

# Indicators of contact visit quality in non-kinship foster care: An observational checklist

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## Abstract

This study explores whether the frequency and diversity of behaviours observed during contact visits may be used as indicators of visit quality. We observed 20 contact visits and quantified the frequency and diversity of behaviours for both parent and child, classified as positive or negative with respect to the child's well-being. Quality of visits was classified based on a list of parent and child behaviours and two indicators (diversity and frequency), to create two observational checklists and calculate an overall quality index. This observational tool will enable identification of areas where birth parents or their child require additional support.

## KEYWORDS

contact visits, foster care, observational checklist, visit quality

## INTRODUCTION

Many children in foster care have contact visits with their birth parents, and professionals (i.e. psychologists or social workers) need to consider the contribution that these visits make to the foster placement. Systematic observation of child and parent behaviour during visits could provide useful information about visit quality, but few instruments have been designed for this

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purpose. Our aim here was to develop an observational tool that would provide professionals with objective indicators of contact visit quality.

There is now a considerable body of research documenting both the benefits and disadvantages of contact visits for children in foster care (Boyle, 2017; Delgado et al., 2017; Prasad, 2011; Sen & Broadhurst, 2011; Zhan et al., 2019). One potential disadvantage stems from the limited parenting skills that is characteristic of at-risk families or families whose children have already been taken into care (Fernandez, 2007; Máiquez et al., 2000; Menéndez et al., 2013; Rodrigo et al., 2008), as this may undermine the quality of interaction between child and parent during the visit (e.g. Adams, 2012; Boyle, 2017; Haight et al., 2002). Negative parenting practices (e.g. use of aversive strategies to control a child's behaviour) have been shown to promote problematic behaviour among children in foster care (Akin et al., 2017), whereas positive parenting practices can enhance contact visits (Nesmith et al., 2017) and the child's well-being (Akin, Lang, Yan, & McDonald, 2018; Inchaurredo et al., 2018; Patterson et al., 2018). Accordingly, Akin et al. (2017) have emphasized the need for interventions that support and help parents with aspects such as problem solving (e.g. clarifying issues or discussing ways of addressing them), positive involvement (e.g. positively engaging in verbal/non-verbal interactions), monitoring and communication (e.g. showing interest in the child's well-being or actively listening to the child), and effective discipline (e.g. setting limits when necessary or appropriate, and providing balanced control of the child's behaviour). This view reflects the Council of Europe's Recommendation Rec2006/19 (Council of Europe, 2006) on Policy to Support Positive Parenting, which stressed the importance of member states providing parents with the psycho-educational support they need in order to fulfil their parental role. Similarly, the European Commission Recommendation 2013/112/EU (European Commission, 2013) on investing in children and breaking the cycle of disadvantage highlights the need to strengthen child protection and related social services, and also to help families develop parenting skills in a non-stigmatizing way, while ensuring that children who are taken into care grow up in an environment that meets their needs.

Importantly, however, birth families have received very little attention in the context of parenting skills training programmes (Akin et al., 2017; Bullen et al., 2016; Kaasbøll et al., 2019). Furthermore, few studies have focused on the parenting skills of the biological parents of children in foster care and how these may relate to patterns of behaviour observed during contact visits (Akin et al., 2017). This is an important gap because a better understanding of what actually takes place during contact visits is a necessary first step towards supporting parents in the ways recommended by the Council of Europe and authors such as Akin et al. (2017). Although both qualitative (Haight et al., 2005) and quantitative (McWey et al., 2010) studies have shown that contact with birth parents through visits can have a positive effect on children's well-being, our own research on this issue suggests that this depends, among other factors, on the nature or quality of the parent-child encounter (Salas et al., 2016). Specifically, we found that children rated contact visits more highly when they were able to talk and play with the birth parent, when the parent showed warmth towards them, and when the parent expressed an interest in the child's relationships with friends, the foster family and school. We would argue, therefore, that the way in which birth parent and child interact, the things they talk about, and the parenting styles used by the adults involved all merit analysis as indicators of the quality of visits.

From the perspective of social interaction learning theory (Patterson, 1982), contact visits between children in foster care and their birth families are an ideal setting in which to evaluate parenting skills, insofar as the visit is a context for family interaction and learning (Haight et al., 2005; Nesmith et al., 2017). Visits also provide an opportunity to identify how parents feel about their role and abilities. In this respect, Nesmith et al. (2017) argue that at the start of the

visiting process many parents perceive themselves as vulnerable, due to a loss of control over their child's upbringing and a fear that they will no longer be close to him or her. Some authors (Kiely et al., 2019; Nesmith et al., 2017) also note that parents are often unsure how to behave during visits. Despite these findings, however, few studies have focused on developing specific methods for evaluating objectively the behaviour of child and birth family during contact visits.

In a previous qualitative observational study of parent–child interaction during contact visits, we reported a series of behaviours that were engaged in by parent and child and which could be classified as either positive or negative with respect to their potential impact on the child's well-being. This classification was informed by childhood needs theory (López, 2008), closely linked to attachment theory (Bowlby, 1969). Our aim here is to build on this analysis and to explore whether the quantification of these behaviours in terms of their frequency and diversity would provide a useful measure of the quality of contact visits. A number of previous studies involving the observation of high-risk parent–child interaction have used frequency and or variety of behaviours as criteria for the analysis (e.g. Akin et al., 2017; Bueno & Pérez, 1999; Haight et al., 2005; Lindhiem et al., 2011), although with the exception of Akin et al. (2017), they have involved younger children. In our view, the same criteria (i.e. frequency and diversity) could be used to assess the quality of contact visits involving children of different ages, including adolescents, using the aforementioned series of behaviours as an observation guide. Importantly, our experience suggests that these behaviours are consistent with those which professionals habitually take into account when making an informal assessment of contact visit quality (Fuentes et al., 2019; Salas et al., 2021). However, these informal assessments are inevitably influenced by professionals' subjectivity (i.e. their personal attitudes and values, stereotypical beliefs, experience, theoretical framework, etc.), and as a number of authors have noted (Benbenishty et al., 2015; Syrstad & Slettebø, 2020), this can introduce a degree of bias into their decision making. Hence the need to develop more objective tools for assessing parent–child interaction that are less susceptible to individual bias, which is likely to be a particular problem among novice professionals.

