

Family contact for children and young people Practice Paper

1. Introduction

This practice paper provides Department for Child Protection (DCP) workers, including DCP case workers, family contact support workers, kinship care workers and psychologists, with important information about planning, supporting, reviewing and, where necessary, changing family contact arrangements. Age and developmental-level specific considerations and guidance regarding family contact arrangements are provided, in addition to considerations for Aboriginal children and young people, children and young people in kinship and residential care, and sibling contact.

This practice paper is intended to extend on the information provided in [Support the child or young person to develop and maintain family and community connections through contact arrangements](#) and [Identify and respond to the cultural needs of Aboriginal children and young people](#) from the Supporting children and young people in care chapter of the Manual of Practice. Practice papers relevant to family contact include: [Supporting the participation of children and young people in decision making](#), [Trauma Lens](#), [Attachment](#), [Relationship based practice](#), [Iceberg Fact Sheet #1 Building relationships](#), [Reunification for children and young people](#), [Aboriginal and Torres Strait Islander child placement principle](#) and [Working with Aboriginal and Torres Strait Islander families](#).

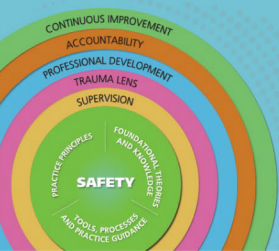
2. The purpose of family contact

Family contact includes direct face-to-face visits and other forms of contact such as telephone and video calls, letters and social media. Family contact can be very important for children and young people in care and has numerous purposes. When considering family contact, it is important to be clear about the purpose of the contact and to ensure contact arrangements are consistent with the case direction. Efforts must be made to ensure contact is a positive experience for the child or young person. All decision making regarding contact arrangements must be child-centred and safety must be the paramount consideration. Decisions also need to consider children and young people's wellbeing and developmental needs.

Family contact for Aboriginal children and young people in out of home care is critical for their healthy development of culture and identity. Research indicates Aboriginal children are more likely to be in care longer and continue to be over represented across child protection systems. DCP caseworkers are encouraged to seek cultural advice when assessing and determining family contact visits to understand the social and structural barriers that affect Aboriginal families and impact on the lives of children and young people's cultural connections.

2.1 For children and young people following their initial placement in care

Children and young people can experience a wide range of feelings when placed in care. Children and young people may experience relief, anxiety, anger and distress after they are separated from their family of origin.



Family contact arrangements following initial placement in care should be tailored to the child or young person's needs. Many children and young people benefit from having family contact as soon as possible after removal, particularly if they are concerned about their parents' wellbeing and/or their relationships with their parents. Other children or young people may express a desire to see other family members, including their siblings. It is important to support children and young people's connections with siblings and safe extended family members soon after removal to support their emotional wellbeing.

Family contact provides DCP case workers with opportunities to observe family relationships and begin to assess child-parent relationships and aspects of parenting. It should be noted that both children and young people and their parents may require some time to become accustomed to family contact.

2.2 For children and young people subject to short-term orders where reunification is being considered or pursued

Across the course of initial and subsequent short-term orders when reunification is being considered or pursued, information gathered from family contact contributes to the overall assessment and case conceptualisation of the matter to inform case direction. The quality of family relationships (including attachment relationships), parents' caregiving abilities and parents' response to intervention from DCP case workers or other staff who supervise family contact can be assessed during contact.

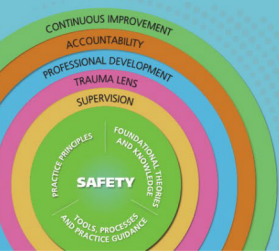
The parent-child relationship is often damaged by the child or young person's experiences of trauma in their parents' care. Given this, at least some aspects of the relationships observed during family contact can be poor or concerning. As the quality of the child-parent relationship is a key predictor of reunification success, it is important that attempts are made to repair relationships if reunification is to be pursued. Well-planned and managed family contact, in conjunction with support and intervention for the parents, can contribute to the repair of relationships. Repairing these relationships has significant positive benefits for children and young people's long-term psychological wellbeing, even if they remain in care long-term. To achieve repair and build trust in these damaged relationships, children and young people need repeated experiences of their parents providing safe, consistent, responsive and attuned care within family contact.

Family contact also provides important opportunities to attempt to improve parents' caregiving skills through the provision of support and intervention during contact. Some parents may require practical assistance to learn to meet their infant or child's basic needs or to manage their child or young person's behaviour. When reunification is imminent, increased family contact allows parents to implement and strengthen their new skills and knowledge within a supported and time-limited environment.

2.3 For children and young people in long-term care

Contact must be carefully planned and supported to ensure that it is psychologically and developmentally beneficial for children and young people in long-term care and that it supports positive connections.

For children and young people who remain in long-term care, family contact can provide the opportunity to develop and maintain connections to their family and culture, including with their parents, siblings, extended family and kinship network. These connections contribute to the development of a clear and positive sense of identity. It is important to explore options for supporting contact with safe family members and kin who can provide positive connections, particularly if parental family contact is problematic. Family contact may also



occur with previous carers when the child or young person has changed placements. Safe, enduring and positive relationships are crucial to positive outcomes for children and young people, particularly as children and young people enter adulthood and exit the care system.

Family contact can also assist with the development of a clear and coherent life story, which supports children and young people to understand who they are and where they came from. For Aboriginal children and young people, family and kinship connections are critical to the development of a strong cultural identity and associated life-long benefits for their self-esteem and wellbeing. Without contact during their childhood and adolescence, Aboriginal children and young people may experience significant challenges reconnecting with their kinship, community, and cultural networks in adulthood.

Family contact can support children and young people to develop a realistic view of their parents and to reduce the development of idealised fantasies or fears about their parents and the reasons for their placement in care. Without contact, children and young people may not develop a full or accurate understanding about why they cannot live with their parents. Many children and young people who are unable to develop an understanding of their parents may blame themselves for their placement into care and may develop negative beliefs about themselves and experience significant negative emotions such as shame and distress.

