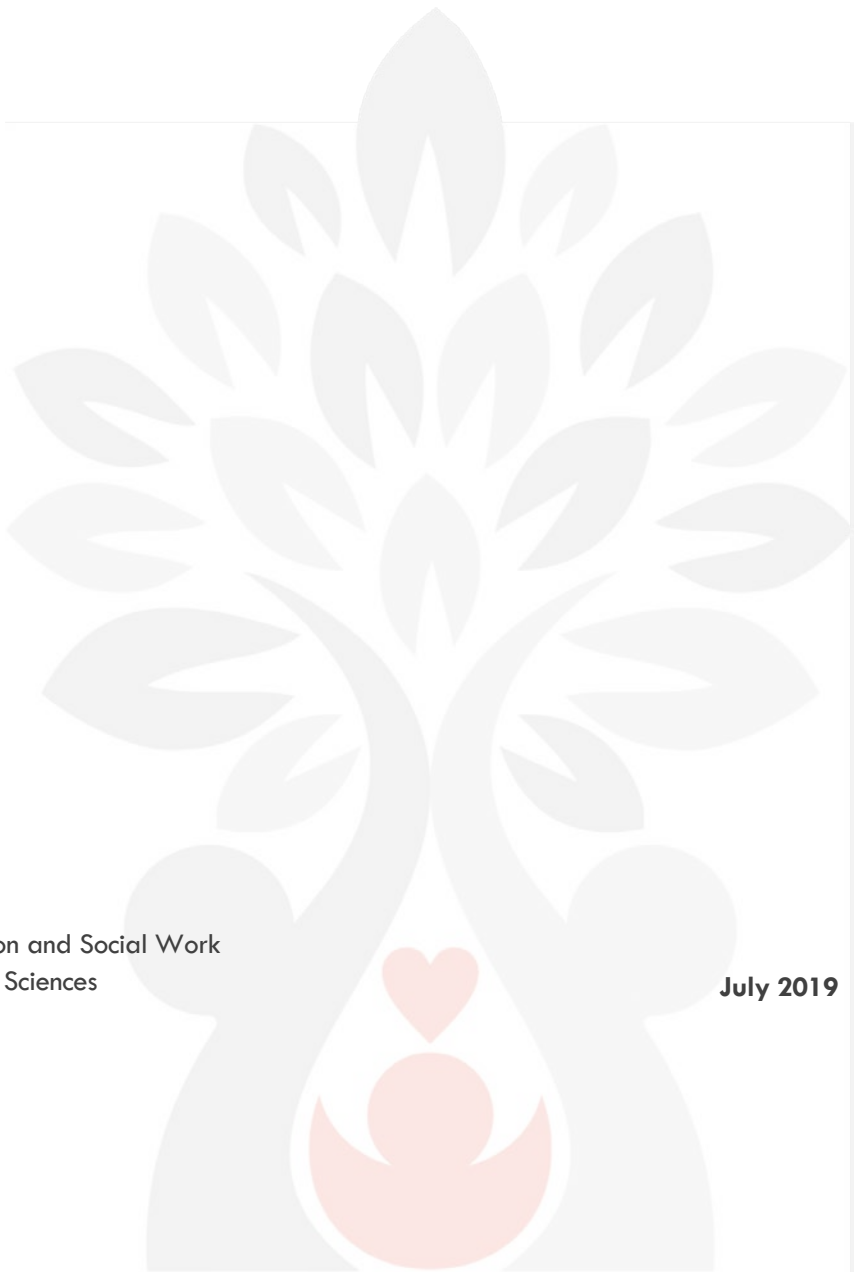THE UNIVERSITY OF
SYDNEY

Institute of Open Adoption Studies

Family Connections and Contact Study: Final Report

Sydney School of Education and Social Work
Faculty of Arts and Social Sciences

July 2019

Acknowledgements

Suggested citation: Collings, S., Wright, A. C., & Spencer, M. (2019). *Family Connections and Contact Study: Final Report.* Institute of Open Adoption Studies, Faculty of Arts and Social Science, The University of Sydney

Contents

Background

Significant reforms are underway in New South Wales (NSW) to improve permanency for children in out-of-home-care. This includes changes to the preferred placement options when restoration is not realistic. Guardianship and open adoption are now prioritised over long-term foster care and with this transition comes an expectation that carers take over birth family contact arrangements without agency support. Research and consultation with long-term foster carers and kinship carers, birth parents and caseworkers has reported that contact can be an area of significant challenge. There is a clear need for research on strategies that help adults to overcome difficulties and have constructive and collaborative relationships. This is critical for children in permanent care to have the opportunity for safe, meaningful and sustainable connections with birth family.

Research Overview

Aims

The study was conducted to understand what support families need and want to make contact a meaningful and enriching part of children's lives and what gets in the way, including access to casework support to build trust and respect between birth parents and carers.

Questions

1. What is the experience of contact for children, birth parents and permanent carers in NSW?
2. What helps children's birth and permanent families with the transition from agency-supervised to carer-facilitated contact?
3. What influences relationship building between children's birth and permanent families?

Methods and participants

A qualitative, arts-based study was undertaken between April and December 2018 to understand the perspectives of contact for families involved in out-of-home-care in NSW. The study sought the views of children, birth parents and a variety of permanent carers, including legal guardians or kinship carers, adoptive parents and foster carers. A total of 57 participants from four parts of the state took part in the study. This included 12 birth parents, 19 children and young people and 26 carers. Twenty-three participants were part of a placement dyad consisting of either a birth parent/carer or carer/child pair. Twenty participants identified as Aboriginal[1] and were included in all three participant groups.

Engagement with Aboriginal communities

In their recent systematic literature review on the needs of carers of Aboriginal and Torres Strait Islander children in out-of-home-care, Kalinin, Gilroy and Pinckham (2018) note that research about vulnerable Aboriginal and Torres Strait Islander people needs a research framework designed by and for Aboriginal and Torres Strait Islander people. Researchers involved in the current study sought advice and guidance from Dr Lynette Riley, colleague at the Sydney School of Education and Social Work and eminent scholar of Aboriginal and Torres Strait Islander Kinship networks. Dr Riley, a Wiradjuri and Gamilaroi woman from Dubbo and Moree, has deep community connections in the Central West of the state and offered the research team her exceptional understanding of appropriate protocols for engagement with Aboriginal communities and cultural safety practices. The research team consulted with

---

[1] In recognition of Aboriginal people as the original inhabitants of NSW, this document refers specifically to Aboriginal people and communities.

the Three Rivers Assembly to seek approval to undertake research with Aboriginal families in and around Dubbo. The group was informed about the research purpose and recruitment sources (service providers details withheld to prevent participant re-identification). The group agreed to the proposed approach. Dr Riley and a member of the research team visited Dubbo in June to meet with NSW Family and Community Services (FACS), non-government service providers and Aboriginal community leaders about the study. The research team visited Dubbo in June and August 2018 to conduct interviews with carers and birth parents and a focus group with young people.

Institute research and study context

The Institute undertook sector consultation and research in 2017 that showed contact was a challenge for caseworkers and foster carers alike. Reluctance to facilitate contact independently came up as a barrier to carers pursuing guardianship and open adoption (Luu, Collings, Wright, Pope & Spencer, 2018). Carers viewed facilitating contact as a highly sensitive task, which many felt unskilled to undertake, and expressed concerns about how to safeguard children or manage tensions or difficult interactions with birth relatives. Lack of confidence led many carers to avoid being involved in contact or to offer taking on a bigger role in contact arrangements. For these carers, agency involvement was a buffer between themselves and birth relatives, particularly parents. Detailed results are available elsewhere (Collings, Wright, Spencer & Luu, 2019).

