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The experience and impact of supervised birth family contact with ‘looked after children’: perspectives, roles and purposeful use.

Introduction

The right to direct contact with family is enshrined in international law (United Nations Convention on the Rights of the Child, Article 9) and is a current and debated topic heightened following the introduction of the Children and Families Act 2014 and Social Services and Well-being (Wales) Act 2014. However, for an increasing number of vulnerable and disadvantaged young people entering the care system, maintaining contact with their birth family is something which is restricted, dictated and controlled by other people. Existing literature regarding supervised contact is limited, inconclusive and inconsistent and has highlighted the importance and need for research in this area:

Contact is an important part of the jigsaw puzzle that makes up caring for separated children. As researchers and professionals, we too need to continue to think about and ask the difficult questions about its purpose and the ways in which it can best become a positive and life-enhancing experience for children (Neil, Beek & Schofield, 2003, p. 416).

In this vein, the aim of this study funded by Swansea University and the Economic and Social Research Council (Pye, 2017) was to gain a better understanding of the experience and impact of supervised contact for ‘looked after’ children (LAC) from the perspective of the key individuals involved within this process. Ecological Systems Theory (Bronfenbrenner, 1994) and Attachment Theory (Bowlby, 1982) were employed as a conceptual framework to inform this research.

The following discussion provides a brief overview of the available research evidence in relation to contact, followed by an outline of the adopted methodology. A summary of the most salient key messages from the research are then presented followed by implications for policy and practice and some final thoughts.

Birth family contact

The issue of contact is an important consideration for young people, their birth families, professionals and policy-makers who are responsible for the care of LAC. Contact can take different forms, where supervised contact entails direct observation of parent-child interactions and may include the provision of support to promote such interactions (Triseliotis, 2010). Contact can have many different purposes (Lucey, Sturge, Fellow-Smith & Reder, 2003, as cited in Taplin, 2005) and can be regarded as a transactional phenomenon (Neil, 2009), as being important to human relationships (Selwyn, 2004), and as a tool or resource (Neil & Howe, 2004). It is also a concept which is enshrined in a constantly evolving legislative and political framework which influences the experiences of young people and their families and informs the practice of professionals who care for LAC (Children and Families Act 2014; Social Services and Well-being (Wales) Act 2014).

The 'presumption' of contact between children and their birth family is a key principle of the Social Services and Well-being (Wales) Act 2014 where it is stipulated that "there should be continued contact between the child and their family while the child is in the care of the local authority" (Welsh Government, 2016a, p. 12). However, this 'presumption' of contact is set against the backdrop that "the child's well-being is the paramount consideration at all times" (Welsh Government, 2016a, p. 12), where there is an acknowledgment that contact could be detrimental to the wellbeing of young people. This stresses the importance of research which explores perceptions around the quality and impact of contact.

The experience of contact has been found to be difficult, emotive and complex for all involved (Macaskill, 2002). For example, young people and birth family members can find the experience of contact distressing (Morrison, Mishna, Cook & Aitken, 2011; Haight et al., 2002), express a distinct lack of involvement in planning contact (Cleaver, 2000) and experience difficulties in sustaining contact (Timms & Thoburn, 2006; Masson, 1997). Carers and social workers play a pivotal, complex and diverse role in influencing the impact, facilitation, quality and promotion of contact (Sen & Broadhurst, 2011; Nesmith, Patton, Christophersen, & Smart, 2017). Roles which are found to be fraught with difficulties and complexities. For example, carers experience difficulties in communication and consultation (Selwyn, 2004), establishing routines (Humphreys &

Kiraly, 2011), decision making (Selwyn & Quinton, 2004), receiving adequate support (Murray, Tarren-Sweeny & France, 2011) and parental relationships (Moyers, Farmer & Lipscombe, 2006). Limited research suggests that the beliefs, views and attitudes of individuals around contact (intrapersonal factors), the interactions and communication between different key individuals involved in contact (interactional factors) and the context within which contact takes place (environmental factors) appear to be central in informing the views and experiences of key individuals - both in terms of enabling roles to be carried out effectively and upon the quality and experience of contact.

