

**Attachment and Birth Family Contact for Children in the
New South Wales Child Protection System**

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Managing on the Edge

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ABSTRACT

Children who have been assessed at “risk of significant harm” may be removed from their biological parents and placed in out-of-home care as an interim measure until permanent placement orders are made. To maintain attachment with their birth family a schedule of contact visits is normally mandated during this period. With the aim of determining an optimal protocol for visitation scheduling, this research has identified a great inconsistency in the reporting of birth family contact visits. It further identifies a need for the provision of consistent guidelines for reporting and training of case workers in report writing. These are significant results as the reports are an important consideration in the determination of final court orders for the placement of children.

Keywords: practice climate, culture, environment; social services; customer service; policy (development/reform); health system reforms

INTRODUCTION

The New South Wales Department of Family and Community Services—Community Services (CS)¹ has a mandate to protect children and young persons (C&YP) in New South Wales and ensure their safety, welfare and well-being. In NSW, notifications of child abuse and/or neglect are made to a centralised intake centre known as the Child Protection (CP) Helpline. Figure 1 provides an overview of the CP process in NSW, from the initial Risk of Significant Harm (ROSH) notification to the determination of Children’s Court Final Orders. Children involved in the statutory CP system following experience of significant abuse and/or neglect and placement in Out-of-home care (OOHC) have birth family contact visits organised on a regular basis.

¹ The New South Wales Department of Family and Community Services—Community Services (CS) was formerly known as the New South Wales Department of Community Services (DoCS) and the New South Wales Department of Human Services – Community Services.

(Insert Figure 1 here).

This paper reports on a study examining children's contact with their biological parents following removal from their parents' care. Contact with their birth family for children in OOHC placements means either planned visitation in person or an interaction opportunity using audio-video linkages with their biological parents and siblings with whom they no longer live. The United Nations has identified birth family contact as a right of children. According to the United Nations Convention on the Rights of the Child,

“State 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 in a regular basis except if it is contrary to the child's best interests.” (United Nations, 1989, Article 9(3)).

In 2000, section 86 of the Children and Young Persons Care and Protection Act 1998 (the Act) was proclaimed which permitted the Children's Court to make contact orders as part of Care Orders². From the author's personal experience (as a CS caseworker) while the Children's Court makes contact orders as part of Care Orders; the exception identified in the UN Convention is very rarely upheld, partly due to lack of evidence. The Children's Court contact guidelines currently used in NSW were developed in response to the Wood Report³ to achieve greater consistency among Children's Court magistrates in making contact orders in care proceedings. The contact guidelines identify restoration, attachment or maintaining positive relationship, and maintaining a sense of identity as reasons for birth family contact visits (Judge Marien, 2011).

Currently there is lack of research reporting on the effects of birth family contact visitation on Australian children who are in the statutory CP system and under Interim Care Orders following experiences of significant abuse and/or neglect. Previous birth family contact research conducted with children in long-term OOHC in New Zealand, Australia and United States yielded inconclusive results. There is no definitive evidence to indicate that birth family contact is having either a positive or negative outcome for children in long-term OOHC. A CS research project, *Pathways of Care: The*

² Chapter 5 Part 2 of the Act defines Care Order as an order made “with respect to the care and protection of a child and young person, and includes a contact order under section 86” (Section 60, The Act 1998).

³ The honourable James Wood AO QC headed a Special Commission of Inquiry into CP Services in NSW in 2007 to determine what changes within the CP system were required to cope with future levels of demand. The findings of the commission published in November 2008 (the Wood Report) included the inquiries 111 recommendations. *Keep Them Safe: A shared approach to child wellbeing (KTS)* is the NSW Government's response to the Wood Report. KTS accepts Wood Report's 106 recommendations and outlines a five-year action plan to implement the reforms.

longitudinal study of children and young people in out-of-home care in NSW, undertaken in collaboration with other organizations, identified birth family contact visitation as an area requiring further research (Walsh et. al., 2010).

The theoretical framework used in this research is based in the fields of psychology and business. Specifically the researchers examined the attachment theory and stakeholder theory, as depicted in figure 2, and link these with the outcomes of birth family contact visits.

(Insert Figure 2 here)

Parent-child attachment is considered as critical in the psychosocial development of children (Zeanah, Berlin, & Boris, 2011) and is the focus of this paper. In implementing *Keep Them Safe* (KTS), CS fully accepts the guiding principle set down by Justice Woods that child safety, attachment, wellbeing and permanency should guide CP practice in NSW (NSW Department of Premier and Cabinet, 2009, p.7). The Wood Report stated:

“Continuity of attachment ties is essential for the overall development of a young child, and when children and young persons are separated from their birth families, stable foundations must be re-established as soon as possible either with their birth family or with an alternative long term carer or family.”(Wood, 2008, p. 685)

As a result CS and the Children’s Court place remarkable emphasis on attachment theory and its implications when finalising a care plan for a child. Policies for child placement are developed taking into account the theory of attachment and what is in the best interest of the child (Wood, 2008). However the anxiety, distress (Hashim, 2009), and loyalty conflict (Leathers, 2003) that birth family contact generates in children, and its impact on their capacity to develop and maintain attachment with foster family (Browne & Moloney, 2002), is often overlooked.

Frequency and duration of contact visits that are determined on the basis of the attachment continuity principle may be detrimental for children who have entered OOHC due to serious neglect or abuse issues. It is therefore critical that the CS caseworkers and managers, Children’s Court clinicians, legal representatives and the Magistrates identify the purpose that contact visits fulfil, and this should then guide the contact supervisors on what to observe and report. Actions and decisions of these and other stakeholders influence the outcomes for children in the CP system. To explain the influence of these participants Stakeholder theory is an appropriate tool to examine their influence on

the child, and in particular around birth family contact visitation scheduling. Stakeholder salience (Mitchell, Agle & Wood 1997) is dependent on who matters in the process of decision making regarding contact visits or during contact visits. A discussion of this aspect of research, although important, is beyond the scope of this paper. It has, however, implications for reflection, learning and discussion among stakeholders within and across agencies, especially given the current shift towards outsourcing of contact supervision to Non-Government organisations.

