

Birth family contact for children and young people in out-of-home care

What does the Pathways of Care Longitudinal Study tell us?

Snapshot

- Contact between children and young people in out-of-home care (OOHC) and their birth family is important for children's wellbeing and identity.
- In their first years in OOHC most children and young people were in contact with their birth mother (83%) and about half were in contact with their birth father (52%) and birth siblings (49%).
- Only 1% of children had no contact with birth family or other relatives.
- Most contact with birth parents occurred less than monthly. However, the amount of contact varied with the age of the child and type of placement.
- Children in foster care tended to have less frequent contact with their birth family than children in relative/kinship care, and their caregivers were less likely to report that children had a good relationship with their birth family.
- While most children's needs were 'very well' or 'fairly well' met in maintaining family relationships (as reported by caregivers), older children and young people entering OOHC for the first time (12-17 years) were the most likely to have their needs 'not at all well met'.
- Practitioners can make contact a positive experience for children, birth family and caregivers by supporting and preparing them for contact and involving them in decision-making.

Introduction

Good quality contact between children and young people in OOHC and their birth families can promote positive outcomes. This Evidence to Action Note outlines key findings related to birth family contact for children and young people in the Pathways of Care Longitudinal Study (POCLS). Links to current best practice and resources are also included.

POCLS examines the developmental wellbeing of a group of children living in OOHC in NSW. Wave 1 data was collected during their first years in care. The children in the study do not represent all children in OOHC and so care should be taken in making comparisons.

The data discussed in this note is reported in detail in the POCLS Wave 1 Baseline Statistical Report¹ [Chapter Seven](#).

Why is birth family contact important?

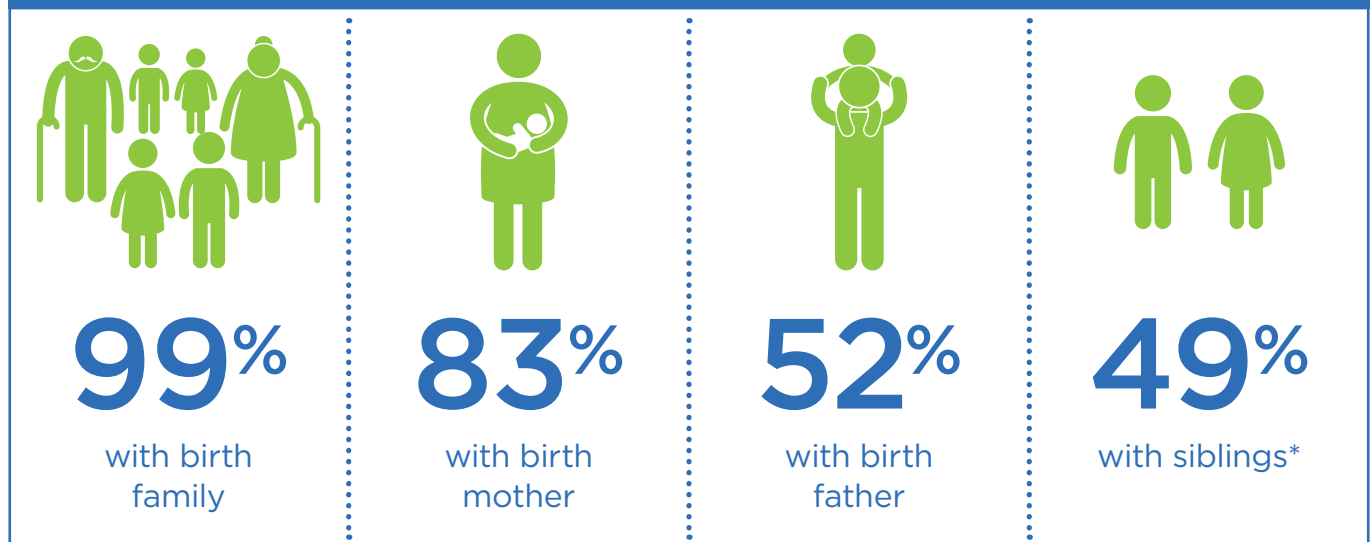
Contact between children and young people in OOHC and their birth family is important for children's emotional and psychological wellbeing and their sense of identity. Positive outcomes of birth family contact highlighted in the research literature include the maintenance of identity, culture and long term attachments; improved psychosocial wellbeing of children; helping children to resolve issues of loss and trauma; and increasing the likelihood of restoration.² Negative effects of birth family contact on children and young people can include distress, resentment, anger, fear and anxiety.³

What did the study find?