Introduction

Contact: what, how, where and why?

The term 'contact' refers to a formal communication between a child in out-of-home care and family members or significant others with whom they do not live, and includes face-to-face meetings and letters, phone calls and messages (Humphries & Kiraly, 2009). In Australia, ongoing and direct (or face-to-face) birth family contact is expected to occur in all permanent placements, including open adoption, unless it is contrary to a child's best interests (Ross & Cashmore, 2016). This is consistent with a child's right to maintain family relationships (United Nations, 1989, Art 9). In many countries, children in out-of-home care continue to have direct contact with birth parents (Boddy et al., 2014; Taplin, Bullen, McArthur, Kertesz, & Dobbins, 2015). Contact after adoption is less common. In the United Kingdom (UK), there is no duty to promote direct contact after adoption and contact is more likely to be indirect, or 'letterbox' contact, primarily aimed at supporting a child's identity needs (Neil, Beek, & Ward, 2015). Similarly, the United States (US) has low rates of contact for children adopted from foster care (Ryan et al., 2011). In both these countries, children's contact with birth family, particularly parents, has been found to decrease over time (Crea & Barth, 2009; Neil, 2009). By contrast, it is estimated that most children in long-term care in Australia (up to 94%) have direct contact with birth parents, two thirds of which is supervised by agencies (Taplin et al., 2015).

Contact helps children to preserve and strengthen connections to family, kin and community. In Australia, maintaining connections to family, kin and community are particularly relevant in the context of the disproportionate removal of indigenous children (AIHW, 2018). The Aboriginal and Torres Strait Islander Child Placement Principle requires indigenous children to be placed with extended family, kin or community whenever possible, and with non-indigenous carers as a last option (SNAICC, 2018). Contact helps children and young people from a different cultural background to their carers to stay connected to culture, community, religion and language.

Benefits and risks of contact for children

A recent literature review outlines the benefits and risks of direct contact for children (Boyle, 2017). Contact can help children feel a sense of belonging to two families (Biehal, 2014). It also gives children a chance to learn valuable information about their family history and can prevent idealisation of parents (Neil, Cossar, Jones, Lorgelly, & Young, 2011). Reassurance that family members are safe and still love them can help them come to terms with their loss (Moyers, Farmer, & Lipscombe, 2006). Regular contact can maintain connections with important family members, such as siblings and grandparents, not only parents (Sen & Broadhurst, 2011). On the other hand, if it goes badly, contact can undermine the child's sense of security and the stability of the placement. When contact does not go ahead as planned, children can feel rejected and disappointed. Interactions during visits can be distressing for children, if birth parents undermine the child's carers, or provide promises and gifts that encourage idealisation. In extreme cases, covert abuse may continue during visitation (Morrison, Mishna, Cook, & Aitken, 2011). In summary, Boyle (2017, p 23) concludes that, "The general consensus among this body of research is that the impact of contact depends on a number of variables and decisions should be made on a case-by-case basis".

Relationships between adults involved in contact

At its essence, contact is about relationships. Statutory child removal inevitably means relationships between children's caregiver and birth families are forged under acute pressure or altered by extreme circumstances. When relationships between adults are not healthy, it is unlikely that contact will be safe and positive for children (Neil et al., 2011). Adults brought together by child removal will need assistance to establish clear roles and boundaries, cope with complex feelings, and manage the changing needs

and wishes of children (Neil et al., 2011). For instance, contact that occurs in kinship care is an extension of existing family relationships and affected by historical dynamics whereas foster carers and birth parents usually have no personal history and their challenge is to make a connection under highly-charged circumstances.

Parents with complex trauma histories can experience a "perfect storm" as they struggle to cope with grief over child removal which is compounded by system-induced trauma as a result of negative and unhelpful encounters with services (Hinton, 2018). Rigid agency processes and negative attitudes of caseworkers and carers can make it extremely difficult for birth parents to nourish their relationships with children (Ross, Cocks, Johnston, & Stoker, 2017). Parents undergo a fundamental identity renegotiation after having a child removed (Salveron, 2012). The process can be helped by positive interactions with children, carers and caseworkers (Salveron, 2012). Contact is therefore a critical opportunity for parents to heal, recover and have hope for the future.

Attributes and skills to build relationships

Building relationships to support positive contact experiences for children takes a combination of skills and personal attributes. Not surprisingly, individuals have varied skill levels and different personalities which means that some families will need more help than others to build on existing capacity. *Communicative openness* is the term used in adoption to describe an open attitude and willingness to explore identity concepts with children (Brodzinsky, 2005). It is associated with adoptive parent personality characteristics such as openness, empathy and a secure sense of self. Agencies can use this information to identify these traits and capacities in the recruitment of prospective adoptive parents and build them into the preparation of applicants (Brodzinsky, 2005). Contact can help adoptive and birth parents build a kinship network (McDonald, 2016). This is achieved by enactment of symbolic displays of kinship (McDonald, 2017).

Parents in NSW have called for a more relational approach to contact that acknowledges that they have an ongoing role to play in their children's lives (Ross et al, 2017). A relational approach to contact is associated with strong parent-worker relationships (Gerring, Kemp, & Marcenko, 2008). Caseworkers also draw on skills and personal traits such as empathy and warmth to help families have healthy relationships. Birth families often need help to come to terms with the child having been permanently removed (Neil et al., 2011). The foundation of a partnership approach is respecting the views of clients and encouraging genuine participation in decisions (Aldgate, 2011). Empathic listening by professionals helps create a sense of connection and understanding for the families they work with (Bedi, 2006). Practitioners need to extend a trauma-informed approach to their work with children in out-of-home care to take into account the impact of trauma backgrounds on parental behaviour (Collings, Neil & Wright, 2018; Hinton, 2018).

Method

Design

A qualitative, arts-based method was used to elicit the perspectives of children in permanent care; permanent carers, guardians or adoptive parents; and birth parents on the topic of birth family contact. Carers took part in an open-ended interview using a semi-structured guide to elicit their views and experiences of birth family contact and hopes for future relationships between themselves and birth relatives, particularly parents. Older children either took part in a focus group or an interview. The interview schedule used with carers was modified for use with older children and included questions about contact arrangements, views of contact, relationships, and support with contact. Focus group questions allowed for small group discussion and feedback on the meaning and experiences of contact, support and preferences for seeing birth family, and how to include children's views in contact planning.

By using arts-based methods, the researchers could approach a topic that is recognised to be sensitive and emotional, particularly for birth parents and children, in a novel way. Younger children took part in a creative activity as a conversation prompt and birth parents were assisted to express their feelings and views non-verbally using in an art-based activity.

