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## Behavioral Observation and Analysis of Participants in Foster Care Visits

**Objective:** To identify situations and behaviors occurring during contact visits that are likely to have an impact on a foster child's well-being.

**Background:** It has been argued that contact visits between foster children and birth parents can help to maintain attachment bonds and support the child's development. However, contact continues to be a subject of controversy, and evidence of both benefits and drawbacks has been reported in the literature. Few studies have examined what actually occurs during such visits, how parents and children interact, and what role is played by those involved.

**Method:** We conducted an in-depth qualitative observational analysis of the behavior of participants in contact visits (birth parent, child, and social worker), as well as of the characteristics of the venue. Participants were 20 children in nonkinship foster care and their birth parents. Information regarding the characteristics of visits was provided by the child protection services and the fostering agencies involved.

**Results:** The analysis revealed a large number of positive behaviors among parents, children, and social workers, but also the need for improvement in several areas (e.g., family relationships, social/communication skills, and presents).

**Conclusions:** This study highlights the need to improve contact visits by developing intervention strategies targeting all those involved. Notably, the support and supervision provided by social workers was not always adequate.

**Implications:** The results of this study could be used to develop an instrument for assessing the quality of contact visits and identifying aspects that need to be improved.

In line with the current view that family foster care is one of the best options in terms of children's well-being, child protection legislation in Spain (Law 1/1996, Law 26/2015) prioritizes family foster care over other forms such as residential care. As in other countries, child protection services (CPS) in Spain work to promote placement stability, due to the implications this can have for children's optimal development. Consequently, the majority of foster care placements in our country are permanent (66.6%), as all efforts are made to enable the child to stay with the same foster family (Jiménez & Palacios, 2009; M. López, Montserrat, Del Valle, & Bravo, 2010). However, although permanent foster care can provide greater stability and promote the child's well-being (McAuley & Trew, 2000; Sinclair, Baker, Lee, & Gibbs, 2007), the high proportion of permanent placements also suggests that children are less likely to return to their birth families. In fact, research indicates that only 12.5% of foster children in Spain return to their birth families (Bernedo, García-Martín, Salas, & Fuentes, 2016). This could be due to a lack of

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*Key Words:* contact visits, foster care, parent-child relationships, research methods: qualitative.

reunification programs or to the ineffectiveness of existing ones (Del Valle, López, Montserrat, & Bravo, 2008; M. López et al., 2010).

One of the key factors that influences the possibility of children returning to their birth family is contact visits. Indeed, studies suggest that contact between child and birth family can make a significant positive contribution to the reunification process (Anouk, Vanderfaeilli, Damen, Pijnenburg, & Van Holen, 2016; Cleaver, 2000). Under Spanish law (BOE, 2015), foster children have the right to maintain direct and regular contact with their biological parents unless this would be contrary to their best interests [Article 9.3, UN Convention on the Rights of the Child (United Nations, 1989)]. The decision as to who is eligible for contact visits (as well as visit duration and frequency, and who may attend) is made by the national CPS. In this respect, it is worth noting that a considerable number of foster children in Spain do not have contact with either of their birth parents because the CPS considers that visits might be contrary to the child's well-being (Bernedo et al., 2016; Del Valle et al., 2008; Jiménez & Palacios, 2009). Official data for Andalusia, the region of Spain in which the present study was conducted, indicate that there are 2,720 children in family foster care (2,259 in permanent care and 461 under temporary placement), of whom approximately a third have contact visits with their birth family.

In addition to being a key factor in family reunification, contact visits also provide an opportunity to observe how parents and children interact and to assess the extent to which the encounter may promote the child's well-being. The characteristics and suitability of the contact venue should also be considered in this respect. A previous study by our group found that foster children had a more favorable view of the emotional relationship with their birth parents when contact visits were characterized by a positive communicative interaction and age-appropriate play (Salas, Fuentes, Bernedo, & García-Martín, 2016). More specifically, children rated contact visits more highly when they were able to talk and play with the birth parent, when the latter showed warmth toward the child, and when the birth parent expressed an interest in the child's relationships with friends, the foster family, and school.

Given that the primary objective of family foster care is to ensure the child's well-being, it is essential that any contact with birth parents

supports the child's needs and does not undermine his or her development. With this in mind, the theoretical approach used in the present study is derived from research on human needs (Deci & Ryan, 1985, 2000; Patrick, Knee, Canevello, & Lonsbary, 2007; Ryan & Deci, 2000), and specifically from childhood needs theory (F. López, 2008), which in turn is closely linked to attachment theory (Bowlby, 1969). The main aim of childhood needs theory is to offer a set of guidelines for promoting children's well-being; and to this end, this theory proposes a functional classification of factors that are important for a child's optimal development. More specifically, childhood needs theory considers risk-protective factors and the contexts that shape children's psychological development (family, school, social institutions, etc.), in conjunction with four kinds of needs that enable these factors to be classified: physical/biological, cognitive/cultural, emotional/affective, and social participation (F. López, 2008). The ability to detect unmet needs is, from this perspective, a primary goal.

As noted earlier, childhood needs theory is closely linked to attachment theory, which considers that people's interpersonal experiences vary in relation to the attachment models of the individuals involved. These effects are most intense in situations in which the attachment system is activated (Pierce, Lydon, & Schinazi, 2001), as would be the case of contact visits between foster children and their birth parents (Boyle, 2017; Fahlberg, 2012). Importantly, a recent systematic review shows that there is considerable evidence of children reliving experiences of rejection and insecure attachment behaviors during contact (Boyle, 2017).

It is considered that contact visits serve to strengthen parent-child attachment and also help foster children to settle and adapt to their placement. As such, contact can help to promote the development of closer relationships and satisfy the human needs of both children and parents (GRISIJ, 2015; Guerrero, Andersen, & Afifi, 2018). Research by Schofield and Beek (2005, 2009) found that contact with the biological family was one of the variables that helped to establish secure attachments and promoted the child's well-being and identity development. Neil and Howe (2004) argued that contact is potentially valuable in terms of helping children with issues such as separation, loss, knowing about their past, and maintaining attachments.

