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Mobile Phones and Contact Arrangements for Children Living in Care

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Abstract

This paper reports the findings from the first UK study to examine the use of mobile phones by looked after children. Contact with family and friends is important, but it has sometimes to be carefully managed to avoid unintended consequences such as placement instability. The study examined the ways in which mobile phone technology impacts on contact, drawing on the experiences of children and young people in foster-care and residential care, and of policy makers, social workers, foster parents and residential care staff. No guidance was available that addressed the issue of mobile phone contact arrangements for looked after children and young people. Three years on from the start of the study, this remains the case in the area where the study was conducted, resulting in variation in the way mobile phone use for contact is managed; the issue appears only to be specifically addressed when identified as a problem. The position of mobile phone facilitated contact as a recognised form of contact requires review. The evidence suggests it should routinely form part of children's care plans, and that residential staff and foster parents need to be adequately prepared and supported for the dynamics of mobile phone facilitated contact.

Keywords: Contact, human rights, looked after children, mobile phones, placement stability, safeguarding

Background

For children in public care, contact with their birth family is generally considered to benefit them in a number of ways. Those removed from their parents experience considerable loss, distress and lack of control over their lives upon entering care (Neil et al., 2003; Mullan et al., 2007). Contact enables young people to maintain emotional ties to those that matter to them, providing them with family support and access to people who are uniquely placed to answer personal questions (Little et al., 2005; Moyers et al., 2006). Young people themselves place particular significance on contact (Mullan et al., 2007). However, for some children, contact can be unreliable, with unintended adverse consequences (Beek and Schofield, 2004; Wilson et al., 2004), and unrestricted or problematic, contact can undermine the stability of placements (Sinclair, 2005; Taylor and McQuillan, 2014). Moyers and her colleagues found that 37 per cent of the children they interviewed were affected by unreliable contact, with over half considered by their foster parents to be having inappropriate contacts (Moyers et al., 2006). They concluded that, where there has been a history of abuse, disruption in placement can be minimised by reducing or prohibiting contact with family members.

In the UK, 88 per cent of sixteen-to-twenty-four-year-olds own a smartphone (Ofcom, 2014). In America, three-quarters of children have mobile (cell) phones, with almost half owning smartphones (Pew, 2013). The potential for mobile technologies to impact on contact has been raised by a number of authors (Simpson, 2013; Fursland, 2011), but little research has been undertaken empirically to investigate their impact on the nature of contact between children in care and their families of origin, on the effectiveness of child protection plans, the stability of placements or children's well-being. Earlier studies have examined young people's usage of the internet and social media (see COST Action IS0801; Gasser et al., 2010; Pew, 2013), with a major focus on associated risks (Livingstone and Smith, 2014). Thus, though our survey data come from Northern Ireland (NI), their implications are pertinent to any contemporary social work setting.

For children and young people in foster-care, the 'on-demand' contact made possible by mobile phones presents both risks and opportunities. For example, whilst contact through mobile phone or texting makes it easier for young people to keep in touch with extended family members, such unregulated contact also has the potential to put at risk the wellbeing of the child and the stability of his or her placement (Fursland, 2011; BASW, 2012). Foster parents and child-care professionals have a significant role to play in managing these challenges, and they need to be able to respond in the most informed way possible. However, there is generally little guidance available to assist them (Simpson, 2013, 2015) and keeping abreast of rapid developments in social media make this an ongoing challenge (Schraer, 2015).

Methodology

Design

This cross-sectional study combined semi-structured interviews with care home managers and key informants, with questionnaire-based survey data from foster parents and looked after young people (LAYP) in residential and foster-care in NI. Ethical approval was secured from the NI Office of Research Conduct and Ethics on 23 February 2011. We also had ethical approval for in-depth interviews and focus groups with LAYP but, because trusts insisted on a complex and cumbersome procedure to determine children's capacity to consent, access to children and young people proved nigh-on impossible (see below) and the opportunity to secure this information was lost.

Procedure—policy and guidance

We contacted key agencies to identify available written policies and arranged interviews with eight senior staff across NI. Five of the eight respondents worked in children's charities; three worked for two of the five statutory trusts providing children's social care. Twenty interviews were carried out with care home managers across the five trusts. Respondents filled in a short questionnaire prior to interview and were asked to forward copies of any relevant policies to the research team.