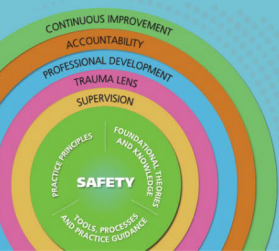
Children and young people in long-term care who do not have family contact may later seek out their parents in their late adolescence and adulthood in the context of their search for connectedness, acceptance and identity. This may present safety issues and leave the young person without adequate support to manage difficult emotional experiences related to reconnecting with their biological family. Family contact can prevent unhealthy idealisations of parents and instead ensure young people develop realistic expectations of their family as they move towards independence. Additionally, some children and young people who do not have contact with their families may 'demonise' them which often has a negative impact on a young person's perception of self.

3. Why family contact can be challenging for children and young people

While positive family contact can provide a range of benefits for children and young people, it is important to note that family contact is not always positive and can at times be very challenging for children and young people. Family contact is not beneficial if it causes the child or young person significant stress or distress. Applying a 'trauma lens' to the needs of both the children and young people and their parents is critical when making decisions about family contact. See the [Trauma lens Practice Paper](#) for further exploration.

A range of parental difficulties and behaviours can result in problematic and even physically or emotionally harmful family contact. These include parents:

- consistently failing to attend scheduled family contact
- being unwilling to work cooperatively with DCP to ensure family contact is a positive experience for their child
- being significantly psychiatrically or mentally unwell, or under the influence of drugs or alcohol during family contact
- behaving in a hostile, threatening or abusive manner to the child or young person, carers, DCP staff or others



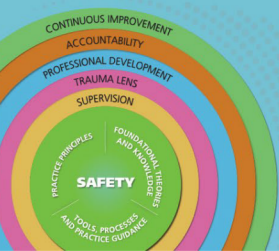
- attempting to manipulate, coerce or put undue pressure on the child or young person
- using language or engaging in behaviour that undermines the child or young person's wellbeing or placement
- struggling to focus on their child during family contact and instead consistently seeking to engage with DCP staff
- being unable to manage the child or young person's behaviour appropriately
- treating one child or young person more favourably than another
- making promises to their child that are unrealistic or cannot be guaranteed
- discussing topics that are distressing or age-inappropriate with their child
- instigating inappropriate physical contact or physical contact that their child does not enjoy
- are unwilling to modify their behaviour when it is raised with them
- experiencing significant difficulties engaging positively with their children
- behaving in any manner that creates undue stress for the child or young person, carers, or DCP staff.

Other factors can also contribute to a child or young person finding family contact challenging. A child or young person's experiences of trauma in their parents' care may have significantly damaged the child-parent relationship. Children and young people may also experience some form of re-traumatisation during contact, including when the venue is a trauma trigger for the child or young person (or their parent). While some trauma triggers may be easily identified (such as a child or young people reacting with fear when their parent raises their voice), other trauma triggers may be more subtle and not easily identified by the supervising worker (such as a parent using a particular tone of voice or phrase, or behaving in manner that frightens their child).

Family contact can also raise conflicting feelings and a sense of divided loyalties for children and young people in relation to their carers. Children and young people may also experience significant worry about their parents, siblings (who remain at home or have been placed separately) and even pets. For children and young people who are placed in care on short-term orders, family contact may emphasise their experience of uncertainty about their long-term care. Children and young people may experience anxiety about their parents' ability to achieve change and about their safety should they be reunified. Family contact may also trigger feelings of sadness regarding not being able to return home or possibly feelings of loss in relation to their relationships with the carers or school for example should reunification occur.

Children and young people must be actively engaged in decision making regarding family contact arrangements. It is important to talk to children and young people about who they would like to see and under what circumstances. Many children and young people feel frustrated and dissatisfied with family contact when their views are not adequately and regularly sought or considered. It should be noted that children and young people's expressed views should be respected in the event that they do not want to have family contact – in this scenario, contact should not proceed regardless of the case direction or contact determination. Children and young people should not be cajoled or enticed to attend contact. Persisting with family contact when a child or young person does not want to attend can have a significant negative impact on the child or young person and their relationships.

Problematic family contact can negatively affect children and young people's placements, including preventing children and young people from settling into a new placement and contributing to placement breakdown. It can negatively affect the development of children and young people's relationships with their carers, particularly during the crucial period of attachment relationship development in early childhood.



In regard to family contact where reunification is not viable, section 93(3)(b) of the *Children and Young People (Safety) Act 2017* states, ‘...particular consideration must be given to the need to not undermine or compromise the ability of the child or young person to establish or maintain attachment relationships with their guardian or guardians’. This, in combination with literature that emphasises the importance of placement stability for children and young people’s long-term wellbeing, requires placement stability to be a key consideration in decision making regarding family contact. This must involve working in partnership and collaboration with the carer, with active consideration of their views in decision making processes.

4. Assessment of the quality of family contact

Decisions regarding family contact arrangements can be complex. Comprehensive assessment is crucial to ensure that family contact arrangements are in the best interests of the child or young person and are consistent with the case direction. Family contact arrangements need to be decided individually for each child or young person in care.

Decisions regarding Aboriginal children and young people’s contact must consider the importance of maintaining connections to culture as well as family members. Supporting Aboriginal children and young people to practice and engage in their culture is a basic human right, which needs to be safeguarded and upheld across all aspects of the assessment and decision making regarding family contact arrangements.

All family contact arrangements must be child-centred (see the [DCP Practice Principles](#) for further exploration of child-centred practice). Consideration must be given to aspects such as:

- the case direction and the associated purpose of family contact
- the child or young person’s safety
- the child or young person’s developmental age or disability related needs
- the child or young person’s views about contact
- the emotional impact of contact on the child or young person
- the impact on the child or young person’s placement and their carer’s views
- the quality of the child-parent relationship
- parental motivation and responsiveness to the child or young person’s needs during contact
- cultural factors that support and maintain connections to family, siblings, community and culture
- distance to travel to contact and any financial impacts.

The child or young person’s views about family contact are crucial in decision making about family contact arrangements. [Seek the views of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice and [Supporting the participation of children and young people in decision making Practice Paper](#) offer helpful guidance.

Information should also be sought from numerous sources, including from others involved with the child or young person (including the child or young person’s carer, their school, kindergarten or childcare, therapists or key supports, their parents and supervising workers). Observations of family contact must also be carefully considered. DCP case workers must directly supervise (and therefore assess) family contact regularly rather than rely solely on the reports of others supervising contact (such as DCP contact support workers or carers), particularly during the reunification process.

