

## Parental Access – Short-Term Society Care

# The Child Welfare Toolkit

A Joint initiative between the Factor-Inwentash Faculty of Social Work and the David Asper Center on Constitutional Rights, Faculty of Law, University of Toronto

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This report will address orders for parental access when children are under short-term Children’s Aid Society (CAS) care, either through an order for Interim Society Care or through a Temporary Care and Custody order. Though the burden of proof on CAS when seeking these two forms of short-term care differ, they are similar in nature from the perspective of the children involved. Both forms of care are meant to be temporary, with a goal of eventual family reunification: Temporary Care and Custody orders apply during adjournments pending the protection hearing and Interim Society Care Orders, resulting from the protection hearing, are limited to a maximum 12-month duration. Case law availability is limited for cases involving Temporary Care and Custody as care duration is often too short to litigate access issues. Wider jurisprudence is available for scenarios involving Interim Society Care orders, and several cases involving these orders were considered in this report in lieu of Temporary Care and Custody jurisprudence. Compounding the confusion and overlap in the case law is the somewhat flexible use of the term “interim.” Motions for temporary care and custody are called interim motions because they take place prior to the protection hearing during periods of adjournment and some decisions refer to the temporary orders as “interim.” In addition, the effects of Interim Society Care and Temporary Care and Custody on children are often difficult to distinguish in available social science studies, so research focusing on one or both of these orders was included in this report. Lastly, areas of child protection law dealing with access often borrow from family law jurisprudence regarding shared parenting arrangements and key cases shaping the common law around access have been included in this report.

The first section of this report will examine the legal approach to parental access during short-term care including legislation, case law, and specific examples of access orders that have been granted. The second section of this report will detail the existing body of social science research on parental access during short-term society care. This report concludes with a brief synthesis of the two areas of research and highlights gaps, points of alignment, and potential future directions for judicial decision-making based upon social science research.

# Section 1: Legal Research

## Legal Issues

1. When a child is placed in short-term society care, what type of access will be ordered between the child and parent?
2. What factors do courts consider when ordering access in short-term care between the child and parent?
3. Is the impact of the quantity and quality of access on the child considered by the court when ordering access for children in short-term society care?
4. How are the best interests of the child considered, if at all, when ordering access in short-term care?

## Legal Research Methods

In order to identify the most relevant cases and legislation regarding short-term Society Care Access orders, searches were conducted using the following terms: society care, interim society care, access, parental access, temporary society care, child protection, and child welfare. Searches for case law were performed on CanLII, an open resource, and Westlaw, a subscription-based resource. Results were sorted by region with an emphasis on decisions from Ontario courts decided between 2000 and 2023. Preference was given to cases decided from 2017 to present. The chosen timeline seeks to examine the court's response to legislative changes in the *Child, Youth, and Family Services Act* by isolating cases occurring after these modifications to highlight any potential shifts in the judicial approach during this transition.

Cases were sorted by citation frequency and the top 50 cases were examined for applicability to the legal issues. Case headnotes and cited legislation provisions were analyzed to determine if issues surrounding Interim Society Care Access orders were discussed. Relevant cases were verified to be in good standing and were ranked according to their citation count and the level of the court decision.

## Legislation

### ***Child, Youth, and Family Services Act (CYFSA)***

The *CYFSA* governs temporary care and custody of children and interim society care under different provisions. If a hearing is adjourned pending a final order, the court will make a temporary order for the care and custody of the child under s. 94(2). Under this temporary order, the child may be placed in the care and custody of the Society if there is a risk of harm to the child and no other less restrictive options are able to protect the child, as per s. 94(4). Such an order may contain provisions regarding rights of access to the child (s. 94(8)) and the legislation further stipulates that the court retains the power to vary or terminate the order under s. 94(9). Under s. 94(11), the court must take the views and wishes of the child into account, weighed according to the child's age and maturity.

When a child is found to require protection, as per the criteria set out in s. 74(2) of the Act, the court will make a supervision order, an order for interim or extended society care, or consecutive orders of interim society care and supervision, as per s. 101(2). These orders are only made where court intervention is deemed necessary, and under s. 101(3), the decision as to which order is appropriate is made with regards to the least restrictive alternative available in the circumstances. An order for interim society care and custody cannot exceed 12 months. Furthermore, the court has the power to make, vary, or terminate an access order in the child's best interests (s. 104(1)). As per s. 104(2), the child, the Society, or any other person may apply to the court for an access order. The same section also provides that in the case of a First Nations, Inuk, or Métis child, the child's First Nations, Inuit, or Métis community or band may choose a representative to apply for access. When it is found that a child requires protection and an order is made for interim society care, there is a presumption that there will be access between the child and the person in whose care they were in prior to the Society's intervention under s. 105(1),

subject to an analysis of the best interests of the child. The *CYFSA* also provides that no access order shall be made to a child over the age of 16 without the consent of the child, as per s. 104(5), and the Act imposes a six-month time limit on applications for access by entities other than the society after the child has been placed in the care of the society (s. 104(6)).

The paramount purpose of the *CYFSA* is to promote the best interests of the child. For this reason, the court must consider the best interests of the child when creating, varying, or terminating an access order. The *CYFSA* is drafted to be consistent with and build upon the principles expressed in the United Nations *Convention on the Rights of the Child*. The aforementioned sections of the *CYFSA* are reproduced in Appendix A.

### ***An Act Respecting First Nations, Inuit and Métis Children, Youth and Families***

In *Children's Aid Society of London and Middlesex v. T.E.*, the Court held that *An Act respecting First Nations, Inuit and Métis children, youth and families* [Bill C-92] must be considered in temporary care and custody cases involving Indigenous children and youth (ONSC, 2021). The court held that, in cases concerning First Nations, Inuit, and Métis children, an augmented best interests of the child test should apply, based on the factors listed in s. 10(3) of Bill C-92. The court also held that the order of priority for placing a child in s. 16(1) also applies, recognizing that this latter point might lead to conflict with the corresponding section of the *Child, Youth and Family Services Act* (s. 94(2)). The aforementioned sections of the Act are reproduced in Appendix A.

## **Jurisprudence**

The case law considered in this brief will focus on the factors considered by courts when placing children into the temporary care of Societies, the factors considered by courts when granting access between children and parents, and the types of access orders that can be granted based on varying circumstances.

## **Factors Considered by Courts When Ordering Access**

When the court finds Society care is necessary in the circumstances, it is able to order access “on such terms and conditions as the court considers appropriate” (*CYFSA*, s. 94(8)). In considering what terms and conditions would be appropriate, Justice Bennett of the Ontario Superior Court of Justice, citing Justice Sherr of the Ontario Court of Justice, made the following statement in *Children and Family Services for York Region v LL and JG*, citing *Jewish Family and Child Service of Greater Toronto v S(HB)* (ONSC, 2019; ONCJ, 2012):

...[T]he court should consider the paramount purpose of the act, being the best interests, protection and well-being of children and the secondary purposes of maintaining the integrity of the family unit, assisting families in caring for their children and recognizing the least disruptive action consistent with the best interests of the children (subsections 1(1) and (2) of the Act). In assessing best interests, the court should consider the relevant factors set out in subsection 74(3) of the Act [...]

The best interests of the child test plays an important role in the court's decision to order access and the conditions imposed on any access ordered. However, the case law governing access in interim society care, or temporary care and custody, depicts a lack of consistency as each case is highly dependent upon the facts and evidence presented, making it difficult to predict what terms and conditions judges will find appropriate in any given scenario. Common factors considered by courts when determining if access is in the best interests of the child include: the importance of bonding and stability for children, the importance of face-to-face conduct in light of the COVID-19 pandemic, the maximum contact principle, and the views and wishes of the child.

### **FACTOR: Importance of Attachment and Stability**

The importance of maintaining both stability and the attachment between parent and child is considered frequently when granting access to children in Interim Society Care. In *L. (R.) v. Children's Aid Society of Niagara Region*, the court held that “any concern that the children may suffer from a sudden uprooting or too lengthy an absence



from their present attachments is entirely legitimate and should be addressed in the making of any interim access order” (ONCA, 2002). The court in *Children’s Aid Society of Algoma v. P. (S.)* contemplated whether it is desirable to allow attachments to diminish between a parent and child for the sake of stability by allowing minimal access when permanent separation is not yet being considered (ONCJ, 2011). In *Young v. Hanson*, a family law case with access under a temporary order, the court emphasized that in making determinations about access, it is important to consider “the critical importance of bonding, attachment and stability in the lives of young children” (ONSC, 2019). In that case, the court also ordered additional access as “make-up time,” to re-establish the relationship between the parent and child that had been damaged by various disruptions (ONSC, 2019). The court has considered the importance of maintaining significant attachments through access in other cases including *Children’s Aid Society of Bruce (County) v. J. (D.)*, *Children’s Aid Society of Toronto v. N. (O.)*, and *CAS of S.D.G. v. J.V., M.F.* (ONSC, 2011; ONCJ, 2003; ONSC, 2021).

Similarly, in *Young v. Young*, the Supreme Court of Canada referenced expert evidence citing that “children generally fare best when they are able to maintain a continuing relationship with both parents” (SCC, 1993). However, this evidence also noted that continued contact with one or both parents is only in the best interests of the child where the access with the parent(s) is not beset by conflict. In cases where there will be tumultuous or adversarial access visits, the Court held that the detrimental effects of continuing relationships may outweigh the benefits.

Courts will consider the type of attachment that a child has with their parent in order to determine whether an access order will be disruptive to stability, but it is not necessarily dispositive. In *Durham Children’s Aid Society v. R.S and S.S.*, expert evidence suggested that the child had an anxious and disorganized attachment to his mother and an access order would disrupt the stronger attachment to his aunt, uncle, and sister (ONSC, 2023). However, the court still awarded supervised access to the mother in that case as it was in the child’s best interests to nurture and improve the attachment with his mother. In *Children’s Aid*

*Society of Toronto v. M. (A.)*, it was held that a lack of attachment is also a factor that might be considered when deciding whether access with a parent will destabilize or disrupt the child’s life (ONCJ, 2002).

### **FACTOR: The Maximum Contact Principle**

Section 16(6) of the *Divorce Act* states that “a child should have as much time with each spouse as is consistent with the best interests of the child” (*Divorce Act*, RSC 1985, c 3 (2nd Supp)). Courts have applied this principle in the child protection context in terms of determining access in Interim Society Care or Temporary Care and Custody cases like *Catholic Children’s Aid Society of Toronto v. ZYJ [ZYJ]*, *Children’s Aid Society of Toronto v. CG*, *Children’s Aid Society of Algoma v. P(S) [P(S)]*, and *Children’s Aid Society of Algoma v. TW [TW]* (ONCJ, 2017; ONCJ, 2018; ONCJ, 2011; ONCJ, 2018). In *P(S)*, Justice Kukurin of the Ontario Court of Justice stated the following of the maximum contact principle applying equally in the child protection context:

I see no reason to exclude the application of this principle in child protection cases where a child is separated from a parent, not necessarily because of a parental break-up, but because of the intervention of the state in the form of a children’s aid society that apprehends the child. From the child’s point of view, the impact of being separated from his or her parent is very personal. The child does not appreciate the reasons, sometimes even the necessity, that underlies the separation through which he or she is going. What the child knows is that he or she was in contact with his or her primary caregiver 24/7 in an environment that was familiar to the child and, all of the sudden, that world changed almost completely.

This principle weighs heavily in favour of awarding access during short-term Society Care and is used by courts in determining the duration and frequency of access awarded. In *ZYJ*, the court considered the maximum contact principle and found that the children may suffer emotional harm if separated from their primary caregiver with no access. The court ordered a minimum of two hours of supervised access twice a week in order to maximize the children’s time with the mother while balancing other circumstantial considerations.

## **FACTOR: Views and Wishes of the Child for Access**

The Supreme Court of Canada in *Young v Young* has recognized that access is properly regarded as a right of the child and not a right of the parent and that access is not about parents exercising control over children, but instead facilitating the discharge of duties that parents owe to their children (SCC, 1993). In the same case, the Court held that access rights exist in recognition of the fact that it is usually in the best interests of the child to continue the relationship that they have developed with their parent(s) but “the right to access and the circumstances in which it takes place must be perceived from the vantage point of the child.” The Court specifically addresses how “the need to make the best interests of the child the primary consideration in all actions concerning children [...] is specifically recognized in international human rights documents such as the United Nations *Convention on the Rights of the Child*.” This idea of access as a right of the child is enshrined in the preamble and access provisions in the *CYFSA*.

Under the *CYFSA*, the views and wishes of the child regarding access play a more central role than under the previous legislation. Under the repealed *Child and Family Services Act (CFSA)*, the views and wishes of the child were one consideration among thirteen, each given equal weight. Now, the child’s views and wishes are a separate consideration, considered in addition to the longer list of factors under the best interests of the child test. For this reason, it appears that courts are making a greater effort to determine, where possible, the child’s preferences for access given their age, maturity, and ability to communicate these preferences. This effort to elicit the child’s perspective and wishes can be seen in cases such as *Children’s Aid Society of Algoma v JR*, *Children’s Aid Society of Algoma v TW*, *Simcoe Muskoka Child, Youth and Family Services v CC & AN*, *Children’s Aid Society of the Regional Municipality of Waterloo v KS & CWB*, and *Children’s Aid Society of Algoma v JB* (ONCJ, 2019; ONCJ, 2018; ONSC, 2019; ONSC, 2019; ONCJ, 2019). However, the child’s views and preferences are not determinative of access and the other factors of

the best interests of the child test must be taken into account when considering the most appropriate access order for the child, as held in *Catholic Children’s Aid Society of Toronto v NN* (ONCJ, 2019).