Procedure—questionnaire-based surveys

Foster parents were asked to indicate their consent to participation by signing the relevant section of the questionnaire. The first sweep of foster parents yielded only seventy-six responses from 841 foster parents. In order to increase the number of responses, the Fostering Network agreed to distribute a follow-up reminder letter and the questionnaire was also made available online. This resulted in a further fifty-two being returned, bringing the final number of completed questionnaires to 128. Trust Collaborators (TCs) were responsible for identifying children aged ten years and over in foster-care and residential care. TCs were the only people authorised to distribute study information and questionnaires. There was lack of agreement between trusts on whether foster-carers, social workers and residential staff could decide whether children had the capacity to consent or not. We were, eventually, obliged to proceed with the protocol required by the most cautious trust, namely to accept the judgement of the relevant senior social worker as to whether any individual looked after child (LAC) had the 'capacity to consent' to participate in the study. For each eligible child identified by the TC, study information was sent to the responsible senior social worker, who was asked to (i) assess the young person's ability to understand the study, (ii) determine the appropriateness of contacting them at that time and (iii) obtain either birth parental consent (for those aged ten to sixteen) or assent (for those aged seventeen years and over). Children whose parents consented (assented) to their participation were then invited to participate in the study. This resulted in an achieved sample of just eighty-three of a potential 843 children in fostercare and twenty-five of the 276 eligible children in residential care. The major reason for the low response from children appears to be predominantly attributable to the gate-keeping activities of social workers, as almost all children who received a questionnaire completed it and returned it. We know that some social workers simply wrote 'not appropriate at the present time' for every child they were asked to assess; those who applied the selection criteria would have selected for less vulnerable children. Whilst the low response rate is of concern, the implication for our findings is that they under-report, rather than over-report, problems over phone use, but this strengthens rather than weakens our main conclusions.

Faced with these difficulties, we took advantage of another study of foster-care being undertaken by colleagues, to seek additional data on mobile phone use (see McSherry et al., 2015). At the end of a telephone interview, respondents in the McSherry study were asked whether they would be willing to answer three further questions, to assist with a separate but related study concerning mobile phones. Only respondents who gave their consent were asked the additional questions. We are confident that the fifty-three respondents who answered these three questions were new participants, as foster-carers who had completed the mobile phones questionnaire would have reported doing so. All data were anonymised by the McSherry team and are included, where appropriate, in the results below.

Analyses

Interviews were recorded and transcribed. One researcher carried out all qualitative interviews. Each transcript was read by three members of the research team, who independently coded the interview data and reached agreement on the main themes and concepts. Interview data were analysed using a 'thematic framework' approach (Richie and Lewis, 2003), adhering closely to the analytic hierarchy set out in Spencer et al. (2003, pp. 212–17): Data management and the development of thematic charts for main themes and associated subtopics; Descriptive accounts to identify and refine key categories; and Explanatory accounts which explored patterns of association and identified linkages and further exploration of the data.

Results

A policy vacuum

We were unable to locate any regional policy or guidance on mobile phone use in relation to contact arrangements for looked after children and young people in NI. Respondents working for the trusts described arrangements as ad hoc. Their social work teams usually worked with young people aged sixteen and over. Advice on mobile phone use was viewed in practical terms, such as ensuring the young people knew which organisations to contact should help be required with specific problems. Whilst recognising that unsolicited contact had the potential to undermine a care placement, respondents saw mobile phone contact as something that helped reduce feelings of isolation and kept young people in touch with extended family members—a particular advantage when a young person was placed a long way from their family. One of the two charities with no agreed policy had a draft policy. This had been drafted in response to child protection issues, but had developed into a document primarily concerned with the use of personal phones by staff. It contained a short section on work-related contact between staff and service users, and we return to this issue later. Because of the focus, and trade union intervention, this policy had remained in draft form. One charity had a formal policy of drawing up a personalised ' 'IT' contract' between all young people and the agency as each individual placement was finalised. These contracts were not specific to mobile phone use and covered access to the internet and other social media sites. Agreements were strictly imposed and regularly monitored. This level of authoritative control was not universally welcomed amongst social workers, some of whom considered it an infringement of children's rights, as the following manager of a children's charity explained:

> Now, some social workers are happy to live with that, others aren't. Others believe that that is impinging on children's human rights. So I couldn't say I've a carte blanche, and it very much rests on the relationship with the social worker, and if we can't get it on an informal basis, we as an organisation will bring it back to the LAC and highlight our concerns and try and get a LAC decision to try and help us manage the placements.