The POCLS Wave 1 baseline interviews were conducted on average 18 months after the child or young person entered OOHC for the first time. The study found:

- About half of children and young people were placed in foster care (51%) and just under half with relatives/kin (47%).
- The majority of children in the study were in contact with their birth mother (83%) and about half were in contact with their birth father (52%) and siblings (if they were not placed with them) (49%).
- Over half of children and young people had contact with grandparents (57%) and aunts/uncles (53%), and just less than half with their cousins (44%).
- Children and young people aged 12-17 years were less likely than younger age groups to have contact with their birth father but were more likely to have contact with their siblings.
- Only 1% of children and young people had no contact with their birth family or other relatives.

Who did children have contact with?



How often did children have contact with a birth parent?



*Contact with siblings excludes children in the study who live with their siblings.

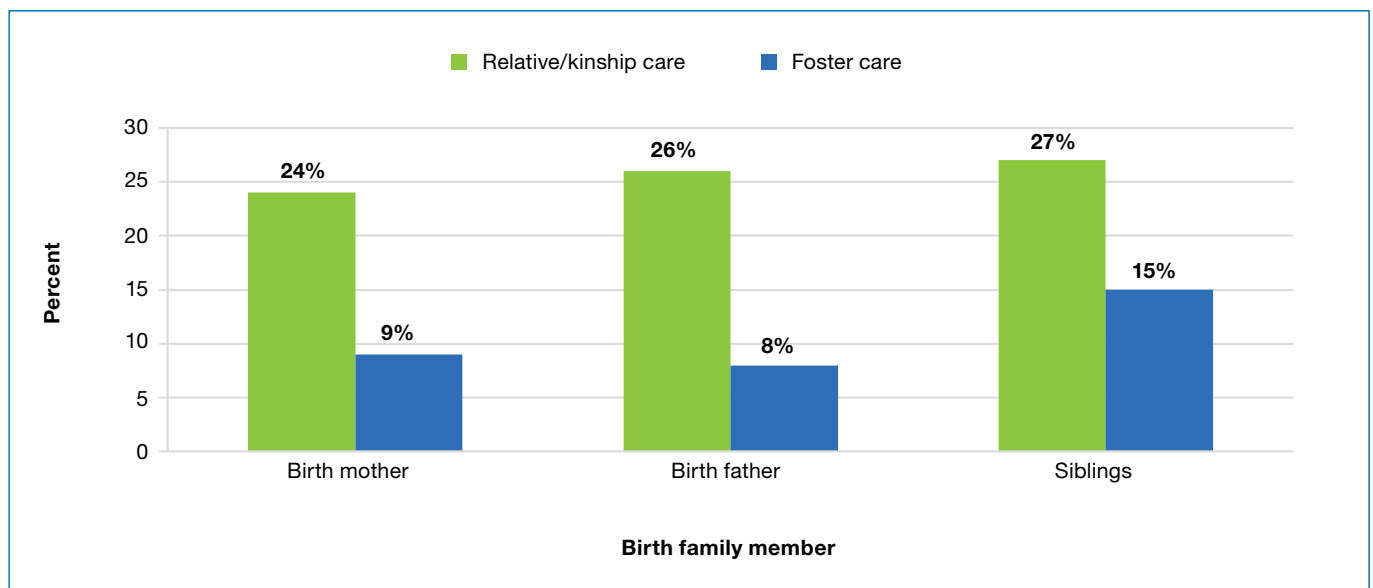
Source: Pathways of Care Longitudinal Study, Wave 1 Baseline Statistical Report

How often did contact occur?

It was most common for children and young people to have contact with their birth mother, birth father or siblings (if not residing with them) less than once a month. Around one in five had weekly or more frequent contact. Older children aged 12-17 years were more likely to have contact with their birth parents weekly or more frequently than children aged 9 months to 11 years.

Children and young people in relative/kinship care placements were more likely to have frequent contact with birth parents and siblings than were children in foster care placements (see Figure 1). Around a quarter of children and young people in relative/kinship care had contact with their birth parents at least weekly, whereas this was the case for less than 10% of children in foster care.

Figure 1: Caregiver reports of weekly or more frequent contact with birth parents and siblings, by placement type



Source: Pathways of Care Longitudinal Study, Wave 1 Baseline Statistical Report

Was contact supervised?