From the point of view of the professionals involved, contact should provide an opportunity for parents and children to work on their relationship. Therefore, social workers must ensure, based on an assessment, that parental visitation is appropriate and also that it takes place in a safe way (Selwyn, 2004). In this respect, a key task for social workers is to monitor the quality of contact visits and also to structure early visits with birth families to promote and build appropriate parent–child relationships (Boyle, 2017).

The question of whether parental contact is beneficial does not have a clear-cut answer (Bullen, Taplin, Kertesz, Humphreys, & McArthur, 2015; Quinton, Rushton, Dance, & Mayes, 1997). Some studies have concluded that visits with birth parents can promote the child's social and emotional development and well-being (Berridge, 1997; McWey & Cui, 2017; McWey & Mullis, 2004; Schofield & Beek, 2009; Schofield & Ward, 2011). Other research, however, has indicated that contact can be detrimental to foster children and may make it more difficult for them to adapt to fostering (Farmer, Moyers, & Lipscombe, 2004; Haight et al., 2005; Morrison, Mishna, Cook, & Aitken, 2011; Moyers, Farmer, & Lipscombe, 2006; Quinton et al. 1997). Neil and Howe (2004) argue that contact is not in itself good or bad, and further that it may be a protective factor in some cases and a risk factor in others. More recently, Salas et al. (2016) found that many visits are not very satisfactory in terms of quality because a high proportion of visits were rated as involving poor or very poor parent–child relationships. The criteria used in making this judgment concerned the degree to which the parent's communications and play were age-appropriate for the child and the extent to which the child showed enjoyment and well-being during the visit. Consistent with these discrepancies, some authors strongly recommend that decisions about contact should be made on a case-by case basis by social workers to ensure that visits are beneficial to the child and do not produce anxiety (Boyle, 2017; Prasad, 2011; Sen & Broadhurst, 2011; Taplin, 2006). In this context, the review by Bullen, Taplin, McArthur, Humphreys, and Kertesz (2017) highlights the importance of designing interventions that meet the specific needs of each family involved in contact visits during foster placements.

Both qualitative (Haight et al., 2005) and quantitative studies (McWey, Acock, & Porter, 2010) have shown that the involvement of birth parents through visits has a positive effect on children's well-being and their affective ties with relatives. Maintaining contact with the birth family in this way offers a unique opportunity to promote attachment and the exercise of adequate parenting styles and affectionate communication because both parents and children can engage with family life in their respective roles, assuming responsibilities and enjoying rights (GRISIJ, 2015; La Valley & Guerrero, 2012). Contact visits are also a place for parents and children to learn about the changes that have taken place in their respective lives (Balsells et al., 2013).

Research on contact visits has tended to be descriptive and has focused primarily on the type, nature, frequency, location, and supervision of contact between children in foster care and their birth parents, rather than on the behavior of those involved and how they interact during visits. Although the encounter takes place in what is inevitably an artificial environment, one in which parent and child have limited time to interact and, in most cases, do so under the supervision of social workers, contact visits provide a privileged opportunity to assess the quality of the relationship between children in foster care and their birth parents (Salas et al., 2016; Schofield & Ward, 2011). Consequently, and within the framework of the aforementioned childhood needs theory, the purpose of the present study was to conduct an in-depth qualitative analysis of the behavior of foster children and their birth parents during contact visits. The primary focus of this analysis was the parent–child interaction, considering aspects such as parent–child communication, parental responsiveness to the child's behavior, shows of affection, and the degree of involvement. The behavior of social workers during the visits was considered, also, as well as was the characteristics of the venue. The specific goal of the study was to identify situations and behaviors occurring during contact visits that research has shown to have an impact on the child's well-being. The findings could guide the development of interventions for improving the quality of visits and the interaction between those involved, especially in terms of skills training and resources for families.

## METHODS

### *Participants*

This study analyzes the contact visits of 20 children in long-term foster care (11 boys and 9 girls) in three provinces of Andalusia (Malaga, Granada, and Jaen). Children's mean age at the time of data collection was 11.04 years ( $SD = 3.41$ , range 5.8–17.8). The children came from 16 birth families, as four birth families had more than one child in care with the same foster family. In all these cases, the contact visits involved all the children concerned. One family was of African origin, and the rest were European.

All the children had experienced some form of maltreatment before being taken into care. Specifically, 45% had experienced neglect, 40% physical or emotional abuse (or both), and 15% sexual abuse. According to the children's case files, the reasons for being taken into care were as follows: In seven cases, the families had drug problems; in four, there was a psychiatric or psychological disorder; in one, the father was in prison; and in eight cases, the child had experienced physical abuse. Regarding how long they had been in care, 35% had been fostered for less than 1 year, 15% for between 1 and 2 years, and 50% for more than 2 years.

The mean age of the biological mothers and fathers at the time of data collection was 39.46 years ( $SD = 8.02$ , range 23.5–50.3) and 48 years ( $SD = 9.35$ , range 33.3–64.5), respectively. With respect to their educational level, 37.5% of fathers and mothers had received no formal schooling; no data were available for the remainder. Regarding employment, 62.5% of fathers and 87.5% of mothers were either unemployed or had only precarious work.

Seven social workers (six women and one man) employed by four fostering agencies supervised the contact visits. The mean age of these social workers was 35 years (range 27–45). The social workers had at least four years' experience of supervising foster placements.

### *Characteristics of the Visits*

The observation focused on the interaction between the foster child and the main birth family contact during visits. The main relatives who visited the children were the mother in 12 cases, the father in three, both parents in four, and the grandmother in one case. In some of the

visits, other family members (e.g., grandparents or the foster child's siblings) also attended, but only the behavior of the foster child and the main family contact was analyzed. The aim was not to identify who initiated a particular parent-child exchange or the specific sequence of behaviors involved but rather to observe whether certain behaviors were present (the behaviors considered are discussed later in the article).