The conflict between managing child protection issues and promoting children's rights featured strongly, and the stance taken by this agency seemed heavily weighted towards child protection. The urgent need for guidance was emphasised by two respondents who worked in charities. They pointed out that this issue was repeatedly being raised during training sessions for foster parents and social workers, and guidance was being sought from social workers and personnel from the medical and legal professions. The original interviews took place between April and November 2011. Because the

difficulties in access and recruitment delayed study progress, we took steps to account for any changes in policy and practice, by re-establishing contact with key personnel at regional, board and trust levels (via telephone, e-mails, face-to-face meetings). This was done between February and June 2014, alongside desk research of available policy documents. These enquiries confirmed that, to date, there continues to be no policy guidance on the use of mobile phones for contact purposes in NI.

Residential care

Unsurprisingly, the lack of policy at departmental and regional levels resulted in considerable variations in practice. We explored with care home managers how they approached issues in the absence of official guidance, beginning with whether or not the home itself had a mobile phone policy and whether contact by mobile phone ever featured in agreed contact arrangements for individual children. Some referred to the home's Statement of Purpose. This sometimes alluded to a policy, but in most cases this was extremely vague. Typically, what existed was an internally written and agreed contract between the home and a young person on a set of 'house rules', including how mobile phones should be used. This ranged from periodic checking of mobile phones to 'things we think of as we go along'. Mobile phone use was generally discussed on admission, alongside all other considerations. All but one of the respondents reported that mobile phone use for contact arrangements did not feature in any formally agreed care plan, unless there had been a specific issue before the young person entered the home: for example, if a restriction on contact had been enforced by the police before the young person came into the care placement. The following quote from a care home manager exemplifies the situation well:

> . . . at the minute what we do is when each young person is admitted . . . we would look closely if there are any specific reasons why they can't have [a mobile phone], for example, due to family contact or things like that, where the social workers or police or authorities didn't want them to have that contact. So, we'd . . . draw up an individual contract [about] their use of the mobile phone. All of them will vary, but will allow staff members to periodically check the phone with the young person . . . unfortunately the majority of our young people are more adept at managing their mobile phones than we are.

Generally, mobile phone use was regarded most positively by care home managers; whilst recognising potential problems, they typically considered the advantages to outweigh the negatives. This was in contrast to respondents at departmental and regional level who, whilst also recognising some positives, were more inclined to worry about the potential dangers they perceived them to pose.

Maintaining contact with family and enhancing placement stability

All managers considered that mobile phones played an important part in enabling children to maintain contact with their family. The emphasis on maintaining family ties reflects, in part, the investment made in developing a therapeutic approach to residential care philosophy and practice within NI. Each trust has invested heavily in training all residential care staff in one of five therapeutic approaches to residential care (see Macdonald et al., 2012). Whilst these approaches vary, all emphasise the importance of family for children's identity, and of adopting a strengths based or facilitative approach to behaviour management, rather than a more punitive one. The psychological and emotional comfort provided by the knowledge of having immediate family contact, if required, shaped a large part of most of our interview responses. In this respect, mobile phones were thought to provide reassurance

and comfort to children who had already experienced considerable loss and distress upon entering care. It was said to make them feel still a part of their family, even though they were not living with them. This was especially important when they lived a distance away. In fact, there was a sense that a strong psychological link existed between mobile phones and the lives of young people in care, one example of which is captured in the following quote:

> The good thing about that [mobile phone] is, the girl would be very worried about her mother—her mother is unfortunately street drinking at the moment and has been beaten up several times, so it's crucial—at any time—that that wee girl can ring and hear her mummy's voice and know that she's safe.

