



Birth family contact: What are the views of children and young people in out-of-home care?

Snapshot

- For children and young people in out-of-home care (OOHC), well managed family contact supports their emotional and psychological wellbeing and developmental needs.
- Around 3 in 4 children and young people reported satisfaction with one or more types of family contact in the 2018 NSW OOHC Survey and 2018 NSW Residential Care Survey.
- Around 4 in 10 children and young people in the NSW OOHC Survey and 5 in 10 children and young people in the NSW Residential Care Survey wanted changes to current family contact arrangements.
- Practitioners can make contact a positive experience for children and young people, family members and carers by:
 - Preparing the child or young person for contact and involving them in decision-making about visits.
 - Preparing family members for contact visits and helping them deal with feelings of distress, loss or anger.
 - Involving and supporting carers and ensuring they understand the purpose and importance of family visits.
 - Providing practical supports for visits.

Introduction

Good family contact combined with other supports can help achieve positive outcomes for children and young people. It can help improve psychological and emotional wellbeing and lead to more stable placements.¹ This Evidence to Action Note provides an overview of the views of children and young people about whether they have contact with family members and their satisfaction with contact arrangements. We also discuss implications for policy and practice.

The findings are drawn from two surveys conducted by the Department of Communities and Justice (formerly Family and Community Services or FACS) in 2018 – the NSW OOHC Survey and the NSW Residential Care Survey. ‘Family contact’ was one of eight high-level indicators in these surveys. Children and young people were asked five questions about their contact with family they do not live with (Box 1). ‘Contact’ refers to visits (e.g. supervised face-to-face visits or overnight stays), talking (e.g. phone or skype) and writing (e.g. text messages, social media, letters). ‘Family’ is loosely defined by the child or young person themselves.



Further information about the methodology, sample and survey responses for other indicators in these surveys are available in the FACSIR Report, [‘The views of NSW children and young people in out of home care, 2018.’](#)

Box 1: Family contact indicator survey questions



Children and young people aged 8-17 years were asked five questions related to the family contact indicator:

- For family you don't live with:
 - Do you get to talk to your family (including phone calls)?
 - Do you get to visit your family?
 - Do you get to write to your family (including emails, messaging, letters)?
- Is there anything you want to change about contact with family you don't live with?
- Please tell us what you want to change about contact with family you don't live with?

Why is family contact important?

One of the major reasons for facilitating contact is to support, maintain and enhance the relationship between children and young people in OOH and their families. Well managed family contact supports children and young people's emotional and psychological wellbeing and their developmental needs. It also:

- Helps to maintain links and a sense of identity for children and young people in long-term care who are unlikely to return to their families.
- Prevents children and young people from idealising their parents.
- Helps practitioners assess and support restoration.²

On the other hand, children and young people can also have mixed feelings about contact with their families and experience distress. If these feelings are not adequately managed when contact is arranged, there is a risk of placement breakdown.³

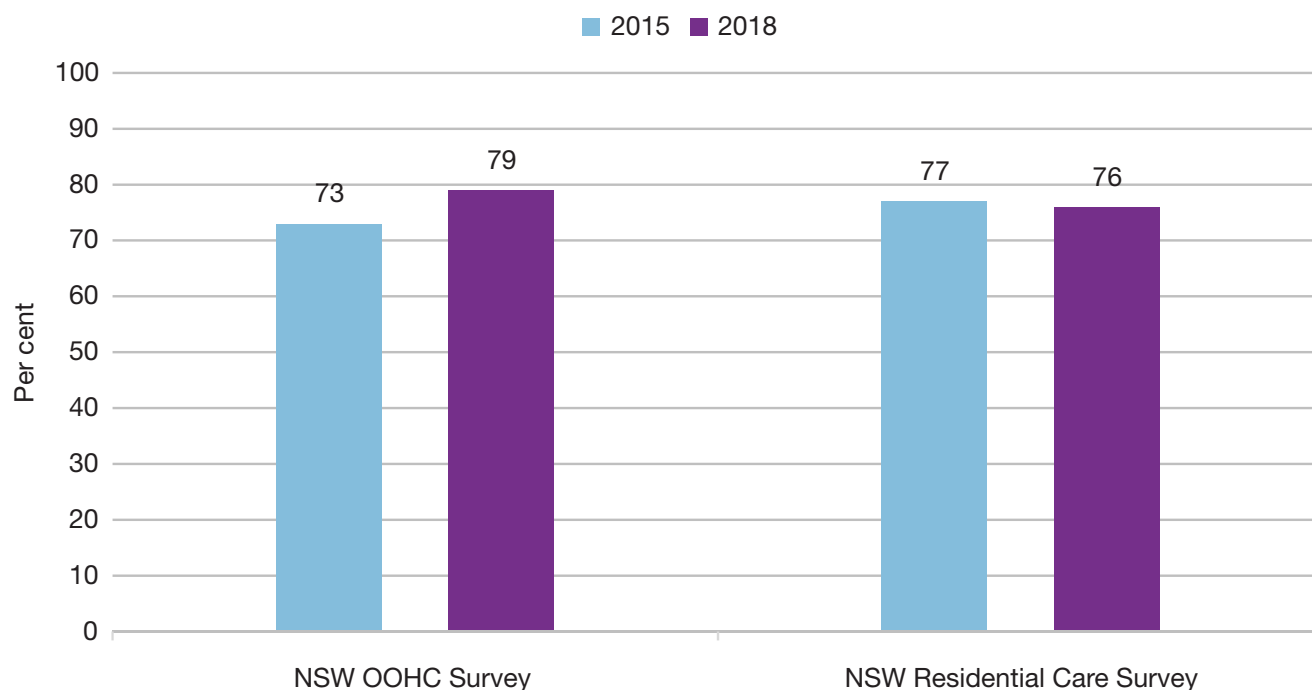
What did children and young people say about family contact?