Children aged 8-10 years took part in a semi-structured, guided interview which included a *social relationships activity* to depict their connections to birth and permanent care families. Interviews started with neutral questions such as child's age, where they live and go to school, hobbies and friendships, to familiarise the child with an interview format. They were then invited to place small figures on a chess board to represent people in their lives in locations more or less proximate to a figure representing themselves as a way of depicting emotional and physical closeness. The social relationships activity was guided by questions about the important people in their lives, feelings about seeing birth relatives, support to manage feelings, and hopes for future relationships with birth relatives. This method is similar to Family Sculpture, used with children in the *Pathways of Care Longitudinal Study,* funded by NSW FACS, which is currently underway in NSW (Cashmore and Taylor, 2017).
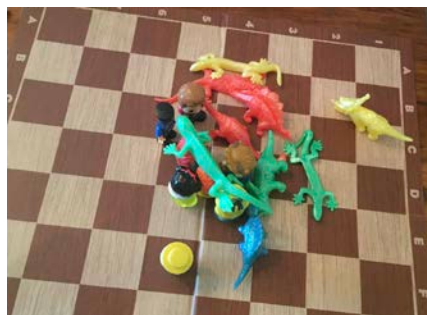
Example of activity used to elicit views of family relationships and contact experiences with younger children

Birth parents participated in a visual method called body mapping. Body mapping involves a participant tracing a life-sized outline of their body and then adorning the drawn body with visual representations, symbols, and words related to the experience under interrogation (Solomon, 2002). A written account of the experience, known as a 'testimonia', is then created by the researcher (Dew, Smith, Collings & Dillon-Savage, 2018). In this study, the body mapping process with individual parents was facilitated by a member of the research team and a professional parent advocate. The two facilitators prepared a body map based on a hypothetical case study and used this to explain the method to parents at the start of the session. Parents were also offered a relaxation exercise and the choice of lying on the floor to have their own body outline traced or having the facilitators do this instead. A range of visual stimuli were made available including crayons, felt pens, coloured sheets of paper, felt and piping, colourful shapes and lifestyle magazines.
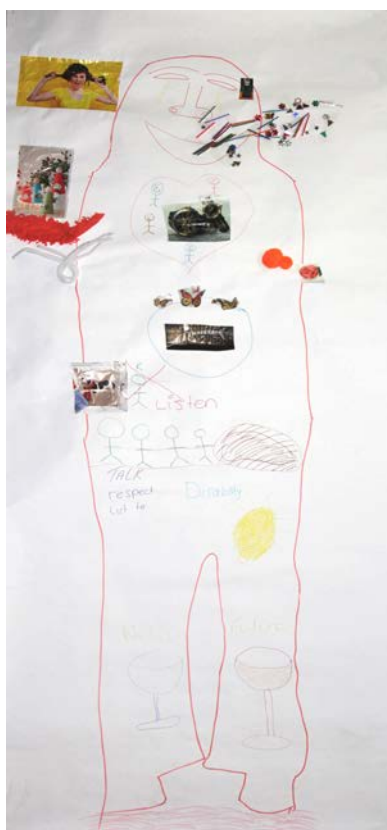
Example of a body map, or a life size body outline, which is populated with symbols, images, words in response to a guided interview

Conceptual framework

Ecological systems theory is used to understand how a child's development is influenced by social relationships within the environment (Bronfenbrenner, 1979). Children interact in everyday settings like home and school (microsystem) and have interconnected relationships across these (mesosystem). Proximate relationships are shaped by cultural and political factors including values, norms, laws, policies (macrosystem), and by historical events (chronosystem) (Bronfenbrenner, 2005). Children's lives are also shaped by social interactions they are not part of but that affect important people in their lives, such as parents (exosystem). Systems like statutory child protection and out-of-home-care can exert a powerful influence on children including, in the most extreme cases, by separating them from family. Ecological theory is a useful framework for this study which aimed to understand how family members experience contact. The study took place in a period of dramatic legislative, policy, and practice change in NSW. Ecological theory helps us to understand how these changes impacted on the children and families who were living through them.

Recruitment

Ethical approval for the study was obtained from The University of Sydney (no. 2018/123). The research was conducted in four locations in NSW and included metropolitan, regional and rural locations. Participants were recruited with the assistance of the district offices of NSW Department of Family and Community Services (FACS) located in these areas, 21 non-government out-of-home care agencies, and four advocacy organisations focused on birth parents, carers or children/young people in care. Advocacy groups promoted the study via social media and a parent advocate also co-facilitated body mapping with birth parents.

The researchers developed written information about the study which detailed the aims, methods, eligibility, risks and consent procedures. A short YouTube video was made to summarise what was involved using simple language and provide information on how to contact the research team. Recruiting organisations were sent written instructions about the study and asked to share the information with eligible carers and parents with whom they worked and, where possible, to act as the first point of contact with potential participants. Figure 1 shows participants by location, gender, type and dyad membership. Figure 2 shows the cultural background of participants.

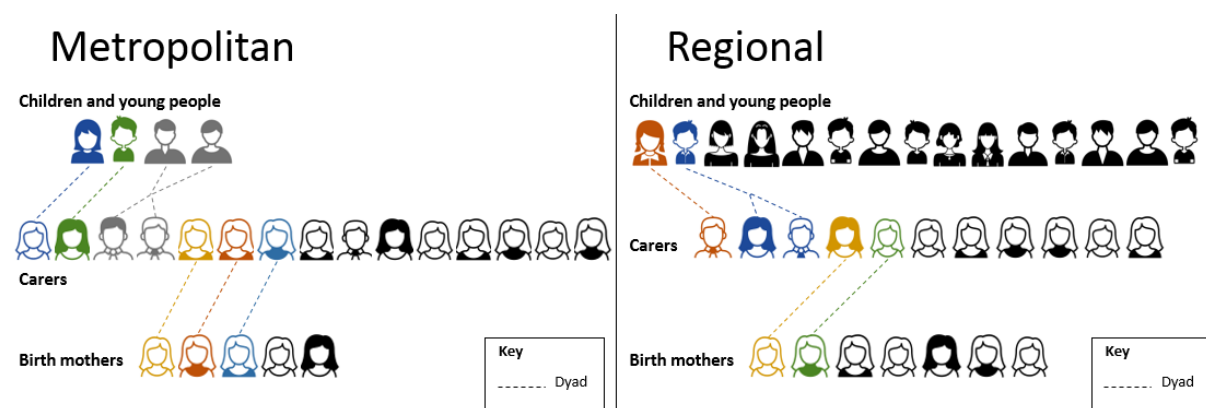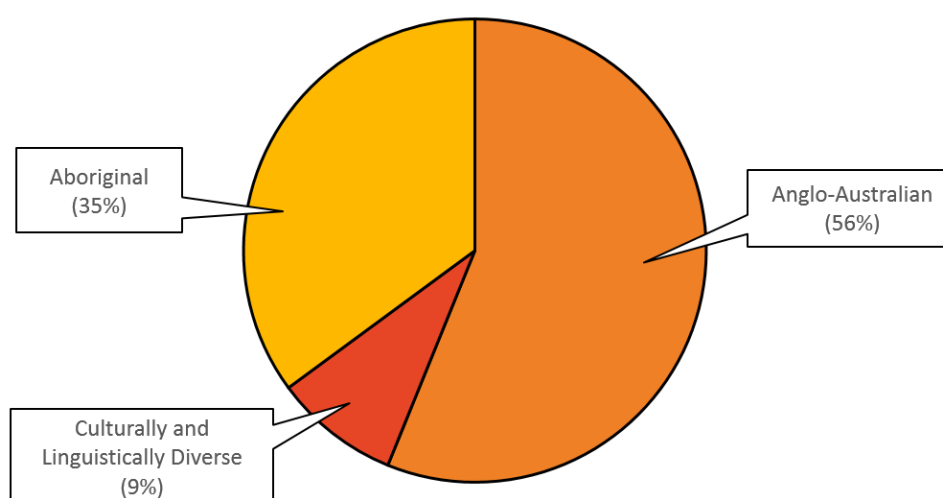**Figure 1: Participant composition**

Figure 2: Participant breakdown by cultural background

Participants

A total of 26 carers, including three couples, and a young person took part in an interview of approximately one-hour duration. Five children aged 8-11 years took part in a guided individual interview involving a creative activity, that took on average 30-45 minutes. A focus group was also held in a regional location with ten participants aged 12-16 years and three of their younger siblings (under 12 years). The focus group was approximately 90 minutes duration with a scheduled refreshment break during which participants were provided with pizza and drinks. Twelve birth parents, all women, took part in an individual body mapping session of two hours duration. Most participants lived in greater Sydney (39%) with one third (33%) from Western NSW and the rest from either the Hunter or Illawarra regions (16% and 12% respectively). See Tables 1 to 4 for participant details.