The present analysis therefore has two aims: (1) to develop, using data obtained in our previous observational study, an index for assessing the quality of contact visits based on the frequency and diversity of observed behaviours (for both parent and child), and (2) to offer social workers a practical tool in the form of an observational checklist that, in conjunction with the aforementioned index, would allow for a more objective evaluation of contact visit quality. Such a tool would help professionals to identify families most in need of additional support and to design collaborative, targeted interventions aimed at improving the quality of visits and the parent–child relationship.

## METHOD

The present study involves a secondary quantitative analysis of data we collected in a primary qualitative observational study (Salas et al., 2021). We will begin by summarizing the latter. Participants in the primary study were 20 children in long-term, non-kinship foster care and their birth parents with whom they had contact visits (Table 1). This sample corresponded to all the children who, at the time of the study, had contact visits supervised by the child protection agencies in the geographical region where the research was conducted.

Drawing on López's (2008) childhood needs theory and previous studies by our group (Fuentes et al., 2019; García-Martín et al., 2019; Salas et al., 2016, 2021), we first identified seven broad

TABLE 1 Characteristics of the cases analysed.

	Sample ( <i>n</i> = 20)		$\bar{x}$ ( $\sigma$ )	Range
	<i>n</i>	%		
Sex				
Boys	11	55		
Girls	9	45		
Age			11.04 (3.41)	5–17
Visiting arrangement				
Less than 2 years	10	50		
Between 2–4 years	2	10		
More than 4 years	8	40		
Frequency of visits				
Fortnightly	4	20		
Monthly	14	70		
Bimonthly	2	10		

categories of behaviour by both parent and child that could be analysed during visits. These categories were: greeting; style of interaction; use of parenting strategies (or in the case of the child, response to being told what to do); topics of conversation; presents or food; behaviour during a shared task; and farewell (Salas et al., 2021). We then conducted an in-depth observational analysis of video recordings of contact visits involving the 20 children and a birth parent, recording (for each of the seven categories) behaviours that could potentially have a positive or negative impact on the child's well-being and on the experience of contact for both parties. Videos were first viewed and coded individually by members of the research team, after which several face-to-face meetings were held in which the researchers compared the codes they had each assigned, thus enabling a consensus to be reached. More details regarding how the aforementioned childhood needs theory (López, 2008) was used to inform our identification of positive and negative behaviours in each of the seven categories are given in our recent paper describing the primary qualitative study (Salas et al., 2021). Table 2 below shows the seven broad categories and the corresponding positive and negative behaviours that were considered when focusing our observation on the birth parent. It can be seen in the table that the observation considered a total of 32 positive and 27 negative behaviours. When the focus was on the child's behaviour the category labelled *Use of parenting strategies* in Table 2 was replaced with *Child's response to being told what to do* (with examples of behaviour being *obeys or recognises that he/she was in the wrong* and *answers back or shouts at the parent*). In addition, the wording of behavioural descriptors was changed to reflect the object of the observation (e.g. *pays attention to the child* was changed to *pays attention to the parent*), and some new child-specific behaviours were included (e.g. interaction with siblings or other relatives who attend the visit). As a result of these changes, the child-focused observation considered a total of 31 positive and 27 negative behaviours. Full details regarding the sample and data collection are reported in Salas et al. (2021). All birth families who took part in the study gave written consent for video-recording of the visits, and data confidentiality was ensured by assigning a code to each case. The study was also approved by the Ethics Committee of the institution to which our research group is affiliated (CEUMA: 58-2017-H).

**TABLE 2** Positive and negative behaviours corresponding to each of the seven broad categories that were considered in our previous observational study of contact visits when focusing on the birth parent (Salas et al., 2021).

<b>Broad categories of behaviour that were focused on when observing the birth parent</b>	<b>Positive behaviours</b>	<b>Negative behaviours</b>
Greeting	Shows warmth Gives child a kiss and/or a hug	Shows apathy and coldness
Style of interaction	Speaks to the child Responds to the child's questions  Pays attention to the child Respects turn-taking  Plays or shares activity with the child  Smiles or expresses happiness  Physical contact (kisses, hugs, cuddles, etc.)  Tries to interact with the child	Does not talk to the child Ignores the child Interrupts the child Insults the child Coldness, apathy, expression of boredom or lack of interest Talks to social workers or other families present, or keeps an eye on what they are doing Focuses on snacks, sweets or presents (or other superficial aspects) Lack of interaction skills Leaves the room for a short while
Use of parenting strategies	Corrects the child in an appropriate way Explains things and gives reasons Reinforces appropriate behaviours  Gives orders or asks child for help in an adequate way	Ignores the child or does nothing Is rude to or shouts at the child Insults, threatens, or makes fun of the child Reinforces inappropriate behaviour
Topics of conversation	The foster parents Siblings or other relatives Friends or current partner Memories School or education Leisure (sport, cinema, going out, trips, parties, etc.) Other (e.g., toys, music, pets, household chores, photos, presents, etc.)	Raises false hopes about a return home or a change in the family situation  Negative remarks about the foster parents or social workers Shares inappropriate information (e.g. drug use within the family)
Presents	Brings suitable presents (appropriate toys, healthy snacks, etc.)	Brings inappropriate presents (too many sweets, too many or inappropriate toys, too many or unhealthy snacks)