Requiring courts to take a child’s views and wishes into account when determining what is in their best interests does not mean that they must agree with the child’s perspective. In *Catholic Children’s Aid Society of Toronto v TTL and SS [TTL and SS]*, Justice Finlayson, considering the effect of the changes to the best interests test under the *CYFSA*, stated that “the right to respect and to be heard is not tantamount to the right to decide. And despite their additional importance within the new statutory scheme, the child’s views and wishes are to be ‘given due weight in accordance with the child’s age and maturity’” (ONCJ, 2019). The “age and maturity” qualifier has often arisen where a child is deemed too young to properly express their views or is unable to express these views at all, as in *Kawartaha-Haliburton Children’s Aid Society v AR and DB* (ONSC, 2019). In the case of *Children’s Aid Society of Algoma v JR*, three children aged 17, 15, and 10 expressed vocal dislike for their father and their disinterest in having access visits with him (ONCJ, 2019). As a result of their age and maturity, the court afforded great weight to their views and wishes. However, in the same case, their two-year old siblings’ views and wishes were not considered when determining if a variation of their access order was warranted, as they were found to be too young to express a preference.

There is also a concern that arises where the court is unable to determine whether the views being expressed by the child in question are actually their own, or whether they are being influenced by a parent, as in *Children’s Aid Society of Ottawa v AW*, *Children’s Aid Society v LL and JG*, and *TTL and SS* (ONSC 2018; ONSC, 2019; ONCJ, 2019). In these situations, the child’s views have been given little to no weight.

Courts are able to discern the views and wishes of children from affidavits sworn by Society workers, as seen in *CAS v. A. M.* (ONSC, 2020). In that case, which concerned a proposed change of placement of care to the child’s father, the Court noted from the Society worker’s affidavit that the child had demonstrated some apprehension about visits with the father but enjoyed those visits. The determination of the



child's views in that case was also informed by the submissions of the child's counsel, despite that she had not "had time to develop a deep rapport with her client." In particular, the court considered counsel's submissions as to the importance of maintaining the bond between the child and her siblings, noting their shared life experiences and the need to prevent the siblings from becoming a post-script in the child's life.

### **FACTOR: Importance of Face-to-Face Contact during COVID-19**

The emergence of the COVID-19 pandemic in Canada in early 2020 led some societies to suspend in-person access visits in an effort to reduce the spread of the virus and preserve the health and safety of children and families involved in the child protection system. In *DCAS v. JS*, the court ruled that societies do not have the presumptive authority to suspend all in-person access without formulating a viable alternative to preserve the important relationship between children and their birth parents (ONSC, 2020). Courts have also considered submissions that have sought a restriction on in-person access for particular individuals about whom there are worries about insufficient adherence to pandemic-related public health protocols, in cases involving children who have health conditions which put them at significant risk should they contract COVID-19. In one such case, *C.L.B. v. A.J.N.*, Justice Sherr commented that "[m]edical evidence is important on these COVID-19 motions. If someone is seeking to suspend a person's face-to-face contact with a child due to the child's medical vulnerability, a medical report should be provided setting out the child's medical condition, any increased vulnerability the child has with respect to the COVID-19 virus and specific recommendations about additional precautions that are required to protect the child from the virus" (ONCJ, 2020). These comments have been referenced by other courts, including in the context of interim society care access in *C.A.S. v. E.B. and S.L.* (ONSC, 2020).

Courts have made a wide range of orders for face-to-face or virtual access as a result of the COVID-19 pandemic. In *JH*, the child's mother was denied face-to-face contact as part of the access order due to the risks posed by the COVID-19 pandemic. The mother also had not followed the previous court orders and there was no status quo for face-to-face conduct, which led the court to decide that virtual contact

was sufficient to maintain a "meaningful personal connection" (ONSC, 2020). In *Children's Aid Society of Oxford County v CFS*, the court held that virtual contact was insufficient because of the child's young age and found face-to-face contact to be important, despite pandemic precautions (ONCJ, 2020). In *SMCYFS v CB*, the court found that the child was too young to have meaningful contact with the mother virtually, but did not order face-to-face contact as the risks from COVID-19 were too high (ONSC, 2020).

The courts in *Kawartha-Haliburton Children's Aid Society v AR and DF* and *Children's Aid Society of Toronto v OO* have noted that the benefit of ongoing in-person contact must be weighed against any risk to the child and to his caregivers and the court has a duty to ensure that children are protected (ONSC, 2020; ONCJ, 2020). The courts have recognized that people providing care for children have a responsibility to comply with COVID-19 considerations, which can include limiting children's face-to-face interactions as much as possible. The existence of a status quo for face-to-face contact prior to pandemic restrictions is not necessarily determinative of the issue.

### **Types of Access Ordered**

When a court finds that access between a parent and child is in the best interests of the child, a wide range of access orders can be granted by the courts.

#### **TYPE OF ORDER: Access at the Discretion of the Society**

Societies are often provided with discretion by the court when granting access orders. In cases like *Children's Aid Society of Algoma v B (C) [B(C)]*, the court has made a distinction between ordering access at the discretion of the Society and ordering access where the details are to be determined by the Society. The former suggests that it is the Society who is permitted to determine whether there is to be any access at all between a child and their parent, whereas the latter allows the Society to determine the details (i.e., time, frequency, duration) of an access order that has already been granted by the court (ONCJ, 2002). There is a large body of case law suggesting that only the latter category is permitted, where scheduling of access is the sole element of access

which may be delegated to societies. Examples of this case law include *B(C)* at para 26; *H(C) v Children's Aid Society of Durham (County)* [*H(C)*], and *Children's Aid Society of Hamilton v N(M)* (ONSC, 2003; ONSC, 2007).

In *H(C)*, the court explicitly affirmed that it is permissible for courts to make an access order which delegates the “day-to-day supervision, monitoring and decision-making to the Children's Aid Society” (ONSC, 2003). The Court came to this conclusion on the basis that the statute provided courts the ability to impose appropriate terms and conditions on an access order and provided Societies the power to supervise children that have been placed in its care. The court held that the operation of these two principles together permitted judicial delegation of the details of access to the Society. The court also noted that the dynamic nature of parent-child relationships means that “maximum flexibility” is required to respond to potentially changing needs, and that in the context of access, routine disputes and issues are better handled by Societies than by further litigation. In *J.S.R. v. Children's Aid Society of Ottawa* [*J.S.R.*], the court distinguished between granting access at the discretion of the society during extended society care from granting it during interim care. Specifically, the court held that such delegation is permissible during interim care because it is not a final order (unlike extended society care) and may be “reconsidered or varied as circumstances change prior to a final determination” (ONSC, 2021). Similar cases touching upon the permissibility of delegation to Societies include *L.R., D.M. v. The Children's Aid Society of Ottawa*, *Children's Aid Society of the Regional Municipality of Waterloo v. C.F. and R.A.*, and *CAS v. S. I. and MD. T. A.* (ONSC, 2020; ONSC, 2021; ONSC, 2021; ONSC 2020).

The court will intervene when a Society oversteps the discretion given in an access order. In *Children's Aid Society of Toronto v NN*, the mother was given access “at the discretion of the society at a minimum of two times per week” (ONCJ, 2017). Applying this discretion, the Society effectively changed the child's home placement, deeming it “an extended access visit.” The court found this to be a violation of their discretion, as they used it to change the child's place of residence without judicial authorization. In the same decision, the

court recognized that “[w]hile temporary orders granting access at the discretion of the society are still made, courts are more and more frequently placing parameters on the discretion such as specifying a minimum number of access visits per week.”

### **TYPE OF ORDER: Supervised Access**

Supervised access is another form of access available when a child is in interim care that finds its source in family law. In *Jennings v Garrett*, a family law decision decided under the *Divorce Act*, a mother brought a motion to terminate the father's unsupervised access to their daughter due to concerns regarding his mental health. In her decision, Justice Blishen stated that “supervised access, whether short, medium or long term, should always be considered as an alternative to a complete termination of the parent/child relationship” (ONSC, 2004). The court held that “[a]n order for supervised access also requires evidence of exceptional circumstances as it is just one small step away from a complete termination of the parent-child relationship.” In *Young v Hanson*, a recent case in the family law context, the court reiterated the intrusive nature of supervised access and held that its imposition must be justified on a continuing basis (ONSC, 2019).

Courts have also commented on the temporary nature of supervised access. In *Catholic Children's Aid Society of Toronto v TTL*, the court referenced academic commentary and cases from the family law context that emphasized the temporary nature of supervised access and questioned its viability to actually serve the best interests of the child over longer periods of time (ONCJ, 2018).

In *TW*, the court commented that the constrained resources of Societies often mean that access visits with children are limited as the supervision of access visits is resource-intensive for the Societies. In particular, this can mean that Societies impose calculated maximums on access visit duration based on the “child's age, capacity of the parents and the child, risk and permanency planning,” and entirely disallowing access visits on weekends or statutory holidays when the Society's access centres are closed (ONCJ, 2018). In *Children's Aid Society of Hamilton v O(E)*, the court went so far as to question

the use of supervised access centres at all, describing them as “an artificial setting and of minimal benefit to child or parent” and that the observations made during supervised access were often used to gather evidence against the parents. On this basis, the court stated that supervised access centres should only be used for “problematic or security cases” and that supervised access should occur in the family setting by default (ONCJ, 2009).

Cases with problematic or security issues may warrant supervised access as an alternative to terminating access altogether. In the case of *Children’s Aid Society of Algoma v A(B)*, the court held that where those seeking access to children in Society care do not have sufficient resources to navigate issues affecting a child’s protection on their own, the Society’s involvement in supervising access is useful (ONCJ, 2018). In this case, issues of domestic violence and chronic drug use in the home led the court to hold that “the access of the parents is better, from a child protection point of view, with the society remaining involved rather than dropping out of the picture.” Similarly in *Catholic Children’s Aid Society of Toronto v RM*, the court held that it was not appropriate to return the children to the father’s care due to ongoing risks of emotional and physical harm, but access with their father was found to be in the best interests of the children (ONCJ, 2017). Supervised access was ordered with the intention of gradually increasing visits as the father took steps to address his situation. In cases where parents are not compliant with pre-existing access orders, such as *Children’s Aid Society of the Regional Municipality of Waterloo v SSH & STE*, courts have also found that supervised access is necessary to maintain child protection (ONSC, 2019).

### **TYPE OF ORDER: Varying a Temporary Access Order**

As per s. 94(9) of the *CYFSA*, a court may vary the terms and conditions of a temporary care and custody order, including their corresponding access orders. The party seeking to vary the temporary access order must establish that a “sufficient change” in circumstances has taken place since the prior access order. In determining what constitutes a “sufficient change,” courts will undertake a contextual analysis based on the circumstances of the case, examining the change requested

and any potential risks. Examples of this from the jurisprudence are *Catholic Children’s Aid Society of Toronto v RM* [RM], *LL and JG*, and *Children’s Aid Society of Oxford County v NJW* (ONCJ, 2017; ONSC, 2019; ONCJ, 2019).

1. The court in *RM* laid out the test for varying an access order:
2. The moving party has the onus of establishing that a sufficient change in circumstances has taken place since the making of the last court order. Whether the change is sufficient to change the order will depend on the circumstances of the case.

The court should conduct a contextual analysis when exercising its discretion as to whether it is in a child’s best interests to change the access order and, if so, what terms and conditions are appropriate. The purposes in section 1 of the Act should always be at the forefront of the analysis. The suggested non-exhaustive list of factors...should be considered, where relevant (*RM* at para 85)

The non-exhaustive list of factors to be considered in the contextual analysis are as follows:

1. The nature and extent of the variation sought and the proportionality of the requested change to the change in circumstances since the making of the last court order. In particular, the court should examine the extent to which the passage of time has yielded a fuller picture to the court about the child, the parent or any family and community member involved with the family.
2. The degree to which the change in circumstances reduces or increases the risk of harm to the child.
3. The extent to which the proposed change meets the objectives set out in section 1 of the Act and the expanded objectives set out in section 1 of the *CYFSA*.
4. The best interest factors set out in subsection 37(3) of the Act and the expanded best interest factors set out in subsection 74(3) of the *CYFSA*.

5. The importance of:
  - a. Ensuring that access not remain static unless the safety of the child requires this;
  - b. Gradually and safely increasing access between a child and the parents; and
  - c. Providing the court with some basis to assess the parent's long-term parenting potential.
6. 6. The stage of the proceeding. Is a trial that will determine the issue imminent? If so, it might be in the best interests of the child to have the trial judge determine the issue ([RM](#) at para 83).

In [RM](#), [Children's Aid Society of Brant v. A.H.](#), and [Children's Aid Society of Ottawa v. J.L.](#), the court has held that the analysis to determine if a "sufficient change in circumstances" has occurred should be flexible both in terms of what factors are considered and in the analysis itself (ONCJ, 2017; ONCJ, 2020; ONSC, 2020). At a broader level, some courts have commented that the flexible and changing nature of interim society care favours a progressive approach to access variations with the goal of steadily increasing access. In [RM](#) (ONCJ, 2017), Justice Sherr commented that

[w]here it can safely be done, access should be gradually increased. [...] This means that if the level of access is in dispute, the court should be receptive to access change motions. The goal should be to gradually increase a parent's access. [...] It would be contrary to the purpose of the [Act](#) to construct a legal test to change access that is too onerous for parents to meet, discourages them from moving to court to increase their access with the child and sets up more families to fail.