Data collection

Data collection took place between May and August 2018. Twelve individual body mapping sessions, one focus group, and 32 individual interviews were held. All participants consented to their interview or body mapping session being audio recorded and, where relevant, their visual data photographed. In the case of children, authorised adults (carers, guardians or adoptive parents) provided consent to their participation and children gave explicit verbal assent. All participants were asked to nominate a pseudonym by which they would be known. Pseudonyms were written on the body maps for use in analysis.

Detailed field notes were written immediately after interviews and body mapping sessions to preserve recall of important details and impressions about contact arrangements, issues, personal attributes, and any other pertinent details. All interviews were transcribed verbatim and the social relationships activity done by younger children was photographed. The focus group was recorded and, together with notes taken on the day, a written summary of the discussion was made. Body map sessions were recorded and each body map was photographed. The same day or the next, one researcher reviewed the body map and listened to the recording in order to create two pieces of written data: 1) a key that described the images, locations and meaning attributed to them by the participant; and 2) a brief third-person account (i.e., testimonia) providing a linear narrative of the parent's experiences with contact. This included details about parent history, circumstances of removal, changes to contact and relationships with children and their carers over time, and hopes for the future. Field notes taken on the day were checked to confirm

that no important details had been omitted in the key or testimonia. This process was repeated with each individual map.

Data analysis

An inductive approach was used to analyse these data using a six-phase process outlined by Braun and Clarke (2006). Themes were generated using all written and visual material. Data was triangulated by using multiple data sources (three participant groups) and data collection methods (interview, focus group, visual data, research field notes) which increases validity and reliability (Denzin, 2006). All written and visual data were uploaded to Dedoose™ software which facilitated access by the research team. The researchers independently coded an identical sample of data (transcripts, testimonia, and body map keys) to label concepts, events or incidents related to the phenomenon (i.e., contact).

The team then met to discuss initial codes and document emergent categories. The researchers observed that the data revealed stages and variations of relationship evolution. The team noted that the natural starting point for relationships based around contact was when that child was removed (*the past*) and the interactions around this event influenced fledgling relationships between carers and birth parents (*the present*). This starting point existed irrespective of how long a child had been in care or how many previous placements they had. The way in which carers and birth parents dealt with obstacles impacted on expectations for contact and relationships between parties (*the future*). This pattern of historical overlay onto present interactions is consistent with the chronosystem as outlined in ecological systems theory. The team agreed to create a coding framework based on the concept of relationships as temporal and non-linear. This is depicted in Figure 3.

Figure 3: Influence of time on interactions
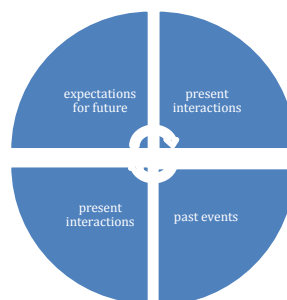
The concept of temporal relationship evolution was applied to open coding of remaining transcripts, testimonia and body map keys. One researcher generated codes and created initial descriptive categories to group similar codes. The constant comparison technique was used to compare similarities and difference between transcripts (Charmaz, 2000). Memos were made and research field notes reread to document observations concerning underlying relationship between codes and categories. When all data had been coded, the suite of codes and categories were thoroughly reviewed and preliminary themes about what supported or undermined contact-based relationships were identified. Inter-rater reliability was confirmed by testing a selection of themes, categories and codes. Scores below 80% were reviewed and retested until consensus was reached.

Five main themes were identified and each contained several subordinate themes. Table 5 presents the categories, sub-themes and main themes.

Results

Participant characteristics

The following section describes the sample. Calculated across all three participant groups, a total of 68 children in permanent care were associated with the study, either as a participant or as the child or children of adult participants. The birth parents had a total of 26 children in care, and carers/adoptive parents had a total of 40 children, including 6 child participants and 10 children of birth parent participants. See Table 1.

Table 1: Participant groups

Participant Group*	No. participant	No. children in care	No. dyad members
Birth parents	12	26	5
Carer/adoptive parent	26	40	12
Child	19	19	6
Total	57	68	23

Table 2 outlines birth parent characteristics. All participants were female[2]. Two-thirds identified as Aboriginal and the same proportion had an intellectual or learning disability. Most mothers (90%) had completed less than four years high school education and over half (58%) had given birth to their first child before the age of twenty. One in two mothers had been in out-of-home-care as a child. Four mothers had either had a child restored (n=1) or had subsequently had a child who was not removed from their care (n= 3).

Table 2: Birth parent characteristics

Characteristics	No.	%
Female	12	100
Male	0	0
Aboriginal & Torres Strait Islander background	8	67
Culturally and Linguistically Diverse background	0	0
Young parent (<20 years)	7	58
Out-of-home-care background	6	50
Completed minimum 4 years high school	1	8
Intellectual/learning disability	8	67
Mental health condition	4	33
Child with health condition or disability	8	67
Child reunified/subsequent child not removed	4	33

---

[2] For accuracy, this section will refer to participants as 'birth mothers' and use the term 'birth parents' when carers or children are talking about parents in general.

Twenty six permanent carers took part in the study (see Table 5 for carer type). Five times as many participants were female than male (81% & 19% respectively). Most carers or adoptive parents had more than one child from out-of-home-care (62%) and almost half (46%) had biological children. Five carers were from Aboriginal and Torres Strait Islander families, including one non-Aboriginal participant whose spouse was an Aboriginal person and who had an Aboriginal child in a Kinship care arrangement. Two thirds of carers (70%) had completed a post-school qualification.

Table 3: Carer characteristics

Characteristics	No.	%
Female	21	81
Male	5	19
Aboriginal & Torres Strait Islander background	5*	19
Culturally & Linguistically Diverse background	4	15
+1 child from care	16	62
Biological children	12	46
Postgraduate qualification	7	27
Tertiary qualification	6	23
TAFE qualification	4	15
Completed 4 years minimum high school only	8	31

Table 4 details child characteristics. Nineteen children took part in the study and the age range was 8 to 16 years. Two thirds (68%) were males. Twelve children took part in the study with a sibling, all but two as part of a focus group. Six children were part of a child/ carer dyad, including two siblings. Two in five children (42%) were from an Aboriginal or Torres Strait Islander background. Most of the children (68%) were in long-term foster care.