(Continues)

TABLE 2 (Continued)

<b>Broad categories of behaviour that were focused on when observing the birth parent</b>	<b>Positive behaviours</b>	<b>Negative behaviours</b>
Behaviour during a shared task (e.g. doing a jigsaw puzzle)	Tries to focus on the task Guides the task and makes appropriate suggestions Respects turn-taking Encourages the child Helps the child Accepts help from the child Has fun Shows interest in the task	Lack of interest Does not guide the task or make suggestions Does not respect turn-taking Does not encourage the child Does not help the child Does not accept help from the child No expression of enjoyment Lack of skills for dealing with frustration or for encouraging the child
Farewell	Shows warmth Gives child a kiss and a hug	Shows apathy and coldness

In this previous study, we also recorded the number of times that each behaviour was observed and we reported the pooled frequency across all 20 contact visits analysed. We did not, however, consider how many behaviours (positive or negative) of different kinds were present within a single visit. Consequently, our goal here was to conduct a case-by-case analysis that considered both the frequency and diversity of behaviours so as to provide more specific information about the overall quality of individual visits.

For the present analysis, we therefore began by quantifying two measures for each of the 20 contact visits. One was the total number of positive and negative behaviours (considering parent and child separately), as a measure of their respective frequency of occurrence. The second was the number of different kinds of behaviour observed during the visit (again, considering parent and child separately), as a measure of diversity. By subtracting, for parent and child separately, the total number of negative behaviours from the total number of positive behaviours, we thus obtain a frequency indicator for both parent and child (FP and FC, respectively). As for diversity, the interest here is in calculating the proportion of the different kinds of behaviour observed that were positive and negative, respectively. We noted earlier, when describing our previous study, that the observation of birth parents considered up to 32 different positive behaviours and 27 negative ones, while for observation of the child there were 31 positive and 27 negative behaviours. This means, for example, that the proportion of positive behaviours shown by the birth parent would be calculated by dividing the number of different positive behaviours observed by 32, whereas the denominator for calculating the percentage of negative behaviours would be 27 (the result in both cases being multiplied by 100 to convert into a percentage). By subtracting, for parent and child separately, the percentage of negative behaviours from the percentage of positive behaviours, we thus obtain a diversity indicator for both parent and child (DP and DC, respectively). If we combine the indicators obtained for birth parent and child separately, we obtain net-frequency and net-diversity indicators for their interaction during the visit, as shown in the formula below. These net-frequency and net-diversity indicators will therefore have a positive sign if positive behaviours predominate during the visit, and a negative sign if the visit is characterized primarily by negative behaviours.



If, as we mentioned in the Introduction, the frequency and diversity of behaviours may be considered relevant indicators of contact visit quality, then examining them independently can provide useful information about a parent–child encounter. The fact that the two indicators have a different numerical form (i.e. frequency is expressed as a number, while diversity is expressed as a percentage) is another reason for considering them separately, and this is what we do when analysing the 20 contact visits. However, we also propose combining the two indicators to obtain an overall quality index, using the following formula:

$$\text{Quality of the visit} = \frac{[(\text{FP}) + (\text{FC})]}{\text{Net-frequency indicator}} + \frac{[(\text{DP}) + (\text{DC})]}{\text{Net-diversity indicator}}$$

*Note.* FP = total number of positive birth parent behaviours – total number of negative birth parent behaviours; FC = total number of positive child behaviours – total number of negative child behaviours; DP = percentage of positive birth parent behaviours – percentage of negative birth parent behaviours; DC = percentage of positive child behaviours – percentage of negative child behaviours.

## Data analysis

For each of the 20 visits, we obtained the net-frequency and net-diversity indicators. In addition, we created a contingency table, classifying visits into tertiles based on their net-frequency and net-diversity indicators (i.e. FP + FC; DP + DC). These analyses were performed using SPSS 25.0 (IBM Corp., 2017).

## RESULTS

### Frequency and diversity of parent and child behaviours during contact visits as quality indicators

Table 3 shows the net-frequency and net-diversity indicators obtained for each of the 20 cases analysed, as well as the overall quality index calculated using the above formula.

It is important to note that a high value of the net-frequency indicator was no guarantee that a similar level of the net-diversity indicator would be observed. For example, it can be seen in Table 3 that the observed visit for case 3 yielded a high net-frequency indicator (124), but a relatively low net-diversity indicator (54.96). By contrast, all those cases in which the contact visit was characterized by considerable diversity of behaviours (high net-diversity indicator) also yielded high values on the net-frequency indicator. It should also be noted that there was a significant correlation between the frequency of positive behaviours shown by the birth parent and by the child (*Kendall's tau-b* = .525, *p* = .001), and likewise between the frequencies of their respective negative behaviours (*Kendall's tau-b* = .437, *p* = .008). A significant correlation was similarly observed with respect to the diversity of their respective behaviours, both positive (*Kendall's tau-b* = .462, *p* = .040) and negative (*Kendall's tau-b* = .552, *p* = .012).

