had an infant welfare nurse on tap at any given time. A lot of our foster mums used to actually bring the babies to see that particular infant welfare nurse and we shared a beautiful play room. So the parents who came for access felt very comfortable there because we had a tertiary service co-located with a universal service and so the whole service was very de-stigmatised (foster care manager).

I've worked within a system [in London]...it was absolutely brilliant, you wanted [access] to be really frequent because it was about skill development. This was moving children home faster...The parent would come in half an hour prior and then they would stay half an hour after the access, and they would debrief about what went well, what didn't go well and then think about the next day... It was actually in the middle of the housing estate...It was their local community centre, and it was a purpose set-up building, kitchen facilities, lounge area and so forth...They also had parenting programs and you could settle the child for a sleep in the afternoon. They did all of the accesses for Child Protection there. It was a combination of different professions...the child would attend the maternal and child health service centre. So the parent could be there, and the carer. So that would all happen together (case support worker).

### Better assessments were seen as needed:

It would be great to see a model that actually...increased the time, or actually made use of that time, so we don't do observation to find fault, which is often I think what access workers sit and do - and they're not trained in parenting assessment either. But it would be great to have a workforce [where] that was their skill area and they were able to do that independent observation and inform the Court. Whereas, at the moment we just operate on this model, we just observe, we are sometimes overly critical, we don't identify strengths in our observation of access, and it just repeats three times or five times a week (HRI manager).

### *Support and communication between parents and foster carers*

Positive relationships can develop between the foster family and the birth family because all the research demonstrates that when there is a positive relationship there are better outcomes for children (foster care manager).

I personally understand that, as a parent, if you had a child that was taken from you and being with someone else, you want to know as much as possible, even if it's trivial to other people (case support worker).

The issue of communications between infants' parents and the foster carers arose in many focus groups as one where much could be done. Communication with parents was seen as important by a number of foster carers, and as leading to better outcomes for the infant. Ideas included improving the ways messages are passed about infants' routines, health, preferences, etc. The opportunity for parents and carers to meet and develop a working relationship was actually seen by a number of carers as preferable to messages, although many people felt that such opportunities may be limited by the threatening behaviours of some parents. Where possible, however, it was felt that this could break down fear of parents by carers, and resentment of carers by parents.

Carers supporting parents in visits, and teaching parenting skills, were activities seen by some as ideal. Associated with this, carers providing transport for infants was advocated by some participants. A few carers indicated willingness to do this to support the infant, prevent multiple handling, and allow for direct carer-parent communication, especially if it was not high frequency. One rural worker talked about instances where foster carers had provided accommodation and care for both young mothers and their infants. However, many participants, both carers and others, saw difficulties with this, including possible threat to carers, and unreasonable demands upon them as volunteers, particularly when they have other children in their care.

I think seeing the carers and the parents have some kind of relationship, whether it just be sharing information, would be valuable, to their children as well (case support worker).

I think, with the magic wand approach we could... just let the carers work with the parents and through education, break down that fear that's been drummed up over the last 20 years. Again, it's aspirational, but I think it would take the middle person out and just have a simulated kith and kin kind of relationship going on...like when the extended family look after kids who go and visit aunty (case support manager).

We had a communication book for a while and at times it is good but the problem with written words, when you're not there face to face, you can read more into things, and that's what makes it difficult. I've met the birth parents a couple of times...we've kind of built up a bit of a rapport, and it's got to the stage where she was more than happy if you wanted to go on holidays or she said via [CSO office] if he is unwell, by all means keep him home. But I think especially when it was talking about him going back, I would be more than happy to go and educate her and that sort of thing...Because like there were no issues coming back on us. But I guess it does depend on the case. Look the question I've always wondered is, if a child is taken away from the parents because of issues, why aren't they educated...half the reason is



they don't know what to do, and they're not taught. So how do they learn? Four hours a day isn't really going to do anything (foster carer).

The children have gone home. I hope it's working; she has a lot on her plate, four children under five years. We will have respite with the younger ones once a month, and the grandfather will provide respite once a month for the older two. We will build the relationship with the mother and be some sort of support, sort of like a grandparent. For these children's respite care, a driver will probably drop them off because I have other children here as well, and I will take them home. I would transport myself. I think quite a few carers would. I've seen a few carers build relationships with mothers and help them, it's good for them. I've seen it work. In the past it was not encouraged, but I think that's changing a little. Often it can work well. We had a 13 year old who is now living with his Dad; he stays with us in the school holidays. We have a relationship with his grandparents as well (foster carer).