Table 4: Child characteristics

Characteristics	No	%
Male	13	68
Female	6	32
Aged 8 - 12 years	11	58
Aged 13 - 16 years	8	42
Aboriginal & Torres Strait Islander background	8	42
Culturally and Linguistically Diverse background	1	5
Long-term foster care	13	68
Kinship care	3	16
Open adoption	3	16

Table 5 details placement types across the sample. Placements were by no means static with a large proportion (28%) in the process of transitioning from kinship or foster care to guardianship or open adoption.

Table 5. Sample by Placement type

Participant Group*	Guardian-ship (GS)	Open Adoption (OA)	Pre OA/ GS	Foster care	Kinship care
Birth parents	3	0	6	9	8
Carer/adoptive parent	2	8	10	9	11
Child	0	3	3	10	3
Total	5 (7%)	11 (16%)	19 (68%)	28 (41%)	22 (32%)

Table 6 details contact arrangements for the sample. Most children involved in the study or connected with study participants had contact with birth relatives (84%). There was a largely equal distribution of supervised (54%) and unsupervised (46%) contact arrangements. A small number of children (*n*=5) were involved in a combination of supervised and unsupervised contact with different birth relatives. Eleven children had no contact, five being young people in long-term foster care who had opted to cease birth parent contact and six adopted children had a deceased parent or contact had broken down. It was more common for participants in long-term foster care to have supervised contact, including cases where the carer occasionally or always attended contact.

Table 6: Sample by contact type

Placement	Supervised	Unsuper-vised	Both	None	Total
Guardianship	n/a	3		-	3
Open adoption	n/a	4		6*	10
Pre-adoption	4	8		-	12
Kinship care	10	6	3	-	19
Long-term foster care	14	3	2	5	17
Total	28 (54%)	24 (46%)	5	11(12%)	68 (16%)

Thematic analysis

A pattern was discerned in what influences the development of respectful and constructive relationships between birth parents and permanent carers. Consistent with ecological theory (Bronfenbrenner, 2005), the results show that interactions *during* contact are influenced by interactions *outside* contact. This includes interactions that do not directly involve children but take place between carers, birth parents and workers and can involve interactions that occurred in the past. Personal and interpersonal factors can support or undermine the evolution of relationships and were shaped by experiences such as child removal, past trauma and ongoing adversity for both birth parents and children.

Table 7: Categories, sub-themes and main themes

Category	Sub-theme	Theme
The past (barriers)	The elephant in the room Repeating the cycle Attachment and trauma Unresolved parent issues	*The shadow of the past*
The past (enablers)	Worker support Making a connection Mutual validation Open communication Warmth and compassion	*Getting to know each other*
The present (barriers)	Disputed parent identity Fractured family ties Safety precautions or risks Parent-child interactions Agency buffer	*Stumbling blocks*
The present (enablers)	Clear boundaries Positive connections Predictability Special time	*Making family time*
The future (synthesis)	A normal family Accepting parent identity Dual connection No crystal ball	*A shared future*

The main themes are briefly described below. More details are available in publications based on results.

The shadow of the past

Relationships had a developmental trajectory whereby past interactions, including those that did not directly involve carers and birth parents, influenced the nature of present relationships. The past cast a long shadow over how some birth parents related to children, as well as carers and agencies responsible for overseeing the placement. Lifelong adversity contributed to and was compounded by child removal. Residual emotions from this time, sometimes many years ago, left many birth mothers wary, defensive and hyper-sensitised to signs of judgment. Those who had been in the care system themselves were distressed that they had not done better for their children. Carers often felt out of their depth in knowing how to respond to birth parents despite understanding their complex histories. Several carers reported that seeing birth parents was a highly charged experience for a child. Where there was a history of trauma or disrupted early attachment to parents, carers often reported that the child's behaviour was dysregulated before, during and after contact. Dealing with these challenging situations inevitably strained relationships between carers and birth parents.

Getting to know each other

Carers and birth parents often came from very different worlds and feeling empathy for each other did not always come easily. Empathy could help carers cope with feelings of disapproval or disappointment when, for example, birth parents did not show up to contact or arrived under the influence of drugs or alcohol. Agency-supervised contact tended to prevent relationships from forming naturally and was in place for several foster carers and birth mothers in the study. Caseworkers often played a vital role in helping carers and birth parents get beyond formality and superficial communication. Birth parents and carers often had to overcome fears about how they would be perceived by the other person, feelings of

awkwardness, or uncertainties about their role in the child's life. Participants who had been able to get to know each other expressed that there was a sense of relief when they met, and this had demystified the other person in their mind, relieved the tension and fear, and enabled them to see each other as people. The way that carers and birth parents dealt with problems was fundamental to whether their relationship grew beyond the early tenuous and superficial stage.

Stumbling blocks

Participants highlighted several barriers to the formation of healthy relationships and impediments to contact being a positive experience. Some barriers stemmed from environmental factors that had led to children entering care and the emotional toll it took on parents. Others were due to difficulties adapting to the new situation and roles. With emotions running high, misplaced or harsh words in the early days of a placement could do irreparable damage. Agencies could provide a welcome buffer between parent and carer, but sometimes at the price of a stunted relationship. Kinship care presented some unique challenges for contact due to the nature of the relationships between carers, birth parents and siblings. Many families in the study, across placement types, also had a history of intergenerational trauma and out-of-home-care that left family ties more fragile and tenuous. Where concerns for child safety existed, this presented a serious impediment to relationships between carers and parents. However, even in the absence of specific concerns, a heightened awareness of contact as a potential risk to child wellbeing flavoured dynamics between workers, carers and birth parents. Birth mothers were sensitive to being perceived as a risk to their children, carers worried about children being re-traumatised, and workers adopted a risk-averse stance. These dynamics could discourage open dialogue and respectful communication and undermine trust.

Making family time

Some families were able to transform contact from a legal requirement or a date marked on the calendar into a chance for children to spend with family – underpinned by a broader conceptualisation by the adults of what family meant. This took a shift in attitudes, a willingness to share power and openness to change. Birth parents needed to accept that their parenting role had undergone a fundamental shift and carers needed to accept that it was normal for birth parents to remain emotionally invested in their children. Clear boundaries about what to expect at contact helped to minimise stress and avoid conflict between birth parents and carers and helped children feel secure in their relationships. Where there were no physical safety concerns and children actively sought contact, it was important that they could rely on it happening when, where and how they anticipated. Children, carers and birth mothers shared examples of children thriving on being able to plan their next visit, including what they would take to show parents, what food or activities they would share together, and what games they would play with siblings. Across all participant groups, what characterised special time together had an intangible quality based on their individual interests, prior relationship and circumstances.

A shared future

Some participants had well established and robust relationships with the child's other family and could envisage a shared future with their child's other family. These relationships had role clarity and neither family felt undermined or disempowered yet there was still clear delineation around decision-making authority for children and boundaries around interactions. Adults who approached the future with optimism about contact identified that they had, in some way, created a new entity that blended two families. They recognised and accepted the child's connections to both families, which were equal but different. For some birth parents, being accepted into the family of the child's carer was even more significant due to the absence of positive family experiences in their life. Making peace with a new identity as non-custodial parent was painful and difficult and many birth mothers clung to hopes of restoration that left them in limbo. Even those who had a good relationship with carers acknowledged

that the future was unknown. Carers who had put energy into making stronger relationships with birth parents were pragmatic about the potential for future challenges. Carers anticipated that boundaries would need be renegotiated over time but were optimistic about this based on the trust and respect that had already been established.