We analyzed all the visits that took place during the 3 months of data collection and met the following criteria: occurring in the context of long-term foster care, child aged 5 to 17 years, and supervised visits in the official contact venue used by the corresponding fostering agency. The cases included in the present study were recruited through four agencies: A1 (3 cases), A2 (6 cases), A3 (6 cases), and A4 (5 cases). In one of these fostering agencies (A2), simultaneous visits involving different families often took place in the same venue, whereas in the others different families did not attend at the same time. However, only two of the recordings involving children fostered through this agency involved simultaneous visits, equivalent to just 10% of the total cases analyzed. In all cases, visits had been taking place since the beginning of fostering. With regard to how long the visiting arrangement had been in place, 50% of the cases had been attending visits for less than 2 years, 10% for between 2 and 4 years, and 40% for more than 4 years. The frequency of visits was either every 2 weeks (20%), monthly (70%), or every 2 months (10%). Visits lasted for 1 hour (70%), 1.5 hours (20%), or for 2 or more hours (10%).

### *Procedures*

To obtain authorization for the study, we contacted CPS and the four fostering agencies and informed them of the study procedures and objectives. Written informed consent was obtained, and the agencies provided information about the visits (e.g., who was authorized to attend the visit and the venue, duration, and frequency). All the birth families agreed to participate in the study and provided written consent for video-recording of the visits. Data confidentiality was ensured by assigning a code to each case. The study was approved by the Ethics Committee of the institution to

which our research group is affiliated (CEUMA: 58-2017-H).

The recording of contact visits took place between January and April 2017 at the official venue used by the fostering agencies. Video cameras were installed at each venue 2 months before making the recordings with the aim of ensuring that families were accustomed to the camera's presence and would behave spontaneously. To obtain comparable elements of analysis, we recorded the entire visit. Halfway through the allotted time for each of the visits analyzed, the observed parent and child were asked to perform a task together—namely, a puzzle whose difficulty, in terms of the number and size of pieces, was matched to the child's age. Our aim in doing so was to be able to observe how parent and child collaborated on this task. Although toys and educational materials were available in the meeting venues, families were not usually asked to engage in specific activities. Parents were informed before the start of visits that during the visiting time, they would be given a task (a puzzle) to do with their child. When the time came to do so, both participants (child and birth parent) were told the following: *We're giving you this puzzle to do together. We hope you like it and that you have fun doing it. We're sure you'll do a good job.*

From the complete recording of each visit we focused on (a) the first 15 minutes of interaction, (b) the 15 minutes or so that was spent on the shared task (the puzzle), and (c) the final 15 minutes of interaction. Thus, a total of 45 minutes from each visit was analyzed, in intervals of approximately 2 minutes. As a methodological guide, we used the inductive categorization procedure proposed by Anguera, Blanco, and Losada (2001). The coding process was based on content analysis. In accordance with the common conceptualization of interpersonal communication (Guerrero et al., 2018), we considered both the verbal and nonverbal behavior of participants. Verbal behavior corresponded to content explicitly present in the audio recording of the parent–child interaction, and nonverbal behavior was that observable in the video recordings. The moments of greeting and farewell between birth parent and child were particularly useful for observing nonverbal behavior.

Before viewing the videos, the researchers agreed on a broad set of categories that would be considered and used to code the observed

behaviors. This set of categories was established by considering the four kinds of needs proposed by the aforementioned childhood needs theory (López, 2008) and selecting those that could be analyzed in the context of a contact visit. Thus, in relation to physical/biological needs, we considered nutrition and the physical well-being and care of the child. Among cognitive/cultural needs, we took into account sensory and cognitive stimulation, awareness of the child's personal reality, and the acquisition of behavioral norms and values. Under emotional/affective needs, we considered attachment (emotional security, warmth and love) and social relationships (peer and family relationships). Finally, social participation needs related to consideration of the child as an active participant in his or her social context (family and school).

These needs were assessed by considering the following aspects (categories) of the parent–child interaction (the need or needs to which each category corresponds is shown in parentheses):

- Greeting and farewell (warmth and love)
- Style of interaction, defined as the degree of warmth, interest, and communication shown by children or birth parents (warmth and love, emotional security, social relationships, participation)
- Use of parenting strategies, defined as the type of discipline used by parents, from less to more authoritative (acquisition of behavioral norms and values)
- Child's response to being told what to do by the parent (acquisition of behavioral norms and values)
- Topics of conversation (awareness of the child's personal reality, consideration of the child as an active participant in his or her social context)
- Presents and food (nutrition, sensory and cognitive stimulation)
- Behavior during the puzzle task (sensory and cognitive stimulation, acquisition of behavioral norms and values)

It should be noted that the behaviors coded were those related to these categories of interaction, rather than every single behavior occurring during the visit. The characteristics of the venue and the behavior of social workers (i.e., as supervisors of visits) were also considered as categories in the analysis; the focus here

was on the physical well-being and care of the child.

For each of the categories and to facilitate the coding process, we established the following criteria to classify observed behaviors as positive or negative:

- *Greeting and farewell*: Positive behaviors were all those that involved a warm or affectionate interaction between birth parent and child (e.g., kisses and hugs). Expressions of coldness or emotional detachment were considered negative behaviors.
- *Style of interaction*: We considered positive all those behaviors that implied a respectful or affectionate communicative exchange between birth parent and child (e.g., paying attention to the other and listening when they speak; smiling and showing warmth). Conversely, both a lack of initiative in communicating and behaviors that hampered communication (e.g., insults and criticisms) were considered negative.
- *Use of parenting strategies*: The use of adequate strategies that were proportionate to the situation and the child's behavior (e.g., birth parent corrects inappropriate behavior by the child) were considered positive. Disproportionate or inappropriate interventions by the birth parent (either active or failing to intervene when necessary) were classified as negative.
- *Child's response to being told what to do by the parent*: Behaviors that implied obedience and a recognition of parental authority (e.g., child's acknowledges that a behavior on his or her part had been inappropriate) were regarded positive. An outward lack of respect toward the birth parent or a failure to respond to his or her corrective intervention (e.g., insulting or ignoring the parent when the latter seeks to correct the child's behavior) was considered negative.
- *Topics of conversation*: All topics that were of interest and benefit to the child (e.g., talking about school, hobbies, relatives) were considered positive. We regarded as negative any topic that disrupted the visit or which might interfere with the foster placement in general (e.g., criticizing the foster carers or social workers).
- *Presents or food*: Bringing presents that helped the visit go well or reinforced the parent-child attachment (e.g., giving the

child family photos) was classified as positive. Presents in the form of age-inappropriate toys or unhealthy snacks were regarded as negative.