### *Summary*

A major area of concern raised by participants was the unsuitable nature of the environments available for parental visits with infants – mainly DHS offices. These were seen as restricting and unfriendly, and contrasted strongly with visiting in a home environment, as when infants are in kinship care. A range of more suitable alternatives were proposed, including CSO and other community facilities; parents' own homes and the homes of their relatives; and outdoor settings such as parks. Participants strongly advocated for suitable family-friendly contact centres away from DHS offices, where possible using existing community facilities, or even the centres that are available to clients of the Family Court. It was recognised that security would still be an issue for some visits. Equally important as better physical environments was the need to provide effective support and education for parents during visits to maximise the chance of family reunification.

### CASE STUDY 2

We are with the Circle Program, a specialised foster care program. Rose was seven weeks when she came to us with her four year old brother Will. She was unwell, bordering on having failure to thrive. When she returned from access visits, she was often quite limp; she seemed to be "shutting down." The nights that followed visits, she would scream a lot; her sleep would be very disturbed. After a few weeks, I started transporting them for their visits with their mother, in the family home. I developed a relationship with the mother. I encouraged the mother to put the children in the car after the visits, and to explain what was happening to them and say good-bye well, so that the children felt OK about going back with us. The crying at nights stopped straight away. The four year old had been crying a lot on leaving his mother, this also stopped. The mother would also say that the children were better off as a result. The children are home with her now, and I provide some support. To see the change this has made, has encouraged me to keep going.  
(Brief case study taken from foster carer.)

### *Systems issues*

Many issues were raised about “the system”. Mostly, these related to the Department of Human Services (DHS) and the Children’s Court. In addressing this complex area, a number of themes were apparent which highlight the polarised views within an adversarial system.

#### *The adversarial Court system*

In his 1993 report, Justice Fogarty noted (p. 74) ...criticisms [from DHS] that the Court is regarded as too legalistic and that there were too many delays which adversely affected the interests of children and others (p. 142). These criticisms continue. The Children’s Court does not accept this characterisation, but suggests if there is a foundation for this perception, the Court has been driven by the nature of the legislation, particularly the need to have proof of the facts needed to make an order. The Children’s Court and the Child Protection service are embedded in an adversarial legal system which has historical and cultural determinants. The professional orientations of the Court and the Child Protection service differ and might not ultimately be reconcilable. Their functions differ and, as Justice Fogarty noted, the Court is not an arm of the Department of Human Services. Nonetheless, the gap between them, whatever its size, can and should be reduced (Kirby, Freiberg, & Ward, 2004, p. 40).

The adversarial system prevails. This means that generally this Court can effect little control over what witnesses are called or how they are examined...[Counsel], like I, are prisoners of the grossly wasteful processes of the adversarial system with their concomitant negative impact on the efficient, timely and economical disposition of proceedings in the Family Division of this Court (Children’s Court Magistrate, p28)<sup>28</sup>.

There was much concern expressed in the focus groups about the adversarial nature of the Court system. Parental contact decisions were seen as being made by a process of argument and negotiation, contrasting with case planning processes, where the possibility of working cooperatively with parents exists. Legal advocates for parents were seen as arguing for very high parental contact, not necessarily because it was seen as desirable in its own right, but to maximise the chance of family reunification. Some participants suggested that such arguments may take place even when parents themselves do not want high frequency contact. The clash of cultures between the traditions of legal practice and social welfare is seen keenly in the adversarial approach.

It commonly happens that we’ll have a client [DHS Child Protection worker] sitting in front of us and saying ‘What do you mean the mother is not agreeing to reducing from five times weekly to three times weekly access? She was the one who asked for it, and now the lawyer is telling her that she’s not agreeing to it. What’s going on?’ We’re in a litigation field. Often a client’s [parent’s] mind will be changed once they’ve had discussion with their lawyer which might go something like ‘Ms Brown, I’m not going to advise you to agree to reducing your frequency of access, because that might compromise your chances of having the child reunified with you....Then we have to take it off to a contest if we want to get that reduction (DHS lawyer).