This accords with work undertaken in Scotland (Wilson, 2016), where digital technologies for young people who had experienced multiple placements, sometimes far from home, were considered significant. Sometimes young people do not wish to engage in face-to-face contact with parents or other family members, or vice versa. In these circumstances, managers saw mobile phones as a means of enabling young people to 'stay in touch'—a way of keeping open lines of communication in difficult circumstances. To some extent, mobile phones were believed to help provide stability to existing placements through enhancing family contact and maintaining relationships. In only two cases were contrary views expressed. The manager of a care home for primary-aged children observed that, because of their age, most of the children did not own a mobile phone. However, four in ten children aged five to fifteen (43 per cent) now have a mobile phone of some kind and three in ten (29 per cent) children aged five to fifteen have a smartphone (Ofcom, 2013), so this view may well now be at odds with reality. The other divergent view came from a respondent who was unable even to think along those lines:

> I suppose I'm not even technically minded in order to think of it in a slightly different perspective. Naively I would probably say not an awful lot [of positives]. We're more about educating them about the dangers of it . . . it's more about protective work.

Even though it was acknowledged by the respondent as 'naive', this dearth of knowledge shifted the focus onto protective issues.

A means of safeguarding
Another positive theme to emerge was the role that mobile phones played in securing the personal safety of young people, such as when they were away from the home, whether with or without staff knowledge or permission. This theme echoed strongly across the majority of interviews. Even in situations in which the young person was refusing to return, keeping open lines of communication meant they could be contacted and their safety monitored. In some cases, this enabled staff to avoid categorising the situation as 'unauthorised absence' (with the potential need to alert the police), thus averting the associated risk of criminalisation.

Managers were also agreed on the need to minimise differences between young people in care and the wider population of young people (which runs contrary to the notion of greater monitoring for children deemed 'at risk') and the importance that mobile phones play in this. This excerpt is representative:

I think even for them to feel normal it's very important. Every young person out there in the world has a mobile phone. For our young people, they're even more dependent on having that if they don't have access to their family on a daily basis and they don't have access to their friends on a daily basis.

That said, respondents did not underestimate the significant risks associated with unregulated use of mobile phones. This concern might be shared by all parents but, given the vulnerability of this group, it perhaps attains particular significance. Disconcertingly, references to the impact of mobile phone contact on a young person's increased risk of sexual exploitation and criminality were not the exception. Specific incidents included young people coming back under the influence of drugs, having responded to a phone call, and threats via mobile phone from drug dealers claiming they were owed money. The negative aspects of family contact meant distressing contact could take place at any time of the day or mnight. The concept of the 'needy parent' emerged here, and unregulated phone calls from such a parent could prove upsetting for the young person and disrupt the whole home.
Some managers linked the management of risk with encouraging resilience and preparing young people for life's challenges:

We have one young person here . . . she would have contact with her mother unfettered by us through phone contact. However, for face-to face contact we would agree to drop off and make sure mammy is sober . . . so it's immediately contradictory. But again, we're relying on the resilience of the girl and we're monitoring it.

Access to the internet via PCs was limited and supervised in the homes, albeit with variations of stringency, and including no access at all in one home. Under a set of revised minimum standards (DHSSPS, 2014), all children and young people in residential care should have access to the internet for educational and leisure purposes and, where appropriate, social networking. Restrictions apply only if safety is deemed compromised. The revised standards have adopted a rights-based approach while maintaining references to 'appropriate and proportionate risk assessment' (DHSSPS, 2014, p. 5), in recognition of the complexity of need of some children in care. As trust property, the PCs were more easily regulated than mobile phones, which were personal property. The availability of internet access via smartphones, which could facilitate a variety of forms of mobile contact with friends and family, was not a focus in these standards or any other policy concerned with internet safety. Most managers said that staff attended periodic training events on the wider issue of internet safety, but it was not clear whether or not such training covered the use of mobile phones in general; it certainly did not incorporate the issue of contact.

Foster-care
The majority of foster parent respondents were providing long-term foster- care. This meant they were in a good position to give a well-informed view on how mobile phones were being used in relation to maintaining contact with family and friends.