Despite abuse, neglect, statutory intervention and OOHC placement, it is noteworthy that a significant proportion of children return to their birth family when they are no longer in Care (Courtney & Barth, 1996; Mallon, 1998; Mapp, 2002; McDonald, et al., 1996; Meezan & Shireman, 1985). Attachment Theory emphasises the necessity of maintaining birth family contact if this return is to take place. In order to better understand the complexities of birth family contact visits, to refine practice standards, strengthen strategic partnerships and achieve the best outcome for children, policy makers and inter-agency executives should take this information into consideration.

ATTACHMENT THEORY

Attachment theory postulates that children develop different types of attachment based on their early experiences with their caregivers (Bowlby, 1969). An early reciprocal, interactive relationship between a mother and child assists the child to develop a reference point or an internal “working model” of self-other relationships; whereby they learn to formulate behaviours that elicit an anticipated response from their caregiver (Bowlby, 1969; Brenning, Braet, & Bosman, 2011; Bretherton & Munholland, 1999; Buyse, Verschueren, & Doumen, 2011; Poehlmann, 2003). Attachment in young children is “*a strong disposition to seek proximity to and contact with a specific figure and to do so in certain situations, notably when frightened, tired, or ill*” (Bowlby 1982, p. 371). Bowlby identified individual differences in children’s behaviour to their caregivers especially during reunion following separation; which is indicative of their attachment to their caregiver. Ainsworth and colleagues developed “strange situation” procedure (SSP) to study the individual differences in response type as a way to identify mother-child attachment types (Ainsworth, Blehar, Waters, & Wall, 1978). In this research parent child attachment type is extracted from the case worker’s observational reports by classifying children’s response and behaviour during birth family contact visits. Results

from the data will provide 360⁰ feedback to stakeholders to improve front-line management. It will be critical for making informed decisions regarding contact visit scheduling, permanency planning, practice directions, identifying training needs for contact supervisors, and strategic collaborative partnership between key stakeholders in contact visit scheduling.

Types of Attachment

Children's attachment styles to primary caregivers are broadly classified as secure attachment, insecure attachment, and disorganised attachment as depicted in Figure 3.

(Insert figure 3 here)

Securely attached children have physically and emotionally available and responsive caregivers who they reach out to in situations of doubt, stress, anxiety and fear (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Cassidy & Mohr, 2001). Children with insecure attachment have experienced caregivers as being unavailable or unresponsive emotionally or physically (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Cassidy & Mohr, 2001). Based on their internal working models, insecurely attached children display either avoidant behaviours or resistant behaviours. Avoidant children are preoccupied with their activity and ignore caregivers when reunited after separation, whereas resistant (ambivalent) children are distressed when reunited, and they resist caregivers' attempts to soothe (Ainsworth, Blehar, Waters, & Wall, 1978; Cassidy & Mohr, 2001; Zeanah, Berlin, & Boris, 2011). Children with disorganised attachment style experience distress or fright in caregivers presence at reunion and display signs of disorientation, a preference for strangers, or attempts to escape (Cassidy & Mohr, 2001; Main & Solomon, 1986; Zeanah, Berlin, & Boris, 2011). Children who have been maltreated or abused by their parents or caregivers are more likely than others to exhibit a disorganised attachment style (Barnett, Ganiban, & Cicchetti, 1999; Carlson, 1998). Applying the different types of attachment to children in Care, it is anticipated that children who were abused and/or neglected by their parents would display disorganised attachment and not secure attachment.

Attachment and Contact Visits

Children in care are at risk of losing their attachment to their birth families (Cleaver, 2000; Fernandez; 2007; Kufeldt et al. 2003). Birth family contact visits are thought to be a way to maintain

the parent-child relationship, retain children's connection with their pre-placement community and social network (Davis, 2008; Milham, Bullock, Hosie, & Haak, 1986) thereby maintaining their identity. This is despite research showing mixed results in relation to visitation with birth families and resulting disturbances in placement stability.

Using a mixed methodology, Leathers (2003) examined the relationship between parental visitations, allegiances to biological and foster parents, and loyalty conflicts leading to behavioural and emotional problems in children. Her results indicated that visitation had an overall negative impact on children and their adaptation to the foster family. Children with greater loyalty conflict displayed strong allegiance to both their biological mother and to their foster family. Additionally, loyalty conflict was significantly associated with emotional (anxiety) and behavioural (oppositional defiant) problems.

Fernandez (2006) explored contact with birth family as part of her participatory longitudinal research regarding children's perceptions of foster care and outcome. A majority of 59 Australian children in OOHC studies reported having contact with their biological mother once every three months when interviewed 4 months, and 18- to 24-months after entering long term placement. Although contact with the father dropped over the period, a majority of children recognized strong attachment with their foster parents and at the same time desired more contact with their birth parents and siblings, contradicting Leathers (2003) findings.

Additional exploratory research by Linda (2008) examined parental attachment styles and whether those styles affected the visitation attendance. Linda identified Avoidance-Discomfort with closeness as the predominant attachment style for parents and grandparents, although attachment styles did not affect the visitation attendance. Visiting the child was identified as a motivating factor for those who attended the visitation. Further exploratory research by Hashim (2009) with a small sample in New Zealand found that children were reportedly distressed before and after the visitation; and the foster carers perceived disempowered due to regular contact visits which destabilized the placement. Cleaver (2000) examined birth family contact of 152 children in foster care and found 40% had weekly contact with at least one parent. Consistent parental contact was identified as a key

factor in successful reunification, along with several other factors that existed before entry into OOHC, of which strong mother-child attachment was one.

Browne and Moloney (2002) conducted a qualitative analysis of written responses from social workers and foster carers to examine the impact of parental contact patterns on placement outcome and children's reactions to visitation. Four contact patterns that emerged were frequent and regular contact, regular but infrequent contact, infrequent contact, and no access. Successful placements, Ambiguous placements, and Crisis placements were the three placement outcome categories of which Ambiguous placement was more likely to report infrequent contact with birth family.