Family dyads – ethical considerations and interpretation

The study included 10 family member dyads, representing 23 participants: five birth parent/carer dyads and five child/permanent carer dyads (see Figure 1). Consent was sought from these adults to analyse combined information obtained about their family members. Participants were advised that their information would be used to explore how perspectives of contact varied within a child's family. All adults gave consent to the use of their information, in accordance with approved ethical confidentiality protocols. This consent was extended to using information obtained from child participants.

Participant dyads offer a valuable window into the nature of relationship development and the chance to understand different perspectives of contact experiences for one family group. However, using data from the same child's family introduces particular ethical considerations related to preserving anonymity. Limiting the data included about a family meant that it was less likely that details about individual participants could be matched. In this study, with more than twice the number of unrelated versus related participants, dyadic data primarily contributed to overall thematic analysis. In addition, birth parent and permanent carer dyads were used to confirm the themes about relationship development from dual perspectives. Child and permanent carer dyads were used to strengthen understanding of the preferences and challenges of contact for children, by hearing from a child and carer perspective. Steps taken to preserve individual anonymity included altering identifying personal details such as child age, gender, placement type and number of siblings.

There were five dyads comprising children and their permanent carers. Some dyad members talked of very positive and high-quality contact arrangements that had become carer-facilitated over time. These carers said they had received timely and helpful casework support to build trusting relationships with birth parents and children spent time regularly with birth relatives – not always or exclusively parents – involved in activities that were meaningful and age-appropriate. In other cases, contact remained agency-supervised and could be unpredictable. In this scenario, children could become distressed and confused when parents did not make scheduled contact and there was little evidence of effective casework to address parental attendance issue or to improve how contact worked.

Kinship care for Aboriginal & Torres Strait Islander children

A third of the sample were from the Central Western region of NSW, where the research focus was to understand the particular experiences of contact for Aboriginal children and families, especially those in kinship care. We recruited two birth mothers, three carers and eight children and young people from the Western region. In total, twenty study participants identified as Aboriginal, including eight children and young people; eight birth mothers and four carers.

Aboriginal families involved in kinship care arrangements and living in regional NSW experienced specific challenges with contact that related to their geographic location such as:

- Arranging for children to see birth parents and siblings who lived a significant distance away could present logistical challenges. Some children travelled long distances to visit relatives and this was only possible if carers were willing to facilitate the contact visits and incorporate them into a family holiday. This made contact arrangements fragile.

- There were potential barriers for children developing and nurturing their cultural identity when they lived off Country[3]. Carers were sensitive to the need for children to remain connected to Country but this was not always easy when there were fractured family relationships and when they were living long distances away.

- Carers could perceive themselves to be under considerable pressure from birth parents who were kin. Some carers feared for their own safety from birth parents who resented them having care of their children and knew where they lived. Carers commonly expressed a sense that the foster care agencies they dealt with, including Aboriginal caseworkers, minimised the seriousness of the risks they dealt with.

- Birth mothers could feel judged as a failure by their own community when it was known their children were in care. Some resented Aboriginal caseworkers for not helping them more and felt that they had been tricked into trusting them.

The views of children and young people

Nineteen children and young people took part in the study including thirteen focus group participants and six individual interviews. We recognise bias in that children and young people who were interested in taking part and whose carer consented to their participation were likely to have had more positive experiences of contact. However, we did gain access to carer accounts of contact being traumatic for children and these are included in thematic analysis but are not the focus of this section, which captures the child's perspective.

Focus group participants highlighted the importance of having time with birth family and getting to know them better. Young people believed that children should have more of a say in contact including who they saw, and where and when it took place. One participant was concerned that children were not consulted about their views and it was assumed that they wished to see parents, which could increase trauma for them if they did not. All participants agreed that contact should consider what activities and settings children were likely to enjoy. Children told us that they had contact in parks, fast food outlets and, for those living with relatives, their own home. Children typically took along things to play with, such as balls if they were seeing siblings, and things to show their parents, such as reports and drawings done at school. One child said he thought of stories to share with his parents.

Children unanimously wanted contact to be longer and more frequent, particularly with those relatives they missed the most. They wished there were more chances to keep in touch between visits, including by phone, letter, and messages and photos shared on social media applications such as Snapchat, Instagram, Messenger. They said it was hard to say goodbye and many worried about how parents and siblings were coping. Some children talked about feeling they should be cheerful at contact so their parents would not be sad and of avoiding any conversations that might trigger unhappiness. The conversations they did have were focused on giving parents updates on their lives and reminiscing about when they were younger. They avoided conversations about whether they wanted to move home or not.

Six children took part in a semi-structured interview, including five younger children (8-11 years) who also completed a creative activity. These children were asked to place figurines on a checker board and the figurine position was used as a conversation prompt for discussion of the perceived closeness and

---

[3] The term "country" is often used by Aboriginal and Torres Strait Islander people to describe family origins and associations with particular parts of Australia. Within traditional Aboriginal and Torres Strait Islander societies, each Indigenous language group has a defined area of land or country that each group is connected to, both geographically and spiritually. Living "off country" denotes living in the lands of another Indigenous group.

proximity of particular people in the child's life. Visual data from this activity was used as a conversation prompt rather than as a data collection exercise. Children reported that seeing birth family was usually something they looked forward to and enjoyed. Children's accounts of contact showed they viewed it as a fairly normal part of life and readily incorporated a variety of relatives, not only parents, into their lives. Seeing siblings whom they did not live with was a particularly important feature of contact for children.

A key message for adults is to recognise the critical importance of creating opportunities for meaningful and age-appropriate sibling contact. In addition, it is necessary to consider that sibling relationships have inevitably been affected by underlying dynamics that existed prior to removal. Contact needs be structured to scaffold these relationships, including teaching interpersonal skills and using age-appropriate activities to re-establish connection and build consensus.

Spotlight on good casework practice

1. Model respectful behaviour

Caseworkers can help by modelling respectful communication when they speak about and to both parties. This involves actively listening with sensitivity and compassion and avoiding taking sides. Caseworkers can encourage carers and birth parents to take steps to validate each other's roles in the child's life. For example, carers can help children to remember parents' birthdays, include them in Mother's and Father's Days celebrations, and display photos of children with birth parents at home. Birth parents can reinforce the carer's parental authority in front of children, acknowledge any positive changes they see in the child and show gratitude that the carer attends to the child's wellbeing.

2. Create space for empathy

Non-relative permanent carers often come from very different worlds to birth parents which can make it hard to understand each other's actions and motivations. Caseworkers can be key to helping carers understand the child's birth family and explain birth parent behaviour in the context of trauma and grief. Helping carers to show empathy for birth parents makes it possible to diffuse conflict and create more humane interactions. This may take the form of debriefing with carers after a difficult contact visit to help them unpack their own feelings. This helps show carers that empathy does not mean making excuses for unacceptable behaviour or letting go of boundaries, but rather that a basis in understanding and acceptance creates the chance for new, more positive behaviours to grow. In the US, the Connections Project uses a relational approach to enhance contact experiences by providing birth parents with empathic support and working with them to create happy and enjoyable visits that meet children's developmental needs (Corwin, 2012). An evaluation reported that the program increased the frequency and reliability of birth parent participation in contact (Gerring et al., 2008). Co-parenthood builds partnership between carers and parents to meet a shared goal of successful restoration through professional training and support for carers. Co-parenting models exist in the US (for example, IFAPA, n.d.) and a co-parenting model is being trialled in foster care in Australia (for more information visit https://www.tacsi.org.au/work/co-parenthood/).