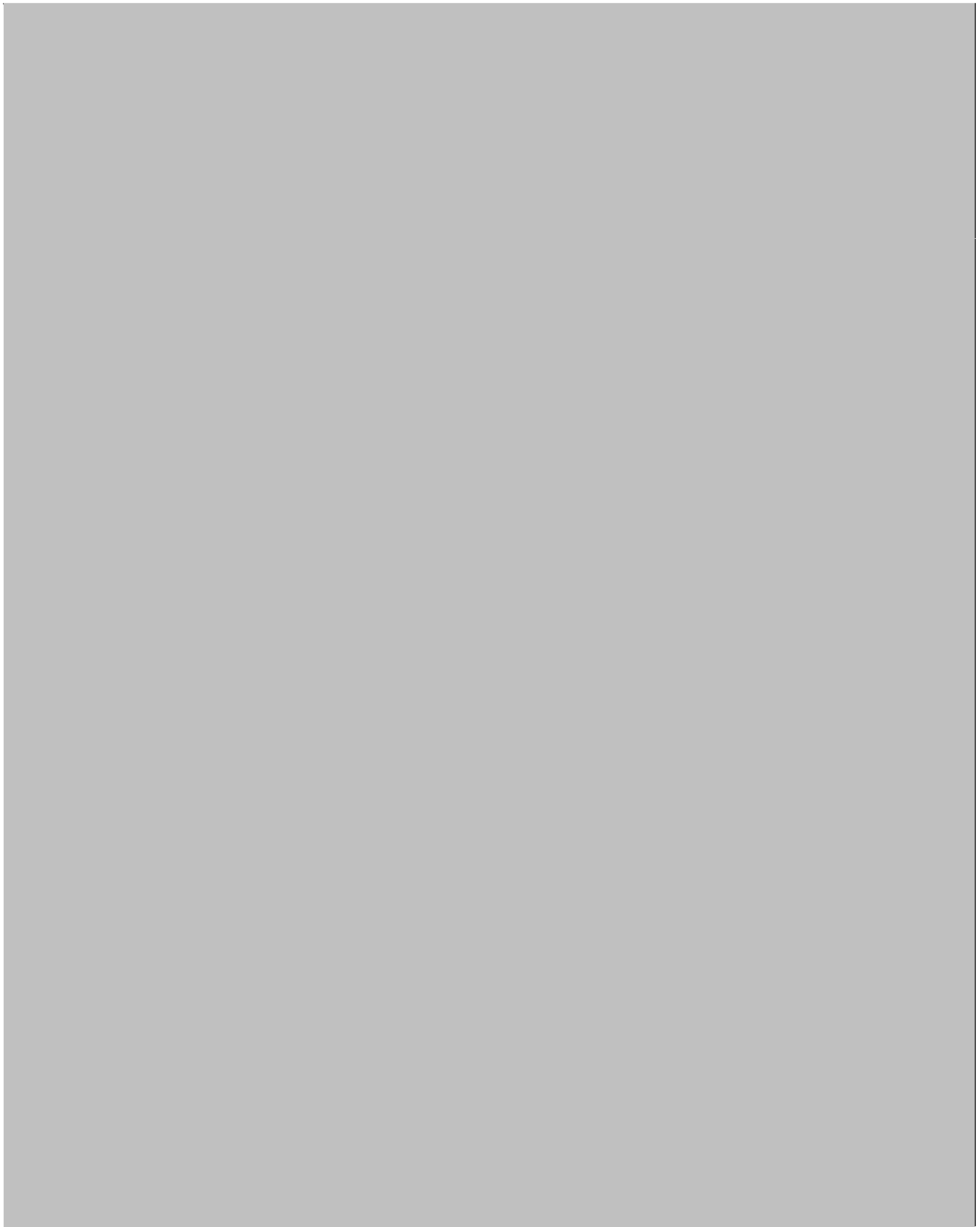


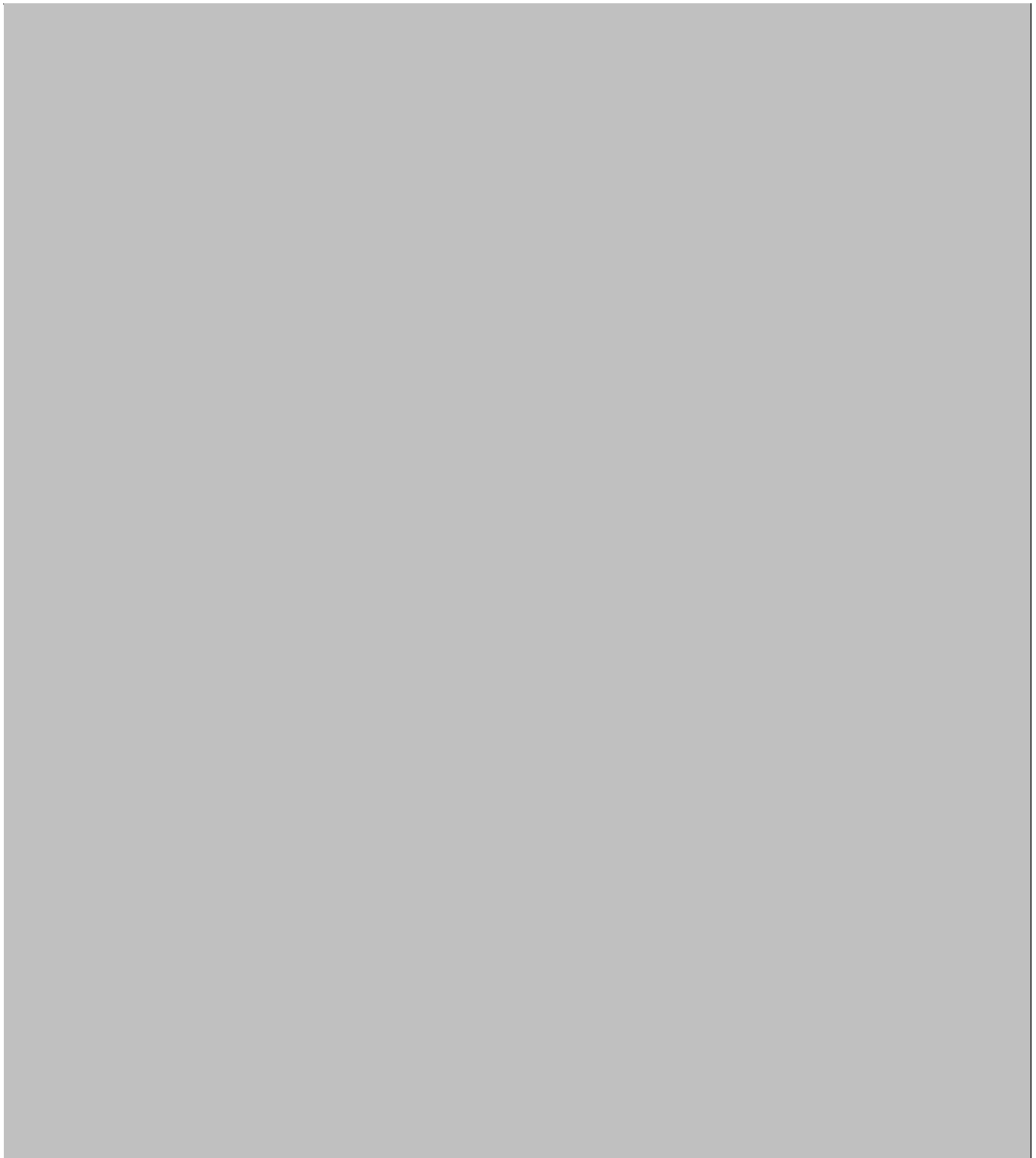
[Support the child or young person to develop and maintain family and community connections through contact arrangements](#) and [Identify and respond to the cultural needs of Aboriginal children and young people](#) in the Supporting children and young people in care chapter of the Manual of Practice provides extensive information about family contact decision making. Within the reunification process, the [Structured Decision Making \(SDM\) Reunification Assessment Tool](#) also provides guidance regarding the assessment of family contact. This practice paper will focus on two elements that are crucial to the family contact assessment – observation of interactions and consideration of children and young people’s behaviour before and after family contact.