Existent birth family contact literature focuses predominantly on the experience of children in long term OOHC (Fernandez, 2006; Hashim, 2009, Leathers, 2003, Linda, 2008) rather than short term placements. It focuses on various aspects of placement permanency such as developing and maintaining attachment with foster family, maintaining relationship with birth parents, maintaining identity and children's perception of outcome. Frequency, duration and type (supervised/unsupervised) of contact visits in the schedule will communicate different messages to the child in Care while awaiting Final Orders. Final Orders may either determine long-term OOHC or phased restoration to birth family; which in turn may change the contact schedule to support the Court outcome and permanency planning. Quinton and Slewing's (1998) assertion over a decade ago still resonates with the current context:

"In our present state of knowledge it is seriously misleading to think that what we know about contact is at a level of sophistication to allow us to make confident assertions about the benefits to be gained from it regardless of family circumstances and relationships" (Quinton & Slewing, 1998, p. 349).

There is a research gap surrounding the effects of birth family contact for children who are awaiting Final Court Orders. This research aims to examine birth family contact for children in NSW who are in the interim care of Minister of Family and Community Services and its outcome in the long-term, especially when the decision-makers are many and from different agencies.

THE PROBLEM

During the 2009-10 financial year, the CP Helpline received 156,465 notifications and ROSH were substantiated for nearly 30% of the investigations finalized (Australian Institute of Health and Welfare, 2011). Care and Protection Orders were made for 5,445 C&YP in NSW, of which interim or temporary orders were made for 48% and final orders were made for 40% of C&YP; with 82% of children receiving care orders for the first time in their life (Australian Institute of Health and Welfare, 2011).

In addition to the Care Orders, the children also received some form of Contact Orders with their birth parents. There is a vast difference in the contact visit schedule between cases, CS unit, and region which appears to result from case plan goals, stakeholders' (contact visit related) salience, the type of placement and resource availability. However there is no research to support the current contact visit schedule or to guide decisions on contact visit schedules for children in the NSW CP system. This gap was identified in the Wood report following which a contact guideline was developed by the Children's Court. This research will provide data to address this gap which could then form a benchmark for CS policy makers to develop business procedures and practice standards. Today's decisions, which are made in the best interest of vulnerable children within organizational constraints and economic pressures, will shape these children's future and the future of NSW and Australia.

Scope of the Research

This study is limited to the period of time when the children are placed in the Interim Care of the Minister of Family and Community Services prior to the Children's Court making the final orders allocating PR of the child. Children in the early school age are the target of this research, specifically between the age ranges of 5—9 years. The study is also restricted to observation reports of children's face to face contact visitation with biological parents.

In 2011 the threshold for abuse or neglect substantiation increased from "risk of harm" to "risk of significant harm", and a new contact guideline for the legal fraternity came into practice. Taking these changes into consideration, this research will exclude children who came into care prior to this changes coming into effect.

Research Questions

This research examines if the current frequency, duration, and nature of birth parent visitation meets the needs of children in CP system, and will attempt to map the stakeholders in birth family contact visit scheduling in a staged manner. This paper is focussed on one aspect of the research—attachment between parent and child which is explored using the following research questions:

1. Does the current contact visitation maintain attachment or a positive relationship with the birth family?
2. Do children display behaviour or actions indicating positive attachment such as excitement or anticipation prior to a contact visit
3. Do contact visits help in achieving a connection to pre-placement community and in maintaining a sense of identity for child? (topics such as school, peers, relatives, pets, cultural activities, hobbies, etc)

To answer these questions critical data will be sought in relation to children's attachment and their ability to maintain identity/connectivity to pre-placement community. Additionally, recommendations will be made on (1) the desirable frequency, nature, duration of future contact visits, (2) decision making tools to arrive at such decisions, and (3) possible training requirements for key stakeholders' in order to achieve positive outcome for children.

METHODOLOGY

A qualitative research design was used in this staged program of research with document analysis and demographic data accessed from the CS Client Information Warehouse called the Key Information Derivable System (KiDS) database. At this first stage an inductive approach was considered appropriate due to the limited prior research in this area and the preliminary nature of research questions formulated with the aim to gain insight and refine the research aim. The inductive research approach was used in order to best understand and answer the complex research questions around contact visit and attachment using contact visit report document analysis with the aim of theoretical contribution (Creswell & Plano Clark 2011). The methodology adopted by this research is similar to that employed by many researches in this area such as White, Albers, & Bitonti, 1996; Cleaver, 2000; Leathers, 2003 and more recently Lopez et al. 2013. Most of the research involving

children in OOHC following statutory intervention has relied heavily on CP data on notification, substantiation and casework notes for statistical analysis (Bromfield & Higgins, 2004).

Inductive documentary analysis of contact visit reports will provide valuable nonparticipant observational data; guide the question development for interviews to develop tools to use in further stages of this research, and addressing research questions not covered by the contact visit report (see appendix 1 for data collection sequence and the overall research program design). Semi-structured interviews using an interview guide will be conducted with about 20 CS employees including caseworkers, Managers casework, and contact supervisors who volunteer to an internal Expression of Interest communicated via the CS Research Centre to CS Regional Directors for dissemination to case workers in their region. Questions or themes for interview will explore stakeholders' perception around contact visit, mapping stakeholders of firm (CS) as well as of issue (birth family contact visit), etc. A standardised contact visit report form and a contact scheduling tool are to be developed and tested with a section of the CS employees.

Context of Data Collection

Ethics approval was gained from the University of Western Sydney (UWS) HREC for the research (H9653) and permission to access data from the CS KiDS database approved by the Executive Director of CS (PCP 12/143236) prior to data collection. Children who are at risk of significant harm due to abuse or neglect by their parents or carers are notified to the CS via the CP Helpline; the centralised child protection intake and assessment centre for NSW. Each report made to CS is documented in KiDS database with a unique case file number called contact reference number.