However, courts have also stressed the importance of not interfering with a status quo created by a final order unless a sufficient change in circumstances can be found to create a *need* for a variation in the order. In [Children's Aid Society of Toronto v. C.B.](#), the Court held that a "sufficient change" will need to be more substantial as the requested variation becomes more intrusive (ONCJ, 2021). The Court in this case held that since the requested variation sought to remove the children

from their pre-intervention caregiver, as ordered in a final order, the variation of order application had to demonstrate a "very significant change in circumstances – at the highest end of the spectrum."

#### **TYPE OF ORDER: Termination of Access**

In cases where the Society seeks to terminate a parent's previously granted access, there must be a sufficient change in circumstances that justifies the need to terminate all access entirely. In [Jennings v Garrett](#), a family law case decided under the *Divorce Act* which is often borrowed by child protection courts in variation of access cases, Justice Blishen composed the following list of factors for determining whether access between a parent and their child should be terminated:

1. the long term harassment and harmful behaviours towards the custodial parent causing that parent and the child stress and/or fear;
2. a history of violence, unpredictable, uncontrollable behaviour, alcohol, drug abuse which has been witnessed by the child and/or presents a risk to the child's safety;
3. extreme parental alienation;
4. ongoing severe denigration of the other parent;
5. the lack of a relationship or attachment between the noncustodial parent and child;
6. neglect or abuse to a child on the access visits; and
7. older children's wishes and preferences to terminate access (ONCJ, 2015).

In [Children's Aid Society of Toronto v S\(C\)](#), the Society brought a motion to suspend the mother's access to her two children because she had breached the conditions of her previous access order by recording her access visits, questioning the children about their foster home, discussing ongoing court proceeding and concerns about the Society with the children, and bringing unauthorized visitors to access visits. Coupled with the mother's history of physical and emotional neglect and harm, and ongoing violence and anger issues, the court found that there was a high risk to the children and a sufficient change in

circumstances had been shown to warrant suspension of access. The court recommended the Society pursue therapeutic access so there was no permanent loss of access. Where there is a concern that the parent will use access visits in an inappropriate way, as in [L.R. v. Children's Aid Society et al.](#) [L.R.], where the court expressed concerns that the mother was using telephone access calls to insert negative comments about the father regarding unverified allegations of abuse by the father, the court may also find that a termination of access is warranted (ONSC, 2020).

## Section 2: Social Science Research

### Introduction

Access to children by their parents is considered the primary means for maintaining the parent-child relationship for children placed in interim society care (Mallon & Leashore, 2002; McWey et al., 2010). When children are brought into temporary or Interim Society Care, that child has been ordered into a time-limited custody of a Children's Aid Society. When a child is in extended Society Care, that child is in the permanent custody of a Children's Aid Society and *may* be adopted. This review focuses on children brought into Interim Society Care.

### Literature Review

The objectives of this literature review were to:

1. identify the breadth and scope of existing research evidence on the issue of parental access during Interim Society Care; and,

2. identify the range of factors considered key in making decisions to allow parental access to children in interim society care.

A literature review was conducted to identify, collect, and synthesize information relevant to the issue of parental access during Temporary and Interim Society Care. The database ProQuest was utilized for the identification and collection of relevant studies. Search strategies were developed and refined after review. Only peer-reviewed sources containing keywords relevant to the research objective were included in the literature scan. Data sources were limited to those published in English. The final list of keywords and search terms used in the literature scan are provided below. Keywords were added, deleted, or modified in the search terms to vary the results and enhance the search strategy.

Search #	Years	Keywords	Databases	# of Results
1)	not specified	("parental access" OR "supervised access" OR "supervised visitation" OR "supervision order" OR "birth parent contact" OR "biological parent") AND ("child welfare" OR "child protection" OR "foster care" OR "in-care")	APA PsycInfo and APA PsycArticles in ProQuest	287
2)	2010-2021	("parental access" OR "supervised access" OR "supervised visitation" OR "supervision order" OR "birth parent contact" OR "biological parent" OR "access visit") AND ("child welfare" OR "child protection" OR "foster care" OR "in-care")	APA PsycInfo and APA PsycArticles in ProQuest	130
3)	2010-2021	("parental access" OR "supervised access" OR "supervised visitation" OR "supervision order" OR "birth parent contact" OR "biological parent" OR "access visit") AND ("child welfare" OR "child protection" OR "foster care" OR "in-care")	Sociological Abstracts in ProQuest	290



Search #	Years	Keywords	Databases	# of Results
4)		*see above* AND quasi-experimental	Sociological Abstracts in ProQuest	13
5)	2011-2021	("parental access" OR "supervised access" OR "supervised visitation" OR "supervision order" OR "birth parent contact" OR "biological parent" OR "living situation" OR "child visitation") AND ("child welfare" OR "child protection" OR "foster care" OR "in-care" OR "protective services")	APA PsycInfo and APA PsychArticles in ProQuest	220
6)	2011-2021	("parental access" OR "supervised access" OR "supervised visitation" OR "supervision order" OR "birth parent contact" OR "biological parent" OR "living situation" OR "child visitation") AND ("child welfare" OR "child protection" OR "foster care" OR "in-care" OR "protective services") AND ("high-conflict" OR "intimate partner violence")	APA PsychInfo and APA PsychArticles in ProQuest	30
7)	2010-2021	("parental access" OR "supervised access" OR "parental contact" OR "parental visitation") AND ("child welfare" OR "child protection") AND ("access frequency" OR "contact frequency" OR "visitation frequency")	APA PsycInfo and APA PsycArticles and Sociological abstracts in ProQuest	3
8) Final Search Result: Studies were screened for relevance based on search terms, and duplicate studies were removed. Studies that did not pertain to parental contact during Interim care were not included.				25

The search term “quasi-experimental” was added to narrow the search results because quasi-experimental designs were more likely to yield studies with generalizable knowledge on the impact of parental access orders on children in Interim Society Care.

The title and abstracts of records retrieved from the database were screened for key words, and anything not deemed relevant was not included, and any duplicates were removed. Studies that did not pertain to the effects of parental access during Interim Society Care were

not included. A hand search of reference lists from relevant studies was also used to supplement database searches. The final search result yielded 25 studies. There were a limited number of published studies from Ontario and Canada. Three of the studies included in this memorandum were published in Ontario, with an additional three studies published in Quebec, and the remainder of the studies are from the United States, United Kingdom, Australia, Brazil, and Spain. This assessment of the literature is organized to highlight

relevant intersections with case law, especially regarding areas of interest to judicial decision-makers which emerged during community consultations with stakeholders in child welfare.

A detailed description of the studies included in this literature review can be located in Appendix B.

## 1. Summary of the Research

In general, researchers started with the assumption that continued contact is beneficial for children as it helps them to maintain attachment and family connection, lessens feelings of grief, increases children's overall sense of well-being, and plays a key role in determining the reunification trajectory (McWey et al., 2010; Salas et al., 2021; Sen & Broadhurst, 2010). While a child is in care, regular parental access can help a child to retain a sense of identity and safety amidst the trauma of separation (Cantos et al., 1997; Sen & Broadhurst, 2010). However, there are many areas of the parent-child relationship that are largely unexplored and not well understood (McWey et al., 2010; Sanchirico & Jablonka, 2000).

Children who have more contact with their birth parents are more likely to return home (Barber & Delfabbro, 2004; McWey et al., 2010; Salas et al., 2021; Zeanah et al., 2011), although the literature is largely correlational and there is no ability to gauge the quality of the access, even with supervision. Children in out-of-home care typically remain concerned about their birth families. Even when children do not necessarily want to reunite with their birth parents, most still wish to maintain some form of contact (Sen & Broadhurst, 2010; Shaw, 1998; Sinclair et al., 2001). Younger children are particularly vulnerable to distress when separated from their primary caregiver as infancy is a critical period in a child's formation of secure attachment (Haight et al., 2003; Rocha et al., 2019). The literature suggests that infants should be given careful consideration in matters of access (Miron et al., 2013).

Early childhood had been identified as a critical period for child development and growth. The benefits of consistency, continuity, and predictability in a child's caregiving experience have demonstrated benefits. The quality of a child's early life experiences has a lasting

impact on the child's emotional, social, cognitive, and physical development (UNICEF, n.d.; Center on the Developing Child, 2007; Robinson et al., 2017). A child's quality and quantity of verbal and non-verbal interactions with their parents or caregivers are necessary for sensory, language, and other cognitive functions. A supportive relationship with caregivers is essential for a child's development and a stable, consistent, nurturing, and responsive approach to caregiving allows a child to develop to their full potential (Center on the Developing Child, 2007; CDC, 2022). Placement instability has negative consequences on children, regardless of their initial level of risk or prior exposure to adversity (Casey Family Programs, 2018). Nurturing and responsive caregiving for children in care is required to both reduce the risk incurred by previous adversity and provide a stable foundation for the child's future development (Fallon et al., 2022).

Supervised access is a key aspect of case work when a child is in the temporary care of a child welfare authority (Saini et al., 2017). Similar to practices in Australia, the United Kingdom, and the United States, access in interim care decision making in Canada has become increasingly focused on maintaining parent-child access (Kelly, 2011). Supervision is designed to offset concerns about a parent's capacity to parent the child sufficiently during the access visit including monitoring the concerns that led to the temporary care (Kelly, 2011). Supervised access programs (SAPs) have been established across Canada and in countries such as the United Kingdom and Australia to facilitate parent-child contact in a neutral, safe space (Saini et al., 2017). In Ontario, the "Supervised Access Program" provides spaces across Ontario where parenting visits can take place with the supervision of trained staff and volunteers with both on-site and virtual services available (Government of Ontario, 2021). Contact visits, which are a key factor in family reunification, allow an opportunity for social workers to observe how parents and children interact, and to assess the extent to which the encounter may enhance the child's well-being (Salas et al., 2021).

The higher prevalence of internalizing and externalizing problems of children in care has been well-documented (McWey et al., 2010). However, there is little research available on the impact of continued

contact between children in care and their biological parents or the role of access. Understanding the type and amount of access required to ensure that the parent-child relationship does not deteriorate is important because of the potential for “longer term, serious consequences of sustained emotional and behavioural problems” (McWey et al., 2010). There is evidence indicating that children with more consistent and frequent contact with their parents have stronger attachments than children with less contact, which is linked to fewer behavioural problems (McWey & Mullis, 2004). However, without generalizable research, decision-makers rely on opinions surrounding parental contact when setting visitation requirements (McWey et al., 2010; Nesmith, 2015). As a result, a gap may be “inadvertently widening between indirect and direct forces involved in decisions about parent-child contact” (McWey & Cui, 2017).

The research findings on access visits are inconsistent, ranging from deeming access visits as ‘essential’ to finding them ‘purposeless’ or even ‘harmful’ to the children involved (Morrison et al., 2011). Visits between children and their biological parents can vary in location, frequency, and duration. An ideal visitation would include an emotionally supportive and enriching environment for both the child and the parent, but visits are not always “ideal” (Haight et al., 2003; McWey et al., 2010; McWey & Mullis, 2004). Given the critical psychological needs of children in the child welfare system, the impact of parental contact on children’s mental health is an important consideration (McWey et al., 2010).

## 2. Frequency of Visits

Attachment theory focuses on the “enduring emotional bond between human beings, which provides a sense of security and stability.” A child’s attachment to their primary caregiver begins at infancy and this attachment is crucial to allowing the infant to develop by exploring their environment while they feel safe (Stovall & Dozier, 2008). Infants and children in the child welfare system have an increased risk of maladaptive outcomes because they are separated from their primary caregiver and lose the sense of security that comes from a

stable attachment to that caregiver. When children in the care of the Society have an opportunity to form a trusting relationship with their new caregiver, they are more likely to form secure attachments and enhance their developmental potential. On the contrary, if a child experiences further instability when taken into care, this causes significant disruptions and can have lifelong implications (Stott, 2012).

Three studies (McWey et al., 2010; McWey & Cui, 2017; and McWey & Cui, 2021) utilized data from the second cohort of the National Survey of Child and Adolescent Wellbeing (NSCAW) in their analyses (NSCAW, 2005). NSCAW is a nationally representative, longitudinal survey of children and families who have been investigated by child services in the United States. NSCAW includes first-hand reports from children, parents, family members and caregivers, teachers, and caseworkers.

McWey et al. (2010) used attachment theory to examine whether depression and externalizing problems experienced by children in foster care in the United States was related to the amount of contact with their biological parents. Although the body of research demonstrating the extent of mental health problems of children in foster care is growing, McWey et al. (2010) noted that predictors of children’s mental health in nationally representative, randomly selected samples is limited (McWey et al., 2010). This study involved secondary data analyses of the restricted release version of the National Survey of Child and Adolescent Wellbeing (NSCAW; National Data Archive on Child Abuse and Neglect, 2005). The target population included all children in the United States who were subjects of child abuse or neglect investigations within a 15-month period between October 1999 and December 2000 (McWey et al., 2010). The final sample was 362 foster children. It should be noted that only contact with birth mothers was examined as there was limited data regarding contact with fathers. Children aged six and above were asked to report their amount of contact with their biological mothers by choosing from options such as “never” if they had no contact, “some contact” if they saw their birth mother once or twice a month, or “often” if they had weekly encounters with their birth mother (McWey et al., 2010).