Regarding the sex of the foster child, the analysis showed that values of the net-frequency indicator, the net-diversity indicator, and the quality index were all higher among girls (*n* = 9)

**TABLE 3** Frequency and diversity of observed behaviours for birth parent and child, and the resulting frequency and diversity indicators and overall quality index by case.

Case	Sex of child	Age of child (years)	Frequency						Diversity (%)						Total		
			Birth parent			Child			Birth parent			Child			Net-frequency indicator	Net-diversity indicator	Quality index
			Positive behaviours	Negative behaviours	Positive behaviours	Negative behaviours	Positive behaviours	Negative behaviours	Positive behaviours	Negative behaviours	Positive behaviours	Negative behaviours					
01	Girl	10	109	12	106	13	13.79	67.74	15.38	190	15.38	190	95.24	285.24			
02	Girl	12	82	27	33	76	27.59	58.06	65.38	12	65.38	12	11.76	23.76			
03	Boy	8	93	7	60	22	20.69	61.29	42.31	124	42.31	124	54.96	178.96			
04	Boy	7.3	70	36	38	31	44.83	58.06	34.62	41	34.62	41	18.61	59.61			
05	Girl	12	47	11	102	8	17.24	45.16	11.54	130	11.54	130	83.05	213.05			
06	Boy	8.5	79	0	85	1	3.45	61.29	3.85	163	3.85	163	120.66	283.66			
07	Girl	12.8	122	30	116	9	31.03	70.97	26.92	199	26.92	199	59.68	258.68			
08	Boy	17.8	73	4	88	4	10.34	51.61	11.54	153	11.54	153	86.40	239.40			
09	Girl	10	129	3	133	5	3.45	70.97	11.54	254	11.54	254	119.31	373.31			
10	Girl	8.7	117	7	103	0	3.45	58.06	0	213	0	213	111.28	324.28			
11	Boy	17.8	107	6	100	6	3.45	58.06	3.85	195	3.85	195	110.76	305.76			
12	Girl	6.8	104	8	102	3	13.79	70.97	11.54	195	11.54	195	112.31	307.31			
13	Boy	11.6	68	58	59	34	41.38	51.61	42.31	35	42.31	35	11.25	46.25			
14	Boy	9.7	111	1	118	2	6.90	83.87	7.69	226	7.69	226	152.61	378.61			
15	Boy	5.8	50	34	39	17	34.48	41.94	30.77	38	30.77	38	13.36	51.36			
16	Girl	13.8	87	8	101	9	10.34	64.52	11.54	171	11.54	171	109.31	280.31			
17	Girl	8.5	98	1	84	12	6.90	64.52	19.23	169	19.23	169	91.72	260.72			
18	Boy	15.1	65	28	65	34	17.24	54.84	42.31	68	42.31	68	55.29	123.29			
19	Boy	10.3	70	3	74	8	10.34	58.06	19.23	133	19.23	133	88.49	221.49			
20	Boy	14.3	54	27	84	0	37.93	38.71	0	111	0	111	60.78	171.78			



compared with boys ( $n = 11$ ): frequency:  $M = 170.33$ ,  $SD = 68.32$  vs.  $M = 117.00$ ,  $SD = 65.46$ ; diversity:  $M = 88.18$ ,  $SD = 34.04$  vs.  $M = 70.29$ ,  $SD = 46.35$ ; quality index:  $M = 258.52$ ,  $SD = 98.90$  vs.  $M = 187.28$ ,  $SD = 110.85$ . However, due to the large dispersion of both sets of data, none of these differences was statistically significant; only in the case of the net-frequency indicator did the statistic approach significance (*Mann–Whitney*  $U = 73.5$ ,  $p = .067$ ). The same comparative analysis for age showed that values of the net-frequency indicator, the net-diversity indicator, and the quality index were all higher among children below 11 ( $n = 11$ ), compared with their older peers ( $n = 9$ ): frequency:  $M = 158.73$ ,  $SD = 70.19$  vs.  $M = 119.33$ ,  $SD = 68.31$ ; diversity:  $M = 88.96$ ,  $SD = 43.46$  vs.  $M = 65.36$ ,  $SD = 36.58$ ; quality index:  $M = 247.69$ ,  $SD = 111.60$  vs.  $M = 184.70$ ,  $SD = 101.29$ . As in the case of sex, however, none of these differences was statistically significant; only in the case of diversity and the quality index did the statistic approach significance (both *Mann–Whitney*  $U = 27.00$ ,  $p = .095$ ).

### Classification of contact visits by case, based on the two quality indicators

Using the results shown in Table 3, we then proceeded to group the 20 cases into percentile ranges. Specifically, and for both the net-frequency and net-diversity indicators, we divided them into three tertiles based on the score obtained. The first tertile corresponded to the 0–33 percentile, the second to the 34–66 percentile and the third to the 67–100 percentile. Given the formula used to calculate the two indicators, a higher percentile indicates a higher quality visit. Table 4 shows the distribution of cases according to the two quality indicators. Six cases fell within the lower tertile for both the net-frequency and the net-diversity of behaviours shown by birth parent and child, thus indicating poor overall quality of contact visits. At the other extreme, five cases were grouped within the upper tertile for both indicators, corresponding to high overall quality. Four cases were ranked in the second tertile for both the net-frequency and the net-diversity indicators, indicating average quality overall. The remaining five cases showed a more irregular

**TABLE 4** Distribution of the cases analysed according to the two quality indicators (frequency and diversity of observed behaviours).

