

# Understanding Contact Between Children in Out-of-Home Care and their Family of Origin: Maltese Foster Carers' Viewpoints

***Olivia Galea-Seychell***

olivia.galea-seychell@um.edu.mt

**Abstract:** Foster carers are amongst the main actors facing the challenges on a day-to-day basis when contact related issues arise. Twenty-one Maltese foster carers reported their views about contact and discussed the benefits and their concerns regarding contact between fostered children and the families of origin. Foster carers' views were elicited and subjected to a thematic analysis. This paper presents different themes reported by foster carers about contact between children and the families of origin. Emotions were present when contact experiences were discussed by foster carers. Despite the difficulties and apprehension, carers believed in children maintaining contact. Some carers even went to great lengths in supporting children to establish contact with their families of origin. This paper also explores how managing contact is mitigated through the support of social work intervention.

**Key words:** contact, fostered children, foster carers, family of origin, siblings and birth parents, management, social work support and practices, social work turnover, ambivalence, training.

Foster carers' views are considered important in the study of contact arrangements.<sup>1</sup> It is believed that their attitudes influence contact arrangements.<sup>2</sup> Research has suggested that, when foster carers did not agree with contact, children expressed negative emotions and felt trapped.<sup>3</sup> Negative attitudes held by foster carers have been identified amongst the main challenges to contact,<sup>4</sup> which means that their study is significantly important in the research on contact arrangements.

Twenty-one Maltese foster carers expressed their views about contact and discussed the benefits and their concerns when contact between fostered children and the families of origin occurred. The interviews were subjected to thematic analysis and this paper outlines the themes elicited from Maltese foster carers and discusses their views in relation to international research.

### **Establishing contact with the family of origin**

The role of carers in keeping and establishing contact with the families of origin was one of the areas explored in the study. Interestingly, out of the 21 respondents, 17 carers reported children's contact with their families of origin taking place from the beginning of placement. Emphasizing the importance of how she saw contact as an experience that should not be neglected and that it must be on-going basis throughout the placement one carer vehemently stressed, 'Contact always, contact was always.'

The study also identified the role of foster carers as contact advocates. Four carers reported that, at the time of placement, contact between children and the families of origin had lapsed and it only came at a later stage, led by the carers' advocacy for its re-establishment:

- 1 S. Waterhouse, 'How Foster Carers View Contact' in *Signposts in Fostering. Policy, Practice and Research Issues*, ed. M. Hill (London, 1999).
- 2 R. Holman, 'Exclusive and Inclusive Concepts of Fostering' in *New Developments in Foster Care and Adoption*, ed. J. Triseliotis (London, 1980).
- 3 C. McAuley, *Children in Long Term Foster Care* (Aldershot, 1996) and G. Schofield, M. Beek, K. Sargent, and J. Thoburn, *Growing Up in Foster Care* (London, 2000).
- 4 S. Millham, R. Bullock, K. Hosie, and M. Haak, *Lost in Care: The Problems of Maintaining Links between Children in Care and their Families* (Aldershot, 1986). Ibid 3, S.C. Mapp, and C. Steinberg 'Birth Families as Permanency Resources for Children in Long-Term Foster Care' in *Child Welfare*, 86 (2007), 29 51.

## UNDERSTANDING CONTACT

In fact, before she came with us, they hadn't met for quite some time. It was rare. We struggled so that they (siblings) could start meeting once again. During training we were informed how important it was. Then it kicked off again.

Carers singled out training as the main source sensitizing them to the importance of contact with the families of origin.

### **Importance of Contact**

Nearly all carers (20) identified contact as an important means for children to maintain links with their families. One carer represented well the carers' views about the importance of children's contact with their families; talking of a 13-year-old she noted:

He is always happy to see his family. I believe in having contact with your roots. He doesn't talk much but I believe he should have this contact. Maybe in the future, you never know what can happen and he always has his family. Later on in his life he may have more contact.