The study found that more frequent contact with the biological mother was marginally associated with lower levels of depression and significantly associated with lower externalizing problem behaviours. Prior exposure to violence correlated to higher depressive and externalizing symptoms (McWey et al., 2010). Children that had no contact with their biological mothers had the highest externalizing behaviour problem scores, falling within the clinically significant range (McWey et al., 2010). Children with the highest level of contact had significantly lower scores of externalizing behaviours that fell below the clinically significant range. It was also found that depression scores for boys were lower in those with more frequent contact. For girls, the highest depression scores were for children with “some” contact (McWey et al., 2010). The authors suggest that having no contact with birth parents may allow children to begin a grieving process that is inevitable when there will be no reunification.

It was also suggested that the relationship between contact with the biological mother and children’s externalizing behaviours is not causal (McWey et al., 2010). This study’s correlational design examined the frequency of parental access visits on children’s mental health, but the authors noted that despite not focusing on the differences in the backgrounds of the birth mothers, the mothers who had frequent contact with their children in foster care differed in important ways from mothers who had less frequent contact. These differences included the previous nature of parent–child attachment, as well as current living situations such as substance abuse or homelessness, which make it difficult to attend access visits (McWey et al., 2010).

Another U.S. study, by McWey and Cui (2017), examined whether the frequency of parental contact impacted the relationship between youth in care and their caregivers, and whether this had a bearing on youth mental health symptoms. They conducted an analysis of the National Survey of Child and Adolescent Well-Being II (NSCAW, 2005), a nationally representative study of youth aged 6 to 17 years in the child welfare system ( $n = 452$ ), who had been subject to maltreatment investigations between 2008 and 2009. Youth reported the amount of parental contact, and levels of emotional security and involvement with current

caregivers. Caregivers completed the Child Behavior Checklist (McWey & Cui, 2017). Multinomial logistic regression and analyses of covariance were conducted to determine linkages associated with parental contact, relationships with caregivers, and youth mental health. Fifty-nine percent of youth reported having contact with their mother at least weekly (i.e., 45% weekly, 14% daily). However, only 29% of the sample visited with fathers with the same frequency. Fifty-two percent of respondents reported never having contact with their fathers.

Youths’ race, type of maltreatment, age, and type of placement were associated with how often contact occurred (McWey & Cui., 2017). Black youth were more likely to have frequent contact with their mothers than White youth. Youth who had experienced neglect were less likely to have frequent contact with their mother than children who had experienced physical or sexual abuse. Younger children had more frequent contact (weekly versus monthly) with their father than older youth (McWey & Cui, 2017). The type of placement was a factor in the amount of contact as youth in kinship care were more likely to have daily contact compared to youth in foster homes, and youth in foster homes were more likely to have no contact at all when compared to youth in kinship arrangements. The authors did not find a connection between the amount of contact between a youth and their biological parents and the youth’s emotional security or involvement with their caregiver (McWey & Cui, 2017). Findings did reveal that youth had lower internalizing, externalizing, and total behavioural problems with daily contact with mothers compared to youth with no contact. At the same time, youth were prone to experiencing distress at the end of visits and feeling confused as to why they could not go home with their biological parents (McWey & Cui, 2017). Since more frequent contact, particularly with mothers, was linked to better mental health outcomes for youth in care, the authors suggested that it might be useful to train caseworkers, caregivers, and parents to distinguish between separation anxiety and mental health concerns (McWey & Cui, 2017).

Another later study by McWey and Cui (2021) used three waves of data from the National Survey on Child and Adolescent Well Being II (NSCAW, 2005) to determine if more frequent contact with biological parents

predicted less time in out-of-home care and was associated with mental health outcomes for children. The sample was 247 youth aged 6-17 in out of home care with information on contact with biological parents. It included youth from diverse racial and ethnic backgrounds ( $n = 95$  were White,  $n = 100$  were Black,  $n = 42$  were Asian, Alaskan Native, American Indian or another categorization, and  $n = 70$  were Hispanic) (McWey & Cui, 2021). The measures included: contact with biological parents on a scale of 1-6, with 1 being never and 6 being everyday as rated by the youth; length of time in out-of-home care as assessed by caseworkers; youth mental health symptoms as assessed by the caregivers; and youth demographics. It was found that more frequent contact with mothers predicted less time in out-of-home care, while contact with fathers was not a significant factor. The link between more frequent parental contact and less time in out-of-home care was stronger for Hispanic youth and their mothers than compared to non-Hispanic youth. The link between more frequent contact with their father and less time in out-of-home care was stronger for Black youth than compared to White youth (McWey & Cui, 2021). More frequent contact with both mothers and fathers was associated with fewer reported mental health symptoms overall (McWey & Cui, 2021). Caseworkers and foster parents often worry that visitations with birth parents may cause emotional harm leading to behavioural symptoms in youth, but this study suggests otherwise (McWey & Cui, 2021). Psychoeducation should be provided to help illustrate the differences between attachment responses, separation anxiety, and mental health concerns for youth of various backgrounds (McWey & Cui, 2021).

Salas et al. (2021) conducted a study in Andalusia, Spain to explore whether contact visits could serve to strengthen parent-child attachment and help children settle and adapt to their foster placement. Many children in care in Spain did not have contact with either parent. Official data for Andalusia, Spain indicated that out of 2,720 children in family foster care, approximately one-third have contact visits with their birth family (Salas et al., 2021). An in-depth qualitative analysis was performed on the behaviour of foster children and their birth parents during contact visits. The sample consisted of 20 children with 50% of the children attending visits for less than 2 years, 10% between 2 and

4 years, and 40% for more than 4 years. The frequency of visits was recorded to be 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%) (Salas et al., 2021). Findings indicated that some of the needs 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 love and warmth, inappropriate social relationships, and difficulties in relation to behavioural norms and values" (Salas et al., 2021). Salas et al. suggest that the suitability and characteristics of the contact venue should be considered in the sense of best interest of the child (Salas et al., 2021). Observation of both non-verbal and verbal aspects of the parent-child interaction revealed that there were examples of difficulties with emotion management, parenting strategies, and communication. The authors noted that a lack of skill in this area (e.g., an absence of a warm greeting) could impact the relationship "from the outset and influence the interaction throughout the visit" (Salas et al., 2021). They observed inappropriate behaviour in some cases, such as derogatory language and insults from both parties, and occasional tension between the parent and child (Salas et al., 2021). Overall, the findings pointed to a need for intervention on two levels: to equip birth families with developmentally appropriate strategies to engage with the child, and to ensure that social workers are adequately trained to intervene in situations where negative interactions are observed (Salas et al., 2021).

### 3. Infants as a Unique Developmental Period

As the early years of childhood have been identified as a critical developmental period, the quality of the caregiving environment is especially significant for infants. Infants are particularly vulnerable to the effects of stress and adversity in their early environments. Exposure of infants to adversity, maltreatment, neglect, and a lack of predictability in their environment can alter their neurodevelopment and affect executive functioning abilities (Fisher et al., 2013; Center on the Developing Child, 2015). However, research shows that the damaging effects of these negative factors can be reduced or mitigated by improving the caregiving conditions of the child and providing nurturing,



responsive care. Infants have the greatest capacity to overcome adversity and the earlier that their environment improves, the greater the expected impact will be on the child (Black et al., 2017; Fisher et al., 2013). Infants in the care of the Society can be exposed to sensitive and consistent care to support their development. However, moves in care, especially multiple moves or moves during sensitive developmental periods, can have continued negative impacts on infants and children. Disrupting the child's placement reduces the likelihood that they will feel sufficiently safe or stable and can adversely impact their ability to grow or thrive (Fallon et al., 2022; Casey Family Programs, 2018).

Planning for contact between young children in care and their biological parents poses difficult dilemmas for workers, but the primary prevailing concern should continue to be the child's needs (Miron et al., 2013). Miron et al. (2013) examined the infant's perspective, when the infant has been subjected to abuse, neglect, or both and is reliant on the state to ensure his or her health and well-being. There are innovations in practice from various countries seeking "to shed light on the challenges often associated with contact" (Miron et al., 2013), responding to considerations of infant needs in planning for visitation are often inadequate or completely disregarded in favour of agency, parent, or court priorities. This likely reduces the potential benefit of visits. The infant is likely to have their natural routines interrupted and less likely to be in the alert yet calm state that promotes "quality interaction" during contact (Miron et al., 2013). Caseworkers were found to be hesitant to include foster parents during visits between children and their birth parents because of uncertainty regarding managing the birth parent's reactions to having time with their child "intruded upon" by the foster parent. Miron et al. suggested that in the case of children under 5 who are removed from their biological family, practitioners should ensure the security of the infant's primary caregiving relationship while also supporting the existing or developing attachment tie with the biological parents (Miron et al., 2013).

It should be noted that in Ontario, most infants come into care because of caregiving capacity issues or substance abuse (Lil et al., 2011). Infants are particularly vulnerable if the reason for the removal was abuse

Feelings such as fear can be encoded as an implicit form of memory, and this trauma state can be reactivated in the presence of an abusive parent (Miron et al., 2013). Certain aspects of the parents' behaviour including their facial expressions, voice, and body movement can be a reminder of the abuse and signal to the infant that an attack is imminent. These visits are likely to cause effects like the impact of the initial abuse such as suffering and hypervigilance (Miron et al., 2013). A child's negative reactions to visits with biological parents may be due in large part to a development of a secure attachment to the foster family (Miron et al., 2013). The frequency and duration of visits need to be adjusted based on careful observations of the child's reactions before, during, and after visits (Miron et al., 2013). Miron et al. posit that, to have a more infant-informed system, child welfare workers and court personnel need training and consultation regarding manifestations and development of attachment (with biological and psychological parents), symptomatic manifestations in children (separation anxiety, traumatic stress reactions), and deleterious (and potentially irreversible) effects of repeated threats to attachment relationships. They suggest that children involved in the child welfare system and their families may benefit from evaluation and treatment delivered by practitioners well-versed in infant mental health (Miron et al., 2013).

Zeanah et al. (2011) note that there is a lack of a developmentally informed approach with regard to young children in child welfare. The authors believe that foster care for young children and infants should be different than foster care for older children. These authors note that at around 7 to 9 months of age, infants begin to demonstrate separation protest and awareness of strangers, and when this happens, they begin to select a small number of attachment figures for comfort, support, and protection (Zeanah et al., 2011). To form and maintain attachments, infants must have substantial and sustained physical contact with an adult caregiver. Only once children are in early childhood are they able to sustain attachments over time and space with caregivers that they are not in regular contact with. The authors note that a few hours of visiting time a week, for infants and young children, is not enough time spent to sustain attachments (Zeanah et al., 2011).



Some research suggests that frequent visitation without skilled parenting support will not result in relationship building. Humphreys and Kiraly (2011) conducted a study based in Victoria, Australia, exploring the practices by the Children's Court of ordering high frequency contact (4-7 days a week) with the infant's mother and father when placed in care in their first year. A literature search was conducted, and data mining electronic child protection files produced information about "the patterns of court-ordered family contact, the extent of high frequency family contact orders, related demographic data and detail surrounding the implementation of these arrangements" (Humphreys & Kiraly, 2011). Focus groups, interviews and brief case studies provided understanding of patterns found and the impact of these arrangements on infants, their parents, and caregivers. The focus groups included 118 participants and were undertaken with foster care staff, foster carers, and child protection workers. As a limitation of the methodology, the project did not directly capture the perspective of family members, including infants, mothers and fathers because high-frequency contact was relatively new at the time of study and most families were still involved in the court process (Humphreys & Kiraly, 2011). An audit of case files of all infants in care in mid-2007 showed that at one year follow-up, there was no difference in the reunification rate for children with a period of high-frequency contact and those with less contact (Humphreys & Kiraly, 2011). The authors noted that one "deep flaw" in the system lies in a lack of support for parents during contact with their children (Humphreys & Kiraly, 2011).

A retrospective study by Kenrick (2009) looks at the impact of intensive contact with birth parents on children, something that is an integral part of "concurrent planning placements." Concurrent planning is a type of permanency planning in which reunification services are provided to the family while alternative permanency plans are made for the child in the chance that the reunification efforts do not succeed. This study focused on the Coram Adoption Services Concurrent Planning Project developed in the UK. Kenrick notes that all concurrent planning placements are governed by a strict legal process; a guardian was appointed to protect the interests of the child while the court made orders for the frequency and venue of the contact (Kenrick, 2009). The

child is placed with "concurrent planning carers" (CP carers) under an interim care order. Twenty-seven CP carers agreed to be interviewed for this study; twenty-six oversaw children who were later adopted, and one child who was rehabilitated back to their birth parents (Kenrick, 2009). One family adopted two children and thus the study followed twenty-seven children who were placed with CP carers between April 2001 and October 2005 (Kenrick, 2009). Limitations to this type of study is recall bias. In some cases, it was hard for the carers to properly describe the impact the contact had on their child, and it was hard for many of the carers to remember the exact age of the child when a particular difficulty had occurred (Kenrick, 2009).