Just over half (54 per cent) said their foster child used their mobile phone to maintain contact with birth relatives. The nature of contact was most often described as 'general chat', and most saw contact as a positive means for children to maintain relationships with their wider family networks. However, foster parents more frequently cited problems associated with young people's phone ownership and

use. Around one-fifth mentioned issues comparable to the adverse consequences described by residential care managers. Examples included incidents where birth parent/s placed high demands on the young person to contact them 'constantly', sometimes resulting in the young person receiving phone calls from parents at all hours:

> Although he receives texts from mother, he will tell me and he knows she is not allowed to contact him via text or phone, except birthdays and Christmas, when arranged and on speaker phone. He has recently asked if I will get his number changed and not tell her. He doesn't want to hurt her but said he doesn't want the texts anymore telling him how much she misses him.

Alternatively, in a number of cases, young people felt rejected by unreturned calls or texts and unreliable, sporadic contact from their birth relatives. One foster-carer said: 'I feel the lack of contact using mobile phone makes the child feel rejected all over again.' In one case, where contact was prohibited under a Care Order, the child's birth mother was making contact via mobile phone. This contact was described as 'one way', with the mother always initiating contact. Another foster parent reported steady contact from the birth parent, who promised the child they would be living together again soon, thereby undermining the child's chances of settling into their placement. In another instance, where the birth parent was permitted limited contact, the foster parent suspected more regular contact was taking place via the child's mobile phone. For a few foster parents, the round-the-clock contact available to young people was directly linked to adjustment problems, such as the young person contacting their birth parent to complain about their placement or to ask for something which their foster parent had refused.

Care planning and mobile phones
Foster parents were asked whether mobile phone use had been discussed at the child's LAC review. Half said that the issue had been discussed, but—as in the case of residential care—this mostly occurred in response to an issue having been previously identified. Examples of problems cited included circumstances when contact with birth relatives was prohibited, where mobile phones had been used inappropriately such as to take and distribute unsuitable images and where phones had been used to pass on people's phone numbers to others unknown to them. Considerably fewer foster parents—just 16 per cent of all those asked— said that the young person's mobile phone use formed any part of his or her care plan. Again, when this was the case, it was usually the result of an ongoing concern.

The lack of attention paid to contact via mobile phones was in stark contrast to the highly specified nature of other forms of contact with birth parents/family. The latter ranged from no contact, through supervised contact, to daily unsupervised contact. With the exception of a small number of cases in which the young person was free to arrange their own schedules, steps were taken to ensure that contact arrangements were rigidly adhered to. Despite the formality of these arrangements, over half of respondents said their foster child used mobile phones to maintain decidedly unspecified contact with their birth relatives. In 35 per cent of cases, foster parents said young people's use of mobile phones contravened contact conditions spelled out within the care plan. Examples given included forbidden contact with a birth family member and a young person using her mobile phone to make arrangements to go out for the day outside their current area of residence with their birth mother and her boyfriend, who had a history of violence. In these cases, foster parents acknowledged the

contradiction between supervised contact and unregulated contact through mobile phones. Their main concern was the inherent potential of this type of contact to cause additional upset or anxiety to the child or to impact negatively on their behaviour. This was exacerbated by the difficulties of monitoring mobile phone contact.

Safeguarding

Almost all foster parents reported giving advice to their foster child across a range of issues relevant to the use of mobile phones and other social media, including how to stay safe online, dealing with nuisance calls, cyber/text bullying and so forth. The majority (79 per cent) had a firm set of rules, the most frequently cited of which included: not taking mobile phones into school; not making contact with people they are not allowed to have contact with (whether supervised or not); and agreeing to have their phone checked intermittently. In 58 per cent of cases, the young person themselves had some degree of involvement in setting the rules. In some cases foster parents described how rules that had been accepted were subsequently broken. However, most carers believed that, despite initial resistance, the rules were generally accepted, albeit with some degree of reluctance. Only six foster parents said they had received input or guidance from the child's social worker in setting rules on mobile phone use.

Foster parents also valued the reassurance that mobile phones could provide regarding the child's safety and well-being. This was sharply illustrated by a foster parent who was instructed by a court order to remove the young person's phone for three months as a condition of bail, and who regarded the order as counterproductive in relation to the young person's safety:

> In terms of his safety when he was out, it was actually a hindrance because we couldn't keep in touch with him and know where he was. His mum would be the same. She would keep in touch with him and let us know where he is. She couldn't do that either.