The study also identified that contact with siblings was important and positive. Carers reported that, through contact with siblings, children had fewer questions about their families. Often siblings had shared similar experiences and were bonded together. Carers also considered the future and believed that, when children grew up, they would eventually seek their siblings for support.

Whilst contact with siblings generated a positive aura and carers encouraged such contact, fewer carers favoured contact with parents. If contact with parents was encouraged, it was mainly with the mother. But contact with parents gave rise to a lot of apprehension:

It depends with whom. She never had any contact with her parents. If it is with her brother, I think it does her well.

It affects him and he starts saying why haven't they (parents) kept me? The fact they haven't kept him is something huge for him. Every Saturday and Sunday, he is always very nervous and he easily insults you because he is tense. What is discussed during his visits, we do not know.

In certain instances, when contact with parents was encouraged, it was encouraged for the parents' reasons, with one carer explicitly reporting:

Today I reason that, after what has happened to us, it is better that every so often she sees her mother so she (mother) keeps quiet. However, the social workers don't see it that way.

Such reasoning was definitely not child-centred. The carer's main concern was to keep the mother under control, disregarding completely the impact on the foster child's emotional well-being.

### **Appraising contact**

Carers appraised contact as yielding both positive and negative outcomes. It gave rise to anxiety, which was both positive and negative. Positive anxiety occurred during contact with siblings with negative anxiety mostly emerged when parents were involved. Frequency of contact was also evaluated by carers.

#### *Hazards of contact*

Though contact was identified by carers as necessary to keep a link with the families of origin, some carers stressed that there were instances when contact had undesirable results on the children. A distinction was made between contact with parents and with siblings. Carers identified contact with siblings as relatively problem-free, whilst contact with parents and extended family was negatively appraised.

Two carers reported about their two 9-year-old boys as feeling 'terrorized' by their parents; another carer explained that she saw her 13-year-old as 'trapped between two worlds'. Carers also reported that the issue of split loyalty made it difficult for children to relate to

their biological parents and then return to their placement and try to act normally. Carers were concerned when contact negatively affected children. For example, two carers reported that, during contact visits, the biological mother interacted with one of the siblings and ignored the others. A similar issue was also addressed with the child's social worker, with one carer noting that the biological mother of her 7-year-old was:

..... mostly attached to the eldest. So when her eldest is sick she does not show up and he (foster child) asks me: 'Why hasn't she shown up today?'

Another carer was very emotional when she explained how all the hard work went down the drain when the child, through her own freewill, established contact with her extended family:

... since she went on her own and met her aunts and uncles and they promised her a lot of nice things. It was a turning point in her life and since then she has regressed overnight. .. For six years she progressed and did really well and then all of a sudden she changed overnight and we had to take drastic measures.

Though contact with siblings was perceived as problem-free, three carers reported that older siblings modelled negative behaviour and at times siblings referred to family situations, which children in their placement were reluctant to hear about.

### *Impact on children's behaviour*

Carers were asked about their observations of children's behaviour before and after contact visits. A recurrent emerging theme was anxiety before contact. Carers distinguished between positive and negative anxiety, which were reflected with meeting siblings and encountering parents respectively:

He is a bit excited ... yes he has butterflies in the stomach (referring to contact with siblings). It has negatively affected her. Before she used to grumble, 'I do not want to go and meet her' but now if you do not mention her (her mother), it is even better.

The carer's strategy was not to mention the mother so the 8-year-old child did not go through negative anxiety. This seemed to work well for the child.

With regard to appraising children's behaviour during contact, carers relied on second-hand information provided to them by the children. Carers' observations of children's behaviour after contact tallied with children's reports of contact experiences during meetings. Contact with siblings often elicited positive comments with foster carers reporting enjoyable experiences:

I believe they feel for each other. She switches, when she is with her siblings. She enjoys herself and jokes and when she is with us, she returns to her normal routine.

The three of them meet and he enjoys it.

She really enjoys herself because she tells us that she stayed playing with her siblings.