Around 3 in 4 children and young people reported satisfaction with one or more types of contact in the 2018 NSW OOH Survey and 2018 Residential Care Survey (Figure 1). In the 2018 NSW OOH Survey, there was a 5.8 percentage point increase in the proportion of children and young people who reported satisfaction with one or more contact types since the last survey was conducted in 2015. The responses to the NSW Residential Care Survey were similar in 2015 and 2018 (Figure 1).

“I want to see my family more but not too much because my little sisters make me cry when we have to leave the visits.”

Around 42% of children and young people in the NSW OOH Survey and 30% of children and young people in the NSW Residential Care Survey were satisfied with all three types of contact (visits, talking and writing).

Figure 1: Children and young people in care aged 8-17 years who reported satisfaction with one or more types of contact with family members, 2015 and 2018



Source: 2018 NSW OOHC Survey dataset, 2018 NSW Residential Care Survey dataset and 2015 NSW OOHC Survey Report, NSW FACS.

In response to the question “Is there anything you want to change about contact with family you don’t live with?”, 63% of children and young people in the NSW OOHC Survey and 53% of children and young people in the NSW Residential Care Survey said they did not want any changes.

“I would like to see mum and dad more often.”

Legend: ■ NSW OOHC Survey ■ NSW Residential Care Survey

3 in 4

children and young people reported satisfaction with one or more contact types



4 in 10
and
5 in 10

children and young people wanted changes to contact arrangements



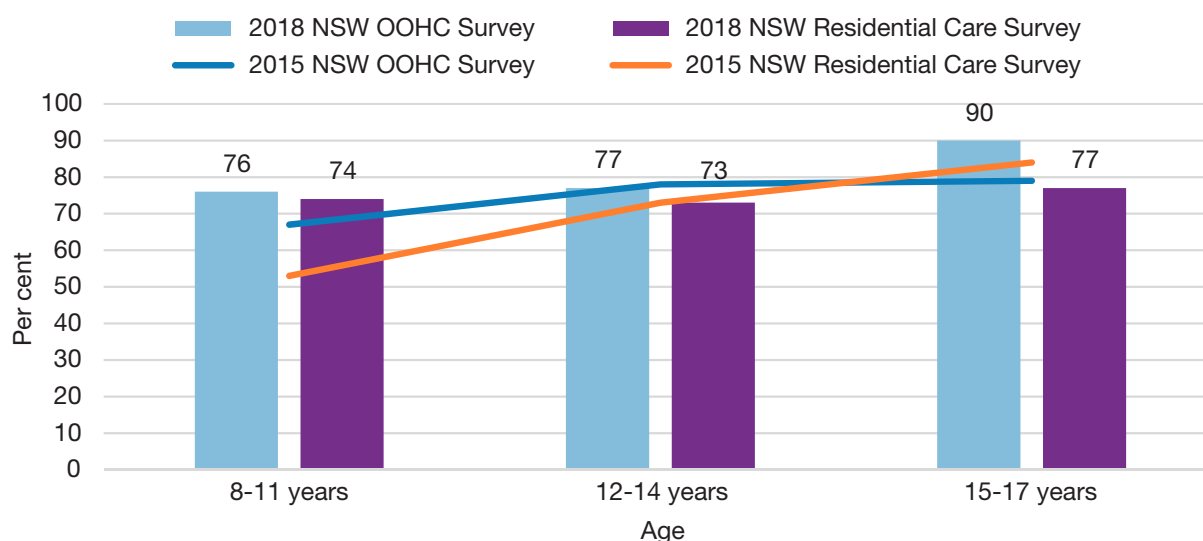
Source: 2018 NSW OOHC Survey dataset and 2018 NSW Residential Care Survey dataset.