		Net-diversity indicator for observed behaviours of birth parent and child		
		First tertile (percentile 0–33)	Second tertile (percentile 34–66)	Third tertile (percentile 67–100)
Net-frequency indicator for observed behaviours of birth parent and child	First tertile (percentile 0–33)	Case 02		
		Case 04		
		Case 13		
		Case 15		
		Case 18		
		Case 20		
	Second tertile (percentile 34–66)	Case 03	Case 05	Case 06
			Case 08	Case 16
			Case 17	
			Case 19	
	Third tertile (percentile 67–100)	Case 07	Case 01	Case 09
				Case 10
				Case 11
				Case 12
		Case 14		

pattern (e.g. case 7 fell within the lower tertile on net-diversity, but was ranked in the upper tertile in terms of net-frequency).

To summarize, the visits for 15 of the 20 cases analysed were unambiguously classified as being of high quality (5 cases: 9, 10, 11, 12, and 14), average quality (4 cases: 5, 8, 17, and 19) or poor quality (6 cases: 2, 4, 13, 15, 18, and 20). Visits in the remaining five cases revealed a mixed picture, insofar as the observed behaviours were high in net-frequency but low in net-diversity, or vice-versa.

## A proposed observational checklist for assessing the quality of contact visits based on the frequency and diversity indicators

The results presented above show how the application of the two indicators (net-frequency and net-diversity) enabled us to classify the majority of contact visits into clusters (i.e. high, average or poor quality). We therefore believe it is possible to go a step further and combine the two indicators with the list of behaviours shown in Table 2, thus creating two observational checklists that social workers could use to assess the overall quality of contact visits. Tables 5 and 6 show our proposed checklists for, respectively, birth parent behaviours and child behaviours.

It can be seen in these tables that we have added two columns in which the observer can record whether or not a given behaviour is observed, and if so, how often. The information in these two columns can then be used to calculate, respectively, the net-diversity and net-frequency of observed behaviours, both positive and negative. As we noted earlier in the Method section, the total number of positive and negative behaviours considered was not the same, and hence the checklist for the birth parent (Table 5) considers a total of 32 positive and 27 negative behaviours, while that for the child (Table 6) considers 31 positive and 27 negative behaviours. By applying the two checklists (for parent and child) and calculating the corresponding net-frequency and net-diversity indicators, an overall quality index for the contact visit can be obtained using the following formula:

$$\text{Quality index for the visit} = \underbrace{[(B - D) + (F - H)]}_{\text{Net-frequency indicator}} + \underbrace{[(A/32^* - C/27^*) + (E/31^* - G/27^*)]}_{\text{Net-diversity indicator}}$$

*Note:* The letters in the formula correspond to those shown at the foot of the columns in Tables 5 and 6, hence: A. Number of different positive behaviours by birth parent (diversity); B. Total number of positive behaviours by birth parent (frequency); C. Number of different negative behaviours by birth parent (diversity); D. Total number of negative behaviours by birth parent (frequency); E. Number of different positive behaviours by child (diversity); F. Total number of positive behaviours by child (frequency); G. Number of different negative behaviours by child (diversity); H. Total number of negative behaviours by child (frequency).

(\*) The result of this division has to be multiplied by 100 to obtain a percentage.

By way of an example, we can see how application of the formula to the data for case 1 in Table 3 would yield an overall quality index of 285.24:

$$285.24 = \underbrace{[(109 - 12) + (106 - 13)]}_{190} + \underbrace{[(67.74 - 13.79) + (56.67 - 15.38)]}_{95.24}$$

Notwithstanding the potential value of calculating the overall quality index, we would like to reiterate for professionals the importance of considering the information provided by each indicator separately, as this offers more nuanced detail about a parent-child encounter.

TABLE 5 Checklist for birth parent behaviours.

Categories of behaviour to be observed	Positive behaviours	Observed (yes / No)	No of times observed	Negative behaviours	Observed (yes /No)	No of times observed
Greeting	<ul style="list-style-type: none"> <li>Shows warmth</li> <li>Gives child a kiss and/or a hug</li> </ul>			<ul style="list-style-type: none"> <li>Shows apathy and coldness</li> </ul>		
Style of interaction	<ul style="list-style-type: none"> <li>Speaks to the child</li> <li>Responds to the child's questions</li> <li>Pays attention to the child</li> <li>Respects turn-taking</li> <li>Plays or shares activity with the child</li> <li>Smiles or expresses happiness</li> <li>Physical contact (kisses, hugs, cuddles, etc.)</li> <li>Tries to interact with the child</li> </ul>			<ul style="list-style-type: none"> <li>Does not talk to the child</li> <li>Ignores the child</li> <li>Interrupts the child</li> <li>Insults the child</li> <li>Coldness, apathy, expression of boredom or lack of interest</li> <li>Talks to social workers or other families present, or keeps an eye on what they are doing</li> <li>Focuses on snacks, sweets, or presents (or other superficial aspects)</li> <li>Lack of interaction skills</li> <li>Leaves the room for a short while</li> </ul>		
Use of parenting strategies	<ul style="list-style-type: none"> <li>Corrects the child in an appropriate way</li> <li>Explains things and gives reasons</li> </ul>			<ul style="list-style-type: none"> <li>Ignores the child or does nothing</li> <li>Is rude to or shouts at the child</li> </ul>		

(Continues)

TABLE 5 (Continued)