4.1 Observation of interactions

Due to factors such as age, developmental delays or disabilities, conflicted loyalties and fear, many children and young people may not be able to verbalise their true views and experiences of family contact. As such, it is essential to carefully observe interactions during family contact. Having an understanding of a child’s general functioning is essential to interpret their interactions and responses during family contact. It is important that a cultural lens is applied to observations of interactions between an Aboriginal child or young person and parent. Unlike in the wider Australian society, Aboriginal children may have been raised and supported by the extended family who also provided support to parents. It is also important to consider the impacts of intergenerational trauma that continue to exist today for many Aboriginal families. Consultation with a psychologist, a disability consultant and/or Principal Aboriginal Consultant can also contribute to understanding interactions. Observation of family interactions should consider:

	The child or young person’s:	The parent’s:







4.2 Consideration of children and young people's behaviour before and after family contact

While family contact can be emotionally taxing for many children and young people, significant or escalating emotional and behavioural difficulties before or after family contact indicate that the child or young person is finding family contact emotionally difficult. This may occur even when the child or young person says that they want family contact to occur and when there are no obvious issues or concerns observed during family contact.

Consideration of the child or young person's emotional and behavioural functioning before and after family contact is critical to develop a full understanding of the child or young person's experience of contact. Information should be sought from key adults involved in the child or young person's life, such as the carer, school, kindergarten or childcare staff, and therapists or other professionals. Sometimes there are no overt signs during visits that contact is a distressing experience for children and young people but their behaviour before and/or after tells a different story. As children and young people's distress can become evident in many different ways, any significant escalation in a child or young person's emotional and behavioural difficulties should be noted. Examples of concerning behaviours before or after contact include:

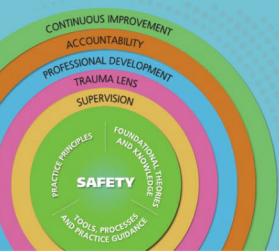
- regression in developmental abilities (such as toileting and speech)
- agitation and/or irritability
- sleep difficulties including nightmares
- tearfulness
- emotional dysregulation
- increased clingy behaviour or separation anxiety
- unusual rejection of carers
- withdrawn behaviour
- aggressive behaviours
- anxiety
- changes to appetite
- hyper or hypo activity
- sexualised behaviours
- bed wetting or soiling
- self-harm or suicidal ideation.

It is imperative that information provided by carers regarding children and young people's behaviour before and after contact is not discounted. Ignoring or minimising a carer's concerns may undermine the quality of decision making in relation to family contact and case direction. In some cases, it may also undermine staff's relationships with carers. Seeking psychological and cultural consultation can be beneficial in interpretation of this information.

5. Supporting high quality contact

5.1 Considerations for contact for all children and young people in care

Decision making about family contact arrangements is complex and requires consideration of many factors. Guidance regarding the support needs and frequency of family contact is offered below, but it is essential that



each child or young person's unique needs and circumstances are considered during decision making processes regarding family contact.

Seeking the child or young person's views regarding family contact is critical to high quality decision making. Children and young people should be consulted about with whom they want to have contact, whether they want contact to occur face to face or via an indirect method, the frequency and duration of contact and what supports they need (including supervision of contact). [Seek the views of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice and [Supporting the participation of children and young people in decision making Practice Paper](#) offer guidance regarding the exploration of the child or young person's views.

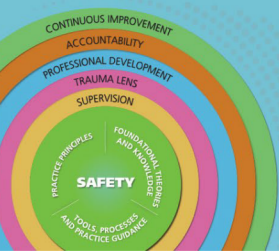
All children and young people require support from a number of sources for family contact to be positive and beneficial, including carers, parents, DCP case workers and contact support workers. This includes practical support for arranging the schedule, transport, tasks and activities, but also emotionally preparing all involved for contact. Consideration should be given to any child or parent disabilities when providing support for family contact.

For all verbal children and young people (even when they have limited verbal abilities), preparing a child or young person should involve exploring emotions that arise before contact, discussing what to expect during contact and exploring what supports the child or young person needs prior to contact.

Support and guidance for parents and carers can also benefit family contact, including emotional support and parenting guidance. Establishing trust and rapport between the supervising DCP worker, child or young person and parents, is important. This includes clarifying the supervising DCP case worker's role within family contact. Consultation with the care team (including carers and parents) in decision making regarding family contact arrangements and clear and timely communication with carers and parents regarding potential changes to arrangements further supports positive contact.