- *Behavior during the puzzle task*: Behaviors (of both the parent and child) that facilitated their doing the task together (e.g., showing interest or trying to help the other) were considered positive. Negative behaviors were those that hampered their doing the puzzle together (e.g., not helping the child or the expression by the child of frustration or anxiety during the task).

With regard to the supervision offered by social workers, we classified this according to four categories: *appropriate intervention* was any behavior that facilitated the interaction between birth parent and child (e.g., responding to a query from the parent); *interference* was any behavior that interrupted a positive interaction between birth parent and child (e.g., interrupting their conversation); *inappropriate intervention* was any behavior that was contrary to or distracted from the purpose of the contact visit (e.g., the social worker starts playing with the child during the visit); and *absence of intervention*, when the social worker ignored or failed to intervene when it would have been advisable (e.g., the birth parent and child begin trading insults).

### Measures

**Data collection sheet** (Bernedo, Fuentes, & Salas, 2008). This instrument was used to record descriptive data regarding the foster children (age, ethnicity, maltreatment, time spent in foster care, etc.), their birth families (age, educational level, etc.), and the characteristics of visits (frequency, venue, etc.). These data were obtained from the children's case files and complemented, where necessary, by information provided by the fostering agencies' social workers and CPS.

### Data Analysis

The videos resulted in 20 primary documents for the hermeneutic unit under study. These videos were analyzed using ATLAS.ti 7.0 (Scientific Software Development GmbH, 2014) and were examined using an inductive method to identify participants' behavior, focusing exclusively on those behaviors related to the categories described previously (see *Procedures*).

Four researchers worked individually to code the videos. The codes assigned took the form of a descriptive word or key phrase that captured the main behaviors (verbal and nonverbal) shown by the observed participants. After this individual coding of videos, several face-to-face meetings were held in which the researchers compared the codes they had each assigned to reach an overall consensus.

SPSS 22.0 (IBM Corp., 2013) was used to record descriptive information about the characteristics of the visits and participants: child's age, name of fostering agency, type of fostering arrangement, time in foster care with visits, place where visits were held, simultaneous visits, identity of visiting relative, number of siblings in foster care who attend joint visits, frequency of visits, duration of visits, supervision of visits, and age of social workers and their experience in managing foster placements.

## RESULTS

### *Observed Behavior of Children and Birth Parents During Visits*

For each of the aforementioned categories (greeting and farewell, topics of conversation, etc.) we assigned codes to the observed behavior of the children and their birth parent during the visit. As noted earlier, behaviors within each category were classified as either positive or negative (see Tables 1 and 2). Behaviors were coded as positive if they helped to initiate or maintain a warm, communicative, and formative interaction that was to the benefit of both participants. Conversely, behaviors by either the child or the parent that were contrary to this kind of interaction were coded as negative. From the applied perspective, this positive–negative distinction sought to provide the authorities responsible for organizing and supervising contact visits with operationalized and clearly identifiable elements in the form of behaviors that are likely to facilitate or hamper such visits.

*Greeting and farewell.* In some cases, it was not possible to record the initial greeting or farewell because it took place in the hall outside the meeting room, an area not covered by the video camera. In the majority of cases where observation was possible, both the greeting and the farewell were positive. In Case 14, for example, the father and the child hugged each other; and they both

expressed happiness and affection and said positive things to each other. Only in three cases did we observe a lack of warmth in the greeting and farewell: the mother of two boys (Cases 4 and 15 who were being fostered by the same family) showed apathy and coldness both when greeting and leaving them, and the girl in Case 2 was rather cold and distant when greeting and saying farewell to her father. Nonverbal communication can be informative, and these moments of greeting and farewell therefore provide a particularly good opportunity to observe the degree of warmth and feelings that were present in the interaction between the child and parent. Thus, despite their brevity, they were moments that are potentially representative of affective relationships within the biological family. Indeed, given the coherence between verbal and nonverbal behavior during these interactions and the fact that the interactions were taking place in a nonnaturalistic context (i.e., the contact visit), it is plausible that similar affective exchanges would occur under more natural conditions of everyday life.

*Style of interaction.* In most of the cases observed, the style of interaction between parent and child involved more positive than negative behaviors. An example of this was seen in Case 1 where the mother and daughter looked together at a sticker album that the mother had brought as a present, during which time they paid attention and talked to one another, smiled, respected turn-taking, and commented on the stickers.

A clear example of negative interaction, albeit one that was extreme and very uncommon in the observations, occurred in Case 13, where the mother accused her son of being a “sissy,” and he responded by insulting her and calling her “fatso.” A less negative but nonetheless cold and distant style of interaction on the part of the child was observed in Case 2. Here, while the father, despite his limited social skills, tried to be friendly and warm with his daughter, she remained seated some distance away and showed little interest in him throughout the visit.