The characteristics of LAC represent an increasing and vulnerable population with complex and diverse needs (Welsh Government, 2016b), where research has shown that LAC are at an increased risk of a range of poor outcomes as compared to their peers in the general population (Ford, Vostanis, Meltzer & Goodman, 2007; Fernandez, 2013). Significantly, contact has been found to have had a positive influence on outcomes for some young people, but an adverse impact for others. Most notably upon the psycho-social wellbeing (Fernandez, 2013; Neil & Howe, 2004), placement stability (Sinclair, Wilson & Gibbs, 2005) and educational achievements (Rees, 2013) of LAC. Contact has also been found to promote and undermine reunification (Leathers, 2002; Sinclair, Baker, Wilson & Gibbs, 2005) and attachment relationships (Humphreys & Kiraly, 2009; Moyers et al., 2006) in respect of LAC.

Although the current literature has made some contribution in advancing our understanding of the experience and impact of contact, there is a dearth of up-to-date research which focuses upon the subjective experiences of young people, parents, professionals or carers (Haight et al., 2002). There is also a lack of research which considers contact which is supervised with 'looked after' rather than adopted children, and research which explores contact in a holistic way, enabling the generalisation of findings related to the 'looked after' population within the United Kingdom.

This research explores the differing views, experiences, roles and relationships of young people, birth family members, carers, contact supervisors and social workers, how these change over time, and factors which influence the success of supervised contact.

Methodology

A sequential two phase mixed method design (Leech & Onwuegbuzie, 2009) was employed to gain the views of key participant groups (young people, birth family members, carers, social workers, contact supervisors) involved in supervised contact over time at an identified contact centre in Wales. A purposive sampling method ensured that family units reflected a diversity of circumstances and arrangements representative of local statistical data regarding the 'looked after' population. Within this design equal weight was assigned to both qualitative and quantitative strategies in terms of data collection and analysis, with merging of the qualitative and quantitative elements occurring at the data interpretation stage.

In **Phase 1**, which is primarily quantitative, general views on the importance of contact, support and training were explored through bespoke structured questionnaires (N=165). These were completed by nine young people, 38 birth family members, 72 carers, 31 social workers, and 15 contact supervisors. Connected views of key groups relating to 90 discrete family units they were either part of or working with were also collected, reflecting predefined areas of interest around interactional, intrapersonal and environmental factors. Some professionals (and to a lesser extent carers) were involved with several families and were asked to respond in relation to each family unit, accounting for the larger number of responses (N=477). Descriptive and inferential statistical techniques were applied to compare the responses of different groups.

In **Phase 2**, primarily qualitative, the views and experiences of participants were ascertained through bespoke semi-structured interviews focusing on the experiences and views of key groups during the initial (Time1) and final (Time 2) stages of supervised contact. The general and connected views of groups pertaining to 22 of the 90 family units were collected at this stage, reflecting similar predefined areas of interest as in Phase 1. Multi-perspective thematic analysis (Braun & Clarke, 2006) explored participants' responses (N=64). This included data from two young people, 17 birth family members, 17 carers, 16 social workers and 12 contact supervisors.

The choice of a 'mixed methods' research design, which includes multiple perspectives over time, provided a basis from which to gain a more holistic and in-depth understanding of the dynamic and changeable nature of supervised contact through the conceptual framework of Ecological Systems Theory. This research addresses some of the methodological limitations of previous research - focusing exclusively upon *supervised* contact for *LAC*, gaining the subjective views of *all key individuals* involved in or experiencing supervised contact, exploring the *whole process* of supervised contact over time. Adopting a 'mixed methods' approach promotes the credibility and depth of findings through maximising the strengths and minimising the weaknesses of each approach if adopted independently, enabling findings to be cross-checked and providing a more holistic and comprehensive understanding of supervised contact (Bryman, 2012).

Key Messages

The following section provides a summary of the most salient overarching key messages from both Phase 1 and Phase 2 of the research which advances our knowledge in relation to supervised contact.