Careful consideration of the location of family contact, activities (for example, a structured art activity or free play at a playground) and level of supervision required is essential. Following initial removal and when there are safety concerns (physical or psychological), direct supervision should be carefully maintained with all interactions between the child and young person and family members being observed and heard. When family contact must be held at the DCP office, activities for contact should be planned and organised in advance and should ensure the opportunity for meaningful engagement between the child or young person and their family members. Consideration should be given to the child or young person's developmental abilities and interests when planning activities. Some parents may need explicit support to understand how best to engage or play with their child or young person to meet their developmental level. When working towards reunification or under long-term orders and there are no safety concerns, activities in the community, such as at a playground or playgroup, should be considered. Consistency and predictability in the routine of family contact can also help to reduce anxiety about contact for children, young people and their families, which contributes to more positive contact.

If children and young people are showing signs of distress and/or the quality of family contact is poor, consideration should be given to changing contact arrangements, with the focus on increasing the child or young person's sense of safety within contact in the first instance. This includes addressing any parental behaviours of concern, increasing support and ensuring that the person supervising family contact shares a



relationship with the child or young person or that the carer is present. A change of location or mode of contact can also be helpful in some cases. The [Relationship based practice Practice Paper](#) and [Iceberg Fact Sheet #1 Building relationships](#) offer guidance for developing relationships with children and young people in care. Reducing the duration and/or frequency of family contact may also be required and, if changes are unsuccessful in improving the quality of contact and/or reducing the child or young person's distress associated with contact, suspending contact may be required. If family contact is suspended, it is important to be clear about the timeframe for suspension and the review process and any outcomes that are sought from the period of suspension (such as the child or young person settling into a new placement or for the parents to address concerns which may be impacting upon family contact).

Family contact should not proceed if the child or young person does not want to attend. Similarly, contact should cease if the child or young person becomes distressed or states that they want to leave.

Carers may experience significant emotional challenges related to family contact and may require support from DCP and the carer agency. It is important that carers are supported to understand the purpose and benefits of ongoing family contact for children and young people, the support and supervision which is provided to the child or young person within contact and what to expect in relation to the child or young person's emotional and behavioural functioning before and after family contact.

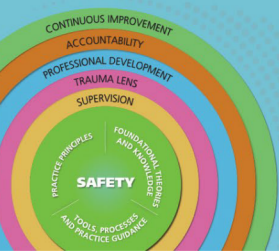
5.2 Considerations related to the child or young person's age and early experiences

When making decisions regarding family contact, the chronological and developmental age of the child or young person, any disability or developmental delays, early emotional relationships, and the quality of their relationships with their primary caregivers must be considered. It must be noted that the child or young person's development has likely already been affected by their experiences of trauma. The [Child and adolescent development Practice Paper](#) provides information about child development and trauma.

5.2.1 Considerations for contact during short-term orders for the purpose assessing or pursuing reunification by age group

A primary need for all children and young people following initial placement in care is to be supported to settle into their placement and begin to develop relationships with their carers. Ongoing connection with their family of origin is maintained through the assessment and reunification process. Where reunification is being actively pursued, contact may need to focus on repairing the child-parent relationship. Refer to the [Reunification for children and young people Practice Paper](#) and [Ongoing intervention](#) chapter of the Manual of Practice for information about reunification.

When it is decided that reunification is viable, contact visits should be increased in duration and frequency and a transition plan developed to support the child or young person to transition from their placement to their parents' care. Refer to [Plan and implement reunification transitions \(where reunification is proceeding\)](#) in the Undertake family reunification section of the Ongoing Intervention chapter of the Manual of Practice and the [Iceberg model Fact Sheet #19 Transitions](#) for further detail. When reunification is assessed as unviable, reassessment of family contact arrangements should occur as a priority (rather than waiting for a long-term order to be obtained).



(1) Newborns and young infants

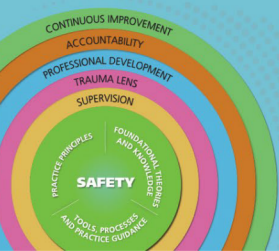
Infants' developmental needs must be carefully considered when making decisions about family contact. Infants require a safe, predictable and nurturing care environment, with repeated, predictable patterns of interactions with their caregivers in order to develop healthy attachment relationships and ensure their optimal development. Children are not born attached to their parents; newborns who have been removed from their parents' care do not have an attachment relationship with their parents to maintain through family contact. Even high frequency contact will not result in infants and very young children developing an attachment relationship with their parents given the limited amount of time their parents are meeting their care needs. Consistent with this is the research finding that increased frequency of visits for infants does not correlate with higher rates of reunification (Humphreys & Kiraly, 2011).

Infants who are not afforded the opportunity to establish an attachment relationship with at least one caregiver are at significant risk of suffering lifelong adverse consequences. Frequent disruptions to an infant's care routine and their emerging attachment relationships with their carers through frequent family contact visits (and the transport and exposure to multiple unfamiliar adults associated with visits) or poor quality visits can seriously disrupt an infant's routine, causing them significant distress and compromising their developing attachment relationships with their carers. (Refer to the [Attachment Practice Paper](#) for detailed information about attachment relationships.) It should also be noted that newborns and young infants generally sleep for 12 to 18 hours per day and their sleep needs to be supported to ensure healthy development.

Whilst case direction is not always clear when a very young infant is placed in care, a removal at or very soon after birth suggests serious safety concerns and difficulties that are unlikely to be addressed in a short period of time. Very frequent contact can affect the parent's capacity to address the child protection issues. Additionally, few parents are able to commit to attending very frequent contact visits with their children, particularly in a very stressful context. If reunification is considered a strong possibility in the short-term, visits can be quickly increased in duration and/or frequency as required to support the transition to their parents' care. It is suggested that visits (that do not cause the infant distress) should occur approximately twice a week when the viability of reunification is being assessed. This minimises the disruption to an infant's care routine and impact on their relationship with their carers, supports a parent's connection to their infant and affords parents sufficient time to begin to recognise and address the concerns.

To ensure the least disruption to the infant's care routine (including their sleep routine), it is important to involve the carer in family contact decision making and to seek regular updates regarding the infant's routine. Infants' routines generally change with their development and the time of family contact should be regularly reviewed to ensure it remains consistent with the infant's changing needs. Where possible, the DCP staff transporting and supervising family contact should be consistent. Given the above and in addition to research which indicates that infants experience lower oxygen flow when in a car capsule (Merchant, Worwa, Porter, Coleman & DeRegnier, 2001), frequent and lengthy car travel is not recommended. If the infant is placed a significant distance away from their parents, the parents should be supported to undertake the travel to see their child.