It should be noted that it is sometimes difficult to classify the overall interaction between child and parent as positive or negative. Thus, in the previous two cases, we also observed very positive behaviors on the part of the parent. For example, the mother in Case 13 interacted positively with her son on numerous occasions

Table 1. Categories and codes for the observed behaviors of the birth parent

Categories	Positive codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>	Negative codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>
Greeting	Shows warmth	11 (55%)	11 (55%)	Shows apathy and coldness	2 (100%)	2 (10%)
	Gives child a kiss and hug	9 (45%)	9 (45%)			
Style of interaction	Speaks to the child	183 (18.83%)	20 (100%)	Doesn't talk to the child	25 (12.89%)	9 (45%)
	Responds to the child's questions	155 (15.95%)	18 (90%)	Ignores the child	19 (9.79%)	5 (25%)
	Pays attention to the child	177 (18.21%)	20 (100%)	Interrupts the child	7 (3.61%)	1 (5%)
	Respects turn-taking	138 (14.20%)	19 (95%)	Insults the child	1 (0.52%)	1 (5%)
	Plays or shares activity with the child	101 (10.39%)	17 (85%)	Coldness, apathy, expression of boredom or lack of interest	14 (7.22%)	4 (20%)
	Smiles or expresses happiness	124 (12.76%)	18 (90%)	Talks to social workers or other families present, or keeps an eye on what they are doing	50 (25.77%)	12 (60%)
	Physical contact (e.g., kisses, hugs, cuddles)	69 (7.10%)	15 (75%)	Focuses on snacks, sweets, or presents (or other superficial aspects)	26 (13.40%)	6 (30%)
	Tries to interact with the child	25 (2.57%)	7 (35%)	Lack of interaction skills	51 (26.29%)	6 (30%)
Use of parenting strategies	Corrects the child in an appropriate way	23 (76.67%)	10 (50%)	Leaves the room for a short while	1 (0.52%)	1 (5%)
	Explains things and gives reasons	4 (13.33%)	4 (20%)	Ignores the child or does nothing	42 (71.19%)	9 (45%)
	Reinforces appropriate behaviors	1 (3.33%)	1 (5%)	Is rude to or shouts at the child	2 (3.39%)	1 (5%)
	Gives orders or asks child for help in an adequate way	2 (6.67%)	2 (10%)	Insults, threatens, or makes fun of the child	4 (6.78%)	1 (5%)
	The foster parents	2 (1.37%)	1 (5%)	Reinforces inappropriate behavior	11 (18.64%)	3 (15%)
Topics of conversation	Siblings or other relatives	25 (17.12%)	10 (50%)	Raises false hopes about a return home or a change in the family situation	6 (37.50%)	1 (5%)
	Friends or current partner	4 (2.74%)	4 (20%)			
	Memories	13 (8.90%)	3 (15%)	Negative remarks about the foster parents or social workers	6 (37.50%)	1 (5%)
	School or education	15 (10.27%)	10 (50%)			
	Leisure (sport, cinema, going out, trips, parties, etc.)	27 (18.49%)	12 (60%)	Shares inappropriate information (e.g., drug use within the family)	4 (25%)	1 (5%)
Presents or food	Other (e.g., toys, music, pets, household chores, photos, presents)	60 (41.10%)	17 (85%)	Brings inappropriate presents (too many sweets, too many or unhealthy snacks)	10 (100%)	6 (30%)
	Brings suitable presents (e.g., appropriate toys, healthy snacks)	15 (10%)	15 (75%)			



Table 1. Continued

Categories	Positive codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>	Negative codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>
Behavior during the puzzle task	Tries to focus on the puzzle	101 (18.63%)	18 (90%)	Lack of interest	5 (12.82%)	2 (10%)
	Guides the task and makes appropriate suggestions	76 (14.02%)	18 (90%)	Does not guide the task or make suggestions	8 (20.51%)	5 (25%)
	Respects turn-taking	86 (15.87%)	17 (85%)	Does not respect turn-taking	1 (2.56%)	1 (5%)
	Encourages the child	29 (5.35%)	11 (55%)	Does not encourage the child	3 (7.69%)	3 (15%)
	Helps the child	81 (14.94%)	17 (85%)	Does not help the child	4 (10.26%)	3 (15%)
	Accepts help from the child	45 (8.30%)	12 (60%)	Does not accept help from the child	1 (2.56%)	1 (5%)
	Has fun	26 (4.80%)	10 (50%)	No expression of enjoyment	4 (10.26%)	3 (15%)
	Shows interest in the task	98 (18.08%)	18 (90%)	Lack of skills for dealing with frustration or for encouraging the child	1 (2.56%)	1 (5%)
Farewell	Shows warmth	9 (47.37%)	9 (45%)	Shows apathy and coldness	3 (3%)	3 (15%)
	Gives child a kiss and a hug	10 (52.63%)	10 (50%)			

<sup>a</sup>Frequency of behavior and percent in relation to the category.

<sup>b</sup>Number of cases in which behavior was observed and percent of total number of cases.

(e.g., talking to him and answering his questions, paying attention to him, and playing with him or joining in an activity), despite this being one of the cases in which the highest number of negative behaviors were observed (e.g., child being rude to the mother, lack of interaction skills, mother insulting the child). These results suggest that overall the mother had a positive attitude and wanted to relate to her son, but she seemed to lack the skills and resources needed to do so.

Only in two cases—involving fostered siblings and therefore the same mother—was the interaction style of the parent more negative than positive overall (Cases 4 and 15). Regarding the interaction style of children, we likewise only observed two cases in which the style was more negative than positive overall (Cases 2 and 15).

Another aspect worth mentioning is the lack of skills or initiative some parents showed when it came to interacting with their child or even establishing a conversation. In Case 2, for example, the father, despite his best intentions, clearly struggled to engage in an appropriate dialogue with his daughter, the result being awkward and sometimes with tense periods of silence or inactivity.

*Use of parenting strategies and the child's response to being told what to do.* With the exception of two cases (Cases 13 and 18), negative parenting strategies did not generally predominate, and more than half of the parents observed showed positive behaviors in this respect. In some cases, the parent either ignored or did not do enough to stop inappropriate behavior on the part of the child. For example, the girl in Case 9 repeatedly hit her cousin over the head with a balloon, and the caregiver (the grandmother in this case) remained oblivious to what was going on in front of her. In another case (Case 3), the boy kept interrupting the game his brother and mother were playing, but without the mother paying attention to this behavior or trying to change it. There was also the case of a father who had to call to his son on numerous occasions before the child finally took notice and came and sat down for his afternoon snack (Case 15).