Contact is felt to be an extremely important issue for young people and their families and the level of importance assigned to contact appears to be connected to the perceived purpose of supervised contact, which for a minority is not always clear. Groups perceive the importance and purpose of supervised contact in different ways.

Contact serves many different functional purposes which can change over time and broadly relate to maintaining a connection between young people and their family or ensuring the safety and wellbeing of young people. Experiencing or being involved in supervised contact is an emotive, complex, challenging, unique and dynamic experience. The roles and positions of individuals within supervised contact are unique, challenging and central to facilitating and achieving positive contact, which is more important than achieving frequent contact.

This research has clearly illustrated that a key factor influencing whether contact is beneficial or detrimental to young people is the quality of the contact. Good quality contact is safe, purposeful, meaningful, stimulating, enjoyable, appropriate and consistent. This novel finding addresses previous criticisms of a lack of understanding around what factors define the quality of contact (Triseliotis, 2010).

Safe contact is characterised by the ability of contact supervisors to protect young people from overt risks such as physical harm and more covert risk such as emotional or psychological harm. Purposeful contact is defined by contact which serves an explicit and clearly stated functional purpose to achieve an end goal which reflects the best interests of young people. Meaningful, stimulating and enjoyable contact is determined by positive, engaging and natural interactions between young people and their birth family, with ample opportunities and support to demonstrate and develop skills and relationships. Appropriate contact concerns, for example, the timing and reasonableness of contact. Consistent contact is when its occurrence is regular, structured and reliable.

However, achieving such contact is a difficult and challenging task which is heavily influenced by the way in which it is organised, managed and monitored, not least due to the striking differences between groups in their views and experiences - where a mismatch of expectations, experiences and understanding would indicate an incoherent, fragmented and inconsistent approach to facilitating and promoting positive supervised contact. Also, a multitude of inter-related factors which are seen to heavily influence the facilitation and quality of supervised contact and the accuracy and robustness of assessments produced further highlight the complexity of this task. Most notably, inter-related factors such as the quality of communication/relationships, access to and receipt of knowledge/support, consistency and the context within which contact takes place are seen to be highly influential on how supervised contact is facilitated, supervised and assessed.

For some, a more positive view around supervised contact is formed over time, whereas for others supervised contact is seen in a more negative light. This research moves beyond providing support for supervised contact as a dynamic phenomenon mainly due to circumstantial changes (Selwyn, 2004) to a position whereby supervised contact is recognised as changing due to a multitude of factors such as communication, knowledge and relationships.

The current system of supervising contact as a tool from which to accurately assess and develop relationships and parenting capacity has been questioned. Often insufficient attention is paid to the individuality of young people and their

circumstances when considering supervised contact, with longer-term planning and organisational limitations being more influential in arrangements made.

Being involved in supervised contact can impact upon individuals' ability to fulfil other duties and expectations. This has the potential to impact upon the wellbeing of young people outside of the process of supervised contact.

Implications for Practice and Policy

The knowledge gained from this research has the potential to positively inform the practice and understanding of professionals and carers in relation to supervised contact and the legislative framework within which they work.

The importance of promoting positive, good quality, purposeful contact, rather than frequent contact, is stressed within this research. Such contact would not only ensure children enjoy contact but forge positive relationships with family members, which has implications for the outcome of assessments undertaken and subsequent longer-term decisions made. Furthermore, the promotion of good quality contact has the potential to improve poorer outcomes experienced by LAC than their peers in the general population. However, there is insufficient guidance around what constitutes positive contact and how this can be promoted. The incorporation of such guidance within legislation would not only enhance understanding and knowledge but promote consistency within and between different key groups responsible for the promotion of positive contact.