Parents may request daily visits to breast feed their infant. Whilst medical opinion regarding this should be sought when this issue arises, it is highly improbable that milk supply will be maintained if a mother only breast-feeds a newborn once per day. Many mothers who wish to breast feed an infant who is not in their care will need to engage in regular 'breast pumping' and may also require medication to maintain their milk



supply. Further, they will need to ensure safe, sanitary, cold storage of the breast milk including during transport to family contact visits if they want the infant to be bottle fed breast milk between visits. In short, this requires a significant commitment by the mother. Maternal substance use must be carefully considered when making decisions about breast-feeding, as some substances can be present in breast milk.

(2) Infants and children during ‘active attachment’ – approximately 8 to 36 months

Following initial removal and in the early stages of a short-term order, the focus is on stabilising a routine in the placement and supporting the development of an infant’s relationship with their carers. Due to their young age and limited verbal abilities, placement in care and attendance at family contact visits can be confusing for infants and young children.

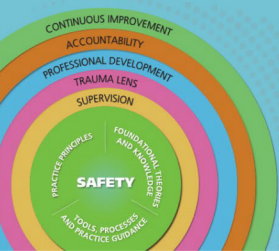
For family contact to be beneficial for infants and young children, it is important that the period of separation from the primary carer is minimised. Travel time and time spent waiting for contact to commence should be considered in addition to the duration of visit. Consecutive visits with numerous family members should not occur where possible and overnight visits are generally not appropriate at this age. When reunification is imminent, the benefits of including overnight visits in the transition plan should be carefully considered. Visits should occur at a safe location close to the placement to reduce travel time. Where possible, it is preferable to minimise the number of people providing support and supervision to visits. It is ideal for the carer to provide the transport and attend the visit to provide the child with a sense of safety and security within family contact visits where possible. Visits that occur approximately twice a week are recommended where contact is not having a negative impact on the infant or young child.

It should be noted that family contact can be significantly disruptive for infants and young children who are developing and strengthening relationships with their carers. Separation from their carer, exposure to parents who perpetrated or failed to protect them from harm and experiences of poor parenting within visits are factors that may contribute to an infant’s distress regarding family contact. A young child may feel that their carer is not protecting them when they are not present for distressing family contact. As such, family contact can undermine a young child’s ability to form a healthy attachment relationship with their carer and heal from their experiences of trauma. If an infant or young child is being negatively impacted by attending contact, consideration should be given to reducing the frequency of contact. Contact should also be reduced if the viability of reunification is unclear – the frequency of contact can be increased as the family make progress towards the case plan goals.

(3) Preschool children – 3 to 5 years

Following initial removal, preschool children can be confused and distressed by their experiences of trauma, change and uncertainty. Preschool children may have developed unhealthy attachment relationships with their parents which can affect family contact and their connection with their carers in their placement.

Preschool children are often very active but tend to tire quickly. They can have particular interests and express themselves and their understanding of their world through play. Preschool children are naturally egocentric and their mood and behaviour may shift quickly. Parents may find aspects such as the child’s mood changes and defiance challenging during family contact. Parents may also find play difficult when they themselves have had little experience of play in their childhood. Arranging a location which offers the opportunities for both active play and calming and comforting activities can be helpful at this age. Providing support to parents and children with activities and care tasks, such as sharing a snack or a meal, can also be helpful. Providing a sense



of predictability and control is important in supporting children at this age. Visual calendars can support their understanding of when family contact will occur and with whom. A regular routine within family contact (including snack times or activities) can also assist children to experience contact positively.

During early stages of assessment and when reunification viability is uncertain, it is recommended that contact occurs approximately fortnightly. As parents' make progress towards case plan goals and reunification becomes more likely or is assessed as viable, the duration and frequency of contact should be increased.

(4) Primary school aged children – 5 to 12 years

Primary school aged children can be significantly impacted by the changes associated with their placement in care. In addition to a change in home environment, children in this age group may experience a change in school, peer groups and any extra-curricular activities. Primary school aged children may be anxious about the uncertainty of their future care arrangements, the wellbeing of their parents, siblings and pets, and potentially negative ramifications related to their removal, including fearing that their parents may blame them.

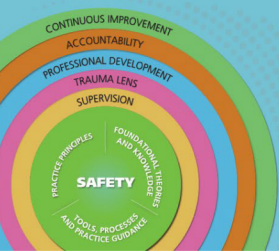
It is important that family contact arrangements are as consistent and predictable as possible and that their impact on school attendance and extra-curricular activities is minimised. Children in this age group also need to be supported to form relationships with their carers.

During early stages of assessment and when reunification viability is uncertain, it is recommended that contact occurs approximately fortnightly. As parents' make progress towards case plan goals and reunification becomes more likely or is assessed as viable, the duration and frequency of contact should be increased.

(5) Adolescents – 12 to 18 years

Adolescents have a range of emotional experiences upon their removal from their families. Some adolescents may express their wish to return to their parents' care and may instigate contact with their parents independent of DCP. Ensuring physical and emotional safety is a key consideration of family contact for adolescents. Involving the adolescent in the planning of family contact arrangements can assist to support both their safety and need for connection with their family. Adolescents may have had a care role for their parents, siblings and pets and may experience significant anxiety about their wellbeing. Regular family contact or updates from the DCP case worker about the family's wellbeing can be beneficial. Other adolescents may experience significant anger and fear and not want any contact with their parents. It is important to be flexible and consider each adolescent's unique views and needs.

Adolescents may have informal family contact online, often through social media and gaming platforms. This can have benefits, such as allowing the adolescent to maintain relationships without direct physical contact and at a frequency that suits them. However, it can also pose challenges, largely due to the private and potentially continuous nature of online contact. Adolescents can be contacted by their family of origin without the knowledge of other supportive adults and family can virtually 'enter' the adolescent's life at times when the adolescent may be psychologically unprepared for contact. Adolescents can feel that they have no safe refuge when difficult and/or unwanted family contact occurs online. This can result in difficult emotional experiences for adolescents and subsequent emotional and behavioural changes may be noted. For adolescents under short-term orders, it is important to engage the adolescent and family in discussions about how frequently and how they would like to have contact. During early stages of assessment and when reunification viability is uncertain, it is recommended that contact occurs approximately fortnightly although



other factors such as the adolescent's placement should be taken into consideration. Adolescents in residential care are likely to require more frequent contact than those in family based care. In family based care, decision making regarding contact needs to carefully consider how contract arrangements may impact on the adolescent's ability to form a relationship with their carer. As parents make progress towards case plan goals and reunification becomes more likely or is assessed as viable, the duration and frequency of contact can be increased.