Age

For both surveys, young people aged 15-17 years were more likely than the other age groups to report satisfaction with one or more contact types. In the 2018 NSW OOHC Survey, 90% of young people aged 15-17 years reported being satisfied with one or more contact types compared to 76% of 8-11 year olds and 77% of 12-14 year olds. Additionally, satisfaction with contact increased for the 15-17 years age group from 79% in 2015 to 90% in 2018 (Figure 2). Both of these findings were statistically significant.

In the 2018 NSW Residential Care Survey, 77% of young people aged 15-17 years reported satisfaction with one or more contact types compared with 74% of 8-11 year olds and 73% of 12-14 year olds. For the 8-11 years age group, satisfaction with contact increased from 53% in 2015 to 74% in 2018 (Figure 2).

Figure 2: Children in care aged 8-17 years who reported satisfaction with one or more contact types, by age group, 2015 and 2018



Source: 2018 NSW OOHC Survey dataset, 2018 NSW Residential Care Survey dataset and 2015 NSW OOHC Survey Report, NSW FACS.

Aboriginality

For both surveys, non-Aboriginal children and young people were slightly more satisfied with the contact they had with their family than Aboriginal children and young people. In the NSW OOHC Survey, 77% of Aboriginal children and young people reported satisfaction with one or more contact types compared with 80% of non-Aboriginal children and young people. Around 71% of Aboriginal children and young people who responded to the NSW Residential Care Survey reported satisfaction with one of more contact types compared with 78% of non-Aboriginal children and young people surveyed.