In this intervention, contact visits between birth parent and child would usually last between 2 and 3 hours (Kenrick, 2009). Several CP carers noted that children were "clingier" after contact with their birth parents. Some carers complained that if contact was very frequent, three to five times a week, there was not enough time for "recovery" between visits (Kenrick, 2009). The carers noted that children need to have quiet time at home without travelling. Children who have not had multiple placements and cumulative separations are not reported to have the same attachment difficulties as children that have multiple placements (Kenrick, 2009). Evidence from the CP carers suggests that over time, for those children placed between five and eight months of age, the infants would turn to the CP carers rather than the birth parents for comfort in the times of transition or distress. Kenrick notes that the difficulties with contact for children between five and eight months suggest that attention should be shown to the different needs of children at different developmental stages (Kenrick, 2009).

In some instances, likely as a result of self-preoccupations or the difficulty of being supervised during contact, birth parents were unable to respond to the gestures and needs of the infants. The CP carers noting a need for "quiet time" afterwards suggests that the transition period, and separations involved with the contact, could be a "significant stress" (Kenrick, 2009). However, it is hard to place specific weight on the impact of contact on the longer-term development of the infants. Kenrick notes that the strength of the infants lay in their

“capacity to choose, and attach to, their primary carers” (Kenrick, 2009). Although they had already suffered some loss, the infant’s ability to form new attachments did not seem affected. This suggests that if infants are able to form strong attachments to primary caregivers, this can mediate “any of the disadvantages and difficulties implicit in the intensive contact involved in concurrent planning” (Kenrick, 2009).

Schofield and Simmonds (2011) summarized the results of the (Humphreys & Kiraly, 2011) and (Kenrick, 2009). The authors used these studies to discuss contact for infants subject to court proceedings and outlined questions that need to be considered when planning infant contact. When comparing the studies, Schofield and Simmonds found that attachments during the first year are formed even when there is maltreatment, however in that context it is likely to be “disorganised” (Schofield & Simmonds, 2011). This means that the infant is seeking comfort from a caregiver who is also the source of fear, therefore the infant remains in a state of high anxiety. When infants re-experience that trauma state at contact, they may show distressed or frozen behaviour (Schofield & Simmonds, 2011). Although infants’ attachments are selective in discerning trusted caregivers from strangers, they can build multiple attachment relationships, as seen through attachments to different family members. However, when infants move from biological parents or a foster family they do not ‘transfer’ the secure attachment to the parent or new caregiver, but they have a foundation of trust in their own lovability and the capacity of others to care for them, which will assist in developing a secure attachment either with parents or other caregivers (Schofield and Simmonds, 2011).

The authors noted that decisions around infant contact plans centre around three important questions: What contact arrangements for the infant would be consistent with their rights and development? What contact arrangements for the parents would be consistent with their rights and development as a parent? And what contact arrangements before and during proceedings would not prejudge the outcome of the proceedings? (Schofield and Simmonds, 2011). The goal should be to achieve good-quality contact that enables the infant to experience their parent as a familiar figure with whom contact visits are enjoyable and

rewarding, and that enables the parent to interact with, care for and enjoy their child – and to retain their role as parents (Schofield and Simmonds, 2011). But this frequency should be at a level that does not interfere with the infant’s need for consistent physical and emotional care in the foster home and for forming a positive relationship with the foster carer. Contact plans must include sufficient recovery time from stressful experiences. In most cases, the purpose of contact should be to enable the infant and the parent to have the opportunity to retain or to build a relationship. There may also be an expectation that parents will demonstrate or improve parenting skills. The authors note that contact, and therefore the contact plan, should also change at different stages in the proceedings. The challenge for practitioners and the courts is to minimize the impact of these factors on the infant by creating a stable, secure, and sensitive set of arrangements, including arrangements for contact, where the infant’s needs are kept at the forefront (Schofield and Simmonds, 2011).

Rocha et al. (2019) systematically reviewed literature on the impact of mother–infant interaction on the development of infants 12 months or younger to determine factors that mediate this relationship and early development. While this review did not focus directly on contact during interim care, it was located in our search results and found to contain relevant information regarding birth parent–infant interactions. The review identified 21 papers which fulfilled inclusion and exclusion criteria: (a) at least some of the child participants’ were less than 12 months of age at the time of the mother–infant interaction and infant development assessment, (b) the study concurrently assessed both mother–infant interaction and infant development when the infants were less than 12 months of age, (c) a statistical comparison between mother–infant interaction and infant development was included in the analysis, and (d) the manuscript was published in English (Rocha et al., 2019). Most of the studies found significant association between mother–infant interaction and language, cognition, motor, and social development during the first year of life. Four studies out of seven found a significant relationship between motor development and mother–infant interaction. The most consistent findings were that maternal responsiveness and sensitivity, responding to the cues and needs of

their child in a timely manner, positively impacted the receptive and expressive infant language and first imitation and words (Rocha et al., 2019). The quality of the interactions between a mother and infant was found to both positively and negatively influence cognitive, language, and social outcomes during the first year of life (Rocha et al., 2019). Multiple studies identified that dyadic patterns of mother-infant interaction, higher number of days of parent-infant interaction, maternal sensitivity, time to intervene and activity during a mother-infant interaction positively affect motor development (Rocha et al., 2019).

#### 4. Supervised Access

There is debate in the child welfare literature about the utility of observing or assessing attachment during access visits. An access visit is typically conducted in an unnatural context (such as an office or agency playroom) and therefore it may be difficult to assess the quality of attachment between parent and child (Haight et al., 2003). Some literature suggests that attachment theory-based interventions may be an effective means of addressing the core parent-child interaction deficits that characterize homes in which children are exposed to maltreatment. For instance, Haight et al. (2003) proposes several attachment-informed recommendations for planning and supporting parental visitation. They emphasize systemic support for attachment relationships between children and their foster and biological parents, particularly through regular and frequent visitation for young children with their biological parents in a socially and culturally appropriate setting, whenever reunification is a viable goal (Haight et al., 2003).

There is an assumption that supervised visitation is successful in protecting children from harm and in improving parent-child relationships. However, this assumption has not been validated by empirical evidence. Saini et al. conclude that “there is little standardization in the service delivery of supervised visitation, both within child welfare and custody dispute contexts and between these contexts” (Saini et al., 2012). Supervised visitation services are valued by child welfare agencies and family court judges, but these services often fail to accommodate the needs in the community (Saini et al., 2012).

This is in part due to inadequate availability of resources to support the operation of supervised visitation programs as well as inadequate social services in the community to meet the spectrum of issues that families are struggling with (Saini et al., 2012).

Saini et al. (2012) presented a review of social science literature and a legal analysis to review the evidence regarding the outcomes of supervised visitation services in child welfare and custody dispute contexts. The authors noted that there is confusion within the literature on the specific roles and expectations of supervised visitation services in facilitating parent-child contact. Few studies examine the longitudinal associations between supervised visitation in child welfare and outcomes for children and families (Saini et al., 2012). As part of their literature review, Saini et al. highlighted that some studies (including Cantos et al., 1998; Leathers, 2002; and McWey and Mullis, 2004) suggest that children benefit from consistent supervised visitation. The results of these studies suggest that attachment security for children in out-of-home care is positively influenced by the frequency and consistency of visits, and that visits are associated with reunification later (Saini et al., 2012). Their review also identified that parents attend visits with children more consistently when visits occur in an established supervision center, as opposed to visits that are supervised within agency offices by case workers. Other literature in the search pointed to negative outcomes of visitation and indicated that children in out-of-home care that utilize supervised visitation may demonstrate difficulties with adjustment and behaviour regarding the visits. The study also found that judges will often order supervised visitation when the parent-child relationship is underdeveloped and the goal is to re-establish this relationship (Saini et al., 2012).

Saini et al. (2017), conducted an analysis of Supervised Access Programs (SAPs) within the context of parent-child contact post-separation. The main goal of SAPs is to protect children from possible harm, with safety as the fundamental principle for service (Saini et al., 2017). A main factor of SAPs is that the staff conducts themselves in an impartial manner, avoiding significant interactions with the clients. Families are typically referred to supervised access due to concerns about poor parenting,

substance abuse, addiction, mental health, or a lack of relationship between the parent and child (Saini et al., 2017). The study was a “sequential mixed methods design” collecting quantitative administrative data from supervised access programs of the Ontario Ministry of the Attorney General, about 14,989 cases, as well as conducting focus groups with 45 service providers. The data and focus groups were drawn from the supervised access programs of the Ontario Ministry of the Attorney General, Canada. It was found that increased collaboration with community-based agencies and services was identified as a key factor for establishing better services for long-term clients (Saini et al., 2017). Parents with mental health challenges and substance abuse issues, as well as those whose children had special needs, were more likely to use supervised services longer. This suggests a potential lack of alternate services to assist these families (Saini et al., 2017). Although most families involved in supervised access and exchange services come to the program based on a court order, these orders often lack clarity about duration, frequency, monitoring, and accountability to assess when supervision is no longer needed (Saini et al., 2017).

Research indicates that increasing access granted to children in care be undertaken with a clear understanding of which factors promote or interfere with positive access. Morrison et al. (2011) explored the perspectives of children, foster parents and child protection workers concerning supervised access visits for children in care in Ontario, Canada. Although this study focuses on children in long term care, versus interim care, it was located in our search results and found to pertain relevant information to parental interim care access visits. Semi-structured interviews were conducted with 24 children, and focus groups were conducted with 24 foster parents and 26 child protection workers. Interviews and focus groups were transcribed, coded, and thematically analyzed using the constant comparative method associated with grounded theory. Workers in the study agreed that when biological family members undermine foster parents, the child becomes stressed and conflicted, and this leads placements to break down more easily (Morrison et al., 2011). Many foster parents and child welfare workers noted that when children were taken to their access visits by volunteer drivers, it became an unfamiliar and uncomfortable

experience for the children. The children interviewed for this study unanimously indicated that they enjoyed seeing their biological family, and most reported feeling positive after their visit. Several children reported being upset by occasional visits but noted that they were “in the past” (Morrison et al., 2011). Almost all the children were not aware why the visits were supervised and did not like the supervisors’ taking notes during the visit. Almost all the children interviewed cried or had tears in their eyes when speaking about their mothers and the reasons they were in care. This highlights the fact that the entire situation is an emotional experience for these children and a trauma-informed approach is needed for these visits (Morrison et al., 2011). Other studies such as Haight et al., 2002, have reported high rates of distress in children associated with supervised access visits, attributing this to “traumatization,” anticipation of family members failure to attend, or loyalty conflicts (Morrison et al., 2011). Children in care appeared to require substantial support from workers and foster parents involved in access visits in order for the visits to be beneficial (Morrison et al., 2011).

Child welfare workers are an important aspect of supervised visitation, acting as a support system and administrator during the visits, and can have an impact on the overall outcome of the parent-child visit as seen in the Morrison et al. (2011) study. Joly et al. (2021), a Canadian study conducted in Quebec, present the results of their research exploring the effects of “For Caring Supervised Visitation in Child Welfare” training from the perspective of the workers. This training was designed to help equip workers for supervision visits between parents and their children in care. The authors noted that there is a need to better equip, train, and support workers in terms of decision-making and planning during these supervised visits. The training course was intended to respond to this need. The research was based on Kirkpatrick’s (1994) theoretical model that argues the effects of training can be broken down into four levels: reaction to the training, learning, behavioural changes, and results.

Semi-structured phone interviews were conducted with 20 workers from an urban youth protection organization who had completed the training. Almost all the participants expressed satisfaction with the training program, finding it “useful and relevant” (Joly et al., 2021).

Several participants mentioned that the training gave them a clearer framework to refer to when they have to take a position on the need for supervision. Approximately one third of the participants mentioned having changed their way of agreeing on contact arrangements (Joly et al., 2021). For many, the visitation plan helped to involve the parent in the process. About half of the participants mentioned that they made better use of the time immediately before and after the visit to help achieve the objectives set out in the visitation plan and some noted that the training better helped them to define the role they have to play during the visit (Joly et al., 2021). It was also reported that workers were more aware of the importance of vigilantly observing the reactions of children or parents, including those related to the stress they may be experiencing. Some of the participants noted that training promotes greater consistency of practice and attributed this to the adoption of a more uniform vocabulary among workers. This uniformity was seen as promoting teamwork and helping with the transitions when changing workers (Joly et al., 2021). While this study can lend insights into how social workers can better prepare for access visits, being satisfied with the training is not an indicator that it will lead to better outcomes for children and the authors did not study how children will ultimately be affected.

Another Canadian study (Saint-Jacques et al., 2020) in Montreal sought to examine supervised access services (SAS) and the adjustment of children using SAS while in care. The main objective of a supervised access service is to ensure that children are protected and that the contact with their birth parents occurs in a neutral and safe environment (Saint-Jacques et al., 2020). The study sample comprised of parents who began going to an SAS in Canada. These parents were attending because of a Superior Court order, a voluntary agreement between them, or mediation that led to supervised exchanges or visits. Situations involving SAS that came under the *Youth Protection Act* were not included. The total sample was 96 participants from 65 families. Telephone interviews were conducted, and respondents were contacted up to three times, namely: at the time the services began (Time 1), 4 months after the beginning of the services (Time 2), and at the end of the services or 16 months after the first interview (Time 3) (Saint-Jacques et al., 2020). Ultimately, 91 parents participated at T1, 75

at T2, and 47 at T3. Among preschool-aged children, the girls presented a mean level (all times taken together) considerably higher than the anxious-depressed problems of the boys. The opposite was observed for school-age children, the parents reported more anxious-depressed symptoms among the boys than among the girls (Saint-Jacques et al., 2020). School-age children presented a considerably higher level of withdrawn and aggressive behaviour symptoms compared with pre-school aged children. The children's adjustment was stable all throughout the service trajectory. The authors concluded that the primary function of the SAS should not be to provide the family or child with an intervention that will resolve the personal and relationship difficulties happening within the family. Rather, the initial goal of the services should be to "ensure the child's and parents' safety, to provide a neutral and harmonious environment for exchanges and contact, and to facilitate parent-child contact" (Saint-Jacques et al., 2020).