(insert figure 4 here)

After initial assessment, those cases that require further investigation or follow up are transferred to the local CS units. These are identified by the highlighted area in Figure 4; which is the universe of this research. This target population was further restricted to children in the age range of 5-9 years where the CS had initiated Care proceedings in a Children's Court following child(ren)'s removal or assumption into care between January 2012 and May 2012.

The rationale for selecting children in the primary school age of 5-9 years was due to the anticipation that they will be able to display their attachment to birth family during contact, and this

will be documented in the contact visit reports. It was envisaged that they will be able to display influences of complex sociocultural relationships having been enrolled⁴ in a school. The contact visit records would have contact supervisor's observations of children's verbal and non-verbal experiences during contact visit. Furthermore this age group has an independent legal representative⁵ and school teachers as advocates, who would have some influence on the contact visit schedule. Additionally this age range was used in the Child Protection Australia 2009-10 report and thus will enable comparison of findings.

Data Collection

The KiDS database generates unique person numbers for children that ensured that children are not identified when accessing their records. A list of KiDS generated persons numbers (PN) of children in the age group of 5-9 years, who are in the OOHC placement for the first time in their life and listed in the CS Pathways of Care (see section 1.1, pg.2) project database were extracted by the Pathways of Care Project Data Manager and provided to the researcher. From this list, the researcher randomly selected 30 KiDS PN, and for these demographic data and birth family contact visit reports were accessed from the KiDS database. These meeting records are created and populated by the child(ren)'s allocated Case Worker (CW) who works directly with the child(ren) and their family. Contact visit reports are completed by contact visit supervisors; usually a contact worker employed by CS, or a contact worker from a NGO contracted for supervising contact visit, or a CS CW or the child(ren)'s allocated caseworker. Contact reports are added to the Meeting Record as an attachment by the allocated CW.

Two randomly selected meeting records between January 2012 and May 2012 for each of the 30 de-identified children were reviewed to determine the scope and richness of available data within the meeting record and contact supervisors contact visit report. This phase of the research also helped

⁴ According to Australian Schools Directory (2011) all children in NSW must be enrolled in a school before their sixth birthday.

⁵ Section 99A of the Care Act has provision for Legal representative to act as independent legal representative or direct legal representative for children depending upon their capacity to give proper instructions. Section 99B of the Care Act presumes that a child under 12 years of age is not capable to give instructions to his or her legal representative. Child under the age of 12 years will generally have an independent legal representative.

in fine tuning the coding used, and to assure that the codes were able to capture the required information from the data records.

Data Coding and Preparation

Data from the meeting records and person profile included demographic details, OOHC family meeting details, contact supervisors' observational report of birth family contact visit, and the CWs observational comments. Based on the researcher's field experience and familiarity with the contact visit report; a coding key was developed to prepare the data for further analysis. Qualitative data were then entered on a MS Excel spreadsheet against the different categories. Themes were formulated from qualitative information in each category by grouping recurring ideas and phrases; and counting them. Different categories with similar concepts and recurring phrases were identified and compared using open coding, and collapsed into a single broad heading. This was followed by data conversion strategy whereby the themes were categorised and converted to numbers for analysis.

PRELIMINARY RESULTS

While reviewing 30 documents, the researcher came across several data quality issues including incorrect, incomplete and inconsistent data entries in both the meeting records and the contact report. Turnaround time between the contact supervision and recording/report writing also varied. Additionally there was no consistent format used for preparing the contact report. While there is a Form 7(b) for Metro West Region, there is no specified format for other Regions within CS. Contact reports by NGO workers followed their agency's prescribed format. However, the reports generally identified the child(ren), person(s) attending contact visit and their relationship to child(ren), venue, date and type of activities undertaken. There were inconsistent references to child's presentation prior to contact, observations during contact, description of parents' presentation, interaction and some reference to child(ren)'s presentation after contact visit. However, there were qualitative differences in the information entered within and across reports. Activities identified under each section headings were filled in differently, incorrectly and some fields were left blank when information was presented under other headings. For example, when section heading called "Issues Raised" in Form 7(b) used

by Metro West Region is left blank, it indicates there were no issues during contact despite information described in the section under heading “Activity” suggesting otherwise. There are no written guidelines for the contact supervisor’s report, supervisors do not receive formal training on writing a contact report, and there are no benchmarks for standards. Despite these data quality shortcomings, contact records provide valuable information and are referred in the Care proceedings. These records provide insight into parent child attachment, parenting issues, parents’ awareness of child’s age appropriate needs, child’s identity and connectivity to pre-placement community. Data quality issues, nonetheless result in critical and important information being overlooked or not receiving due credit, factors which could result in a detrimental outcome for a child. These issues allude to a CS wide systemic issue despite CS’ emphasis on best practice, reflective learning and practice, and monthly supervision for professional growth.

Limitations

Demographic details were accessed from the KiDS database. Its accuracy and currency could not be verified due to maintenance of the confidentiality of the records accessed using persons number. Observational reports of contact visitation between children in interim care and their biological parents and supervised by contact supervisors were used for document analysis. It is to be noted that no formal or centralised training is presently available for contact supervision or writing objective reports.

REFERENCES

- Andrew, S. & Halcomb, E. J. (Eds.), (2009). *Mixed Methods Research for Nursing and the Health Sciences*, Boston: Blackwell Publishing.
- Ainsworth, M., (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- Ainsworth, M., Blehar, M.C., Waters, E. & Wall, S., (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Australian Institute of Health and Welfare, (2011). *Child Protection Australia 2009-10*. Child Welfare Series no. 51. Ct. no. CWS 39. Canberra: AIHW