But it’s about how we can actually support those staff to be very clear, and the Court are very much embracing best interests legislation, Section 10 of the new legislation, and we don’t sometimes talk in their language; and it’s almost like if you are talking a different language, some of the information gets lost. The Magistrate can only base their decision on what they perceive to hear in Court (HRI manager).

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<sup>28</sup> Magistrate Peter Power, in June 2008 judgement (de-identified), quoted with consent.

Can I just comment that we're social workers, we're not lawyers, we're working in a jurisdiction that we don't fit into, for most of it. We don't think like lawyers, we're not senior sergeants in the police force either, but we are expected to perform as such. It's very difficult if we're not given the resources to do it. And we need the other specialists on the ground with us, helping us do this job, and we don't get it (HRI manager).

Legal advocates see Child Protection workers as often lacking skills to give good instructions to present their case, whether by providing clear observations or research-based information. Limitations were seen as due to the difficult nature of the job, inexperience, and lack of recourse to advice from more senior or specialist staff. In this context, it is noted that similar concerns were documented years ago in a report by Mr Justice Fogarty (1993), including the need for better training for Child Protection workers about presenting evidence to Court.

But we are hearing from our clients increasingly that there is this body of precedent that indicates what is and isn't appropriate for very young children in terms of what...the children need, for their stability and to help them to develop, and be able to form attachments both at that time and later in their lives. Again, we're not getting clear instructions up front about how that research is being considered in the particular circumstances of each and every case that we have come before us (DHS lawyer).

The culture at the moment is the legal reps don't want a contest; they don't want to argue about these things, they want to achieve consent. We need staff that are assertive and very clear about what they want, and they're often not. And I think that's a real concern for me... the start of the initial rationale is not managed overly well, and some of those things are out of control, we do have an inexperienced staff on the ground (HRI manager).

It's really challenging when you've got crisis stuff happening in Court and you've got a matter of sometimes half an hour to prepare a case. We just need to get better at that (HRI manager).

Now, what you do need in the regions is barristers who are on the ground five days a week, who can give support and education and help skill workers up to be able to present better and more targeted arguments at Court... We don't have access to the resources to mount our arguments clearly enough (HRI manager).

Child Protection staff also feel frustration that the opposing legal team is often more experienced than their own; this is especially difficult when the Child Protection worker is also inexperienced.

We actually pay people and they're being run over the top of at the moment because we are facing barristers and solicitors who have been in this sector for twenty-odd years and they're up against lawyers who have been in the job for eight, ten months and we also then send a new worker in, which we have to, who then doesn't have legal representation that is equal to the parents... not only do we have the adversarial model with parents' legal reps, but even our own legal reps are often hostile and aggressive to us where we're trying to present a case. They need to actually give us some [guidance]: "you need to present it in this way..." (HRI manager).

A parent advocate outlined his perspective on the issue of when planning for infants' well-being should begin:

And you're not going to know whether a Court's going to give a child back, the timeframe sometimes is six months. So I don't think there can be a best interests case plan until a Court has made a decision about whether the parent is going to be able to be with the child. (VLA lawyer).

### *Timelines for the decision-making processes*

Participants were concerned about the time taken to determine the infant's future. Again, concern about this echoes the findings of Justice Fogarty in his earlier report

(1993). There was awareness that parents needed (sometimes considerable) time to resolve protective issues, often stemming from substance dependency and a mix of other personal issues. However, a tension was seen between the needs of the parents and their very young infants, who need stability and permanency ensured quickly to support their well-being, attachment and developmental tasks<sup>29</sup>.

The phrase “the clock starts ticking” was mentioned a number of times as of significance in this process:

What’s actually changed with new legislation is there is the permanent care planning aspect. So as soon as a child is placed out of the parents’ care, with the new legislation, the clock starts ticking for permanent care applications. Now, what some solicitors are doing is using that as leverage, to say well my client shouldn’t lose the care of the child because that means the Department can permanent care plan them, and remove them from their care permanently...So the issues around permanent care planning are really significant right from the outset now. Right from the initial crisis intervention, where you’re seeking an IAO on the basis that you will sometimes have a huge fight with the opposing solicitors around they’re not wanting the clock to start ticking around permanent care planning (HRI manager).