Most face-to-face contact between children and young people and their birth parents was supervised. Only a small number of children and young people had unsupervised face-to-face contact with their birth mother (7%) and birth father (6%). Older children and young people were more likely than younger children to have unsupervised contact with their birth parents, and more likely to contact their birth family and other relatives by phone.

What was the quality of birth family relationships?

According to caregiver reports, 38% of children and young people had a good relationship with their birth mother and 24% had a good relationship with their birth father. About half of the children and young people (51%) had a good relationship with their birth siblings.

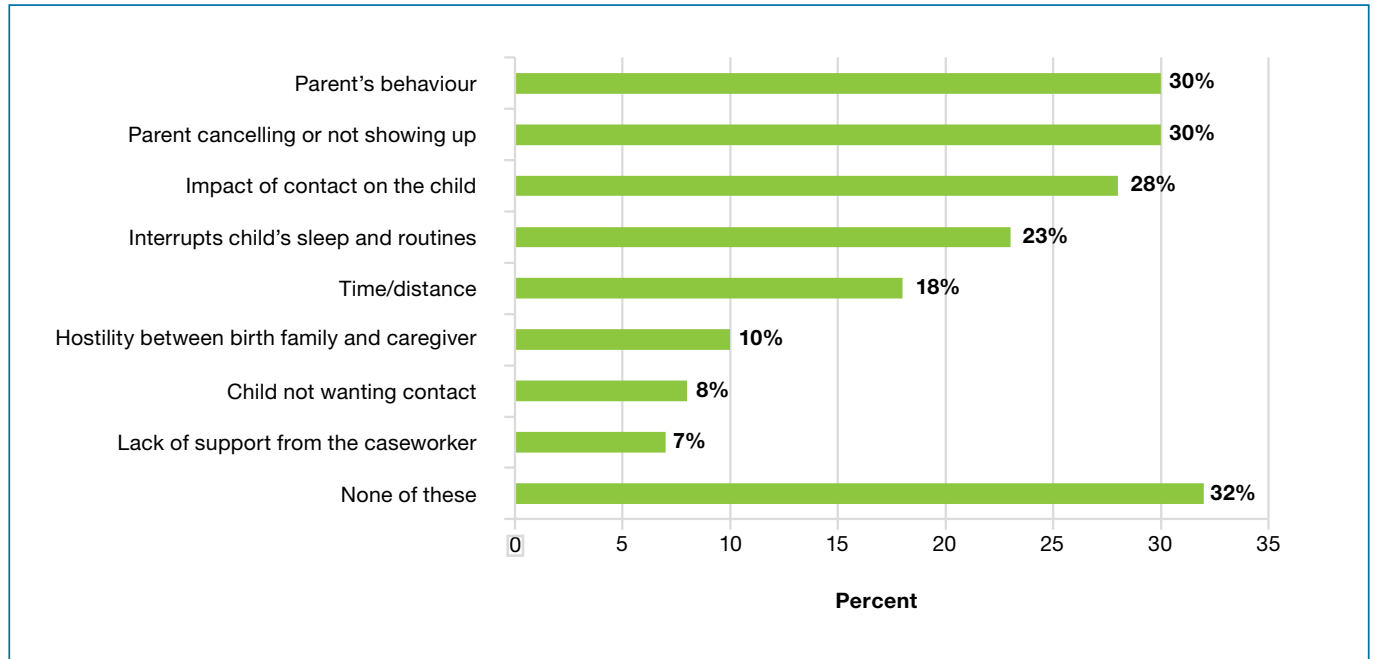
Children and young people in relative/kinship care placements were more likely to have a good relationship with all types of birth family members, particularly cousins, maternal and paternal aunts and uncles and maternal grandparents, compared to children and young people in foster care placements. Foster carers were more likely than relative/kinship carers to report that children and young people did not have a good relationship with birth family members (19% compared to 4%).

According to caregivers, four out of five children's needs were 'very well' or 'fairly well' met in maintaining family relationships. Older children aged 12-17 years were the most likely to have their needs 'not at all well met'.

What issues arose with birth family contact?

About a third of caregivers (32%) reported that no problems arose from birth family contact. The most commonly reported problems associated with birth family contact were parents' behaviour (30%), parents' cancelling or not showing up (30%) and impact on the child (28%) (see Figure 2).