There were also several instances in which the child responded adequately to positive parenting strategies. For example, in Case 14, the father explained to his son that he might break the toy he was sitting on because it was meant for younger children; in response, the boy obeyed

Table 2. Categories and codes for the observed behaviors of the child

Categories	Positive codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>	Negative codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>
Greeting	Shows warmth	5 (55.56%)	5 (25%)	Shows apathy and coldness	1 (100%)	1 (5%)
	Gives child a kiss and hug	4 (44.44%)	4 (20%)			
Style of interaction	Speaks to the parent	171 (16.51%)	20 (100%)	Doesn't talk to the parent	22 (12.50%)	7 (35%)
	Answers when asked a question	157 (15.15%)	20 (100%)	Ignores the parent	30 (17.05%)	9 (45%)
	Pays attention to the parent	171 (16.51%)	19 (95%)	Interrupts the parent	2 (1.14%)	2 (10%)
	Respects turn-taking	142 (13.71%)	19 (95%)	Insults the parent	2 (1.14%)	2 (10%)
	Plays or shares activity with the parent	101 (9.75%)	18 (90%)	Shouts at the parent	2 (1.14%)	2 (10%)
	Smiles or expresses happiness	120 (11.58%)	17 (85%)	Coldness, apathy, expression of boredom or lack of interest	18 (10.23%)	4 (20%)
	Physical contact (e.g., kisses, hugs, cuddles)	18 (1.74%)	9 (40%)	Talks to social workers or other families present, or keeps an eye on what they are doing	42 (23.86%)	8 (40%)
	Other (e.g., shows gratitude, warmth)	11 (1.06%)	6 (30%)	Focuses on snacks, sweets, or presents (or other superficial aspects)	14 (7.95%)	6 (30%)
	Interacts with sibling and/or the other parent or other relatives	141 (13.61%)	13 (65%)	Inappropriate tone and/or rude when talking to parent	19 (10.80%)	4 (20%)
Response to being told what to do	Mature way of interacting with siblings	4 (0.39%)	1 (5%)	Insults, is rude to, or tries to hit a sibling or other relatives	25 (14.20%)	9 (45%)
	Obeys or recognizes that he/she was in the wrong	12 (100%)	4 (20%)			
Topics of conversation	The foster parents	3 (2.16%)	2 (10%)	Answers back or shouts at the parent	2 (12.50%)	2 (10%)
	Siblings or other relatives	18 (12.95%)	9 (40%)	Insults, threatens, or mocks the parent	2 (12.50%)	1 (5%)
	Friends or the parent's current partner	4 (2.88%)	3 (15%)	Ignores or disobeys the parent	12 (75%)	8 (40%)
	Memories	13 (9.35%)	4 (20%)	Negative remarks about the foster parents or social workers	6 (100%)	1 (5%)
	School or education	15 (10.79%)	10 (50%)			
Presents or food	Leisure (e.g., sport, cinema, going out, trips, parties)	25 (17.99%)	12 (60%)			
	Other (e.g., toys, music, pets, household chores, photos, presents)	61 (43.88%)	18 (90%)			
	Appropriate gift from the child to the birth parent(s) (e.g., photos, souvenir/photo of the child's first communion)	4 (100%)	4 (20%)			

Table 2. Continued

Categories	Positive codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>	Negative codes	N (%) <sup>a</sup>	N (%) <sup>b</sup>	
Behavior during the puzzle task	Tries to focus on the puzzle	105 (21.74%)	20 (100%)	Lack of interest	12 (13.48%)	4 (20%)	
	Guides the task and makes appropriate suggestions	51 (10.56%)	13 (65%)	Does not guide the task or make suggestions	9 (10.11%)	2 (10%)	
	Respects turn-taking	75 (15.53%)	18 (90%)	Does not respect turn-taking	12 (13.48%)	5 (25%)	
	Reinforces the parent	8 (1.66%)	6 (30%)	Does not reinforce the parent	3 (3.37%)	1 (5%)	
	Helps the parent	42 (8.70%)	13 (65%)	Does not help the parent	6 (6.74%)	3 (15%)	
	Accepts help from the parent	65 (13.46%)	18 (90%)	Does not accept help from the parent	18 (20.22%)	9 (45%)	
	Has fun	32 (6.63%)	12 (60%)	Does not interact with the parent	13 (14.61%)	5 (25%)	
	Shows interest in the task	105 (21.74%)	20 (100%)	No expression of enjoyment	8 (8.99%)	3 (15%)	
	Farewell	Shows warmth	4 (36.36%)	4 (20%)	Gets frustrated or anxious, or feels incompetent	8 (8.99%)	3 (15%)
		Gives child a kiss and a hug	7 (63.63%)	7 (35%)	Shows apathy and coldness	2 (33.33%)	2 (10%)
				Shows a lack of interest	4 (66.67%)	4 (20%)	

<sup>a</sup>Frequency of behavior and percent in relation to the category.

<sup>b</sup>Number of cases in which behavior was observed and percent of total number of cases.

his father's request to get off. In another case, the mother asked her son on several occasions (always calmly) to stop moving the table and not to be so rough with the puzzle pieces (Case 4).

*Topics of conversation.* Overall, this was a positive aspect because in most cases the topic of conversation between parent and child was appropriate. The main topics were toys, pets, presents, photos, the afternoon snack, and jobs to be done at home, although leisure activities, school, and siblings or other relatives were also discussed. Only in two cases (Cases 13 and 20) did we observe two of the topics coded as negative: raising false hopes about the possibility of returning to live with the birth family and negative remarks about social workers, calling into question their competence and knowledge. For example, one of the mothers raised the possibility that one of the child's siblings who was in residential foster care might return home, thus giving the child false hopes that he might do so too (Case 20). In this same case, the mother and her current partner (who was present) mentioned that one of the child's older siblings was using drugs, which could cause the child anxiety.

In Case 13, part of the conversation went as follows:

*Child:* "I've got a secret ... I know a secret."

*Mother:* "Tell me."

*Child:* "It's what they said about you."