There was a lot of concern about infant stress due to high frequency family contact of long duration due to the decision-making process.

At one stage they thought he was going to go home...so the driver at the time, she was really good, and I said because he was going for four hours, 8.30 probably works because then I can go and do the school runs ... because we only thought it was going to be, like, four weeks, and a year later it was still happening, and it was getting really difficult ...for all sorts of reasons, because it was impacting on my family life, and impacting on school holidays. Then when I said that this isn’t working ...he was older, he wasn’t sleeping anymore, he was just constantly tired, and I tried to change it, and I was told ‘well that’s what you said. That’s what suited you’. But that was, like, a year ago. A year ago when he was young, that’s what worked....Luckily on 27<sup>th</sup> December, suddenly access was cancelled completely for a month. [He slept] for two weeks solid, I mean literally. It’s now once a month at the moment....He’s happy, into everything. So there do need to be reviews I think because ...what worked a year ago doesn’t work [now]....What worked once doesn’t always work (foster carer).

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<sup>29</sup>As noted earlier, the case file audit results indicate that Court decisions are consistent with the timeline requirements of the Children, Youth and Families Act (Victoria, 2005).

*DHS staff skill and communications*

Feedback included comments about the skill and commitment of staff, especially case support workers, who often provide sensitive and committed care to both infants and parents.

I would just like to say that I think that the casework Protective Workers in the field, the vast majority of them, they work really hard to make positive access arrangements for these children with their families, and you know, it's an extremely hard job that they've got to do (HRI manager).

However, issues were also raised about inexperienced and under-trained staff in both Child Protection roles and case support roles. More training for Child Protection and case support workers about infant care was seen as desirable by the workers themselves. High workloads and pressure were seen as contributing to stress and staff turnover, compounding the problems.

Some legal advocates for parents questioned whether Child Protection did effective family support and reunification work. They also saw a potential conflict of interest between their statutory work and their ability to provide support to families.

DHS Regional offices vary in the way they handle case support work<sup>30</sup>.

We were "case support" before we were "child development" workers. I've noticed a shift with case management appreciating what we actually do. Our role has changed...We do family support as well now where we never used to. We were just seen as "case support" which meant that we just did supervised access and transports. Now we're actually involved in that time, we're utilising that time as support to the child and the parents (child development worker).

Communications were seen as an issue of considerable concern. Some good practice was noted, as were efforts at improvement. However, it was frequently reported that communications were inconsistent. Communication pathways were seen as often cumbersome, and prone to break down. Examples raised included lack of communication to carers about when a visit was to take place; feedback about infants' needs following visits; and feedback about how visits had gone. There was also concern that observations from parental visits are not always communicated to case planners. Communication to parents was also seen as important, and sometimes lacking.

Often the transfer of information probably isn't at its optimal and I think that we forget in the process that parents actually do want to know that stuff even if they might not ask for that information (case support worker).

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<sup>30</sup> For consistency, the term "case support worker" has been used for all similar positions in Child Protection. Some have focused on creating permanent staff teams; others utilise more casual staff, backed up by agency staff when overloaded. ("Agency" in this context refers to a for-profit employment agency that provides child care workers.)

*DHS resources*

If this region has 3000 hours a month of access, and we've got, say, 140 workers here, you have to do the maths yourself and work out how much access is happening across the state. Now, North & West has 600 workers. You don't have to be Einstein to work out that there are 10,000 hours of access happening (case support worker).

Having the March figures in front of me now—we had over 300 hours of supervised access in my unit alone, so that's essentially for 12 workers to cover. I mean, we had some case support to cover that and some [agency staff], but even after that the expectation was that workers would still be giving over 25 per cent of their time per week to cover the remaining access.

So that's just one part of the very broad role which is Child Protection (case support worker).

The focus of this research is on the best interests of infants. As such, the intention has been not to address resource issues. However, so much unsolicited concern was expressed about resource constraints affecting the quality of family contact that these issues are briefly noted here. The question of resource constraints arose in all focus groups.

Resource constraints were seen as generating problems with supporting high frequency family contact orders; achieving consistency of workers and consistency of visit times; cases not being allocated to Child Protection workers for active work; the need to “outsource”<sup>31</sup> family contact work; stressed staff; and vacant positions.

The impact on the children is high. And on the driver. All the tensions around the office are about transportation (DHS manager).