Figure 2: Caregiver reports of type of issues arising from birth family contact



Source: Pathways of Care Longitudinal Study, Wave 1 Baseline Statistical Report

Relative/kinship carers were more likely than foster carers to report that children and young people showed positive behaviour prior to contact with their birth mother (52% compared to 41%) or their birth father (53% compared to 41%). Both foster carers and relative/kinship carers reported that children and young people were more likely to display positive behaviour before contact with birth parents than after contact.

Next steps for the study

The POCLS Wave 1 baseline data provides important information for understanding children and young people's experiences of contact with their birth family. It will allow us to examine how contact influences the socio-emotional wellbeing, identity and felt security of children and young people. The POCLS Study Working Group is currently undertaking in-depth analyses of Wave 1-3 data to better understand how the frequency of contact, type of contact and relationships influence the long term outcomes of children and young people in OOHC.

Current best practice and resources

Contact between children and young people in OOHC and their birth families is complex, dynamic and changes over time. Adequate assessment and planning is needed to ensure that decisions about contact meet the needs of children and young people.

Making contact a positive experience

Birth family involvement in children and young people's lives can help children's adjustment and help birth parents strengthen their own parenting skills. Contact is an opportunity for practitioners to support children and birth parents to build stronger, more positive relationships.⁴

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

- Supporting children and young people and preparing them for contact.
- Involving children and young people in decision making about contact visits to assist in planning activities, address ambivalent feelings and ensure that they have realistic expectations.
- Supporting parents to address the issues that led to their child being placed in OOHC.
- Supporting parents to contribute to decision making about contact visits.
- Supporting foster carers and relative/kinship carers to participate in the development of contact plans.
- Providing foster and relative/kinship carers with opportunities to access training to better support children and young people with issues relating to contact.⁵

Maintaining sibling relationships

Despite limited research on contact between siblings in OOHC, it is recognised that maintaining a relationship between siblings is important.⁶ Caseworkers can support contact between siblings living in separate placements by:

- Supporting contact with different types of siblings including birth siblings, half siblings and step siblings.
- Facilitating sibling contact particularly during the early stages of the placement.
- Assessing caregivers' feelings and perceptions about the child's birth family.
- Educating caregivers' about the benefits of maintaining sibling relationships.
- Supporting caregivers to maintain contact with siblings.
- Recognising that not all sibling relationships are positive and considering the unique needs of each child or young person when developing a sibling contact plan.⁷

The [Contact arrangements](#) fact sheet sets out the factors to consider when planning contact.

About the Pathways of Care Longitudinal Study

POCLS is the first large scale prospective longitudinal study on OOHC in Australia. The study examines the safety and developmental wellbeing of a group of children in NSW who entered OOHC for the first time between May 2010 and October 2011 and received final care and protection orders by April 2013. It is led and funded by the NSW Department of Family and Community Services (FACS) with independent expert researchers providing advice on study design, and undertaking the interviews and analyses. Wave 1 was conducted in the child/young person's first years in OOHC. A total of 1,285 children and young people aged 9 months to 17 years, and their caregivers, participated in the Wave 1 interviews between May 2011 and August 2013.

As the children and young people in the study are first time entries to OOHC they are not representative of all children in OOHC and so caution should be taken in generalising the findings to the total OOHC population.

All publications will be uploaded to the study webpage

www.community.nsw.gov.au/pathways

Endnotes

- ¹ De Maio, J & Smart, D 2015, 'Caregiver parenting practices and children's relationships' in Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago and New South Wales Department of Family and Community Services, Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW. Wave 1 Baseline Statistical Report, Sydney, NSW: Department of Family and Community Services.
- ² Scott, D, O'Neill, C, & Minge, A 2005, Contact between children in out-of-home care and their birth families, Centre for Parenting and Research, NSW Department of Community Services: Ashfield.
- ³ Rickford, cited in Scott, O'Neill, & Minge 2005.
- ⁴ Fernandez, E 2013, Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Care Children, New York: Springer.
- ⁵ Bullen, T, Taplin, S, & Barry, E 2015, Supporting quality contact visits for children in out-of-home care, Research to Practice Series, Issue 10 Canberra: Institute of Child Protection Studies, ACU.
- ⁶ Lundstrom, T & Sallnas, M 2012, 'Sibling contact among Swedish children in foster and residential care: Out of home care in a family service system', *Children and Youth Services Review*, vol. 34, no. 2, pp. 396-402.
- ⁷ James, S, Monn, AR, Palinkas, LA, & Leslie, LK 2008, 'Maintaining sibling relationships for children in foster and adoptive placements', *Children and Youth Services Review*, vol. 30, no. 1, pp. 90-106.

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