Categories of behaviour to be observed	Positive behaviours	Observed (yes / No)	No of times observed	Negative behaviours	Observed (yes /No)	No of times observed
	<ul style="list-style-type: none"> <li>Reinforces appropriate behaviours</li> <li>Gives orders or asks child for help in an adequate way</li> </ul>			<ul style="list-style-type: none"> <li>Insults, threatens, or makes fun of the child</li> <li>Reinforces inappropriate behaviour</li> </ul>		
Topics of conversation	<ul style="list-style-type: none"> <li>The foster parents</li> <li>Siblings or other relatives</li> <li>Friends or current partner</li> <li>Memories</li> <li>School or education</li> <li>Leisure (sport, cinema, going out, trips, parties, etc.)</li> <li>Other (e.g. toys, music, pets, household chores, photos, presents, etc.)</li> </ul>			<ul style="list-style-type: none"> <li>Raises false hopes about a return home or a change in the family situation</li> <li>Negative remarks about the foster parents or social workers</li> </ul> <p>Shares inappropriate information (e.g. drug use within the family)</p>		
Presents	<ul style="list-style-type: none"> <li>Brings suitable presents (appropriate toys, healthy snacks, etc.)</li> </ul>			<ul style="list-style-type: none"> <li>Brings inappropriate presents (too many sweets, too many or inappropriate toys, too many or unhealthy snacks)</li> </ul>		
Behaviour during a shared task (e.g. doing a jigsaw puzzle)	<ul style="list-style-type: none"> <li>Tries to focus on the activity</li> </ul>			<ul style="list-style-type: none"> <li>Lack of interest</li> </ul>		

TABLE 5 (Continued)

Categories of behaviour to be observed	Positive behaviours	Observed (yes / No)	No of times observed	Negative behaviours	Observed (yes /No)	No of times observed
	<ul style="list-style-type: none"> <li>Guides the task and makes appropriate suggestions</li> <li>Respects turn-taking</li> <li>Encourages the child</li> <li>Helps the child</li> <li>Accepts help from the child</li> <li>Has fun</li> <li>Shows interest in the task</li> </ul>			<ul style="list-style-type: none"> <li>Does not guide the task or make suggestions</li> <li>Does not respect turn-taking</li> <li>Does not encourage the child</li> <li>Does not help the child</li> <li>Does not accept help from the child</li> <li>No expression of enjoyment</li> <li>Lack of skills for dealing with frustration or for encouraging the child</li> </ul>		
Farewell	<ul style="list-style-type: none"> <li>Shows warmth</li> <li>Gives child a kiss and a hug</li> </ul>			<ul style="list-style-type: none"> <li>Shows apathy and coldness</li> </ul>		
	Total	(A)	(B)	Total	(C)	(D)
		.....	.....		.....	.....

*Note:* A. Number of different positive behaviours by birth parent (diversity). B. Total number of positive behaviours by birth parent (frequency). C. Number of different negative behaviours by birth parent (diversity). D. Total number of negative behaviours by birth parent (frequency).

## DISCUSSION

Although there has been considerable research into the potential benefits and risks associated with contact visits between children in foster care and their birth families (Boyle, 2017; Delgado et al., 2017; Zhan et al., 2019), few studies have examined the quality of visits using objective tools. As already noted, our starting point in addressing this issue was a previous qualitative study in which we analysed the behaviours of birth parents and children during 20 contact visits (Salas et al., 2021). Our aim in this second, quantitative study was to examine whether the net-frequency and the net-diversity of these behaviours might serve as indicators of the quality of visits, and if so, to incorporate these indicators into an observational tool that would allow social workers to conduct a more objective analysis of contact visits.

TABLE 6 Checklist for child behaviours.

Categories of behaviour to be observed	Positive behaviours	Observed (yes/no)	No of times observed	Negative behaviours	Observed (yes/no)	No of times observed
Greeting	<ul style="list-style-type: none"> <li>Shows warmth</li> <li>Gives parent a kiss and a hug</li> </ul>			<ul style="list-style-type: none"> <li>Shows apathy and coldness</li> </ul>		
Style of interaction	<ul style="list-style-type: none"> <li>Speaks to the parent</li> <li>Answers when asked a question</li> <li>Pays attention to the parent</li> <li>Respects turn-taking</li> <li>Plays or shares an activity with the parent</li> <li>Smiles or expresses happiness</li> <li>Physical contact (kisses, hugs, cuddles, etc.)</li> <li>Other (shows gratitude, warmth, etc.)</li> <li>Interacts with sibling and/or the other parent or other relatives</li> <li>Mature way of interacting with siblings</li> </ul>			<ul style="list-style-type: none"> <li>Does not talk to the parent</li> <li>Ignores the parent</li> <li>Interrupts the parent</li> <li>Insults the parent</li> <li>Shouts at the parent</li> <li>Coldness, apathy, or expression of boredom or lack of interest</li> <li>Talks to social workers or other families present, or keeps an eye on what they are doing</li> <li>Focuses on snacks, sweets, or toys (or other superficial aspects)</li> <li>Inappropriate tone and/or rude when talking to parent</li> <li>Insults, is rude to, or tries to hit a sibling or other relatives</li> </ul>		

TABLE 6 (Continued)