In addition to the infant's best interests, it was suggested that resource issues are also a factor in DHS opposition to high frequency family contact when an infant is in foster care. For legal advocates for parents, this is a strong point of contention. They suggest that DHS does not argue a best interests perspective when an infant in kinship care has a high frequency family contact condition made, and thus that the “real” reason must be resource constraints.

The argument that concern about weekend visits were “only” a resource issue rankled with Child Protection staff. They felt that this failed to recognise that weekend visits meant more strangers providing transport and supervision, and inappropriate venues for visits such as McDonalds or shopping centres – as opposed to where the infant is in kinship care, where their care and routines do not have to be disrupted.

Another resource issue raised was the need for greater funding for parent-baby units to obviate the long waiting times and consequential difficulty in resolving the case plan.

Building on that resource issue I think there are significant issues in access to specialised services such as parent-baby units. Like we see [Parson Centre] typically with very long waiting times. So some better funding of those units, so that babies and their parents have guaranteed placements when they need them, would alleviate significant issues of separation and these serious issues around access arising (VLA lawyer).

Resources were mentioned in relation to a perceived under-funding of foster care; this was suggested as a factor in the shortage of foster carers and their apparent unwillingness to provide transport for family visiting.

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<sup>31</sup> Outsourcing refers to the engagement of child care workers via an employment agency.

Resources were also mentioned as a problem in providing needed support to parents including for transport costs, and in relation to insufficient supplies of infant equipment such as cots, car seats etc.

The struggle for resources was seen as an ongoing one related to society's lack of valuing of children:

Why can't they have a contact centre on the weekends that everyone in Melbourne can access?  
I don't know – I think it's just a sign that we don't prioritise children's needs and that's my opinion of this whole industry. We're under-funded in a lot of ways (DHS lawyer).

The time taken up in facilitating high frequency family contact is seen as time that was previously available for other important Child Protection functions:

Protective workers are doing dozens of hours of access, when they should be actually home visiting and linking families with services and actually doing some family work (HRI manager).

Resource difficulties lead to practices such as sharing the transporting of infants between DHS and CSOs, increasing the number of strangers involved.

The need for change was expressed strongly, given the perception that there will never be enough resources.

### *Foster carers*

High commitment and care is offered by foster carers as a voluntary activity.

I love watching this baby absolutely thrive in our love and care, and I like to think he gets the best possible love and care and environment, given the context of everything. We don't know how long he will be with us, so I like to think that we squeeze as much love into him as we can for the time we have him, and I look at him and I imagine that he will carry that with him for the rest of his life. I also like to even imagine that no matter what the rest of his childhood holds, that when he is an adult, that somehow there might be some loving nurturing stuff hardwired in the background. So hopefully that will go on to future babies (foster carer).

There was a recent study done in Victoria into the whole area of recruitment and retention of carers done by [consultancy] and they identified four reasons why people remain as foster carers and hang in. The first reason is the one that was mainly expressed tonight - the love and the attachment for the child (foster care manager).

On the other hand, foster carers often feel that they are not appreciated:

We are treated like we are "the carers". I mean when you look at the lines of communication, Mum knows weeks before we know anything about things that are going to happen. We have to beg and plead - we harass our workers, because we are given no direct communication, because you are seen as these "carers", like we are some sort of 24-hour babysitting service. And we feel we are not really part of the system, we are kind of off to one side, and that the real important people are the parents, the workers and the Courts (foster carer).

Difficulties about the treatment of foster carers emerged as a concern in many focus groups. Many carers have a lot of experience but feel that some workers overlook this. Although they are volunteers, they feel that their role is often not respected, and that they are expected to do much more than care for children. Carers often feel that they don't have a say in planning for the infant's care, including the infant's health and routines which they know better than others. In this regard, a specific issue of concern was not having the right to cancel parental visits when an infant was sick.

Other issues raised by carers included high expectations of availability which restricted their normal domestic activities.

Concern about insufficient numbers of carers was widespread. A number of people raised concern that many carers are unwilling to accept placements associated with high frequency family contact, thus reducing the available pool of infant carers. This can lead to increased travel time for infants from geographically distant locations.