Only two carers reported children being upset by their siblings. These minor instances were related to the age gap between siblings and when siblings reported situations related to the families of origin. Whilst contact with siblings fuelled enjoyable experiences, carers held different views about contact with parents. Carers were preoccupied and noted this about their 9-year-old and 13-year-old children:

He is not always happy. I ask him: 'Did you have fun?' and he answers: 'Not really.'

He does not want (contact) with his mother. (Before contact) He used to be very nervous.

He knows that certain words when he is around his mother (must not be said) ... he mustn't refer to me as mum and he must call her mum. He knows his mother won't like it.

One carer also reported that contact with the extended family had not yielded desirable results. One 16-year-old took the initiative to seek out her extended family with no preparation. This led to raising high hopes, which were instantly dashed following her meetings with the family of origin.

#### *Frequency of contact visits*

Thirteen carers positively evaluated the number of contact sessions children had with their families of origin and voiced their satisfaction.

These carers could be distinguished by their child-centred approaches. Child-centred approaches were visible when two carers noted that:

For me it is just fine but what matters is what he (child) wants. I am ready to take him. Now he has to let us know whether he wants to increase (the number of visits) or not. If he tells us that this is what he wants, I'll try to see to these arrangements with all my heart.

Listen, I always say what she (child) wants and what she feels comfortable with. I always go along with the child's wishes. I will not force her. If the child decides that she wants to see more of them or expresses her wish to be with her family members, I am ready to help her. However, it is always what is best for the child. We are ready to help her in this.

Three carers reported that they would like their children to have more contact. Carers were concerned that the children were not seeing enough of their siblings, as one carer noted:

I would like to see them (siblings) having more contact, much more. The problem is that we have a hectic life; all (siblings) are involved in activities. If they had to meet more that is more important to me and see how they interact together and express love to each other.

Despite the various positive comments put forward by carers, concerns also emerged with two carers worrying not about the amount of contact but rather with the quality of contact. During contact visits, one 7-year-old child spent more time with the supervisor than with the mother and the other 9-year-old child did not integrate well with siblings:

I do not know what to say, though he (the child) has contact once a week, his contact is supervised. There is more contact with the supervisor than with who (mother) he should have contact with.

At times I see other children (the siblings) not loving him as their brother. Then I say this may be because they (siblings) have been brought up together ... They play with their younger brother but not with him. I feel for him because they do not play much with him. They group together.

Some carers wanted an increase in contact sessions, although two carers explicitly reported that visits should be decreased as contact was not necessarily yielding desirable results:

I see him having too much pressure for his age. We would like to see him better developed and not seeing his relatives and parents so often.

And there were certain instances when his mother did not do well by him ...

## **Managing contact**

Carers reported being involved in decisions about contact arrangements. Professionals were sensitive to carers' and children's needs when it came to contact arrangements. When contact difficulties arose, carers managed these situations. However, social work support was available in these difficult situations.

### *Involvement of children and carers*

Involvement of stakeholders, including hearing children's voices when it comes to decisions about them, is a fundamental principle within the UN Convention on the Rights of the Child,<sup>5</sup> ratified by Malta in 1990. To this effect, improvement in social work practices was mentioned by carers, with one carer reporting that, when her foster child was younger, social workers and the Board used to decide for him. In time, this practice changed with the same carer claiming that, when it came to contact arrangements, the children were now being heard.

Eighteen carers stressed that when contact arrangements were considered by social work professionals including the Children and Young Persons Advisory Board children were consulted. For example, carers reported the following about a 7-, a 10-, and a 14-year-old:

... because when we go in front of the Board, they ask our child what are her wishes.

On various occasions, the social workers ask them and even the Board.

Only three carers believed that children were not involved and reported that it was the Children and Young Persons Advisory Board

5 *United Nations Convention on the Rights of the Child* (Geneva, 1989).



## UNDERSTANDING CONTACT

which decided. One carer completely ruled out social workers from the picture when it came to taking decisions about contact:

I believe the Board has control, not even the social worker.