5.2.2 Considerations for contact for children and young people subject to long-term orders by age group

All children and young people under long-term orders must be supported to develop relationships with their carers. All considerations and support recommendations identified above regarding short-term orders also apply during long-term orders. Some specific considerations for children and young people under long-term orders are provided below.

(1) Newborns and young infants

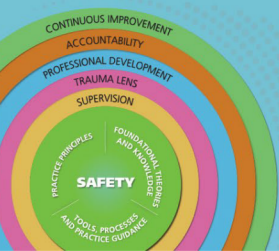
For newborns and young infants under long-term orders, the key focus is supporting a strong developmental foundation, including the development of their attachment relationships with their carers and the establishment of a consistent care routine. As such, it is recommended that family contact is no more frequent than fortnightly.

(2) Infants during 'active attachment' – approximately 8 to 36 months

When infants and children of this age are under long-term orders, the focus is on supporting their overall development, including their development of healthy attachment relationships with their carers. Infants and young children can be distressed by separation from their primary carer for family contact. The focus of family contact is best connection, which can be supported by indirect forms of contact such as through photos and narrative exploration of family rather than visits if children are distressed by separation. Generally speaking, contact for children under long-term orders in this age group should occur no more frequently than monthly. In a minority of cases, some infants and very young children may require more frequent contact until they are able to hold their parent in mind. Prior to the achievement of this developmental ability, infants and very young children may not recognise their parent and essentially experience them as a stranger at each visit which is likely to cause them distress.

(3) Preschool children – 3 to 5 years

From 36 months onwards, children's attachment relationships with their caregivers are strengthened and consolidated. If the attachment relationship with their carer is healthy, the child will be able to better tolerate brief separations from them and may accept comfort and caregiving from other significant people in their lives but they will still find the greatest comfort and reassurance from their attachment figure(s). Children in this age group are able to maintain a memory of their parents and, as such, are able to sustain that relationship with longer periods between family contact. Given this, it is recommended that family contact occurs no more frequently than monthly.



(4) Primary school aged children – 5 to 12 years

Starting school is a significant event for children. Children often become quite fatigued by the cognitive and social demands of attending school. Younger school aged children may find it difficult to be separated from their carer for longer than a full school day. School aged children may also have numerous additional competing demands on their time such as extracurricular, peer and community activities. Family contact needs to be as least disruptive as possible to school and activities.

Children often start to become quite aware and interested in understanding ‘family’ when they begin school due to exposure to other families and discussion within classroom activities. This can raise many questions for the child, which they may ask their carers or parents during family contact. Children and parents may need support to manage these questions about their family, experiences of trauma and placement in care. School aged children are able to maintain a memory of their parents and, as such, are able to sustain that relationship with longer periods between family contact. For children under long-term orders of primary school age, it is recommended that family contact is no more frequent than monthly.

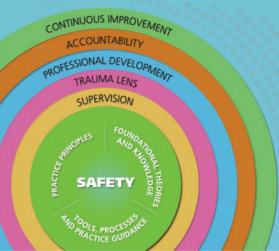
(5) Adolescents – 12 to 18 years

Adolescence is a period of rapid physical, cognitive and psychosocial growth, which affects how young people feel and think about themselves and others, make decisions and interact with the world around them. Adolescents begin to explore their emerging identities in ways that foster both autonomy and connectedness. Adolescents may be interested in exploring their extended family, kinship and cultural networks to develop their sense of belonging, connectedness and identity. Active support should be provided to support adolescents to experience positive and meaningful connections safely and to assist them to process any difficult emotional experiences of trauma, grief and loss. For adolescents under long-term orders, it is recommended that family contact is no more frequent than monthly. However, it is noted that adolescents in residential care may benefit from more frequent contact with their family members. Support for adolescents to increase their independence in relation to family contact (such as reviewing supervision and types of contact, and ensuring that preparatory conversations are held with adolescents and their carers) is important as they commence their transition from care.

5.3 Considerations for Aboriginal children and young people

Connections to community and culture support Aboriginal children and young people’s social and emotional wellbeing and shape their identity as they progress through childhood, adolescence and into adulthood. It is important that children and young people’s family, kinship, community and cultural connections are developed and maintained. Family contact with parents, siblings and other family members is important in facilitating these connections for Aboriginal children and young people. It is important to work in partnership with families to promote connection, in accordance with the Aboriginal Child Placement Principle.

For Aboriginal children and young people, it may be important that they have contact with not only their parents but with others in their kinship networks who play an important role in the development and maintenance of a healthy and strong view of self. The child or young person’s genogram and Aboriginal Cultural Identity Support Tool (as part of the case plan) should identify key people who play significant roles and who hold authority and responsibility for the upbringing and wellbeing of children and young people, such as grandparents for example.



Genograms, ecomaps, Aboriginal Life Story Book and the Aboriginal Cultural Identity Support Tool (ACIST), in conjunction with cultural consultation, are important tools to explore kinship networks and cultural connections when considering family contact. Family contact also offers opportunities for life story work and Aboriginal life story books are available. Consideration should be given to supporting a return to country within family contact arrangements if the child or young person does not live on their country.

The following resources provide extensive guidance regarding planning family contact arrangements for Aboriginal children and young people:

- [Identify and respond to the cultural needs of Aboriginal children and young people](#) from the Supporting children and young people in care chapter of the Manual of Practice
- [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#)
- [Working with Aboriginal and Torres Strait Islander Families Practice Guide](#).

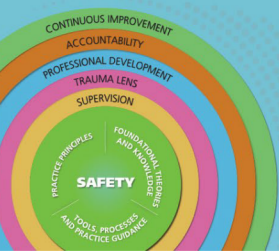
5.4 Considerations for sibling contact

At times, siblings in care may have been placed in separate placements. In some cases, only some of the sibling group may have been placed in care. When making decisions about sibling contact, the purpose of the contact should be clear and the unique needs and circumstances of each sibling should inform the sibling contact arrangements. Sibling contact can occur during parental contact or separately from parental contact. Refer to [Support the child or young person to develop and maintain family and community connections through contact arrangements](#) in the Supporting children and young people in care chapter of the Manual of Practice for detailed guidance about sibling contact.