Two VLA lawyers expressed the view that greater remuneration and professionalisation of foster care might make a difference to the availability of carers, and their more active involvement in parental contact arrangements:

Again a resourcing issue, it seems to me that part of the difficulty of the current model of foster carers is that they're regarded substantially as a semi-charitable organisation. They're clearly not remunerated anything above that level. If the government was prepared to remunerate them at a higher level, presumably the pool would expand appropriately and there'd be less resistance for them having more impact on other aspects of their life by being required to make children available more often, and the acceptance that that's part of the gig.

I think just building on that, I'm aware that the department, I'm not sure how substantively, but has had pilots where they have paid people professionally to undertake the role. And it seems that when you give people a salary to do this work, and that is their paid employment, you're going to in fact be able to manage the quality of care, and find placements for children who have more challenging behaviours who are currently missing out on foster care placements. And it may be that if you get people who are professional and you pay them a salary to do this job, that it wouldn't be unreasonable to build into the job description that they have the requisite skills to also supervise access. But obviously it comes back again to resourcing.

### *Summary*

A great deal of feedback was provided about problems within the service system that is set up to support infants in care.

Communications between parties in the care of infants were sometimes lacking. Resource limitations were seen as limiting good practice.

Foster care was seen as stretched to the limits. Foster carers were seen as overlooked within the care system, and not appreciated as the primary attachment figures for many infants. A shortage of carers appears to be resulting.

Systems issues are seen as central to many of the problems of ensuring quality family contact for infants.



## Discussion

Results of this research demonstrate that there are issues with both the quality and quantity of Court-ordered parental contact for infants in foster care. Frequent parental contact is not working in the way it is intended; good experiences are rare. High frequency family contact is not making an evident difference to the rate of family reunification. There are clear indications that the quality of infant-parent contact needs to be improved for all infants in care.

There was wide agreement between different people involved in the care of infants about many of the issues. However, many legal advocates for parents had different views from other participants – in general, more specifically focused on parent's rights. Some also indicated a lack of faith that DHS has the best interests of infants and parents at heart. DHS staff express frustration that parents' legal advocates do not seem to understand the needs of infants. A strong cultural difference, and indeed tension, between the legal and the social work paradigms appears to be affecting practice in a way that is damaging to infants' well-being. Legal practitioners and human services practitioners each assume their professional mode is the right way. This cultural difference has been noted as historical and possibly not ultimately reconcilable; however, there is room for improvement (Kirby et al., 2004).

Children's Court orders ensure that infants in care will have regular contact with their mother and father while longer-term plans are made, DHS is providing almost all family contact visits as ordered, and all parties agree that family contact is important. However, the quality of contact is often poor. Both frequency and quality are at issue.

In 2005-06 in the North & West Metropolitan Region (NWMR) of DHS alone, more than \$1 million was spent on the DHS Family Access and Support Program, and this provided only 34% of the contact support for children in out of home care in the Region (Minge, 2007). A workload review in 2003 of NWMR Child Protection case managers indicated that 70% of time was spent arranging, providing transport, facilitating and supervising family contact. This high level of resourcing currently going into implementing family contact orders may represent a missed opportunity for effective, quality work towards the maintenance and improvement of family relationships, and family reunification.

Much parental contact takes place in rooms in DHS offices which provide a physically safe, but poor quality environment. Parents dislike them: the emotional climate is neither infant-friendly nor parent-friendly, despite staff's best efforts, and normal parent-child interactions are thereby limited. When offices are closed on weekends, visits often take place in other unsuitable places such as fast food restaurants, with the use of agency staff for supervision and transport, increasing the exposure of the infant to strangers.

Parents have little emotional support or parenting education during contact visits; the focus is more on security and assessment. Staff are not adequately trained or resourced to provide sufficient support to parents.

There are problems with infants' routines and visiting arrangements. Infants may not be hungry, but the parent may wish to feed them; they may be asleep but it is the only time parents have for interaction with them. Infants travel frequently, often long distances, subject to hot and cold weather. They are often of necessity woken for travel, and sometimes travel when visibly distressed (crying). Numerous strangers handle them for transport and supervision of the visits.

Concerns about high frequency parental contact are inextricably linked to the context and circumstances of visits. A key problem is infant transport and its various deleterious ramifications.

