



# Baby on Board

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



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## **Key findings: Report of the Infants in Care and Family Contact Research Project**

Family contact for infants living in out of home care in Victoria is a changing area of practice. Many infants are currently involved in complex travel arrangements in order to visit their mothers and fathers, with many of these visits occurring in Department of Human Services (DHS) offices. A research project within the University of Melbourne Alfred Felton Research Program has explored the current arrangements for parental contact for infants, the impact of these arrangements on the infants, and directions for good practice. Key findings were:

- Case file data from all (119) infants 12 months of age or less who were in care on 1 August 2007 revealed that one-third of cases (40) involved contact with parents four or more times per week at some stage.
- Serious concerns about the welfare of infants involved in high frequency family contact arrangements (4-7 times per week) were consistently raised in focus groups with key informants. Focus group participants expressed great concern about: disruption to infants' sleeping and eating routines; distress of infants during travel and afterwards; the quality of the environment for family contact in DHS offices; the involvement of multiple strangers in the transporting of infants, and difficulty in comforting infants following visits.
- Many legal advocates for parents felt strongly that parents had a right to very high frequency contact with their infant in order to provide the best chance for family reunification.
- 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 the cases (n=20) of high frequency family contact arrangements, scheduled visits actually took place most of the time (75-100% of occasions). For the other half (n=20), visits took place far less frequently.
- Where mothers and/or fathers attended most of the scheduled contact visits, the quality of interaction with their infants varied widely. Case files and feedback from focus groups indicate that while some parents tuned in well to their infants, others were more disengaged, or unable to read their infants' needs or communications. It appeared that some mothers and fathers may have needed more active support and assistance with parenting, developing their relationship with their infant and with establishing functional lives.
- There was consensus across all focus group participants that the environment for contact between parents and infants needed substantial improvement to support better quality family contact, and that a range of alternative locations were possible.
- Court ordered high frequency parental contact did not necessarily lead to an increased incidence of family reunification over a 12 month period. 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 a court order for high frequency parental contact (23%), and those who had not (22%).

## Executive Summary

### Background

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 question of best practice in family contact for infants in care is a complex one. High levels of family contact are sometimes seen to be needed to maximise the chance of family reunification. However infants also need safety, stability of care and tranquillity in order to thrive. Where there is a level of disruption involved for infants with frequent travel and significant time away from their primary caregiver, these two factors may be in tension.

A number of issues contribute to the significance of the project. 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). Infants in the first year of life also comprise the greatest percentage of deaths of children known to Child Protection (Victorian Child Death Review Committee, 2008), and hence are the most vulnerable group of children in the community. Many of these infants come into care in the first two of months of life, before a significant attachment pattern has been established with their mother and/or father. As indicated above, this is the critical time in a child's life for developing effective attachment relationships, and for neurological development (Perry, 2008). Stability of parenting relationships is of the utmost importance to the infant's well-being and development, whether achieved by family reunification or alternative permanent care.

The over-arching aim of the research was to understand current arrangements for family contact for infants in protective care, and to contribute to the development of good practice in this area. Information on the extent and nature of family contact, and the perspectives of carers, professional staff and lawyers, were sought to inform this understanding<sup>1</sup>. Key questions included:

- A. What are the current arrangements for infants in care to have contact with their parents?
- 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?

The research involved a case file audit, 11 focus groups and 5 interviews (118 participants), and 30 brief case studies.

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<sup>1</sup> Unfortunately it was not possible to gain the views of parents in this research. Stage 2 of this research project is being planned currently, and will include the parents' perspective.