*Mother:* "Tell me [child's name] or I'll get cross with you. Who told you?"

*Child:* "Nobody."

*Mother:* "Tell me the secret!"

*Child:* "No, because you'll say it isn't. ...

They told me you're not right in the head."

*Mother:* "Who told you? ... She's the one who isn't right in the head."

The conversation continued with the child asking more questions, and it became apparent that he was worried his mother had mental problems and he might have inherited these. This episode illustrates how children may lack knowledge about the family situation and that their birth parents are often insufficiently prepared for dealing with this. It also suggests a lack of adequate supervision by social workers during some of the visits.

*Presents or food.* In 16 of the 20 cases analyzed, the child received a present or was brought a snack during the visit (or both). In 10 cases, this involved age-appropriate toys, healthy snacks,

a gift from a family member, or something to remind the child of his birth family. However, some of the children we observed were brought an excessive amount of sweets or snacks (the latter not always healthy) or inappropriate or too many toys. In some cases (Cases 1, 4, 12, and 15), the child was given both appropriate and inappropriate presents by the visiting family member. Regarding the four cases in which the child brought a gift for his or her parent (Cases 5, 9, 16, and 18), these were all appropriate.

*Behavior during the puzzle task.* The behavior of both the child and parent when doing the puzzle was generally positive. In the case of the children, 483 of the 572 behaviors we recorded were positive and included paying attention to the task, showing interest, turn-taking, and accepting help. As for the visiting parent, 542 of the 569 behaviors recorded were positive, most notably paying attention and showing interest, turn-taking, helping the child, and guiding the task and making suggestions. The inappropriate behaviors on the part of children included not accepting help, not interacting with the parent, a lack of interest, and not waiting their turn. The inappropriate behaviors observed among parents included not guiding the task or making suggestions and a lack of interest. It should be noted that the criterion for defining behavior as appropriate or inappropriate was the same as that described earlier in relation to positive and negative codes.

*Overall rating of the behaviors observed among participants.* The global analysis of all the observed interactions showed that in six cases (Cases 1, 9, 10, 11, 12, and 14), the majority of interactions between child and birth parent were positive; in six (2, 4, 13, 15, 18, 20), they were mainly negative; and in the remaining eight (Cases 3, 5, 6, 7, 8, 16, 17, and 19), there was a similar number of positive and negative interactions during the visit. These findings are particularly useful when it comes to intervention planning because they identify those families (i.e., those in which negative interactions predominate or are as common as positive ones) who are most in need of skills training and support. Importantly, the results also show the specific behaviors that need to be addressed in each case.

#### *Characteristics of the Supervision Offered by Social Workers*

The supervision provided by social workers was also categorized using positive and negative codes. The sole positive code was “appropriate intervention,” whereas there were three negative codes: interference, inappropriate intervention, and absence of intervention when needed. The global analysis of the observations of social workers showed that four of every five interventions were coded as negative, the main issue being interference with the parent–child interaction. Specifically, in more than half the cases, the social worker was observed to interfere with or even interrupt the parent–child relationship, even though their interaction at the time was positive. An example of inappropriate intervention was observed in Case 2, where the social worker was overly involved, talking and playing with the child and, in the process, hampering what was already a difficult father–daughter interaction. Regarding the absence of intervention when needed, Case 13 (see “Style of interaction” and “Topics of conversation” above) is illustrative because the social worker failed to intervene at the point when mother and child started using derogatory language and insulting one another. Finally, there were some examples of appropriate intervention. In Case 1, for instance, the social worker responded immediately to a request for advice by the mother, thus favoring her subsequent interaction with her daughter.

#### *Characteristics of the Venue*

Positive and negative codes were also assigned to the characteristics of the meeting place. The positive codes were accessible location in the city, comfortable space conducive to parent–child interaction, and the availability of suitable and age-appropriate toys. The negative codes were the opposite of these, plus the occurrence of simultaneous contact visits in one the same space.

Overall, the proportion of positive and negative features was similar. One finding of note was that although most of the venues were accessible, the place used by three of the four fostering agencies was rated as not conducive to a parent–child encounter. For example, in one of the agencies, visits took place in an area through which other people had to pass and no toys were available. In half of the agencies, however, the

toys were rated as adequate. The contact visits for four cases (Cases 9, 10, 11, and 12) were held in a shared space and at the same time as those involving other families who were not necessarily part of the study. Thus, some of the video recordings captured the simultaneous visits of up to three families.

#### DISCUSSION

Given the lack of studies that describe in detail what actually goes on during contact visits between foster children and their birth parents, our aim here was to conduct an observational analysis of these encounters, focusing on the behavior of those involved (birth parents, child, and social worker) and the characteristics of the venue. As noted earlier, the theoretical framework for this study was derived from childhood needs theory (López, 2008), which in turn is closely linked to attachment theory (Bowlby, 1969). From this perspective, the analysis of the 20 cases we observed suggests several aspects need to be improved to promote the child's well-being. Notably, close observation of both verbal and nonverbal aspects (Guerrero et al., 2018) of the parent-child interaction revealed that although this was adequate in some cases, there were also examples of important difficulties with emotion management, communication, and parenting strategies. A lack of skills in these areas can have an impact from the outset (e.g., absence of a warm greeting) and influence the interaction throughout the visit. Thus, not only did some parents struggle to interact with their child, but we also observed highly inappropriate behavior, such as derogatory language and insults, from both parties. In addition, there were other behaviors that, although not so negative, prevented the visit from being a pleasant and favorable experience for those involved. Importantly, we also observed cases in which there was obvious tension between parent and child, without adequate intervention on the part of the social worker present. These findings indicate that several of the needs that, from our theoretical perspective, are important to a child's well-being and development were not being met during the contact visits because many of the observed interactions were characterized by a lack of warmth and love, inappropriate social relationships, and difficulties in relation to behavioral norms and values. Overall, this highlights the importance of strengthening

parent-child attachment, a goal established by some family intervention programs (Balsells et al., 2013; GRISIJ, 2015).