- Barnett, D., Ganiban, J. & Cicchetti, D., (1999). Maltreatment, negative expressivity, and the development of Type D attachments from 12 to 24 months of age. *Monographs for the Society for Research in Child Development*, 64, 97-118.
- Bowlby, J., (1980). *Attachment and loss: Vol. 1 Attachment* (2nd ed.). New York: Basic Books.
- Bowlby, J., (1982). *Attachment and loss: retrospective and prospective*. *American Journal of orthopsychiatry*, 52, 664-678.
- Bretherton, I. & Munholland, K., (1999). Internal working models in attachment relationships: A construct revisited. In J. Cassidy, & P.R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*, pp. 89-111. New York: Guildford.
- Buyse, E., Verschueren, K. & Doumen, S., (2009). Preschoolers' attachment to mother and risk for adjustment problems in kindergarten: Can teachers make a difference? *Social Development*, 20(1), 33-50.
- Byrne, J. G., O'Connor, T.G., Marvin, R.S. & Whelan, W.F., (2005). Practitioner Review: The contribution of attachment theory to child custody assessment. *Journal of Child Psychology and Psychiatry*, 46(2), 115-127.
- Carlson, E.A., (1998). A prospective longitudinal study of attachment disorganization/disorientation, *Child Development*, 69, 1107-1128.
- Cassidy, J. & Mohr, J.J., (2001). Unresolvable fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across the life span, *Clinical Psychology: Science and Practice*, 8(3), 275-298.
- Creative Research Systems, (2010). Sample Size Calculator. Accessed from: <http://www.surveysystem.com/sscalc.htm> on 28 November 2011.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M. L. & Hanson, W. E., (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioural research* (pp. 209–240). Thousand Oaks, CA: Sage.
- Davis, L.M., (2008). *Parental Attachment Style: The Impact of Parental Visitation Patterns*. Unpublished PhD, University of Akron, Ohio.

- English, D.J., Upadhayaya, M.P., Litrowink, A.J., Marshall, J.M., Runyan, D.K., Graham, J.C., et al. (2005). Maltreatment's wake: The relationship of maltreatment dimensions to child outcomes. *Child Abuse and Neglect*, 29, 567-619.
- Fearon, R. P., Bakermans-Kranenburg, M.J., van Ijzendoorn, M.H., Lapsley, A. & Roisman, G. I., (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behaviour: A meta-analytic study. *Child Development*, 81(2), 435-456.
- Fernandez, E., (2007). How children experience fostering outcomes: participatory research with children. *Child and Family Social Work*, 12, 349-359.
- Freeman, R.E., (1984). *Strategic Management: A stakeholder approach*. Boston: Pitman.
- Frooman, J., (2010). The issue network: Reshaping the stakeholder model, *Canadian Journal of Administrative Sciences*, 27(2), 161-173.
- Frooman, J., (1999). Stakeholder influence strategies, *Academy of Management Review*, 24(2), 191-205.
- Human services-community services, (2008). Contact between a child and the child's family. Accessed from: http://docsonline.dcs.gov.au/DOCSINTWR/_assets/main/document/legal/contact_between_child_and_childs_family.pdf on 7 May 2011.
- Kufeldt, K., Simard, M. & Vachon, J., (2003). Improving outcomes for children in care: Giving youth a voice. *Adoption and Fostering*, 27, 8-19.
- Leathers, S.J., (2003). Parental visiting, conflicting allegiances, and emotion and behavioural problems among foster children, *Family Relations*, 52(1), 53-63.
- Lopez, M., del Valle, J. F., Montserrat, C. & Bravo, A., (2013). Factors associated with family reunification for children in foster care. *Child and Family Social Work*, 18, 226-236.
- Mapp, S.C., (2002). Family visitation: A framework for family visiting for children in long-term foster care, *Families in Society*, 8(2), 175-182.
- Main, M. & Solomaon, J., (1990). Procedures for identifying as disorganized/disoriented during the Ainsworth Strange Situation. In M.T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.),

- Attachment in the preschool years: Theory, research and intervention (pp. 121-160). Chicago: University of Chicago Press.
- Marien, M., (2011). The Children's Court of New South Wales Contact Guidelines. Accessed from [http://www.lawlink.nsw.gov.au/lawlink/childrens_court/ll_cc.nsf/vwFiles/Contact_guidelines.doc/\\$file/Contact_guidelines.doc](http://www.lawlink.nsw.gov.au/lawlink/childrens_court/ll_cc.nsf/vwFiles/Contact_guidelines.doc/$file/Contact_guidelines.doc) on 10 July 2011.
- McWey, L.M. & Mullis, A.K., (2004). Improving the lives of children in foster care: The impact of supervised visitation, *Family Relations*, 53(3), 293-300.
- McWey, L.M., Acock, A. & Porter, B.E., (2010). The impact of continued contact with biological parents upon the mental health of children in foster care, *Children And Youth Services Review*, 32, 1338-1345.
- Milham, S., Bullock, R., Hosie, K. & Haak, M., (1986). *Lost in care: The problems of maintaining links between children in care and their families*. Aldershot, UK: Gower Publishing.
- Mitchell, R.K., Agle, B.R. & Wood, D.J., (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *Academy of Management Review*. 22 (4): 853-885.
- New South Wales Department of Premier and Cabinet (2009). "Keep Them Safe: A shared approach to child wellbeing" Information sessions Participant's manual. Crown Copyright.
- Newton, R.R., Litrownik, A. J. & Landsverk, J., (2000). Children and youth in foster care: Disentangling the relationship between problem behaviours and number of placements. *Child Abuse and Neglect*, 24, 1363-1374.
- O'Cathain, A., Murphy, E. & Nicholl, J., (2007). Why, and how, mixed methods research is undertaken in health services research in England: a mixed methods study. *BMC Health Services Research*, 7 (85)
- Quintan, D. & Slewing, J., (1998). Contact with birth parents in adoption—a response to Ryburn. *Child and Family Law Quarterly*. 10: 349
- Taplin, S., (2005). *Is all contact between children in care and their birth parents 'good' contact?* Ashfield, NSW: Centre for Parenting & Research, NSW Department of Community Services.