3. Lead difficult conversations

It is important for carers and birth parents to learn the skills to express concerns and difficult feelings in appropriate ways. Having an established process for exchanging information can help address problems before they become insurmountable. Caseworkers can work with both parties to establish an agreed process for exchanging information so that communication becomes routine and normalised. This may be as simple as a brief text message or email update after a visit or may be done face to face. Caseworkers can help establish ground rules to ensure that the exchange is open and respectful. In NSW, where the study was based, professional training on the topic of having uncomfortable conversations with

clients is available from the peak industry body, Association of Child Welfare Agencies, and information on this and other training is available at https://www.ccwt.edu.au/courses. The NSW Office of the Senior Practitioner has developed practice standards to equip caseworkers with core competencies and skills for safe, relational and reflective practice (more information available at https://www.facs.nsw.gov.au/__data/assets/file/0018/332244/practice_standards.pdf.

4. Support birth parent recovery

Birth parents need a variety of practical and emotional assistance after their child has been removed and research shows that peer support can be particularly welcome (Frame, Conley & Berrick, 2006). Family Inclusion Networks (FINs) are parent-led organisations which operate across the world, including some parts of Australia. There have been calls for out of home care agencies to build peer work into their practice and for funding to enable FINs to develop their expertise and capacity to recruit, train and support peer workers (Cox, 2018). Family Inclusion Strategies in the Hunter provides information on topics related to parent support needs, legal process, and relationships and contact (http://www.finclusionh.org/). The My Kids and Me program is a group-based therapeutic recovery model to help parents cope after their child is taken into care and to initiate hope. Developed by Catholic Care Sydney and operating in parts of NSW (https://www.catholiccare.org/family-and-Individual-services/parenting-and-support/parent-education-groups/). An independent program evaluation by the Australian Centre for Child Protection reported improvements in parental knowledge, confidence and behaviours such as self-control and help-seeking (Gibson & Parkinson, 2013).

5. Understand trauma behaviours

The study uncovered disturbing examples of children being exposed to covert abuse and re-traumatised at contact. The study also revealed the extent to which past trauma shaped the way birth parents approached contact. An Australian tool to support collaborative, strength-based and safety-centred decision-making about contact has been developed and is available at https://www.partneringforsafety.com/uploads/2/2/3/9/22399958/safe_contact_tool.pdf. The UK organisation, Research in Practice, also offers a range of practice-informed resources to assist with planning and reviewing contact and supporting children, adoptive parents and birth parents after adoption (https://www.rip.org.uk/resources/publications/practice-tools-and-guides/contact-after-adoption-learning-resources-open-access-). Recent Australian research highlighted the need for workers to interpret birth parents' behaviour using a trauma-informed approach (Hinton, 2018). These findings demonstrate an urgent need for practice development to ensure workforce capability to operate with trauma awareness. The Australian Childhood Foundation has developed resources to support trauma-informed practice for organisations that work with children, including schools, and for parents and carers. These are available at no cost from https://professionals.childhood.org.au/resources/.

Key Findings

1. State-wide permanency reforms to increase the uptake of guardianship and open adoption by existing caregivers appear to be having an effect. A third of participants (N=19) were actively pursuing a move from kinship care to guardianship or long-term foster care to open adoption.

2. Agency support appeared to taper off gradually for families during the transition to more permanent arrangements for children. Caseworkers could perform an important mediation role between carers and birth parents, modelling active listening and empathic communication, and supporting birth parents to attend contact visits.

3. Families who were in guardianship and open adoption arrangements had more evolved relationships than those in long-term foster care.

4. The type of contact in place and the access to professional support for contact influenced the quality of relationships between carers and birth parents. Supervised contact was associated with under-developed relationships between adults.

5. Young people in care wanted to be consulted about their views of whether seeing some birth relatives was in their best interests and about contact planning.

6. Children wanted contact to be a special time and many wanted to spend more time with birth relatives, particularly siblings. Children avoided raising topics that would upset parents in order to keep contact visits happy and positive.

7. Contact experiences for children and birth relatives were influenced by interactions that took place outside of contact and often did not involve children directly, such as those between caseworkers, birth parents or carers.

8. Agency processes could get in the way of adults building partnerships when carers and birth parents were discouraged from getting to know each other or being more flexible.

9. Agencies could be perceived to take sides by both carers and birth parents, highlighting the need for clear and transparent messages and open communication.

10. The experience of child removal was a source of ongoing grief and trauma for birth parents, regardless of how much time had elapsed. When encounters with child protection systems were negative and parents were coping with complex issues and adversity, they were less able to trust carers and caseworkers.

11. Long-term foster carers with no plans to pursue open adoption held negative views of independently facilitated contact and wanted an agency buffer between themselves and birth relatives.

12. Carers who had managed to transform their views and approach to contact from a legal obligation to a rewarding time with family shared common traits of being positive and optimistic, tolerant, and cooperative.

13. Contact was viewed positively by adults when birth parents were able to accept a new parenting role and carers could recognise that birth parents had a legitimate emotional investment in their child's life.

Implications

These results have implications for workforce capacity building and foster carer recruitment. They suggest a need to actively recruit caseworkers and carers with personality traits that predispose them to display empathy and compassion for birth parents who have faced adversity and trauma. The use of standardised scales to select for those with low neuroticism and high openness may be helpful here. There is also a need to ensure that there is a specific focus on staff induction and training to equip caseworkers with the core skills to communicate openly, react sensitively, listen actively and not to avoid difficult conversations. Professional supervision will be of assistance for caseworkers to reflect on and learn from their experiences. Similarly, carer training needs to be trauma informed and emphasise interpersonal skills such as active listening and empathic communication.

Conclusions

The vast majority of caregiver families recognise the value of contact when they believe it is safe and healthy for the children in their care. This does not mean that they underestimate the challenge in making contact work. Birth parents bring to contact all the painful emotions associated with having a child in care. Children want to have special time with birth relatives that is about them, and about what they are interested in and who is important to them. Families need casework assistance to build a trusting

relationship that is based on mutual regard, empathy and openness. Depending on personalities and the historical and current circumstances, considerable time may be needed and caseworkers will themselves need skills and training to be in a position to help families get there. However, as the families who do manage to find a way to forge a new blended family network attest, the potential gains for children and their caregiver and birth families are substantial and more than equal to the challenges along the way.

References

Aldgate, J. (2011). Child and family focussed work in children's services. In J. Seden, S. Matthews, M. McCormick, & Morgan, A. (Eds). *Professional development in social work: Complex issues in practice.* New York: Routledge.

Australian Institute of Health and Welfare (AIHW). (2018). *Child protection Australia: 2016–17.* Child Welfare series no. 68. Cat. no. CWS 63. Canberra: AIHW.

Bedi, R. P. (2006). Concept mapping the client's perspective on counselling alliance formation. *Journal of Counseling Psychology, 53*(1), 26-35. doi:10.1037/0022-0167.53.1.26

Biehal, N (2014). A sense of belonging: Meanings of family and home in long-term foster care. *British Journal of Social Work, 44*(4), 955–971, doi:10.1093/bjsw/bcs177

Boddy, J., et al. (2014). Beyond contact? Policy approaches to work with families of looked after children in four European countries. *Children and Society, 28* (2). 152-161.