Carers were generally consulted about contact arrangements. Seventeen carers positively answered that they were involved in such arrangements:

Yes, I mean there is a lot of cooperation between us and APPOGG (social welfare entity).

They (social workers) ask you whether you have any objections.

Yes, we are involved.

Only four carers believed that they did not have a say in the matter. Carers were also asked who makes the final decision about contact. Twelve reported that final decision-making was the result of collaboration among social workers, the Children and Young Persons Advisory Board, children, and carers. Three carers saw decision-taking as completely within the hands of the Children and Young Persons Advisory Board and six as being made by social workers:

I believe control is within the Board and not the social worker.

.... because it is coming from the side of APPOGG.

### *Impact on daily routine*

Carers were also asked about the impact of contact on daily routine. They noted that a working collaboration was established with social workers to find a suitable time for all. Positive comments were made by carers about how social workers managed to find a suitable time to fit in with both the children and carers' routine, avoiding disruptions.

Carers were also given the free hand to choose the day to establish contact. One related that:

I find the day when the child has nothing to do.

Another noted that they found a suitable time that did not disrupt the child and another carer reported how the 9-year-old child was also involved in deciding about the logistics of when to have contact.

Good practices in contact arrangements emerged from this study with both carers and children involved in finding a suitable time to meet. Only one carer noted that contact occurring at her house occasionally affected the child's daily routine but the carer also reported that the child's father usually cooperated:

When he (father) stays long, we make him aware that, the child has school the following day and thus she needs to go to sleep early. However, then he also realizes.

### *Experiences in managing contact*

Twelve carers reported that contact arrangements were plain sailing with little effort required on their part to manage the experience. On the other hand, the remaining nine carers identified contact not as a problem-free endeavour. They believed they were responsible for managing the situation when contact-related problems arose.

The main concerns presented by carers were:

- i) parents' outbursts;
- ii) calming the child after a difficult contact visit;
- iii) facilitating contact with family relatives; and
- iv) logistic problems.

Carers felt challenged when there were outbursts by parents. Some carers felt terrorized or uneasy and reported:

I am afraid that she'll (mother) erupt once again and I know from what I've passed through because never in my life have I taken antidepressants and I am afraid to stay alone at home. .... Look there, the first telephone number you see is the police. Why do I have to always keep it there, at my eyes' level? ... We locked ourselves inside and we were terrorized. I stay away from her.

We have passed through a lot because of things that happened with one of the parents (father) and we tried a lot of things ... Yes, the father used to come every Sunday and wait in front of our door.

Carers also noted how children at times were disturbed by contact visits, with carers having to handle negative attitudes and trying to calm them down:

## UNDERSTANDING CONTACT

The words he says are not respectful at all. I tell him these are not respectful words and I tell him, 'If I had to say these words to you?' He says he wouldn't like it. The anger, the anger he has bottled inside him.

They told her a lot of things and she believed everything and she turned against us and she started behaving really badly and staying out late, ignoring our house rules. The social workers know everything.

Others also reported the difficulty to explain to the child certain issues concerning their families of origin, particularly when children expressed their wish to have contact with certain family members. Other carers were concerned about the child's indifference to the family members. A carer also reported that she tried to engage the mother to have quality contact with the child:

And then he started saying, 'When am I going to meet my mum?' I tell him everything has to go slow. We have to go slow. Then he tells me, 'When I go to see her (mother) you have to come.'

We tell her that her mother is not in a position to see her. We are careful that she does not feel there is some sort of rejection. We tell her that right now she cannot see her but she really feels it.

He does not want to know about her (mother) and she (mother) does not either.

Other issues in managing visits were of a logistic nature, especially when more than one child was involved, with carers having to take the child to relatively distant places even in bad weather, lack of cooperation between carers to increase contact visits, and finding a suitable place.

### Support in managing contact

As regards managing contact, carers reflected on two issues:

- i) training received to prepare them for contact experiences; and
- ii) social work intervention to deal with situations emerging as a result of contact.

Fourteen carers reported that they received training which had sensitized them to issues related to contact experiences.