More specifically, these findings suggest the need for intervention on two levels: One would seek to equip birth families with the skills and strategies they need to engage with their child, and the other would ensure that social workers are adequately trained to act as mediators and facilitators of contact visits. Skills training programs would need to be targeted especially at those families who are observed to have the greatest difficulties with interaction. In terms of the role of social workers during contact visits, our observations of the puzzle task are worth noting. In most cases, the behavior of parents and children was highly positive during this task, showing both interest and a collaborative attitude. This illustrates how a simple invitation on the part of social workers for parent and child to perform a task together can encourage positive and prosocial behavior in both parties. Therefore, social workers should ensure that contact visits encourage interaction between parent and child and provide birth parents with the opportunity to develop their parenting skills (Child Welfare Information Gateway, 2011).

It should be noted also that more than half of the parents we observed showed positive parenting strategies during the visits, although in some cases, the parent either ignored or failed to correct inappropriate behavior by the child. Training programs for families should, therefore, include work on parenting skills, including aspects such as establishing boundaries, intervening with a child who is misbehaving, consistency of rules, and the importance of warmth and affection. In this respect, there is a consensus among researchers that two of the key elements of positive contact visits are parent-child communication and rebuilding attachments (Haight, 2003).

In terms of the topics of conversation that emerged during visits, most were appropriate. However, the two cases in which we observed inappropriate remarks (e.g., raising false hopes about a return home and negative comments about foster parents) highlight the need for social workers to be attentive to these aspects and intervene as required.

Another aspect to consider is ensuring that birth families understand the importance of bringing age-appropriate presents and healthy snacks. Furthermore, our observations suggest

that many of the families who struggled to interact sought to compensate for their difficulties by focusing the visiting time around snacks or sweets. In addition, the families in one of the fostering agencies did not bring the kind of snacks that they had been told were acceptable. This suggests that it would be useful to establish a common set of rules across agencies and for the staff to ensure that these rules were respected. However, this would need to be supported in some cases by skills training because many families use sweets and snacks as a way of pleasing their child, among other reasons because they lack the ability to engage with the child and enjoy his or her company in other ways. Aside from the child's nutritional needs, the introduction of common standards across fostering agencies could also help to ensure that other key needs (e.g., sensory and cognitive stimulation) are met during contact visits.

The global analysis of observations revealed that some families showed only positive behaviors, others only negative behaviors, and others a mixture of both. As we noted earlier, this highlights the need for intervention to be targeted primarily at those families in which negative behaviors predominate or are common. Although our findings underline the importance of ensuring that birth families have the skills they need to deal with contact visits, there is also scope for some improvements in the behavior of social workers. In this respect, there were several differences across fostering agencies. Thus, in some cases, we observed overinvolvement or interference on the part of social workers when only minimal supervision was required, whereas in other cases, intervention was lacking when it was actually needed.

The final aspect we considered was the characteristics of the meeting place. Notably, some of the venues used were highly unsuitable for contact visits (e.g., spaces through which other people had to pass, lack of toys, no natural light, simultaneous visits). Ideally, foster children and their birth parents would be able to meet outdoors (e.g., in a park) or in a setting equipped with resources (e.g., games and books) that enabled them to engage in shared activities. A venue with its own garden, playrooms, and a kitchen area for preparing and eating food together would be desirable. Although we are aware of the financial obstacles to making such venues available, our findings highlight the

importance of ensuring that contact visits can take place in a suitable setting. In line with other authors (Neil & Howe, 2004; Selwyn, 2004), we therefore consider this to be a key issue with regard to improving the quality of visits.

The detailed observation and analysis of contact visits between foster children and their birth parents has provided specific data about the behavior of participants and the factors that may influence it. The results may serve to guide the development of specific interventions aimed at improving not only the social and communication skills of families but also the supervision provided by social workers. Fostering agencies should seek to establish a common set of rules for contact visits and ensure that the venue used is conducive to the goals of the encounter between parent and child.

#### *Limitations and Future Directions*

This research has certain limitations. One is that access to visits was obtained through just four fostering agencies in the region of Andalusia, Spain. In addition, the number of cases is small, although it is important to recognize the inherent difficulties in accessing and video-recording the interaction between foster children and their birth families during contact visits. The findings may also have been richer had we conducted a sequential analysis of parent-child interactions. A further point to consider is that some, albeit a small percentage, of the observations were conducted in the context of simultaneous visits in a single venue, and this may have influenced the interaction between the observed parent and child.

#### *Implications*

Despite these limitations, we believe the study provides useful information about how parents and children interact and the role played by all those involved (birth parents, foster child, and social workers). The results could be used to develop an instrument to assess the quality of contact visits and identify aspects that need to be improved. In developing such an instrument, it would be useful to incorporate a dyadic analysis of the parent-child relationship (La Valley & Guerrero, 2012). In addition, and in line with previous research (Bullen et al., 2017; Höjer 2009; Nesmith, Patton, Christophersen, &

Smart, 2017), our findings highlight the need to provide birth parents with training, support, and information that can assist them in contact visits and improve family relationships in the context of foster care. We are currently in the process of designing a training program aimed at both birth parents and foster carers that seeks to meet these goals.

Another line of future research derives from the observed heterogeneity of social workers' behavior during contact visits, which suggests the need to establish unified criteria for planning and managing such visits. Furthermore, given that the support and supervision provided was not always adequate, it would appear that social workers require better training with regard to their supervisory role. Both these aspects are important if decisions about contact are to be made on a case-by-case basis (Prasad, 2011; Sen & Broadhurst, 2011; Taplin, 2006).

#### AUTHOR NOTE

This research was approved by the Research Committee of the Faculty of Psychology (University of Malaga, CEUMA: 58-2017-H). In addition, the birth families consented to participate in this study.

This study is part of a Project of Excellence financed by the Government of Spain (EDU2016-77094-P). Access to the birth families was obtained in collaboration with both the Child and Family Protection Services of the Provincial Delegation for Equality and Social Welfare and the corresponding foster care agencies.

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