Balancing risks and benefits

All recognised the potential benefits of mobile phones, but—like the care home managers—foster parents were concerned about what they saw as significant risks. On balance, though, perceptions were positive, strengthened by the pragmatic view that mobile phones are a way of life for all children, not just children in care. Negotiation and explanation were both thought to be central to minimising risks and potential harms. Thirty-one per cent of foster parents agreed they had been asked, as part of a package of care, to monitor or regulate their foster child's phone use. This apparent discrepancy, with the lower percentage saying that mobile phone use formed part of a care plan, appears to reflect a broad interpretation of the former, in contrast to a very specific concept of a (written) 'care plan'. Such requests were usually made in the context of a history of negative communication to/from the child and their birth family, and which was thought potentially harmful to the young person or the stability of the placement. Advice from social workers varied and included checking texts to gauge the appropriateness of the language being used; ensuring phone calls were made in a public part of the house; and watching for body language that might indicate distressing interaction. It is difficult to assess the usefulness of this advice: some foster parents spoke about their foster child using coded texts or keeping their contact numbers under pseudonyms. For one foster parent, whose current experience was very negative, the advice had been to encourage the child to use the phone in the kitchen when contacting their parent. The foster parent acknowledged that this had so far helped in

relation to child-to-parent contact, but pointed out the ineffectuality of such advice in relation to parent-to-child contact.

For another foster parent, the advice from social workers was perceived as unnecessary and intrusive. This respondent complied for a while but believed that, as long as the young person abided by the rules, it was better to work on the basis of trust: 'At the beginning I was asked to monitor his messages. I did a few times, but felt it wasn't right as it was just childish stuff and sometimes embarrassing for him.' One foster parent had been told that their foster child was not allowed a mobile phone that had internet access (due to making inappropriate contact with adults via Skype). However, the child's birth mother used her parental rights to overrule this decision. Another foster parent who believed the child should not have a mobile phone said she could not overturn a decision to the contrary; another felt the advice to monitor the phone was pointless, as the child was much more adept in the use of mobile phones than they were.

The views of children and young people
The majority of the 108 young people who participated were aged sixteen to eighteen years and in long-term placements. Of the eighty-three children in foster-care, forty-two were males. For just over 30 per cent, this was their first placement; the remainder reported having two or three placements. Of the twenty-five young people in residential care who completed the questionnaire, eighteen were male. Sixty-four per cent (sixteen) had been in residential care for two years or more. There was little difference in the reported use made of mobile phones in the two settings. Two-thirds of those in foster-care (67 per cent) said they were permitted mobile phone contact with birth parents. Two young people in residential care (twenty-three in foster-care) were not allowed mobile phone contact with their birth parents. The most common pattern of young person to birth parent contact was either on a daily basis or once or twice a week, but 20 per cent of those who were allowed contact via mobile phone said they hardly ever contacted their parents in this way and 34 per cent said their birth parent did not use this form of contact. Perhaps unsurprisingly, where phone contact with birth parents was not permitted, it was rarely reported, though one young person in this situation said that he and his parent were in phone contact every day. Almost all (84 per cent) said a house phone (land line) was hardly ever used any more as a way of communicating with birth parents.

Regarding face-to-face meetings with birth parents, the most common arrangement was to meet a couple of times a month (37 per cent of children in foster-care). Amongst those who said they hardly ever or never met up with their birth parents, half had used their mobile phone for contact—ranging from daily use to at least a couple of times a month. The more regular the physical contact, the more frequent the mobile phone was used for contact. The rules reported by young people were consistent with carers' reports. Compared with their foster parents, a higher percentage of young people in foster-care (77 versus 65 per cent) reported that their mobile phone was essential for their social life. The main cause of argument between young people and their foster parents revolved around not being allowed to use their phone after a certain time at night. Most young people were adamant that foster parents should not be allowed to read their texts (65 per cent). Some were unsure about this and 16 per cent thought foster parents should be allowed to read texts. Just over half of young people who completed the questionnaire said their foster parent had checked their phone messages (52 per cent). Those in residential care reported using their mobile phone to maintain regular contact with social work staff, including their field worker or key worker in the home, with more than half saying

that such contact occurred either on a daily basis or once or twice a week. Compared with those in foster-care, fewer children in residential care said that social workers had given them advice in the areas described above, and fewer said there were rules about mobile phone use or that they had been involved in setting these rules. As with young people in foster-care, most were adamant that their texts should not be read. The only difference was that a higher number said their phone had not been checked by a carer. However, the low response rate makes these data hard to interpret.