Yes, we did the training. I remember it was a really beautiful experience. It was well organized. They made us aware of certain things that often do not cross your mind.

Despite the relevant training received, the main concern of three carers was that training could not possibly cover all contact-related situations. Carers perceived contact experiences as complex.

The challenges carers faced as a result of contact experiences were also explored. The issue of support was reported by 19 carers. All noted that they received the needed support:

I always found support, help. Any time and we faced a lot of situations because of the other parent (father). They even gave us their (social workers) personal telephone number. I always found support and I do not have anything to complain about. I found a lot of support from the social workers of APPOGG. They are people committed to their work.

Carers acknowledged that the social workers were readily available in providing the necessary support, though one carer reported that support was not readily available during weekends. Another concern was the issue of social worker turn-over. New social workers were often unaware of certain contact issues and failed to provide the required support.

### **Making contact a better experience**

Carers believed that there were ways to improve the experience of contact. Broadly speaking, many carers had firm views on this issue, with only six carers having nothing to propose but the remaining 15 all had something to say. Four carers reported that contact could be a better experience if contact with family members was increased. Another carer also noted that attention to the timing of visits was necessary to avoid disruption in the child's education, such as attendance at school or homework.

The remaining ten carers all saw the role of social workers as necessary in making contact a better experience. Two reported that contact could be better if social workers were available during weekends or after office hours when contact difficulties often arose. Two carers noted that social workers were required to facilitate contact between children and parents and that social workers should use child-friendly methods if they wanted to elicit information about contact.

Finally, six carers noted that social worker turn-over was harmful, having a negative impact on trust and relationship-building for children. They advocated for stability in social workers and reported:

And he had three different social workers. He cannot just open up. It is blocking him. I say if only the same social worker were to remain!

Currently he hasn't had a change. That (social work turn-over) affects him. There was a period when he used to have a change in social worker every so often .... He takes his time to (disclose)...

It is clear that carers believed that contact could be improved by an increase in social-work interventions and by stability in the social-work service. They noted that having one social worker following one child would help the child feel more at ease and more likely to trust and confide difficulties often encountered during contact experiences. Such difficulties could then be mitigated by more social work input, facilitating contact experiences.

## **Discussion of findings**

A discussion of the findings follows in this section. The discussion focuses on the following themes: the ambivalent views held by carers, the impact of contact on children's behaviour, and the management of contact arrangements and experiences.

### *Ambivalent views held by carers*

Whilst carers may hold positive views about contact and believe in its relevance to the child's well-being, they also express concerns. This result mirrors the findings in England. Waterhouse<sup>6</sup> reported that carers were ambivalent about contact. Similarly, Sinclair, Wilson, and Gibbs<sup>7</sup> argue that carers had mixed views about contact arrangements between children and the birth family. In this study, carers expressed ambivalent views. Some carers went from one extreme to the other. Whilst some advocated for more contact and were ready to support the children's

6 Ibid, 1.

7 I. Sinclair, K. Wilson, and I. Gibbs, *Supporting Foster Placements. Report Two* (York, 2000).

request for increase in contact, others were reluctant and wanted to see a decrease. Ambivalent views were held about frequency of contact and views also changed depending on the contact persons.

The findings showed that, whilst contact was encouraged, in reality positive views were generally held about contact with siblings whilst negative views were often present regarding contact with parents and the extended family. Contact with parents gave rise to apprehension. When such contact was encouraged, it was mostly encouraged for the wrong reasons. The main reason was to control the mother and keep her calm.

It is suggested that foster carers' views are likely to be influenced by reasons for children's entry into care.<sup>8</sup> More often than not carers are aware of the children's situation.<sup>9</sup> If carers are aware of children's reasons for entry into care, it is somehow understandable that they do not hold favourable views about contact with parents, although they positively evaluate children's contact with siblings. This echoes the results obtained by Waterhouse<sup>10</sup> who suggested that carers' attitudes towards contact with the birth family were negatively influenced when children were admitted in care for reasons of abuse/neglect. Positive views about the siblings and contact with them depended on the siblings' ages. Some carers noted that older siblings provided models of negative behaviour. Carers distinguished between younger and older siblings. Quinton, Rushton, Dance, and Mayes<sup>11</sup> also reported that contact with siblings might give rise to a major concern. Contact could face children in placement with unwanted contacts and exposure to undesirable lifestyles.