## A. What are the current arrangements for infants in care to have contact with their parents?

### *Findings – case file audit*

Of the 119 cases identified<sup>2</sup>, there were 40 (one third) in which high frequency family contact (4-7 days per week) was court ordered. Data from the high frequency cases showed:

- In August 2007, high frequency contact orders for infants were overwhelmingly a metropolitan phenomenon.
- Substance abuse featured in most cases, often involving both parents. Domestic violence was also prominent. A range of risk factors frequently coexisted.
- Most infants were placed within two months of birth. High frequency access orders were most common in the first few months of life.
- A little over half the high access orders continued for two months or less, 12 continued for 4 to 8 months duration, and three were for at least 10 to 16 months.
- In half of all high access orders, scheduled family contact visits occurred most of the time (76-100% of the time).
- In nearly half of the cases of high frequency contact, rates of implementation of contact visits were relatively low (visits occurred 50% or less of the time). Reasons evident from files included: infants being unwell; parents being unwell, missing, or in prison; parents experiencing financial and other difficulties with transport; or on rare occasions, parents' unacceptable behaviour leading to suspension of visits. Often, it appeared that parents were unable to maintain the high frequency visiting schedule for reasons relating to their life circumstances. On rare occasions, visits did not occur because DHS was unable to provide transport and/or supervision for contact 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 in parents who attended most scheduled visits.
- Court orders for high frequency family contact did not show a strong relationship with the reunification of parent/s and infant within the 12 month interval studied. While not definitive, infant placement one year after the initial snapshot is one crude measure of family reunification<sup>3</sup>. Slightly less than one-quarter of both the high frequency contact group (23%) and the group that had not had such a court order (22%) had been reunited with one or both parents one year later.
- In 40% of Court ordered high frequency family contact, visits occurred in DHS offices. The rate at which visits actually took place was significantly lower when they were in DHS offices rather than elsewhere. A number of factors may contribute to this difference, including parents' feelings about DHS, and the reasons why visits were scheduled there, for example, security issues.

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<sup>2</sup> All infants in care on August 1<sup>st</sup>, 2007.

<sup>3</sup> Family reunification sometimes takes longer than one year.

## **B. What is the evidence of the impact on infants of their family contact arrangements?**

### *Findings - focus groups and brief case studies*

The overwhelming area of concern raised by participants was about infants who were transported, without their carer, to venues (mostly DHS offices) away from their foster care home. High frequency contact in the infant's home (mainly in kinship care) raised some concerns - mainly due to limited monitoring - but was not a primary issue. Some legal advocates for parents argued that this signified that the issue of high frequency contact was simply a resourcing issue for DHS. However, staff from DHS and CSOs, while concerned about limited resources for the increasing family contact workload<sup>4</sup>, were more concerned about the poor quality of family contact arrangements, which they felt did not meet the needs of either infant or parents.

Some of the views from the focus groups for parents' legal advocates, and Children's Court Clinic staff, contrasted with the concerns raised above. The strongest view from these participants was that mothers and fathers had a right to very frequent contact with their infants to provide an opportunity for family reunification; however, many appeared to be unaware of the unintended consequences of high frequency family contact.

The concerns which were raised consistently in the other nine focus groups revolved around the impact on infants of a number of related issues. These included:

- The particular vulnerability of the infants, many of whom had had health issues due to prematurity and drug withdrawal, as well as experiencing trauma due to neglect and/or abuse. There was a strongly held view that these infants required particular care due to their vulnerability. High frequency family contact away from the carer's home was viewed as at odds with their needs.
- The need to create a context in which the infant's developmental needs could be met through developing a secure attachment to the foster carer, even if this was not to be a permanent arrangement. The importance of promoting the infant's early neurological and emotional development through this secure attachment relationship was mentioned in a number of focus groups. Without this, it was considered that the infant's ability to form relationships with her/his parents, and other people, would be undermined.
- The disruption to the infant's sleeping and feeding routines through frequent car travel to contact venues outside the home in the absence of her/his primary carer. Many infants were reported to be unsettled, crying and unable to be easily comforted. A number of foster carers reported that indicators of distress were less when the frequency of family contact reduced.
- The handling of infants by multiple strangers. This was exacerbated during high frequency family contact, particularly when visits took place on weekends (when regular DHS staff were not on duty). This was seen as leading at times to indiscriminate or passive behaviour in the infant, damaging to the capacity to develop secure attachments to the small number of important people in her/his life, including her/his foster carer and parents.
- The need to improve the quality of the physical environment for parental contact. Family contact in DHS offices was seen as highly problematic for both infants and their parents. A range of more friendly and suitable alternatives were seen as needed.