Suomi et al. (2020) conducted a systematic review to identify promising practices in the management of parental contact, and then developed and trialled a contact intervention for children in "long-term care" in Australia who were having supervised contact with their parents. These authors aimed to contribute to the research by conducting one of the first randomized controlled trials of contact intervention. A cluster randomized controlled design was used with agencies providing foster and kinship care, and managing contact, forming the clusters (Suomi et al., 2020). Fifteen out-of-home-care services were involved in this study. The sample consisted of 183 children who were between 0-14 years of age, in long-term care at one of the participating agencies, and were having regular contact with at least one parent. Potential adult participants (parents, carers, and caseworkers) were approached by the agency staff representative providing an overview of the study. Data collection involved baseline and follow up face-to-face interviews nine months after the beginning of the trial with carers, parents and caseworkers. Interviews included standardized assessment tools measuring child and adult wellbeing relationships, carer and caseworker ability to support contact and contact visit cancellations by parent (Suomi et al., 2020). The control group ( $n = 83$  children) sites continued to provide supervised contact services to children and their



parents as outlined by their own case management plan. They did not receive systematic supports in planning for contact visits of practical/emotional support in the lead up and after the contact visits. Compared with the control groups, the intention-to-treat (ITT) analyses showed that fewer visits were cancelled by parents in the intervention group at follow-up. In addition, there was high caseworker receptivity to contact, and higher parent satisfaction with contact in the intervention group at follow-up. Although the intervention did not influence child well-being, the authors reported significant positive findings and demonstrated the benefits of the intervention in providing support to parents to attend contact visits (Suomi et al., 2020).

Nesmith (2015) employed a mixed-methods study design in the southeast United States using quantitative information extracted from administrative case record data, and qualitative data from focus groups to explore three factors on parent visits among 75 foster children: specific caseworker efforts to engage parents around visiting, whether the visit supervisor is the caseworker or foster parent, and the role that kin versus non-relative foster relationships play in visit regularity. The case records included children from birth to ten years old, and the focus groups were recruited from child caseworkers, non-relative foster parents and relative caregivers (Nesmith, 2015). The authors note that how each party assesses access visits is tied to their understanding and position on the purpose and goals of visits. The focus group participants were asked to share their views on their role in permanency outcomes (Nesmith, 2015). All fifteen participants from the focus groups indicated that the purpose of the visit was to maintain a bond between parent and child.

A number of barriers to engaging parents in visits with their children were identified. The relative caregivers, such as grandparents, aunts and uncles, and foster parents reported that visiting location had a significant impact on the parent's decision to visit. It was also noted that an agency office was an unnatural and uncomfortable setting (Nesmith, 2015). Relative caregivers noted that having the role of being related to the parent and having to supervise the parent could lead to tension that prevented some parents from visiting. They noted that some parents didn't wish to attend due to feelings of shame or embarrassment

(Nesmith, 2015). The child caseworkers felt that limited resources and logistics stood in the way of parental access, such as a lack of evening or weekend transportation, limited visitation space or a shortage of workers to facilitate the visits (Nesmith, 2015). Nesmith notes that it is important for the birth parent to feel involved in their child's life in more ways than visits (which can include educational or medical appointments or attending their child's activities). When parents were encouraged to participate in other forms of contact, they were more likely to have more regular visits with their children (Nesmith, 2015).

## 5. History of Substance Abuse

Taplin and Mattick (2014) conducted a cross-sectional analysis of 171 mothers in Sydney, Australia who were recruited and interviewed through the Opioid Treatment Program using face-to-face interviews. This study is one of the largest studies to examine the issue of contact amongst mothers with a substance-using history. Although 171 mothers participated in the larger study, based on this study's eligibility criteria, 56 mothers were part of the access study (Taplin and Mattick, 2014). The fifty-six mothers interviewed had a total of 99 children living in out-of-home care. To be included in the study, women had to have at least one birth child under sixteen and were receiving pharmacological treatment for opioid dependence at one of the nine clinics participating in the study (Taplin & Mattick, 2014). Most of the mothers in the sample were dependent on government benefits for their income (91%), had low education levels (91% had not completed school), and experienced accompanying financial challenges. The participants also had high rates of criminal involvement and 25% had current domestic violence concerns (Taplin & Mattock, 2014). Findings highlighted mothers on "psychiatric medication" were significantly more likely to have supervised contact. Significant distress was reported by the mothers in relation to the removal of their children and supervised contact arrangements. The authors note that this finding is common to previous research they reviewed surrounding birth parents, pointing to the complexity of the decision-making process around parental contact, particularly involving women with substance-use issues who may display comorbid challenges (Taplin & Mattick, 2014).



## Conclusion

This literature scan reveals that parental access is complex, and there is no “one-size-fits-all model” for all families, but the nature of the contact should be based on the individual needs of the child. It is consistent in the literature that the most important factors in considering access are the child’s needs and their safety. It should be noted that there is a lack of research surrounding the parental access of children in First Nations, Inuit and Métis families or racialized families. There is also a lack of research surrounding parental access and families with substance abuse issues, intimate partner violence, and diagnosed mental health disorders. Many authors stated that evidence that children with more frequent and consistent contact with their birth parents have stronger attachments than children who have less contact and may be linked to fewer behavioural problems. Multiple studies found that more frequent contact with the biological mother specifically was associated with lower levels of depression in children in care, and lower externalizing behaviours. It was also found in multiple studies that more frequent contact with both mothers and fathers was associated with fewer reported mental health symptoms. However, the observational design of most studies means that it is likely that families who can maintain contact while the child is in interim care have different considerations than families who struggle with access.

Some authors noted that there were occasionally times when the social worker present was not providing adequate assistance during tense moments or was creating an uncomfortable environment during the contact visit. Multiple authors discuss a need for intervention plans to equip social workers with proper training, as well as to equip birth parents with strategies to help them engage with their child. It was noted by multiple authors that education should be provided to all those involved within the system to illustrate the differences between attachment responses, separation anxiety, and mental health concerns. Children will sometimes display a reaction after a visitation that is interpreted as a negative health concern related to parental contact, when it might be separation anxiety due to the lack of contact. Significant distress was reported by mothers in relation to

the removal of their children, and in particular, infants. With regard to infants, it was found that they need substantial and consistent physical contact to form attachments to their biological parents, with one study also noting that maintaining a schedule is important. It is only once children are into early childhood that they can sustain attachments with caregivers that they are not in regular contact with. Furthermore, when parents are involved in supervised access services due to the risk of harm to the children, child protection services should work with community supports to remedy the risk factors that led them to supervision services in the first place, including providing services to biological parents presenting with high-risk factors. There is also a need identified in the literature for clear, detailed, and progressive orders that allow families more structure, and are easier to follow.

## Section 3: Case Law and Social Science Synthesis

Access in interim society care engages child-centered perspectives on “protection” and “well-being” and assists families in caring for their children through the least disruptive action that is consistent with the best interests of the children. The importance of maintaining consistent predictable and quality relationships is well documented in child development literature. When this is interrupted, the social science literature is challenging to interpret. Little is known about the impact on child outcomes of continued contact between children in care and their biological parents and the role of access in either ameliorating or negatively impacting children in interim society care. Both case law and social science literature on access are grounded in the assumption that contact with biological parents is beneficial for children in interim society care. The general absence of a developmentally informed approach in child welfare is most discernible in access proceedings. Courts have imported the maximum contact principle in the child protection context and have indiscriminately resorted to supervised access as an alternative to complete termination of the parent-child relationship. This judicial approach is supported by social science evidence indicating that children with more consistent and frequent contact with their parents have stronger attachments and, consequently, fewer internalizing and externalizing challenges. In the case of younger children, however, research suggests that frequent visitation without skilled parenting support is unlikely to result in relationship building. While a few hours of visiting time a week has been found to be insufficient in forming and sustaining attachments of infants and young children to their biological parents, social science literature also suggests that the child’s secure attachment in their primary caregiving relationship – which is likely to be with their foster carer – should be prioritized to avoid disruption and promote development.

Courts have used supervised access to offset concerns about capacity to parent, but they have only marginally, if at all, considered the impact of observation and supervision on the formation of secure attachment in infants, during access visits. The assumption that supervised

visitation is successful in protecting children from harm and in improving parent-child relationships is unsupported by empirical evidence. Literature points to the absence of standardization in the service delivery of supervised visitation and a misalignment between the services offered and the needs in the community. There is little research on parental access of First Nations, Inuit and Métis children and families, as well as racialized families.

Courts have relied on a list of factors when terminating access, including a history of violence, unpredictable or uncontrollable parental behaviour, substance abuse witnessed by the child presenting a risk to the child’s safety, and the absence of a parent-child attachment. Case law reveals that these factors are determinative when the child exhibits ambivalence towards their access parent, the access parent assumes a confrontational attitude towards the custodial parent, the access parent experiences severe mental health concerns, and when it is unclear to the court whether the parent-child relationship confers any benefit to the child. There is a dearth of social science evidence on the impact of these factors on children in interim society care. Some literature suggests that a child’s negative reactions to visits with biological parents may be due in large part to the development of a secure attachment to the foster family. In the context of supervised access, another important factor is whether the circumstances making supervision appropriate are likely to improve in the future. In that case, social science literature supports the view that societies play an important role in moving families towards improvement and should be flexible to changing their position on access when there is evidence of positive change. This is consistent with findings that children who have more contact with their birth parents are more likely to return home.

Case law supports the view that access should be constantly re-evaluated and, where safe, gradually increased to provide the court with a basis to assess capacity to parent on a full-time basis. Some judges have emphasized the remedial nature of the *CYFSA*, holding that

changing access does not require a material change in circumstances or compelling evidence proving that a change in access is crucial to the child. Other judges have ignored parental concerns about being able to continue access when the site was changed to a different jurisdiction. This incongruity is consistent with social science literature linking experience, expectancy-related case factors, emotion, cognitive style, and demographics with risk assessment in judicial decision making. There is also a large body of case law indicating that scheduling access visits may be left to the discretion of the society. Social science literature suggests that caseworkers and foster parents often worry that visitations with birth parents may cause emotional harm leading to behavioural symptoms in children. Evidence supports the view that it might be useful to train caseworkers to distinguish between separation anxiety and mental health concerns for children of various backgrounds.

# Appendix A

## Relevant Provisions from the *Child, Youth, and Family Services Act (CYFSA)*

### Best interests of the child

**S 74(3)** Where a person is directed in this Part to make an order or determination in the best interests of the child, the person shall,

- (a) consider the child's views and wishes, given due weight in accordance with the child's age and maturity, unless they cannot be ascertained;
- (b) in the case of a First Nations, Inuk or Métis child, consider the importance, in recognition of the uniqueness of First Nations, Inuit and Métis cultures, heritages and traditions, of preserving the child's cultural identity and connection to community, in addition to the considerations under clauses (a) and (c); and
- (c) consider any other circumstances of the case that the person considers relevant, including,
  - (i) the child's physical, mental and emotional needs, and the appropriate care or treatment to meet those needs
  - (ii) the child's physical, mental and emotional level of development
  - (iii) the child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity and gender expression,
  - (iv) the child's cultural and linguistic heritage,
  - (v) the importance for the child's development of a positive relationship with a parent and a secure place as a member of a family,
  - (vi) the child's relationships and emotional ties to a parent, sibling, relative, other member of the child's extended family or member of the child's community

- (vii) the importance of continuity in the child's care and the possible effect on the child of disruption of that continuity
- (viii) the merits of a plan for the child's care proposed by a society, including a proposal that the child be placed for adoption or adopted, compared with the merits of the child remaining with or returning to a parent
- (ix) the effects on the child of delay in the disposition of the case
- (x) the risk that the child may suffer harm through being removed from, kept away from, returned to or allowed to remain in the care of a parent, and
- (xi) the degree of risk, if any, that justified the finding that the child is in need of protection

### Custody during adjournment

**S 94(2)** Where a hearing is adjourned, the court shall make a temporary order for care and custody providing that the child,

- (d) remain or be placed in the care and custody of the society, but not be placed in a place of temporary detention, of open or of secure custody

### Criteria

**94(4)** The court shall not make an order under clause (2) (c) or (d) unless the court is satisfied that there are reasonable grounds to believe that there is a risk that the child is likely to suffer harm and that the child cannot be protected adequately by an order under clause 2 (a) or (b).

### Application of s. 107

**94(7)** Where the court makes an order under clause 2 (d), section 110 (child in interim society care) applies with necessary modifications.

## Access

**94(8)** An order made under clause (2) (c) or (d) may contain provisions regarding any person's right of access to the child on such terms and conditions as the court considers appropriate.