Discussion

Difficulties in accessing and recruiting survey respondents resulted in a much-lower-than-planned response rate from both foster parents and young people. These difficulties and the associated delays in the study timetable meant that we were unable to conduct the in-depth interviews we had planned to undertake with young people or the two focus groups with young people aged thirteen and over: one with those living in foster- care and one with those living in residential care. As a result, the study data are more limited in scope than we had designed. However, as discussed above, any response-rate bias is likely to be associated with an underestimate, not an overestimate, of the problems around mobile phone usage; this would render the issues below more urgent than a simple reading of the data might suggest. In most cases, mobile phone contact was reported as helping to maintain relationships with family and friends, but not always. For some children, mobile phone contact caused considerable distress and posed significant risks to placement stability, when 'needy parents' engaged in behaviour that would be regarded as harassment had it come from adults unrelated to the child. The findings evidence the complexity inherent in reconciling social workers' responsibility for safeguarding with respecting children's rights, the difficulties involved in constructing policies that would be meaningful across a broad range of age groups and individual circumstances, and the challenges of unregulated—probably 'impossible-to-regulate'—forms of contact. Most respondents talked in terms of risks and benefits, but few viewed these as mutually exclusive.

The findings highlight three important issues. First, they reinforce the importance of basing children's care plans on a careful analysis of their needs, including their attachment histories and resilience. For many looked after children, earlier experiences of abuse and neglect will have impacted negatively on their attachment relationships with birth parents (Howe, 1995). Some children will retain a secure (or at least strong) attachment with a parent or other member of their birth family (Sinclair et al., 2005). For others, a stable placement will provide their only opportunity to experience the security that is so important for future development and, for these children in particular, unregulated contact of an intrusive kind may be particularly damaging.

The second, related issue, concerns the importance of recognising that 'digital contact' may be impossible to control. It is pointless drawing up contact arrangements that focus purely on face-to-face contact or indirect forms of contact such as 'post-box' contact. If the issue is important enough to be part of a child's care plan, then that plan should address the issue of mobile phone contact per se, and not only when this becomes a concern. Addressing the issue of mobile phone facilitated contact at the outset would also assist staff in specific cases where contact arrangements are potentially difficult (see HSCB, 2012). It might therefore be sensible to consider contact issues in two stages: regulated (face to face) and unregulated (mobile phones) and, when considering the latter, to consider what steps might be taken to maximise the benefits and minimise any perceived harms, and

to include all key stakeholders in those discussions (a draft template for addressing this has since been developed by the authors in conjunction with a colleague from Guardian ad Litem Agency in NI).

Planning for unregulated contact might include adapting strategies currently used to help children manage difficulties in face-to-face situations and developing age-appropriate, accessible guidance for children and young people on what is acceptable and unacceptable (fair and unfair, good and bad). Such guidance might be written or available online and should be accompanied by providing opportunities for children and young people to develop the skills needed to manage difficult situations, including how to end conversations and whom to turn to when things are stressful. Foster-carers and social workers also need training in how to advise young people.

The third issue is the need for policy, guidance and training that reflect the complexity of the world in which social work with looked after children is practised. Policy and guidance are needed to ensure a consistent approach that respects young people's rights: it is unlikely that depriving young people of access to mobile phones/smartphones is either desirable or—generally—legal. Training is needed to ensure that staff are well informed about technological issues as these relate to children and young people, so that their needs can be appropriately analysed, and viable care plans developed and monitored.

The use of mobile phones by social workers to maintain contact with the young people for whom they are responsible is itself an interesting finding. It enables them to engage with young people through a medium with which they are comfortable and which has the potential to improve the quality and frequency of contact, particularly outside of traditional office hours. However, it would be a matter of concern if this 'contemporary' means of communication was embraced at the cost of direct, face-to-face contact, which is currently a statutory requirement. Further, such 'benefits' raise practical and ethical issues which might not have been envisaged, such as expectations of the availability of social workers to their clients. This reinforces the importance of developing appropriate policy and practice guidance on mobile (and smart) phones for those working with vulnerable groups, such as LACYP.

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