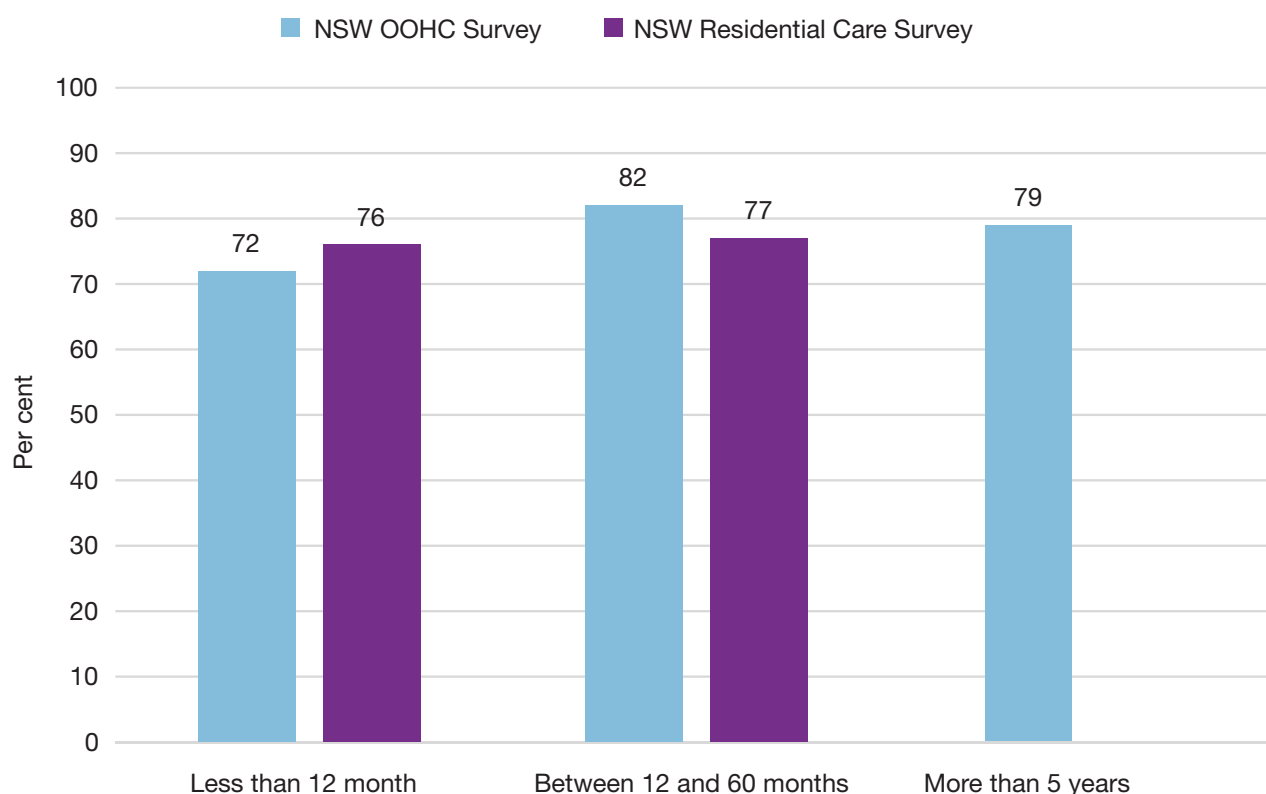
Placement duration and time in care

Responses to the participation questions were influenced by placement duration and time in care. In the 2018 NSW OOHC Survey, children and young people who had been in a placement for 12 months or more were more likely to report satisfaction with one or more contact types. Around 82% of children and young people who had been in a placement for between 12 and 60 months and 79% of children and young people who had been in a placement for more than five years reported satisfaction with family contact. This compares to 72% for placements less than 12 months (Figure 3). Similarly, children and young people who had been in care for longer were more likely to report satisfaction with one or more types of contact.

In the NSW Residential Care Survey there was not a significant difference in satisfaction with contact based on placement duration. Around 77% of children and young people who had been in a placement between 12 and 60 months reported being satisfied with one of more contact types compared with 76% of children and young people in placements less than 12 months (Figure 3).

"I want to see my mum with a worker of some sort but I want to see my dad by himself because I feel safe".

Figure 3: Children and young people aged 8-17 years who reported satisfaction with one or more contact types by placement duration and time in care, 2018



Source: 2018 NSW OOHC Survey dataset and 2018 NSW Residential Care Survey dataset.

Female versus male: How do they compare?

In both surveys, a similar proportion of female and male children and young people reported satisfaction with one or more contact types (80% and 79% respectively in the NSW OOHC Survey and 77% and 74% respectively in the NSW Residential Care Survey).

What do these findings mean for policy and practice?

While 3 in 4 children and young people who completed the NSW OOHC Survey and NSW Residential Care Survey were satisfied with one or more types of contact, over 20% were unsatisfied. This highlights a need for greater collaboration with children, young people, birth families and carers to identify and plan family contact arrangements that best meet the needs of children and young people in OOHC.

How much contact is needed?

There are no clear rules as to how much contact with family is the most appropriate. A literature review on intervention to improve supervised visits between children and young people in OOHC and their parents found that:

- Frequent and consistent contact can improve the mental health of children and young people in OOHC. Contact is defined as 'often or frequent' if it is at least weekly. The frequency of contact has been found to increase when children and parents are happier with the placements.
- Long distances can make frequent visits harder for some parents, requiring higher costs and more time travelling by car or public transport.

- Where restoration is the goal, more frequent visits are often encouraged. However, there is no evidence that more frequent contact alone makes restoration more likely. While children and young people who are visited more often are indeed more likely to return home, children with better adjusted and more co-operative parents are also more likely to have family contact and achieve restoration.
- Contact that is too frequent can also be stressful and disruptive to daily routines, in particular for younger children. Longer but less frequent visits may help parents focus on the quality of the visit rather than dealing with their own stress and transport issues.
- Ultimately, contact should always happen according to the child or young person's needs. This is best determined by ongoing assessment rather than numerical frequency. A number of factors need to be considered including the relationship with the family; the motivation of the parents and how well they respond to the child's needs; the safety of the child or young person; travel distances; finances; the emotional impact of contact on the child and young person; and the wishes of the child or young person.²

How can practitioners make contact a positive experience?