## Power to vary

**S 94 (9)** The court may, at any time, vary or terminate an order made under subsection (2).

## Child's views and wishes

**94(11)** Before making an order under subsection (2), the court shall take into consideration the child's views and wishes, given due weight in accordance with the child's age and maturity, unless they cannot be ascertained.

## Order where child in need of protection

**101(1)** Where the court finds that a child is in need of protection and is satisfied that intervention through a court order is necessary to protect the child in the future, the court shall make one of the following orders or an order under section 102, in the child's best interests:

### Interim society care

2. That the child be placed in interim society care and custody for a specified period not exceeding 12 months.

## Access order

**S 104 (1)** The court may, in the child's best interests,

- (a) when making an order under this Part; or
- (b) upon an application under subsection (2),

make, vary or terminate an order respecting a person's access to the child or the child's access to a person, and may impose such terms and conditions on the order as the court considers appropriate.

## Who may apply

**S 104(2)** Where a child is in a society's care and custody or supervision, the following may apply to the court for an order under subsection (1):

1. The child
2. Any other person, including a sibling of the child and, in the case of a First Nations, Inuk or Métis child, a representative chosen by each of the child's bands and First Nations, Inuit or Métis communities
3. The society

## Child older than 16

**S 104(5)** No order respecting access to a person 16 or older shall be made under subsection (1) without the person's consent.

## Six-month period

**S 104(6)** No application shall be made under subsection (2) by a person other than a society within six months of,

- (a) The making of an order under section 101;
- (b) The disposition of a previous application by the same person under subsection (2);
- (c) The disposition of an application under section 113 or 115; or
- (d) The final disposition or abandonment of an appeal from order referred to in clause (a), (b), or (c)

## Access: Where child removed from person in charge

**S 105 (1)** Where an order is made under paragraph 1 or 2 of subsection 101 (1) removing a child from the person who had charge of the child immediately before intervention under this Part, the court shall make an order for access by the person *unless* the court is satisfied that continued contact with the person would not be in the child's best interests.

## **Court may vary, etc.**

**S 114** Where an application for review of a child's status is made under section 113, the court may, in the child's best interests,

- (a) vary or terminate the original order made under subsection 101 (1), including a term or condition or a provision for access that is part of the order;

[CYFSA, 2017, S.O. 2017, c. 14, Sched. 1].

## **Relevant Provisions of *An Act respecting First Nations, Inuit and Métis children, youth and families***

### ***Best interests of Indigenous child***

**10 (1)** The best interests of the child must be a primary consideration in the making of decisions or the taking of actions in the context of the provision of child and family services in relation to an Indigenous child and, in the case of decisions or actions related to child apprehension, the best interests of the child must be the paramount consideration.

### ***Primary consideration***

**(2)** When the factors referred to in subsection (3) are being considered, primary consideration must be given to the child's physical, emotional and psychological safety, security and well-being, as well as to the importance, for that child, of having an ongoing relationship with his or her family and with the Indigenous group, community or people to which he or she belongs and of preserving the child's connections to his or her culture.

### ***Factors to be considered***

**(3)** To determine the best interests of an Indigenous child, all factors related to the circumstances of the child must be considered, including

- (a) the child's cultural, linguistic, religious and spiritual upbringing and heritage;
- (b) the child's needs, given the child's age and stage of development, such as the child's need for stability;

- (c) the nature and strength of the child's relationship with his or her parent, the care provider and any member of his or her family who plays an important role in his or her life;
- (d) the importance to the child of preserving the child's cultural identity and connections to the language and territory of the Indigenous group, community or people to which the child belongs;
- (e) the child's views and preferences, giving due weight to the child's age and maturity, unless they cannot be ascertained;
- (f) any plans for the child's care, including care in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;
- (g) any family violence and its impact on the child, including whether the child is directly or indirectly exposed to the family violence as well as the physical, emotional and psychological harm or risk of harm to the child; and
- (h) any civil or criminal proceeding, order, condition, or measure that is relevant to the safety, security and well-being of the child.

## **Consistency**

**(4)** Subsections (1) to (3) are to be construed in relation to an Indigenous child, to the extent that it is possible to do so, in a manner that is consistent with a provision of a law of the Indigenous group, community or people to which the child belongs.

## **Priority**

**16 (1)** The placement of an Indigenous child in the context of providing child and family services in relation to the child, to the extent that it is consistent with the best interests of the child, is to occur in the following order of priority:

- (a) with one of the child's parents;
- (b) with another adult member of the child's family;
- (c) with an adult who belongs to the same Indigenous group, community or people as the child;



- (d) with an adult who belongs to an Indigenous group, community or people other than the one to which the child belongs; or
- (e) with any other adult.

### **Placement with or near other children**

(2) When the order of priority set out in subsection (1) is being applied, the possibility of placing the child with or near children who have the same parent as the child, or who are otherwise members of the child's family, must be considered in the determination of whether a placement would be consistent with the best interests of the child.

### **Customs and traditions**

(2.1) The placement of a child under subsection (1) must take into account the customs and traditions of Indigenous peoples such as with regards to customary adoption.

#### Family unity

(3) In the context of providing child and family services in relation to an Indigenous child, there must be a reassessment, conducted on an ongoing basis, of whether it would be appropriate to place the child with

- (a) a person referred to in paragraph (1)(a), if the child does not reside with such a person; or
- (b) a person referred to in paragraph (1)(b), if the child does not reside with such a person and unless the child resides with a person referred to in paragraph (1)(a).

## Appendix B

It should be noted that there are a few longitudinal studies and most of the studies are qualitative in nature. There is also a lack of information regarding the socio-demographics of the sample in many of the studies.

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Saini, M., Newman, J., & Christensen, M. (2017). When supervision becomes the only plan: An analysis of long-term use of supervised access and exchange services after separation and divorce. <i>Family Court Review</i> , 55(4), 604–617. <a href="http://dx.doi.org/10.1111/fcre.12307">http://dx.doi.org/10.1111/fcre.12307</a>	Ontario, Canada	Sequential mixed-method design Collection and analysis of quantitative administrative data (Phase 1) followed by qualitative focus groups with service providers (Phase 2) and finally an integration of the two methods in final stage of analysis	<b>Phase 1</b> Administrative data that was originally collected by supervised access programs (SAPs) from the 38 service providers across Ontario. <b>Phase 2</b> N = 45 3 focus groups with Supervised Access Coordinators Recruitment: via an invitation email to coordinators. Coordinators are managers of front-line service delivery for Supervised Access Centres	Not provided	<b>Phase 1</b> The Ministry of the Attorney General transferred all aggregated, nonidentifiable data to the principal investigator in an Excel database. <b>Phase 2</b> Focus groups were recorded, transcribed and entered into MAXQDA for thematic analysis. Initial coding categories of information were completed by line-by-line reading of all transcripts. The data were then reduced to a small sample of themes.
Saini, M., Van Wert, M., & Gofman, J. (2012). Parent-child supervised visitation within child welfare and custody dispute contexts: An exploratory comparison of two distinct models of practice. <i>Children and Youth Services Review</i> , 34(1).	Ontario, Canada	Presents a legal analysis and literature review on assumptions regarding supervised visitation	n/a		

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Joly, M., Blais, M., Poirier, M., Gervais, M., & Soto Duran, M. (2021). Practitioners' views on the effects of the "for caring supervised visitation in child welfare" training. <i>Child Abuse &amp; Neglect</i> , <a href="http://dx.doi.org/10.1016/j.chiabu.2021.105167">http://dx.doi.org/10.1016/j.chiabu.2021.105167</a>	Quebec, Canada (where training being analyzed was developed)	20 semi-structured telephone interviews, lasting between 35 and 45 minutes	N = 20 workers who completed the training (For Caring Supervised Visitation in Child Welfare)  Recruitment: 10 teams of workers were recruited. Managers were then allowed to send the invitation to whoever in their team had completed the training. Interested workers then contacted the research team voluntarily/freely	80% female Age range: 21-60 80% had attended undergraduate school No race/ethnicity question	Interviews were audio-recorded, transcribed and coded. A coding grid was creating with the first 3 interviews, to identify themes. Sub-themes were then identified and used to modify the coding grid for 2 subsequent interviews. Once the grid was validated by team researchers, the interviews were all coded through NVivo.
Saini, M. A., Black, T., Fallon, B., & Marshall, A. (2013). Child custody disputes within the context of child protection investigations: Secondary analysis of the Canadian incident study of reported child abuse and neglect. <i>Child Welfare</i> , <i>92</i> (1), 115–37. Retrieved from <a href="http://myaccess.library.utoronto.ca/login?url=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Fchild-custody-disputes-within-context-protection%2Fdocview%2F1509394874%2Fse-2%3Faccountid%3D14771">http://myaccess.library.utoronto.ca/login?url=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Fchild-custody-disputes-within-context-protection%2Fdocview%2F1509394874%2Fse-2%3Faccountid%3D14771</a>	Canada	Secondary analysis of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)  Quebec excluded from the national study  CIS studies used a multi-stage sampling design	N = 11,562 child maltreatment investigations  After sample was weighted, the result was an estimated 217,319 child maltreatment investigations (an incidence of 45.68 per 1,000 children) in Canada in 2003 (excluding Quebec).	N/A	The grouping of variables for the present analysis was taken from the CIS-2003 Maltreatment Assessment Form: <ul style="list-style-type: none"> <li>• child custody dispute</li> <li>• source of referral</li> <li>• child maltreatment types</li> <li>• substantiation</li> <li>• case characteristics</li> <li>• caregiver variables</li> <li>• child functioning issues</li> <li>• case outcome variables</li> </ul>

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Saint-Jacques, M., Ivers, H., Drapeau, S., St-Amand, A., & Fortin, M. (2020). Adjustment of children using supervised access services: Longitudinal outcomes, multiple perspectives, and correlates. <i>American Journal of Orthopsychiatry</i> , 90(5), 600–613. <a href="http://dx.doi.org/10.1037/ort0000446">http://dx.doi.org/10.1037/ort0000446</a>	Quebec, Canada	<p>Longitudinal study, telephone interviews</p> <p>Respondents were contacted up to three times, namely: at the time the services began (Time 1), 4 months after the beginning of the services (Time 2), and at the end of the services or 16 months after the first interview (Time 3).</p>	<p>N = 96</p> <p>91 parents participated at T1, 75 at T2, and 47 at T3.</p> <p>47 parents participated in all three measurements.</p> <p><b>Recruitment:</b></p> <p>Conducted by organization coordinators from the centers who used a request procedure provided by the research team.</p> <p>The coordinators passed on the contact information of 129 parents to the researchers. Of these, 30 refused to participate in the study or were never reached by the research team despite several calls. A nonprobability sampling technique was used here, that is a convenience sample.</p>	Not provided	<p><b>Child's adjustment:</b></p> <p>Measured using the French version of the Child Behavior Checklist (CBCL) for children from 1.5 to 5 years old (CBCL/1.5 to 5) and for children from 6 to 18 (CBCL/6 –18)</p> <p><b>Parent's adjustment:</b></p> <p>The short version (14 items) of the psychological stress index was used to identify the presence of symptoms of depression, anxiety, cognitive difficulties, and irritability in the week preceding the interview.</p> <p>Two other questions concerned the parents' anxieties about their child's safety or about their own safety when the child was in contact with the other parent.</p> <p>Relationship quality:</p> <p>French version of the Index of Parental Attitudes</p> <p>Interparental relationship quality:</p> <ol style="list-style-type: none"> <li>1. Parental conflict was measured using the O'Leary Porter Scale</li> <li>2. Co-parenting was evaluated with the Coparenting Relationship Scale</li> <li>3. Child triangulation was measured with the help of one of the subscales from the Coparenting Questionnaire comprising four items</li> <li>4. Characteristics of used services was evaluated using a questionnaire developed for the present study</li> </ol>

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Morrison, J., Mishna, F., Cook, C., & Aitken, G. (2011). Access visits: Perceptions of child protection workers, foster parents and children who are crown wards. <i>Children and Youth Services Review, 33</i> (9), 1476–1482. doi: <a href="http://dx.doi.org/myaccess.library.utoronto.ca/10.1016/j.childyouth.2011.03.011">http://dx.doi.org/myaccess.library.utoronto.ca/10.1016/j.childyouth.2011.03.011</a>	Ontario, Canada	Semi-structured interviews with children and focus groups with foster parents and child protection workers	Children N = 24 Foster parents N = 24 Child protection workers N = 26	Children: 11 girls, 13 boys Foster parents: 23 women, 1 man CP workers: 24 women, 2 men	Analysis: Interviews and focus groups were professionally transcribed, coded, and thematically analyzed using the constant comparative method associated with grounded theory.
Taplin, S., & Mattick, R. P. (2014). Supervised contact visits: Results from a study of women in drug treatment with children in care. <i>Children and Youth Services Review, 39</i> , 65-72. doi: <a href="http://dx.doi.org/myaccess.library.utoronto.ca/10.1016/j.childyouth.2014.01.023">http://dx.doi.org/myaccess.library.utoronto.ca/10.1016/j.childyouth.2014.01.023</a>	Sydney, Australia	Findings are from a larger cross-sectional study of 171 mothers who were recruited and interviewed through the Opioid Treatment Program.	N = 171 (larger sample) N = 56 for this study, after meeting inclusion criteria of having one or more children in out-of-home placement at the time of interview	91% dependent on government benefits for their income 91% not completed school Median age of women at time of the interviews was 37 Median age of when women gave birth to first child was 19	Open-ended question responses were coded by two researchers and entered into SPSS for analysis.