There are serious problems in planning for infants' care. Much Court-ordered family contact precedes the proving of the Protection Application, and case planning at this stage is thus limited. While recognising that reunification in some families may take longer than one year, there was no clear indication that high levels of family contact per se led on to family reunification in the first year.

The time needed to resolve protective issues is a particular problem for infants. Typically, parents need many months or years to resolve the serious issues that lead to the removal of infants by Child Protection. However, infants in care have either not formed, or scarcely formed, an attachment to their parents, and their good early development depends on a secure primary attachment. While the Child, Youth and Families Act (Victoria, 2005), reflects an understanding that infants need quicker resolution of their care than older children, a care intervention for an infant at times still involves two or more years of temporary care<sup>32</sup>.

Substance abuse is present in almost all cases. Parents need time to address this in order to improve their parenting skills; however, high frequency family visiting often commences at the point of infants' admission to protective care, when substance use is not under control.

Orders for high frequency visiting with associated infant travel are generating stress for parents and infants. Parents are frequently unable to maintain the level of contact ordered by the Court, sometimes even when they confirm arrangements; thus infants' routines are unnecessarily disrupted. However, it is not necessarily the frequency alone that is the problem, but factors interacting with frequency, such as: separation of the infant from her/his primary caregiver for visits with family; travel for both parents and infants; infant care by multiple strangers; and poor environments for visits.

In general, one hour visits are insufficient for good quality interaction between parents and infants, not least because it is impossible to ensure that the infant will not need to sleep at that time. Infants' routines change, and car travel changes routines. Parents need enough time with their infant to engage in the normal activities of parenting, including feeding, sleeping, playing and infant care. However, for extended visiting, more space and a better ambience is needed than is possible in a DHS office.

Resource issues are being felt keenly within DHS as staff struggle to meet the requirements of the access conditions of court orders. It would appear that much of the resourcing of family contact is happening at the expense of other facets of Child Protection work.

Given the over-representation of Indigenous infants in the sample, as in care generally (AIHW, 2008), the risk of this continuing is very real unless considerable improvements are made in the area of family support and contact. For this group in particular, family visiting in a broad and inclusive sense needs much improvement if the chance of return to family (whether parents or other family members) is to be maximised.

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<sup>32</sup> Such temporary care will be guided by a court order designed to facilitate the resolution of the infant's care.

## Conclusions

I sincerely believe we have to rethink the whole way that we approach access and reunification. (Child Protection Manager and infant specialist, 20 years experience.)

Ensuring the security and well-being of infants when they are separated from their mothers and fathers is a difficult but critical exercise. The first year of life, especially the neonatal period, is the period of greatest vulnerability for children. Infants require at least one primary attachment figure with whom to live continuously, and to attach to, preferably for the duration of their childhood and adolescence. The foster carer provides a critical role in the security, development and well-being of the infant away from home. Where family reunification is envisaged, infants also need regular contact with their mother and/or father in family-friendly circumstances that promote parenting skills and a sense of security for both parents and infant.

The Department of Human Services makes arrangements for almost all court-ordered parental visits. However, the circumstances under which infants currently have contact with their mothers and fathers are far from ideal. Current family visiting arrangements are often a wasted opportunity for strengthening the relationships between infants and their parents. Poor quality experiences stand in the way of relationship building and parental skill development.

Many infants are showing clear signs of distress following visits with mothers and fathers. Causes seem to be multiple. Many mothers and fathers are having difficulty utilising their visits for building their relationships with their infants.

A focus on quality, not quantity of family contact, is recommended. This would include more supported visits to encourage relationship building between infants and their parents. In all arrangements, the infant's secure base with a primary attachment figure needs to be ensured.

Areas that need attention include: handling by multiple strangers; frequency and length of visits; environments for supervised visits; parent support and education; infant travel; protecting the infant's strong attachment to their caregiver; DHS case practice; and continuing to address the systems issues involved.

In relation to the Court issues, a pilot program involving a case management approach for infants in the Melbourne Children's Court jurisdiction has been envisaged for some time. The intention of this is to enable a proactive approach to cases and the evidence available to make decisions, with the aim of ensuring continuity of contact between families and Court personnel to more quickly resolve family issues (Kirby et al., 2004, p. 40). This is dependent upon resources becoming available, but may have merit in relation to issues that have emerged within this research project.