Carers also expressed feelings of ambivalence when it came to children's loyalties to the foster-care placement and the families of origin. Some carers were well aware of the children's feelings of entrapment between the birth families and foster placement. Carers saw this situation as impacting negatively on the child. McAuley<sup>12</sup> argued that, when children did not have permission to maintain contact with the families of origin, they expressed feelings of sadness and anger. Similarly in this study, whilst some carers reported the importance of

8 Ibid, 1.

9 Personal communication with service area leader of fostering team who at the time of the interviews was also a member of the Children and Young Persons Advisory Board.

10 Ibid, 1.

11 D. Quinton, A. Rushton, C. Dance, and D. Mayes, *Joining New Families: A Study of Adoption and Fostering in Middle Childhood* (Chichester, 1998).

12 Ibid, 3.

contact in maintaining the link with the birth family, they also frowned upon contact with parents. In these cases children expressed negative behaviour. They felt that they were in a no-man's-land and belonging to two families was difficult to reconcile.

Training which addresses the ambivalent views held by carers is worth considering. Some foster carers need to be made aware of their ambivalent attitudes, the impact these views have on children, and the need to be supported to overcome their restrictions to contact. Primarily, they should work on these attitudes for the child's benefit. Children will find it difficult to disclose to carers their difficulties, faced during contact, when carers express restrictive views. Beek and Schofield<sup>13</sup> noted that when carers felt positive about children's family members including parents, they also ensured children had flexible arrangements which ensured that children could move freely from one family to other.

Finally, training is particularly important because should such restrictions to contact fade, biological parents are more likely to open up to non-related foster care. Up to this present day most birth parents still hold reservations about non-related foster care.<sup>14</sup> When parents consent to foster care, this is kinship care. In this way, kinship care can be described as the most natural type of care if a child cannot remain with the birth family.<sup>15</sup> Carers' positive view of contact between children and birth parents is the key in the admission of children to non-related foster care. In their own right, birth parents will not feel judged and are likely to think positively and consider non-related care as a favourable option.

### *Contact: Its importance and outcome*

Carers saw contact as significant in maintaining links and keeping the children in touch with their roots. Contact fed children with information about their roots and helped them build their identity.<sup>16</sup>

13 M. Beek and G. Schofield, *Providing a Secure Base in Long Term Foster Care* (London, 2004).

14 A. Abela, R. Dimech, R. Farrugia, and J. Rolè, *Children's Perceptions of their Experience in Foster or Residential Care* (Malta, 2005).

15 K. Owusu-Bempah, *The Wellbeing of Children in Care: A New Approach for Improving Developmental Outcomes* (London, 2010).

16 G. Schofield and M. Beek, *Attachment Handbook for Foster Care and Adoption* (London, 2006) and *Ibid.*, 15.

Whilst contact maintains family relationships, Hess and Proch<sup>17</sup> have also argued that contact reassures children about the safety of other family members. Contact also ensures that children knew that family members cared for them and did not abandon them. In the present study, carers argued that contact made sure that children had the required information. This echoes Owusu-Bempah's thesis about the importance of socio-genealogical connectedness.<sup>18</sup> Access to knowledge of one's own and family history contributes to the person's psychological make-up and socio-genealogical connectedness results. This in its own right is linked to identity development and reconciliation of one's identity.<sup>19</sup>

Siblings were seen as the main route to one's roots. They were singled out as they shared similar experiences and were able to feed fostered children with information about the biological families. Contact with siblings was singled out as helping the children build their identities. Similarly, Owusu-Bempah<sup>20</sup> argues that socio-genealogical connectedness should not be conceived as starting and ending with birth parents but sees siblings as relevant in this scenario.