- Tashakkori, A. & Creswell, J. W., (2007b). The new era of mixed methods. *Journal of Mixed Methods Research*, 1, 3-7.
- Tashakkori, A. & Teddlie, C., (1998). *Mixed methodology: Combining qualitative and quantitative approaches (Applied Social Research Methods, No. 46)*. Thousand Oaks, CA: Sage.
- Teddlie, C. & Tashakkori, A., (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioural sciences*. Thousand Oaks, CA: Sage.
- Turner, H.A., Finkelhor, D. & Ormrod, R., (2006). The effect of lifetime victimisation on the mental health of children and adolescents. *Social Science and Medicine*, 62, 13-27.
- United Nations General Assembly 1989. *United Nations convention on the right of the child*, article 9(3).
- Vondra, J. & Belsky, J., (1993). *Developmental Origins Of Parenting: Personality And Relationship Factors*. In T. Luster & L. Okagaki (Eds.), *Parenting: An ecological perspective* (pp. 1-33). Hillsdale, New Jersey: Lawrence Erlbaum associates, publishers.
- Walsh, P., Wulczyn, F., Tully, L., Butler, M. & Taplin, S., (2010). *Pathways of Care: The longitudinal study of children and young people in Out-of-home care in New South Wales*. Ashfield, NSW: Centre for Parenting & Research, NSW Department of Human Services.
- Wood, J., (2008). *Report of the special commission of inquiry into child protection services in NSW*. Sydney: State of NSW through the special commission of inquiry into child protection services in NSW.
- Zeanah, C.H., Berlin, L.J. & Boris, N. W., (2011). Practitioner Review: Clinical applications of attachment theory and research for infants and young children. *Journal of Child Psychology and Psychiatry*, 52 (8), 819-833.