Boyle, C. (2017). What is the impact of birth family contact on children in adoption and long-term foster care? A systematic review. *Child and Family Social Work,* 22, 22–33.

Braun, V., & Clarke, V. (2012). Thematic Analysis. In H. Cooper (Ed.). *Handbook of Research Methods in Psychology*, Vol. 2 (pp. 57–71). Washington, DC: APA books.

Brodzinsky, D. (2005). Reconceptualizing openness in adoption: Implications for theory, research and practice. In D. Brodzinsky & J. Palacios. (Eds). *Psychological Issues in Adoption: Research and Practice,* New York, Greenwood.

Bronfenbrenner, (1979). The Ecology of Human Development. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (2005) (Ed). *Making Human Beings: Bioecological Perspectives on Human Development.* USA: Sage.

Cashmore, J., & Taylor, A (2017). *Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home-care: Children's Family Relationships in Out-of-Home Care.* Research Report 9. Sydney: NSW Family and Community Services. https://www.facs.nsw.gov.au/download?file=591670

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London: Sage Publications

Collings, S., Neil., E., & Wright, A. C. (2018). Practices to improve communication between birth parents and permanent families. *Advances in Social Work and Welfare Education, 20*(2), 144-150. Published online 5th December.

Collings, S., Wright, A., Spencer, M., & Luu, B (2019). How foster carers experience agency support for birth family contact. *Child and Family Social Work.* doi:10.1111/cfs.12656.

Corwin, T. (2012). *Strategies to increase birth parent engagement, partnership and leadership in the child welfare system: A review.* Casey Family Programs. July 2012

Cox, J (2018). *"If a community values its children, it must cherish their parents": Family Inclusion Initiatives in Child Welfare*. 2016 Churchill Fellow Report. ACT: The Winston Churchill Memorial Trust of Australia.

Crea, T., & Barth, R. (2009). Patterns and predictors of adoption openness and contact: 14 years postadoption. *Family Relations 58*(5), 607-620 doi:10.1111/j.1741-3729.2009.00578.x

Denzin, N. (2006). *Sociological Methods: A Sourcebook*. Aldine Transaction. (5th edition).

Dew, A., Smith, L., Collings, S., & Dillon-Savage, I. (2018). Complexity embodied: Using body mapping to understand complex support needs. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research. 19*(2). Release May.

Frame, L., Conley, A., & Berrick, J. D. (2006). "The real work is what they do together": Peer support and birth parent change. *Families in Society: The Journal of Contemporary Social Services, 87*(4), 509–520.

Gerring, C. E., Kemp, S. P., & Marcenko, M. O. (2008). The Connections Project: A relational approach to engaging birth parents in visitation. *Child Welfare, 87*(6), 5 -30.

Gibson, C., & Parkinson, S. (2013). *Evaluation of 'My Kids and Me': Final Report*. Australian Centre

for Child Protection, University of South Australia. June.

Hinton, T. (2018). *Breaking the Cycle: Supporting Tasmanian parents to prevent recurrent removals.* Hobart: Social Action Research Centre.

Humphries, C., & Kiraly, M. (2009). *Baby on Board: Report of the Infants in Care and Family Contact Research Project*. University of Melbourne.

IFAPA, n.d. *Resource Parents: Partnering with birth parents to benefit children*. Iowa Foster and Adoptive Parents Association. http://www.ifapa.org/pdf_docs/ResourceParentsPartneringWithBirthParents.pdf

Kalinin., D, Gilroy., J, & Pinckham., S. (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. July 2018. Australia: Macquarie University and The University of Sydney, Sydney

Luu, B., Collings, S., Wright, A.C., Pope, S., & Spencer, M. (2018). *Open adoption of children in NSW out-of-home care: Foster carers' perceptions about the motivations and barriers*. Sydney, Australia: Institute of Open Adoption Studies, The University of Sydney.

McDonald, M. (2017). 'A picture of who we are as a family': Conceptualizing post-adoption contact as practices of family display. *Child and Family Social Work. 17*, 34-43. doi:10.1111/cfs.12248

McDonald, M. (2016). *Parenthood and open adoption: An interpretive phenomenological* analysis. London: Palgrave Macmillan. Doi:10.1057/978-1-137-57645-3

Morrison, A., Mishna, F., Cook, C., & Aitken, G. (2011). Access visits: Perceptions of child protection workers, foster parents and children who are crown wards. *Children and Youth Services Review, 33*, 1476–1482. doi:10.1016/j.childyouth.2011.03.011

Moyers, S., Farmer, E. & Lipscombe, J. (2006) Contact with family members and its impact on adolescents and their foster placements. *British Journal of Social Work, 36* (4), 541–559.

Neil, E. (2009). *Helping Birth Families: Services, Costs and Outcomes*. Coram. BAAF: London

Neil, E., Beek, M., & Ward, E. (2015) *Contact after adoption: A longitudinal study of post adoption contact arrangements*. Coram. BAAF: London

Neil, E., Cossar, J., Jones, C., Lorgelly, P., & Young, J. (2011). *Supporting direct contact after adoption*. London: British Association for Adoption and Fostering.

Neil, E., Young, J. and Hartley, L. (2018). *A survey of adoptive families: Following up children adopted in the Yorkshire and Humberside region*. Norwich: CRCF

Orchard, T. (2017). *Remembering the body: Ethical issues in body mapping research*. Cham: Springer.

Ross, N., & Cashmore, J. (2016). Adoption reforms New South Wales style: A comparative look. *Australian Journal of Family Law, 30*(1), 51-75

Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). 'No voice, no opinion, nothing': Parent experiences when children are removed and placed in care. *Research report*. Newcastle, NSW: University of Newcastle. Available at http://www.lwb.org.au/assets/Parent-perspectives-OOHC-Final-Report-Feb-2017.pdf

Ryan, D., Harris, G., Brown, D., Houston, D., Livingston Smith, S., & Howard, J. (2011). Open adoptions in child welfare: Social worker and foster/adoptive parent attitudes. *Journal of Public Child Welfare, 5*(4), 445–466. doi:10.1080/15548732.2011. 599772

Salveron, M. (2012). *A journey to a new parent identity: Recovering from identity trauma and negotiating practice in child protection settings*. University of South Australia. Unpublished doctoral thesis.

Sen, R., & Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends' networks: A research review. *Child and Family Social Work*, 16, 298-309.

Solomon, J. (2002). "Living with X": A body mapping journey in time of HIV and AIDS. Facilitator's Guide. Retrieved from: http://www.comminit.com/healthafrica/content/living-x-body-mapping- journey-time-hiv-and-aids-facilitator%E2%80%99s-guide

SNAICC (2018). *The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to implementation*. Available at https://www.snaicc.org.au/wp-content/uploads/2018/12/SNAICC-ATSICPP-resource_final-Dec2018.pdf

Taplin, S., Bullen, T., McArthur, M., Humphreys, C., Kertesz, M., & Dobbins, T. (2015). KContact, an enhanced intervention for contact between children in out-of-home care and their parents: Protocol for a cluster randomised controlled trial. *BMC Public Health, 15*, 1134

United Nations General Assembly. (1989). *Convention on the Rights of the Child*. United Nations. Treaty Series. 1577:3.ences