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<sup>4</sup> A workload review in the NW Region in 2003 (before the noted increase in high frequency access orders) showed that 70% of the time of Child Protection case managers was spent arranging, providing transport, facilitating and supervising access (Minge, 2007).

### C. What are the 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 mothers and fathers 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 the different parts of the service system can increase cooperation to generate better outcomes for infants and their families. In particular, placement prevention services which involve strengthening vulnerable families need to continue to be a focus for resourcing.
3. Specialist, skilled staff are needed to supervise family visiting, to provide support, to intervene therapeutically with disturbed infant-parent attachment relationships and to teach parenting skills. This supportive and therapeutic work should be separate from Child Protection but inform Child Protection decisions.
4. 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.
5. The involvement of multiple strangers in family contact arrangements, including in infant travel, is damaging to infants' development. A very small number of people only should be involved.
6. Length of visits should be individually determined, developmentally informed and change as parenting capacity and the infant's needs change. Longer, but less frequent visits would allow for a cycle of feeding, sleeping, infant care and play, all with support and education for parents provided.
7. Frequency of contact will still need to vary in line with plans for parental reunification or permanency with alternative carers.
8. 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 an infant's life. A specialised infants list pilot program in the Melbourne Children's Court proposed by Kirby, Freiberg and Ward (2004), which involves moving away from the adversarial paradigm towards a more inquisitorial or case management approach, is supported as a possible direction that may improve child-centred practice and allow for greater cooperation about family contact arrangements.

9. A range of more family-friendly venues for visits are needed. Venues need to be comfortable and supportive to parents and infants, and allow for infants' routines of feeding, sleeping, baby care and play.
  - a) There is a need to explore the possibility of more family contact in the parents' home, or relatives' homes; where suitable, the carer's home; parks and gardens; CSO offices; community facilities near the caregiver's home such as Maternal and Child Health Nurse centres, recreation centres and other options as identified.
  - 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 Court jurisdiction is highly desirable<sup>5</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) Some security arrangements will still need to be available as required in various situations.
  - f) Family visiting should not be held in fast food restaurants and shopping malls.
10. 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, and by focussing on quality rather than quantity of visits, including the possibility of longer rather than more frequent visits in some circumstances.
11. Particular attention is needed to ensuring 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, 2005) 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 Stolen Generation.
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.

### **About the project**

The project was undertaken as independent research within the University of Melbourne Alfred Felton Research Program.

High level co-operation in the exploration of these research questions was provided by a Reference Group which was established to guide the research. This included the

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<sup>5</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.

Victorian Child Safety Commissioner; the CEO, Centre for Excellence in Child and Family Welfare; the President of the Children's Court; the Executive Director, DHS Children, Youth and Families Division; senior managers from Community Sector Organisations (CSOs) providing foster care; and two infant specialist Associate Professors from the Royal Children's Hospital/University of Melbourne (psychiatry and social work). All were interested parties in the research project and wished to be actively involved in exploring where the best interests for infants lay in this complex area of policy and practice.

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

Research assistance was provided from DHS Children, Youth and Families Division, and the Office of the Child Safety Commissioner.

Multiple research methods were used and included:

- An audit of case files for data 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 using DHS electronic databases.
- 11 focus groups and 5 interviews involving 118 key informants including:
  - Foster Carers
  - Foster Care Program Managers
  - DHS Child Protection staff, including High Risk Infant Managers and Case Support Workers
  - Victoria Legal Aid (legal advocates for parents)
  - DHS Court Advocacy Unit (legal advocates for Child Protection)
  - Children's Court Clinic staff.
- A set of 30 brief case studies drawn from foster carers and case managers who proactively contacted the researchers with case examples.

It is envisaged that this will be the first stage of research focused on family contact issues for infants. A second stage is planned that would involve direct infant observation and interviews with parents to obtain their perspectives.

Ethical clearance for Stage 1 of the research was gained through the DHS Human Research Ethics Committee and the Human Research Ethics Committee at University of Melbourne.

Interim findings were brought to the Reference Group at regular intervals to update the group and to advise on developments in the research design. A seminar was held for Children's Court Magistrates to advise of early findings

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

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