Categories of behaviour to be observed	Positive behaviours	Observed (yes/no)	No of times observed	Negative behaviours	Observed (yes/no)	No of times observed
Response to being told what to do	<ul style="list-style-type: none"> <li>Obeys or recognizes that he/she was in the wrong</li> </ul>			<ul style="list-style-type: none"> <li>Answers back or shouts at the parent</li> <li>Insults, threatens, or mocks the parent</li> <li>Ignores or disobeys the parent</li> </ul>		
Topics of conversation	<ul style="list-style-type: none"> <li>The foster parents</li> <li>Siblings or other relatives</li> <li>Friends or the parent's current partner</li> <li>Memories</li> <li>School or education</li> <li>Leisure (sport, cinema, going out, trips, parties, etc.)</li> <li>Other (e.g. toys, music, pets, photos, household chores, presents, etc.)</li> </ul>			<ul style="list-style-type: none"> <li>Negative remarks about the foster parents or social workers</li> </ul>		
Presents	<ul style="list-style-type: none"> <li>Appropriate gift from the child to the birth parent(s) (e.g. photos, souvenir/photo of the child's first communion)</li> </ul>					
Behaviour during a shared task (e.g. doing a jigsaw puzzle)	<ul style="list-style-type: none"> <li>Tries to focus on the task</li> </ul>			<ul style="list-style-type: none"> <li>Lack of interest</li> </ul>		

(Continues)



TABLE 6 (Continued)

Categories of behaviour to be observed	Positive behaviours	Observed (yes/no)	No of times observed	Negative behaviours	Observed (yes/no)	No of times observed
	<ul style="list-style-type: none"> <li>Guides the task and makes appropriate suggestions</li> <li>Respects turn-taking</li> <li>Reinforces the parent</li> <li>Helps the parent</li> <li>Accepts help from the parent</li> <li>Has fun</li> <li>Shows interest in the task</li> </ul>			<ul style="list-style-type: none"> <li>Does not guide the task or make suggestions</li> <li>Does not respect turn-taking</li> <li>Does not reinforce the parent</li> <li>Does not help the parent</li> <li>Does not accept help from the parent</li> <li>No expression of enjoyment</li> <li>Does not interact with the parent</li> <li>Gets frustrated or anxious, or feels incompetent</li> </ul>		
Farewell	<ul style="list-style-type: none"> <li>Shows warmth</li> <li>Gives parent a kiss and a hug</li> </ul>			<ul style="list-style-type: none"> <li>Shows apathy and coldness</li> <li>Shows a lack of interest</li> </ul>		
	Total	(E)	(F)	Total	(G)	(H)
		.....	.....		.....	.....

Note: E. Number of different positive behaviours by child (diversity). F. Total number of positive behaviours by child (frequency). G. Number of different negative behaviours by child (diversity). H. Total number of negative behaviours by child (frequency).

In line with other studies that have considered frequency and diversity of behaviours to be useful elements in the analysis of parent–child encounters (e.g. Akin et al., 2017; Bueno & Pérez, 1999; Haight et al., 2005; Lindhiem et al., 2011), our results support the utility of these two criteria for evaluating the quality of contact visits. By combining the net-frequency and net-diversity indicators into an overall quality index, we were able to classify 75% of the observed contact visits as being (unambiguously) of high, average or poor quality. This is consistent with the significant correlation we found between the behaviours of child and parent (e.g. a high frequency of negative parent behaviours was usually accompanied by a high frequency of nega-

tive behaviours by the child). However, one would expect, when observing single visits, to find that a small number of them present a mixed picture (e.g. high value of the net-frequency indicator and low on net-diversity), and in these cases repeated observation would be necessary to obtain a clearer idea of overall quality.

Having showed that quantifying the frequency and diversity of behaviours can be used to rate the quality of visits, we proceeded to combine the two indicators with the list of behaviours described in our previous qualitative study (see Table 2 for the list of birth parent behaviours), thus enabling us to propose an observational tool that could be used by social workers to identify key parent and child behaviours during contact visits (see Tables 5 and 6, respectively). To date, in the literature on high-risk parent–child interaction, researchers have used observational tools developed within clinical psychology (e.g. Akin et al., 2017) or techniques for observing behaviour (e.g. Bueno & Pérez, 1999; Haight et al., 2005) or for assessing aspects of infant–mother attachment (e.g. Lindhiem et al., 2011), but none of these approaches has been designed specifically for assessing behaviour during contact visits in the context of non-kinship foster care. As various authors (Kiely et al., 2019; Nesmith et al., 2017) have highlighted, one of the tasks for professionals is to advise birth parents about how to relate to their child during contact visits (e.g. how they should behave, what they may or may not tell and share with the child), and this is one area in which our proposed observational checklist could prove useful. More importantly, perhaps, it could be used by professionals to detect visits of poor quality (i.e. those with mixed net-frequency and net-diversity ratings, and those in which negative behaviours predominate), which could then be considered a priority for family intervention. By examining in closer detail the checklists corresponding to these cases, social workers would be able to identify the specific areas in which birth parents and or children have difficulties and which would therefore need to be targeted by the intervention. It is important to stress that this should be done in the context of a collaborative relationship with families, working with them to identify, through dialogue, the best strategies for responding to a child's needs (Serbati, 2020). Indeed, our aim in developing the checklist was not to create a new surveillance tool for monitoring the behaviour of birth parents, who may already feel that they are seen as blameworthy or incompetent by professionals (e.g. García-Martín et al., 2019; Kiely et al., 2019), but rather to facilitate the identification of areas where they most need help and support in relating to their child. Accordingly, it is essential to demonstrate to parents that the primary purpose of the observation is to help rather than judge them. This can be achieved by first observing a visit and completing the checklist, before then examining the findings in conjunction with parents and inviting them to share their perspective and contribute to a plan of action. In this way, they become active participants in—rather than passive recipients of—any intervention that is proposed.