Practitioners can make contact a positive experience for children and young people, family members and carers by:

- Preparing the child or young person for contact and involving them in decision making about visits. This should include actively listening to their thoughts, needs and wishes, discussing options and addressing feelings that may arise before, during and after they see their family.
- Preparing parents for contact visits and helping them deal with feelings of distress, loss or anger. Practitioners can also support parents address the issues that led to their children being placed in OOHC by helping with access to parenting support, financial, health or housing services.
- Involving and supporting carers and ensuring they understand the purpose and importance of family visits. OOHC placements are more stable when carers support contact with family and feel valued for the role they play. For Aboriginal and Torres Strait Islander and culturally and linguistically diverse families, providing support to carers is important so they can help the child or young person in their care maintain their cultural identity, as well as relationships with their parents and extended family.
- Providing practical supports for visits by helping with transport and being flexible with schedules where possible.¹
- If the contact visits are supervised, providing the worker supervising contact with a clear outline of the reason, purpose and timeframe of the supervised contact visit can help to mitigate any issues and ensure the visit goes smoothly.
- Contact helps to facilitate connections between children and young people in OOHC and their families and communities. Whilst face-to-face contact is the most common type of contact, it doesn't have to be the only way children and young people maintain connections. Other tools can be used to support these connections including:
 - Phone calls
 - Video services such as Skype, Whatsapp, FaceTime, Google Meet, Google Duo or Google Hangouts
 - Letter-writing and emails – Build this into the child's routine and send letters and craft in the post.
- Some other creative and fun ways to connect could be:
 - Photo sharing apps
 - Family music playlists to share songs with each other
 - Gaming apps that could support siblings to play computer games together.



Box 2: Practice points

Before developing a contact plan, reflect on the following questions:

- Have you talked to the child or young person about contact?
- Who does the child or young person want to see?
- What does the child or young person's weekly schedule look like? What opportunities are there for family contact to be built into this schedule?
- Where is contact occurring? Is it a place that enables the child to continue to develop their relationship with the person they are seeing?
- Are there opportunities for family members to see the child at school assemblies, sporting games, dance/music performances?
- Have you considered non face-to-face types of contact including phone calls, video services and writing letters?

Resources

[Issue 10](#) of the Institute of Child Protection Studies' Research to Practice series discusses how children in OOHC, parents and foster carers can be supported to participate in contact visits.

The [Safe Contact tool](#) is designed to engage children and young people and their families in ongoing conversations about safe levels of contact between children and young people in OOHC and their family. You can find more information about the tool at [Partnering for Safety website](#).

As part of the ARC Linkage-funded Fostering Lifelong Connections study, the Research Centre for Children and Families based at the University of Sydney have developed a number of resources for keeping families connected at a distance:

- [Family Time – tips for using video chats](#)
- [Family Time – from a distance, without technology](#)
- [Conversation starters for children and families](#)
- [Social online games for children and families](#)

About the Surveys

- The NSW OOHC Survey and NSW Residential Care Survey were last conducted in 2015. The 2018 NSW OOHC Survey was collected as part of the National OOHC Survey and was completed by 322 children and young people aged 8-17 years residing in OOHC under the NSW Children and Young Persons (Care and Protection) Act 1988.
- The 2018 NSW Residential Care Survey was completed by 143 children and young people aged 8-17 years residing in residential OOHC under the NSW Children and Young Persons (Care and Protection) Act 1988.
- Further information about the methodology, sample and NSW results are available in the FACSIAR Report, [‘The views of NSW children and young people in out of home care, 2018.’](#)
- National results are available in the Australian Institute of Health and Welfare (AIHW) report, [The views of children and young people in out-of-home care: overview of indicator results from second national survey, 2018](#)



Produced by

Katie Page and Lina Jakob
Evidence, Evaluation and Research
Family and Community Services Insights Analysis and Research (FACSIAR)
NSW Department of Communities and Justice
320 Liverpool Rd, Ashfield NSW 2131
www.dcj.nsw.gov.au

Endnotes

- ¹ Bullen, T, Taplin, S, McArthur, M, Humphreys, C, & Kertesz, M 2017, ‘Interventions to improve supervised contact visits between children in out of home care and their parents: A systematic review’, *Child and Family Social Work*, no. 22, pp. 822-833.
- ² Bullen, T, Taplin, S, & Barry, E 2015, *Supporting quality contact visits for children in out-of-home care, Research to Practice Series, Issue 10*, Institute of Child Protection Studies, ACU, Canberra.
- ³ Sanchirico, A & Jablonka, K 2000, ‘Keeping foster children connected to their biological parents: The impact of foster parent training and support’, *Child and Adolescent Social Work Journal*, 17, pp. 185-203.