Striking differences in the views and experiences between key groups highlight a common mismatch of expectations, experiences and understanding which must be acknowledged if positive outcomes are to be secured. This research stresses the importance of implementing a more coherent, unified, integrated and consistent approach to supervised contact, akin to the 'whole family approach' to social work practice. It is argued that without adopting a more holistic approach to supervised contact a child-centred approach, where the needs, safety and best interests of the young people remain paramount, cannot realistically be achieved. Most importantly key groups need to have a better mutual understanding and appreciation of each other's experiences, roles, responsibilities, expectations and associated difficulties. This could be achieved through greater oral and written communication and

collaboration between carers, professionals and birth family members, and could be facilitated by individually tailored inductions, training prior to and after commencing roles, joint training, formal and consistent guidance, reflective practice, greater consultation and inclusion in information sharing.

Given the enormity and complexity of the task of facilitating, arranging and managing positive supervised contact all those involved need to have access to on-going practical and emotional support which is relevant and specific to their position and role within this process. For example, it is evident within this research that birth family members need to be supported in dealing with the emotional impact of contact and in interacting in a positive, meaningful and natural way with their children. Carers need to be supported in managing their relationships with birth family members and in helping the young people they care for to deal with their emotions. Professionals need to have access to relevant and appropriate knowledge from which to make informed individually based decisions. This research has highlighted a lack of focus upon the individuality of young people, with arrangements made and perspectives around supervised contact being heavily influenced by longer-term planning in respect of young people. Given the diversity, individuality and uniqueness of young people themselves and their circumstances, this seems an inadequate and inappropriate way to manage and assess supervised contact. In the first instance this could be achieved through a consultation process to clarify what individually tailored support is required by key individuals and how this could be accessed and provided. Support systems could include formal support such as focused and effective supervision or pre- and post- qualification training. Less formal support could include the provision of written or visual information and the allocation of an identified liaison person from which support around contact could be accessed. Key individuals also need to be supported in minimising the impact of supervised contact upon their ability to fulfil other roles and expectations. This needs to be firstly acknowledged within a formal setting (such as supervision or statutory meetings), and support strategies put in place which are regularly reviewed and monitored.

Consideration could be given to an alternative system of supervising contact, such as through the use of video monitoring or two-way mirrors. This has the potential to both promote more positive contact and more robust and accurate assessments which

could be validated and reviewed by other professionals. Evidently the appropriateness of such a system would have to be assessed in relation to each individual family and, first and foremost, ensure the safety and wellbeing of young people.

It is evident that a number of barriers hinder the process of supervised contact, including resource limitations and heavy workloads. Resource limitations and heavy workloads will always be a reality, and a constraint within which professionals or carers work and young people or birth family members experience supervised contact. However, many of the perceived barriers to achieving positive supervised contact were related to other factors such as the function and structure of currently available resources, the perceptions and attitudes of key individuals, the quality of communication and relationships and the context within which supervised contact takes place. This would imply that, in many ways, promoting more positive supervised contact, and potentially more positive outcomes, is achievable through both subtle and more overt changes in practice.

The identification of key domains which are heavily influential upon the experience and quality of contact should be acknowledged and incorporated into practice during the initial stages of the contact process. This is especially important when considering the limited timeframe professionals have to assess the quality and nature of family relationships, and the potential impact of such assessments. It should also be regarded as essential to ensure that birth family members are given a fair opportunity to demonstrate their capabilities. Further, acknowledging such factors may lessen the difficulties experienced by professionals and carers when arranging and managing contact for young people – resulting in less stress and pressure around their work loads.

Final thoughts

The experience of supervised contact is a reality for an ever-increasing number of vulnerable LAC entering the care system. As such it would seem that those individuals tasked with promoting, arranging, monitoring and assessing contact have a responsibility and obligation to make this experience as positive as it possibly can be. However, it appears that such individuals lack consistent and comprehensive understanding, knowledge and guidance from which to fulfil this objective.

Given the individuality of young people and their circumstances, it is acknowledged that it is not possible to provide a set of 'one size fits all' guidance. However, this research has clearly outlined a number of factors which play a predominant and influential role in achieving positive, good quality, safe supervised contact, factors which if acknowledged, recognised and understood have the potential to promote the wellbeing, safety and best interests of young people both within and outside of contact and in the short and longer-term.

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