Figure 1: An Overview of the CP process in NSW

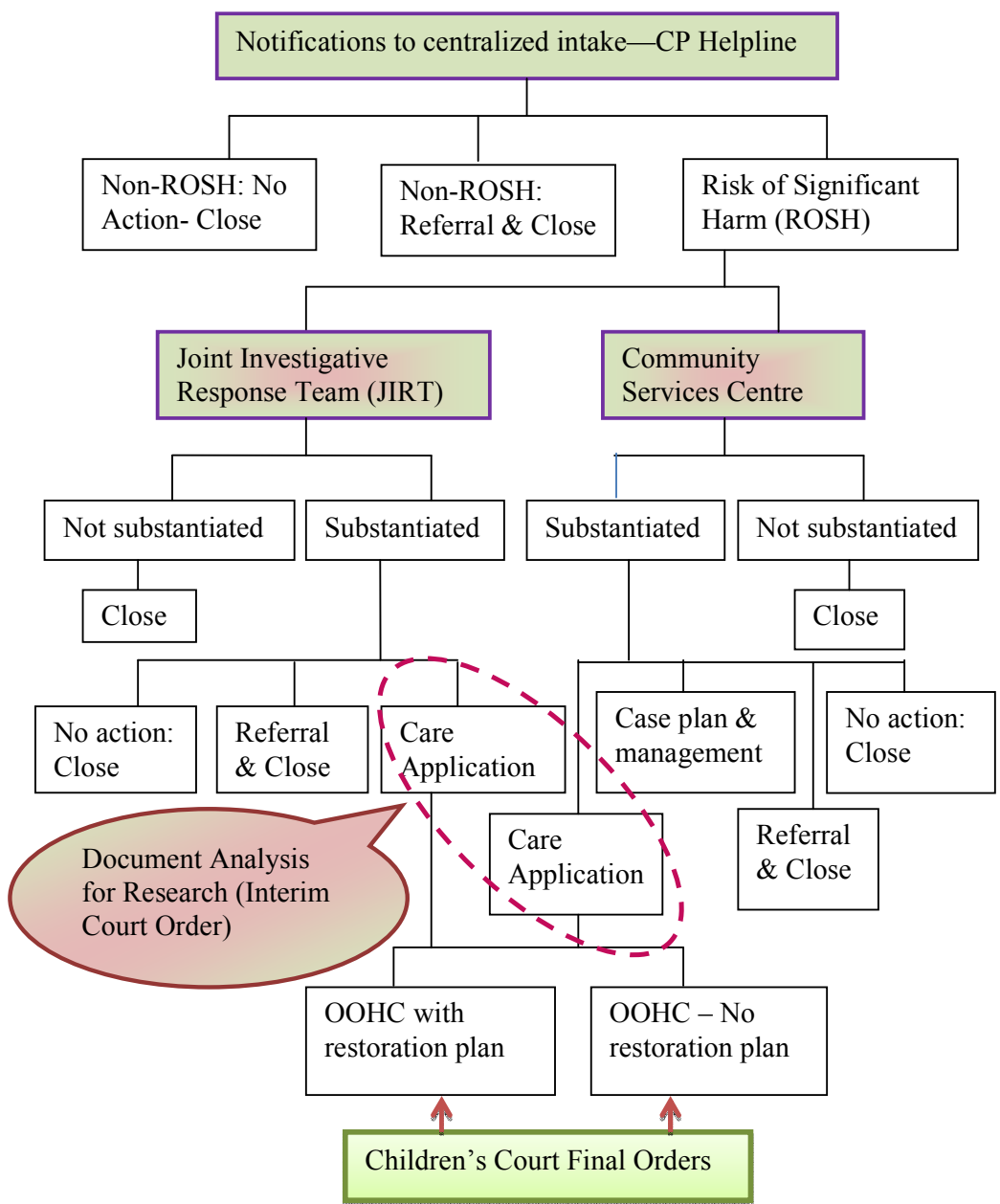


Figure 2: Theoretical Framework

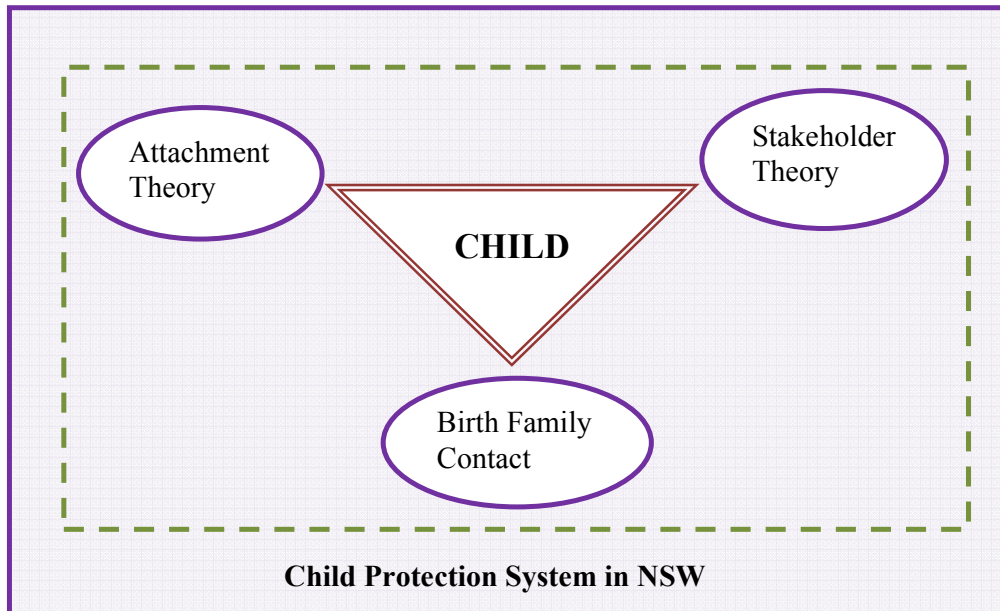


Figure 3. Attachment Styles

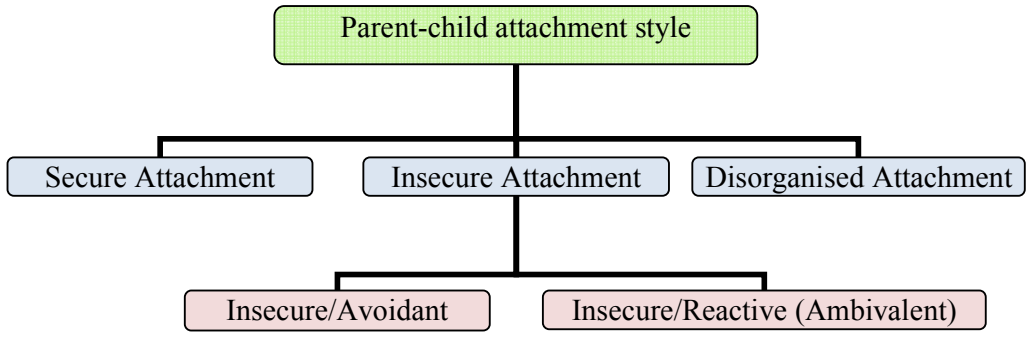
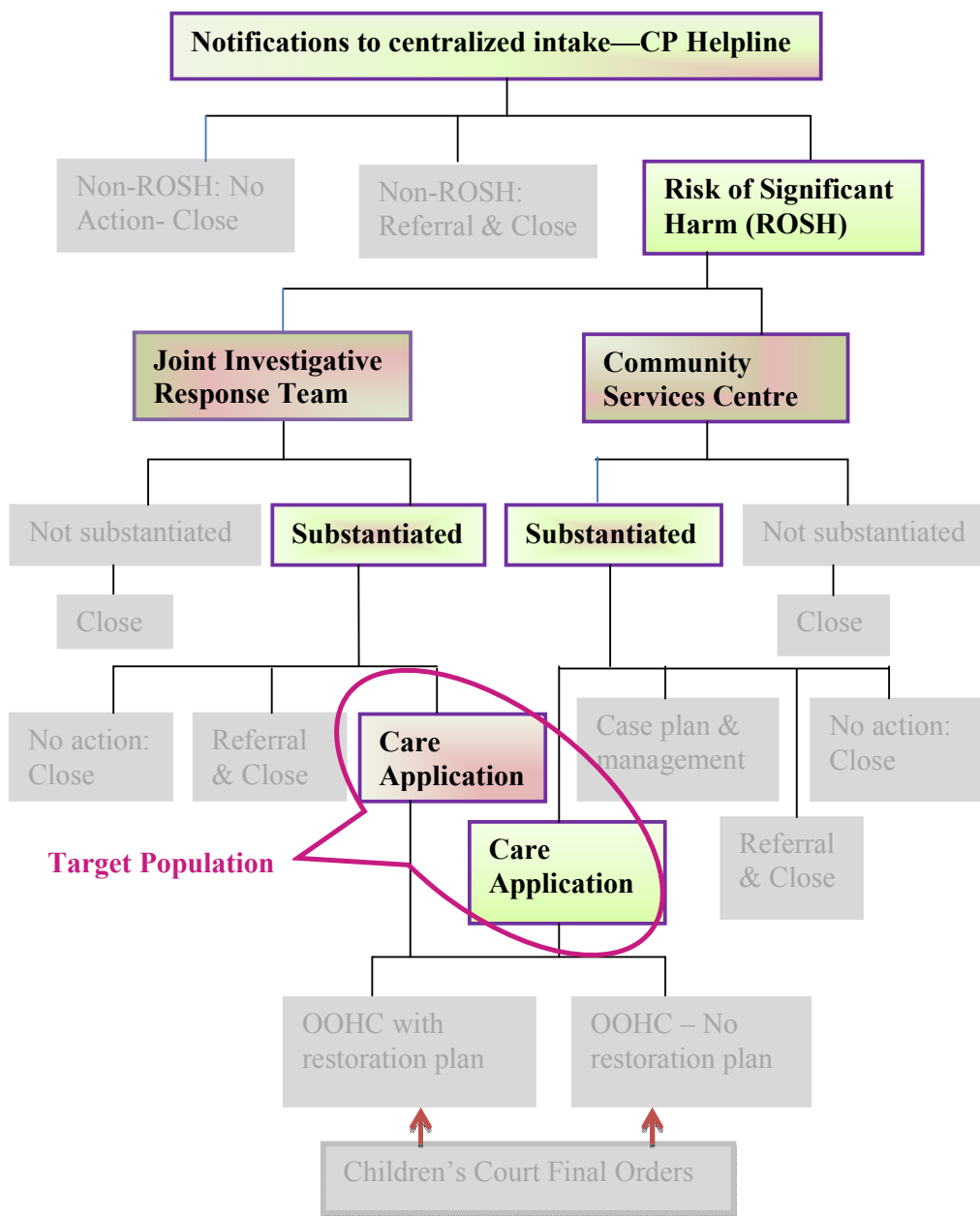
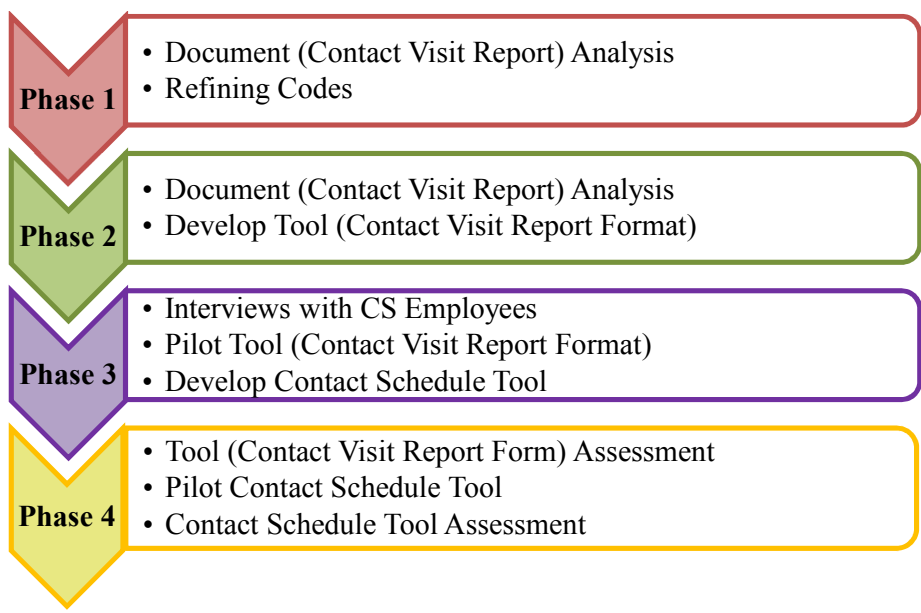