Sibling relationships are important, potentially lifelong, relationships. Siblings may share a deep understanding of their experiences within their family. Sibling contact contributes to children and young people's social and emotional wellbeing by increasing the level of social support, self-esteem and continuity of sibling relationships they experience in adulthood. If sibling contact is positive, it should occur regularly and in the most natural way possible in collaboration with the carers to allow these connections to thrive. Contact that is facilitated by the carers rather than DCP staff and at either the carers' homes or a community location rather than a DCP office provides an enhanced experience for siblings. Consultation with the carers about these arrangements and support they may require to facilitate contact is important. For information about ongoing contact between siblings after a sibling has transitioned out of care, refer to the [Transition to adulthood](#) chapter of the Manual of Practice.

Sibling contact may also be quite challenging for some children and young people. Siblings may share difficult relationships that have been damaged by their experiences of trauma. For example, siblings may re-enact trauma memories together, older children and young people may attempt to parent younger siblings or children and young people may respond to sibling conflict with aggression and violence which had been historically modelled within their family. Where sexualised behaviour is noted, refer to the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#).

At times, sibling contact can be beneficial for some in the sibling group, but not for others, which poses a significant challenge in relation to decision making. The needs of all of the children and young people must be considered and supported wherever possible. When some children and young people become significantly dysregulated when all their siblings are present, family contact may need to involve only two or three siblings



at a time to ensure the experience is not overwhelming. It is important to understand and acknowledge the different sibling experiences and to explain and discuss the reasons for any limitations on sibling contact with the affected children and young people.

Case workers can access the [Sibling Connection Practice Guide](#) to further support decision-making. The guide has been co-designed by the CREATE Foundation and children and young people with lived experience. It is a resource for both case workers and carers to support positive sibling relationships for children and young people in care and outlines cultural considerations for Aboriginal and Torres Strait Islander infants, children, and young people.

5.5 Considerations for children and young people in kinship care

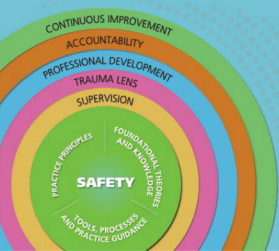
A significant proportion of children and young people in care reside in kinship care placements. There are unique benefits and challenges in managing family contact in kinship care. Children and young people can develop an enhanced sense of family and cultural identity and feelings of belonging when placed within their kinship network, which can promote children and young people's wellbeing. At times and particularly when children and young people have been placed in long term care, family contact can be well managed and supported by kinship carers, with contact with a wide range of family members occurring as part of 'family life'. As such, kinship carers often assume the responsibility for the support and supervision of family contact where kinship carers and DCP are agreeable to this arrangement.

However, family contact for children and young people in kinship care can be associated with unresolved conflict, tension and feelings of divided loyalties. In some cases, concerns about safety issues for children and young people and their carers arise. In these circumstances and particularly when kinship carers are feeling intimidated or are having difficulty ensuring boundaries, DCP should assume responsibility for managing and supporting contact, at least for a period of time whilst the issues are resolved. Case workers must also consider the need to ensure children and young people in kinship care are supported to maintain connections with both sides of their family.

5.6 Considerations for children and young people in residential care

Children and young people who are placed in family based care have an opportunity to develop relationships and their sense of identity within their carer families. Children and young people living in residential care do not have the same opportunities. Given this, for many children and young people in residential care, their relationships with their family (even when these relationships are difficult) become more critical to achieving positive outcomes. It may therefore be appropriate for family contact to be more frequent for children and young people in residential care than for those in family based placements as long as family contact is generally beneficial for the child or young person.

Despite the benefits, there are also unique challenges associated with family contact for children and young people in residential care. The nature of staff rostering means that the support provided to children and young people in relation to contact is likely to be less predictable. The strength of the relationship between the child or young person and the residential care worker may impact on the effectiveness of the support provided. Additionally, differences in family contact for each child or young person in the residential placement can be challenging. For example, some children and young people may receive many gifts on special occasions, where others do not receive a telephone call.



Children and young people in residential care benefit from as much consistency and predictability as possible. Given this, particular efforts should be made to ensure children and young people know when contact is occurring – visual aids such as a family contact calendar may be of assistance in reducing anxiety about contact. Where possible and where a child or young person requires significant support to attend contact, it is preferable for children and young people to be supported to attend family contact by the same staff – this requires consideration of the residential care roster when scheduling family contact. Information about children and young people’s support needs after family contact, including routines which best comfort the child or young person, should be shared at shift changes to ensure that the care provided is informed and sensitive. To achieve consistency and predictability in family contact for children and young people in residential care, a care team approach is particularly crucial. Information sharing and collaboration between DCP case management and residential care benefits children and young people both generally and in relation to contact.

6. Documentation regarding family contact

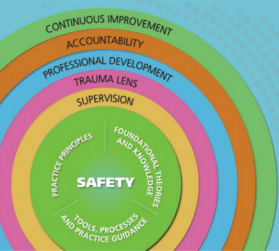
Timely and comprehensive documentation regarding family contact is essential. Case records must be maintained regarding all aspects of casework related to family contact including discussions with the child or young person, carer and parents. Case notes outlining observations of family contact are also pivotal to future decision making regarding contact arrangements. Refer to the [Case recording in Department for Child Protection Procedure](#) for detailed information.

A Consult or Decision Record must be completed to document decisions and associated rationales regarding family contact. The Consult or Decision Record should also be used to document consultations with practice leaders, Principal Aboriginal Consultants or psychologists regarding family contact. Refer to the [Consult or Decision Record Procedure](#) for more information. Assessment of the child or young person’s needs in relation to contact must be included in the child or young person’s case plan. Refer to the [Case planning, review and annual review](#) chapter of the Manual of Practice.

A contact determination must also be prepared to document contact arrangements. Refer to [Support the child or young person to develop and maintain family and community connections through contact arrangements](#) from the Supporting children and young people in care chapter of the Manual of Practice for information about contact determinations.

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