Negative outcomes of contact were also reported. In some cases, carers reported children expressing feelings of anxiety and even terror. Even contact with siblings had its difficulties. An older sibling sometimes modelled negative behaviour. When contact did not follow proper planning and social work interventions, other difficulties arose. One child took the initiative to establish contact with her extended family. Unplanned contact led to unexpected events for the child. This contact did not help the child build her identity but rather the child's progress and placement were put in jeopardy.

Similarly, Farmer, Moyers, and Lipscombe<sup>21</sup> and Moyers, Farmer, and Lipscombe<sup>22</sup> argue that contact difficulties predict later placement breakdowns and explain that detrimental contact is associated with

17 P.M. Hess and K.O. Proch, *Contact: Managing Visits to Children Looked After Away from Home*. (London, 1993).

18 Owusu-Bempah.

19 B. Obama, *Dreams from My Father* (Edinburgh, 2007).

20 K. Owusu-Bempah, *Children and Separation. Socio-Genealogical Connectedness Perspective* (London, 2007).

21 E. Farmer, S. Moyers, S. and J. Lipscombe, *Fostering Adolescents* (London, 2004).

22 S. Moyers, E. Farmer, and J. Lipscombe, 'Contact with Family Members and its Impact on Adolescents and Their Foster Placements', *British Journal of Social Work*, 36 (2006), 541–59.



an absence of beneficial placements. In this situation, carers require social-work intervention to manage contact to avoid a foster placement from breaking down. When a placement is in jeopardy or breaks down, children are likely to suffer most.

### *Contact management*

Over the years improvements in social-work practice and the statutory body's procedures were noted. Carers reported a consultation process, marking contact arrangements resulting between social workers, the Children and Young Persons Advisory Board, carers, and children. Social workers consulted children and carers. Only a few carers argued they and children were not involved. These results are rather different from findings reported by Waterhouse.<sup>23</sup> In her study, carers did not see themselves involved in contact arrangements. Other studies do not agree. Cleaver<sup>24</sup> and Beek and Schofield<sup>25</sup> argued that social workers 'go to considerable length' to make contact happen and children were involved in contact arrangements.

Similarly in this present study, children's voices were heard. Social workers were also sensitive to both children's and carers' needs. Contact arrangements were organized when it was suitable for children and carers. Daily routine was not affected by these arrangements.

Though contact was generally seen as a hassle-free endeavour, some carers reported that, when contact difficulties arose, they managed these difficulties. Difficulties were different. Some were related to children's behaviour after contact visits; others were dealing with parental outbursts or finding a suitable venue. Social-work support was provided to carers. Nevertheless, it seemed that no training could have covered all possible contact scenarios, particularly those situations carers faced. Carers' main concerns about contact management were social workers' turn-over and lack of service during weekends and after office hours. There is no social-work service available on Saturday and Sunday and after office hours. Finally, carers argued that contact could be improved if the child's social worker made use of child-friendly methods. Through these methods children's wishes about contact could be elicited.

23 Ibid, 1.

24 H. Cleaver, 'Contact. The Social Worker's Experience', in *Signposts in Fostering. Policy, Practice and Research Issues*, ed. M. Hill (London, 1999).

25 Ibid, 13.

## **Conclusion**

Carers' views provide another perspective to the study of contact arrangements between children and the families of origin. Waterhouse<sup>26</sup> underlines the importance of carers' views. Carers holding ambivalent views influence children's experience of contact, particularly contact with birth parents. When carers held negative views, this affected children negatively. Carers' views are to be understood within a context and in relation to other views.

Throughout the years and mostly in the past, carers were made to believe that they were 'alternative parents'. Moreover, since children are in long-term care, the length of time in placement further reinforces the idea of alternative parenting. The reasons for entry into care also do not help to counteract the negative images some carers have about birth parents. Some carers also experienced negative encounters with birth parents and the extended families. In this case, more training is needed to counteract such views.

26 Ibid, 1.