Figure 4: Target Population

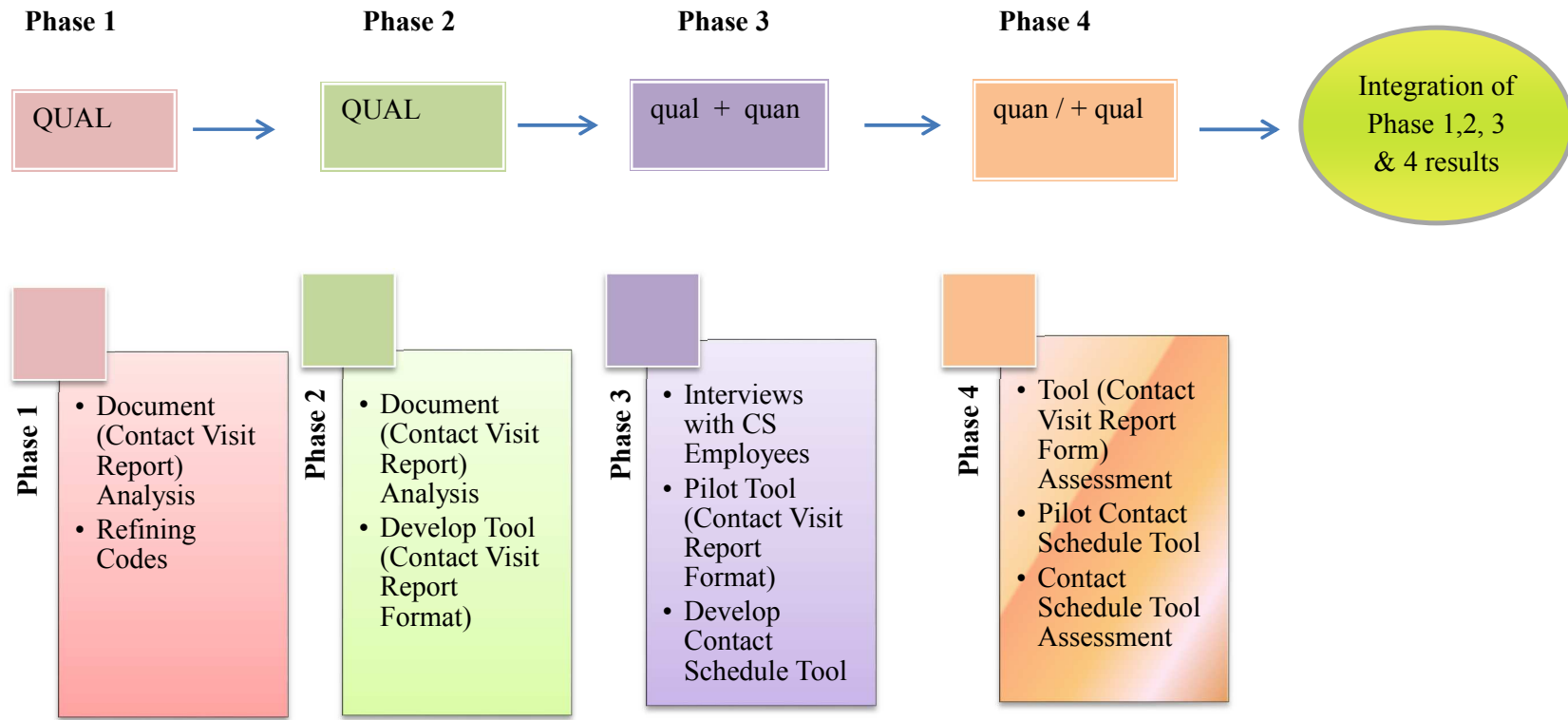


Appendix 1

Data Collection Sequence



Research Design



Mixed Method Design