It should be added at this point that in order for interventions in this context to be effective and efficient, they must be based on the principles of positive parenting and evidence-based practice (Jiménez & Hidalgo, 2016; Máiquez et al., 2015; Rodrigo, 2016). This is important because research has shown that evidence-supported parenting interventions (ESPIs) are effective in improving child behaviour problems and also address other risk factors related to poor child welfare outcomes, thus increasing the possibility of family reunification (Akin, Lang, McDonald, et al., 2018; Akin, Lang, Yan, & McDonald, 2018). In the event that an intervention of this kind has already been implemented with birth parents and or their child, the checklist could be used for ongoing monitoring of their progress or for the purposes of pre–post assessment, thereby serving to evaluate the effectiveness of family intervention programmes.

It is important to point out that our proposal of an observational checklist derives from a descriptive and objective approach, and it is not meant as a tool for assessing the significance of

specific behaviours in the context of a particular child's contact visits. Indeed, our assumption is that any judgement regarding the relevance or meaning of certain behaviours is the responsibility of the social worker in each individual case. However, by offering a common framework for analysing and evaluating the quality of contact visits, the checklist enables professionals to be less subjective in their appraisals, helping them to identify more clearly and objectively the areas on which they need to focus in their supervisory role. Its application can therefore improve the decision-making process regarding contact, allowing professionals to tailor the visiting arrangement to the specific needs of a given family and the changing needs and interests of the child (e.g. reducing or increasing the frequency of visits, their duration, the level of supervision required, etc.). In this respect, the tool can help them to be more efficient in terms of the supervision and preparation required by each individual case.

In summary, this study demonstrates that the frequency and diversity of behaviours observed during contact visits may be used as criteria for evaluating visit quality. In order to enable the systematic use of the list of parent and child behaviours and the calculation of the diversity and frequency indicators two checklists are presented. Professionals may use them to detect those cases in which birth parents might benefit from training and support so as to improve the quality of the relationship with their child (e.g. promoting positive parenting strategies, raising parents' awareness of the child's developmental needs). Obviously, and as highlighted in a recent study conducted in Spain and Portugal (Delgado et al., 2019), it is also important to ensure that foster families and professionals receive adequate support and training in relation to visits, given the potential repercussions that contact has for the child's well-being and the stability of the foster placement.

Recruiting participants for research of this kind, and recording all the visits that take place between birth parents and their children, can be difficult. This is reflected in the sample size analysed here, although the fact that we included all the children in long-term, non-kinship foster care who, at the time of the study, had contact visits supervised by the child protection agencies in the geographical region where the research was conducted means that the sample may be considered representative. Nevertheless, we believe that it would be useful in future studies to increase the number of participating foster care agencies, as well as the number of cases analysed. This would enable the development of a reference database with which to compare the results obtained when applying the observational checklist, as well as allowing further investigation regarding the validity of the two indicators and the checklist. More specifically, we believe that a task for future research is to apply the checklist and consider the results obtained alongside other possible indicators of contact visit quality (e.g. case assessment reports by the agencies involved, presence or absence of incidents during visits, indicators of the child's well-being, or the unexpected interruption of the foster placement, among others), the aim being to obtain further evidence for the criterion validity of our proposed tool. It would also be useful in future studies to have two or more observers apply the checklist independently to the same visit, thus enabling data to be gathered about inter-rater reliability. Finally, it is also important to point out that the checklist in its current form is based on the categories and behaviours observed in our original qualitative study. However, professionals who use the tool repeatedly may well, through their observations, identify other behaviours that impact the quality of contact visits and which could usefully be incorporated into the checklist.

## IMPLICATIONS FOR PRACTICE

Although the observational checklist has been developed in the context of non-kinship foster care, we believe it would also be a useful tool in cases of kinship or residential foster care. Explor-

ing its application in these contexts is therefore an avenue for future research. Regardless of the setting, the procedure for applying the observational checklist is as follows. First, fill in the checklist while observing the behaviours in both parent and child during visits, and then calculate the quality index. Based on our experience in the applied observational analysis, we recommend that, in total, 45 min of a visit should be recorded for evaluation, covering the following three stages: 15 min corresponding to greeting and the start of the visit, 15 min of parent–child interaction during the visit (e.g. during a shared activity), and 15 min of interaction and farewell at the end. Applying the formula to calculate the frequency and diversity indicators and obtaining the overall quality index should take no more than 5 min.

Because the net-frequency and net-diversity indicators both provide information that is of potential interest, we recommend that professionals first consider them separately to identify areas in which birth parents and/or the child might benefit from intervention of some sort. However, given that a high value of the net-frequency indicator may not be accompanied by a high level of the net-diversity indicator, it is also useful to combine the two indicators and calculate the overall quality index, as we have done here. In the event that successive observations of the same case are not possible, the indicators obtained from a single visit could be compared with reference data (i.e., quality indices and net-frequency and net-diversity indicators) held by the foster care agency for cases with a similar profile (e.g. age of child, characteristics of birth parents, frequency of visits). In our view, reference data of this kind would provide a reasonable benchmark for professionals to use when considering the quality of a single visit, while also allowing for greater consistency across disciplines (social work, psychology, social pedagogy, etc.) which may have different frames of reference when working with children and families.

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## **CONFLICT OF INTEREST STATEMENT**

None.

## **DATA AVAILABILITY STATEMENT**

Data are not available for publishing because ethical requirements.

## **ETHICS STATEMENT**


The research was approved by the Research Committee of the Faculty of Psychology (University of Malaga, CEUMA: 58-2017-H).

## **PATIENT CONSENT STATEMENT**

The participants expressed their acceptance to participate in this study. Permission to reproduce material from other sources: not applicable because ethical requirements.

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