Improving the circumstances of parental contact for infants, and indeed the living situation for infants in care in general, will not be easy. This highlights the imperative of focussing resources on placement prevention and family strengthening, to ensure that the minimum possible number of infants are taken into care, for the minimum possible time to ensure their safety and well-being.

*Directions for good practice*

1. A focus on quality rather than quantity of parental contact for infants is needed. In particular, the disruption to an infants' secure base in their attachment relationship with their foster carer needs to be minimised to ensure a sense of safety, support and predictable routine.
2. The focus of reform lies with the development of services for infants and vulnerable parents which situate family contact within services that support the infant-parent relationship, family strengthening and family reunification. Discussions need to continue within the Department of Human Services and its funded services regarding ways in which different parts of the service system can increase cooperation to generate better outcomes for infants and families. In particular, placement prevention services which involve strengthening vulnerable families should continue to be a focus for resourcing.
3. Kinship care is affirmed as avoiding many of the travel and associated problems for parental contact which occur in foster care. Consideration might also be given to exploring the possibility of a pilot foster care program for mothers and infants together, such as occurs in the United Kingdom.
4. Specialist, skilled staff are needed to supervise family visiting to provide support, to intervene therapeutically with disturbed infant-parent attachment relationships and to model parenting skills. This work should be separate from Child Protection but inform decisions.
5. The infant needs personal support during parental visits. The ideal person to provide this would be the caregiver. Where this is not possible, support should be from another one or two persons who are well-known to the infant, providing her/him with a secure base for the visit. The involvement of multiple strangers in family contact arrangements is damaging to infants' development.
6. Infant travel needs to be significantly reduced. This may be done by finding venues for parental visits that are closer to the foster carer's home (see below), and by focussing on quality rather than quantity of visits, including the possibility of longer rather than more frequent visits in some circumstances.
7. Frequency of contact will still need to vary in line with plans for parental reunification or permanency with alternative carers.
8. Length of visits should be individually determined, developmentally informed and change as parenting capacity and the infant's needs change. Longer visits would allow for a cycle of feeding, sleeping, infant care and play, all with support and education for parents provided.
9. A range of more family and child friendly venues for visits are needed. Venues need to be comfortable and supportive to parents, and allow for infants' needs including sleeping, feeding and play.
  - a) There is a need to explore the possibility of more visits in the parents' home and relative's homes; where suitable, the carer's home; parks and gardens; CSO offices; community facilities near the caregiver's home eg Maternal & Child Health centres; recreation centres, etc.

- b) In general, purpose built contact centres should not be the focus of reform. In addition to cost issues, such centres will do little to reduce the burden of travel for infants.
  - c) Continuing to explore the possibility of using family contact centres within the Family Law jurisdiction is highly desirable<sup>33</sup>.
  - d) More suitably designed contact centres may be needed in specific locations in order to reduce infant travel. Ideally, these will utilise existing community facilities, and incorporate adjacent rooms (for child care/play, kitchen and sleeping) in an informal arrangement.
  - e) Security arrangements will still need to be available as required.
  - f) Family visiting should not be held in fast food restaurants and other public places such as shopping malls.
10. The strongly adversarial approach to many decisions about family contact is not necessarily conducive to cooperative planning between those involved at this critical period in a child's life. The specialised infants list pilot program in the Melbourne Children's Court proposed by Kirby, Freiberg and Ward (2004) is supported as a possible direction that may improve child-centred practice and allow for greater cooperation about family contact arrangements.
11. Particular attention is needed to ensure supportive family contact environments and arrangements for Aboriginal and Torres Strait Islander infants who are not placed with kin. Cultural Support Plans (State of Victoria, 2005a) for Indigenous children in care need to be vigorously implemented to maximise quality contact with a range of family members. For infants, this may at times include visits with more family members present, rather than more separate visits. Maintaining family relationships through direct contact, and providing culturally appropriate family support, are critical to preventing another generation of Indigenous children growing up in care.
12. Ongoing research in this area is needed to ensure that practice continues to be scrutinised, and that findings lead to improved quality of family contact for parents and their infants.
13. The Research Project Reference Group should discuss continued involvement in this work to implement a process for improving policy and practice.

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<sup>33</sup> These centres are currently underutilised during the working week, which is a high priority time for Children's Court ordered family contact for infants; some are run by organisations involved in the provision of foster care.

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