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Salas, M. D., Bernedo, I. M., García-Martín, M.,A., & Fuentes, M. J. (2021). Behavioral observation and analysis of participants in foster care visits. <i>Family Relations</i> , 70(2), 540-556. doi:http://dx.doi.org.myaccess.library.utoronto.ca/10.1111/ fare.12430	Andalusia, Spain	Theoretical approach derived from research on human needs and specifically from childhood needs theory, which in turn is closely linked to attachment theory	N = 20 Analysis of contact visits of 20 children in long-term foster care	1 family of African origin, 19 European 11 boys, 9 girls Mean age of 11.04 at time of study	Data Analysis: Before viewing videos, researchers agreed on broad set of categories that would be considered and used to code observed behaviours.  1. Physical/biological needs: considered nutrition and the physical well-being and care of the child 2. Cognitive/cultural needs: considered sensory and cognitive stimulation, awareness of the child's personal reality, and the acquisition of behavioural norms and values 3. Emotional/affective needs: considered attachment (emotional security, warmth and love) and social relationships (peer and family relationships) 4. Social participation needs: related to consideration of the child as an active participant in his or her social context (family and school)  Data collection sheet was used to gather descriptive data about the sample
Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsky, G. M., St. Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: a randomized control trial. <i>Development and Psychopathology</i> , 23(1), 195-210. doi: 10.1017/S0954579410000738.	Montreal, Canada	This article presents attachment theory-based intervention strategies as a means of addressing the core parent-child interaction deficits that characterize homes in which children are exposed to maltreatment  Parents and children were recruited through child welfare community services in Quebec	N = 76 French-speaking parent child pairs	Children aged 1-5 years old	



Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
McWey, L. M., Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. <i>Children and Youth Services Review</i> , 32(10), 1338–1345. doi: 10.1016/j.childyouth.2010.05.003	United States	<p>This study involved secondary data analyses of the restricted release version of the National Survey of Child and Adolescent Well-Being.</p> <p>Data was collected from children, their caretakers and local and state service agencies through interviews and surveys (except when sensitive data such as exposure to violence were gathered)- in that case researchers used a computer assisted mechanism that played audio files, participants entered data into a computer.</p> <p>*Only contact with biological mothers was examined, limited data on fathers.</p>	N = 362 children	All children ages 7–16 in the Child and Protective Services (CPS) subsample who had been in out-of-home placements for a minimum of 6 months, and who had complete data for the variables of interest in this study, were included in the analysis.	<p>Child Behaviour Checklist completed by caregivers of children 4 and older in out-of-home care.</p> <p>The Violence Exposure Scale (VES, Fox &amp; Leavitt, 1995) is an assessment of the violence observed and experienced in the home.</p> <p>The 23 item measure was administered to children over the age of 5.</p>
McWey, L. M., & Cui, M. (2017). Parent-child contact for youth in foster care: research to inform practice. <i>Family Relations</i> , 66(4), 684–695. doi: 10.1111/fare.12276	United States	<p>Involved analyses of the National Survey of Child and Adolescent Well-Being II, a nationally representative study of youth involved with the child welfare system.</p> <p>The target population was U.S. children involved in maltreatment investigations between 2008-2009.</p> <p>Youth reported their amount of contact with parents, and levels of emotional security and involvement with current caregivers.</p> <p>Caregivers completed the Child Behavior Checklist. Multinomial logistic regression and analyses of covariance were conducted to determine linkages associated with parental contact, relationships with caregivers, and youth mental health.</p>	N = 452	Study included nationally representative study of youth aged 6–17 in the child welfare system.	

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
McWey, L. M., & Cui, M. (2021). More contact with biological parents predicts shorter length of time in out of home care and mental health of youth in the child welfare system. <i>Children and Youth Services Review</i> , 128, 106164.	United States	Data from National Survey on Child and Adolescent Well-Being II (NSCAW) Determining if frequency of contact with biological parents predicted length of time in out-of-home care or was associated with mental health outcomes.	N = 247 youth aged 6-17 in NSCAW dataset who were in out-of-home care and for whom there was complete data on contact with parent(s).	<b>Race</b> White: 38% (n = 95) Black: 40% (n = 100) Asian, Alaskan Native, American Indian, multiracial, or other: 17% (n = 42) <b>Gender</b> Female: 46% (n = 114) Male: 54% (n = 133) Mean age: 9.78 at wave I (of 3)	NSCAW dataset
Miron, D., Bisailon, C., Jordan, B., Bryce, G., St. Andre, M., & Minnis, H. (2013). Whose rights count? Negotiating practice, policy, and legal dilemmas regarding infant-parent contact when infants are in out-of-home. <i>Infant Mental Health Journal</i> , 34(2), 177-188. doi: 10.1002/imhj.21381	International	Literature review This article draws on the significant and substantive evidence base about infant emotional and cognitive development and infant-parent attachment relationships as well as infant mental health to illuminate the infant's subjective experience in these practice dilemmas.	n/a		

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Nesmith, A. (2015). Factors influencing the regularity of parental visits with children in foster care. <i>Child and Adolescent Social Work Journal</i> , 32(3), 219–228. doi: 10.1007/s10560-014-0360-6	Minnesota, United States	<p>Mixed-methods design using quantitative info taken from case data, and qualitative focus group data.</p> <p>Conducted in a private, non-profit child welfare agency in the southeastern US.</p> <p>The case record data provided information about agency efforts to support visits, known barriers to visiting, placement characteristics, and visiting outcomes.</p> <p>Focus groups provided in-depth and personalized information as well as examples that offered contextual information to help understand findings from the case records.</p> <p>Key informant interviews were conducted with a program director and a foster parent training facilitator to understand how their visitation training fit with the study results.</p>	<p>N = 75 case records of foster children</p> <p>N = 15 child caseworkers, non-relative foster parents and relative caregivers that attended focus groups</p>	Children aged birth to 10 years old	
Rocha, N., Dos Santos, S., Dos Santos, M. M., & Dusing, S. C. (2019). Impact of mother-infant interaction on development during the first year of life: A systematic review. <i>Journal of Child Health Care</i> . doi: 10.1177/1367493519864742	International	<p>Literature review</p> <p>The objectives of this project were to systematically review the impact of mother-infant interaction on the development of infants 12 months or younger and determine factors that mediate this relationship and early development.</p>	n/a		

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Dijkstra, S., Asscher, J. J., Deković Maja, Stams Geert Jan, J. M., & Creemers, H. E. (2019). A randomized controlled trial on the effectiveness of family group conferencing in child welfare: Effectiveness, moderators, and level of FGC completion. <i>Child Maltreatment, 24</i> (2), 137-151.	Netherlands	This study aimed to improve the knowledge on the effectiveness of FGC in child welfare  All families that were referred to a child welfare agency in Amsterdam, the Netherlands, in the period of January 2014 until December 2014 were approached to participate in this study	N = 328 families included	Target group of this child welfare agency consists of families with multicomplex problems across various domains, such as child maltreatment, mental health problems, alcohol abuse and other drug problems, high-conflict divorce, and child behaviour problems	
Kenrick J. (2009). Concurrent planning: a retrospective study of the continuities and discontinuities of care and their impact on the development of infant and young children placed for adoption by the Coram Concurrent Planning project. <i>Adoption &amp; Fostering, 33</i> (4), 5-18.	United Kingdom	This study looks at the impact on children of the intensive contact with birth parents that is an integral part of concurrent planning (CP) placements.  The core aim of this study was to provide the carers with an opportunity, albeit retrospectively, to reflect on the impact that contact with their biological parents had on the children.  Open-ended interview questionnaire was used (mainly as a prompt).  Retrospective study - the CP carers were asked to think back to the process of contact as it had happened.	N = 26 "carers" N = 27 children		
Schofield, G., & Simmonds, J. (2011). Contact for infants subject to care proceedings. <i>Adoption &amp; Fostering, 35</i> (4), 70-74.	United Kingdom	An article looking at the results of Humphreys & Kiraly (2011), and Kenrick (2009); to identify questions that need to be asked when planning infant contact.			

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Sen, R., & Broadhurst, K. (2010). Contact between children in out-of-home placements and their family and friends networks: a research review. <i>Child &amp; Family Social Work</i> , 16, 298–309.	United Kingdom	Narrative review summarizing the current evidence base regarding contact between children in out-of-home foster, kinship, and residential placements and their parents and wider networks  Authors aimed to provide a broad coverage of the topic in their review, rather than focusing on a particular issue.			
Zeanah, C. H., Shauffer, C., & Dozier, M. (2011). Foster care for young children: why it must be developmentally informed. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 50(12), 1199–201.	United States	An article focusing on “the central problem of foster care,” that it is not developmentally informed	n/a		
Sumners, A., Gatowski, S., & Dobbin, S. (2012). Terminating parental rights: The relation of judicial experience and expectancy-related factors to risk perceptions in child protection cases. <i>Psychology, Crime &amp; Law</i> , 18(1), 95–112.	United States	Gave judges child protection case scenario at termination of parental rights phase of trial. Case involved parental substance misuse problems  Varied case factors – (1) presence of siblings, (2) parental involvement in support group, and (3) statistical info RE: child's adoptability.  Judges then: <ul style="list-style-type: none"> <li>• indicated their decision whether or not to terminate</li> <li>• described their perception of risk (0–7) if child was at home or in foster care</li> <li>• indicated their levels of negative emotion</li> <li>• completed a measure of cognitive style</li> <li>• completed an expectation violation check</li> <li>• provided demographic info</li> </ul>	Entire judicial membership of the National Council of Juvenile and Family Court Judges in the USA was recruited (N = 1585)  Approximately 10% (n = 135) of membership participated	Judges <ul style="list-style-type: none"> <li>• 65% male</li> <li>• 95% Caucasian</li> <li>• 90% parents themselves</li> <li>• average age: 54</li> </ul>	Case scenario given to judges

Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Svein Arild, V., & Sturla, F. (2013). Representation of children's views in court hearings about custody and parental visitations – A comparison between what children wanted and what the courts ruled. <i>Children and Youth Services Review</i> , 35(12), 2101-2109.	Norway	Retrospective cohort study – analyzed child welfare board rulings to determine whether decisions were made in line with children's desires.	n = 151 cases	Mean child age: 10.0 years Gender: 41.4% male Ethnicity: Ethnic Norwegian – 80.3% (n = 122) Asian – 6.6% (n = 10) African – 6.6% (n = 10) European/North American – 4.6% (n = 7)	Registration form (developed for the study), completed by judges and had info on (1) child and their wishes, (2) claims of CPS and parents, and (3) case procedures and rulings.  Then created study variables – whether placement in care was in line with child's wishes; whether placement with family was in line with child's wishes; who won the case (i.e., CPS or parents).
Suomi, A. Lucas, N., MacArthur M., Humphreys, C., Dobbins, T., & Taplin, S. (2020). Cluster randomized controlled trial (RCT) to support parental contact for children in out-of-home care. <i>Child Abuse and Neglect</i> , 109, 14.	Australia	Cluster randomized control trial  The clusters were kinship and foster out-of-home-care (OOHC) services managing contact that were randomly allocated to intervention and control conditions.  Fifteen out of home services were enrolled across three Australian jurisdictions, with each forming a cluster as the unit of randomization with a 1:1 allocation ratio to control and intervention conditions.  Services allocated to the intervention group implemented the Contact intervention over a nine-month period while the control group agencies continued managing parental contact as usual.  Interviews were conducted with carers, parents and caseworkers of the study children at baseline and nine-months post-randomization. Interviews included standardized assessment tools measuring child and adult wellbeing and relationships.	N = 168 children N = 90 parents N = 127 carers N = 182 key caseworkers	Children 0–14 years old in long-term care at a participating agency	To test for the success of the randomization procedure, comparisons between the intervention and control groups were calculated for demographic characteristics and main outcome measures. Analysis for the continuous primary outcome, SDQ, was performed using a linear mixed model (LMM) to allow for the clustered design of the trial, with group (intervention/control) as a fixed effect and service (cluster) as a random effect as recommended for cluster randomized trials.  Secondary outcomes were analyzed in a similar way. For each LMM, it was reported the betas for the tested outcome, along with the key statistics, in the body of the results section. The intention-to-treat principle (ITT) was followed for the main analyses, with all randomized participants included in the analysis. In line with the intention-to-treat (ITT) principle, all participants with outcome data were included in the final analysis regardless of completeness of the intervention.



Reference	Location of Study	Research Design	Sample	Socio-Demographics of Sample	Instrument?
Humphreys C and Kiraly M (2011). High-frequency family contact: a road to nowhere for infants, <i>Child &amp; Family Social Work</i> , 16(1), 1-11.	Australia	Multi-method approach Literature review, case file audit and focus groups, interviews and brief case studies provided understanding of the patterns found and the impact of arrangements on infants, parents and caregivers. Thirty brief case studies were collected opportunistically in response to requests from foster carers and case managers to discuss cases of concern, using a semi-structured approach.	N = 118 participants (foster carers, foster care staff, child protection workers, legal representatives for parents, legal representatives for children, staff of the Children's Court Clinic)		A process of "coding negotiation" (Garrison et al., 2006), was used. Consensus was reached between the researchers about the dominant and secondary themes emerging from the data.

## Citations

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