Nuffield Family Justice Observatory

Contact following placement in care, adoption, or special guardianship: implications for children and young people's well-being

Evidence review

About this report

This evidence review examines what is known about the implications of contact for the well-being of children and young people who have been separated from their birth parents. The review focuses on public law contexts, in which children have been placed in care following family court proceedings, accommodated in care on a voluntary basis, or placed in legally permanent arrangements including adoption or special guardianship. The review synthesises findings from 49 studies from international academic and grey literature.

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Recommended citation

About the Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

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Foreword

Decisions relating to the ongoing contact that a child has with their extended family after they have been placed in residential settings or with foster carers, adopters, or special guardians, are among the most important that family justice professionals make. As this evidence review shows, these decisions are likely to affect a child's well-being, in both the short and long term.

Everyone who might be involved in making such decisions—including social workers, Cafcass workers, barristers, solicitors, judges, foster carers, adopters and birth family members—is required by law to put the welfare of the child first. But what do we know about how to ensure that contact arrangements support a child's well-being? What needs to be taken into account when decisions are made? What factors are associated with positive outcomes? And what needs to be avoided?

The Nuffield Family Justice Observatory (Nuffield FJO) asked the National Centre for Social Research (NatCen) and the University of Sussex to undertake a review of the latest research evidence to help answer these questions on behalf of those taking such important decisions.

Nuffield FJO is dedicated to improving life for children and families by putting data and evidence at the heart of the family justice system. I am very grateful to the authors for providing such a clear overview of the international and UK research evidence. The insights from this review should provide the foundation for decision-making about contact for children in these contexts.

Lisa Harker
Director, Nuffield Family Justice Observatory

Executive summary

This evidence review examines what is known about the implications of contact for the well-being of children and young people who have been separated from their birth parents in public law contexts. This includes children placed in care following family court proceedings, accommodated in care on a voluntary basis, or placed in legally permanent arrangements including adoption or special guardianship. The review synthesises findings from 49 studies, including international academic and grey literature.

> **What do we mean by 'well-being'?**
> This review takes a broad and multi-dimensional view of well-being. It takes into account the subjectivities of feeling good and of functioning well at both individual and interpersonal levels (e.g. Seligman 2011). In this context, we take it to include: mental health, emotional well-being, physical health, behaviour, safety, identity, satisfaction with contact arrangements, and the quality of relationships with both birth and placement families.

Key findings

The review covers a complex and diverse population of children and young people. Forms of contact are equally diverse, ranging from information-sharing to joint care arrangements. The reviewed evidence consistently shows that well-being depends on a differentiated and dynamic approach that takes account of (a) the purposes of contact with important people in the child's life, and (b) key contextual factors including the child's age, the nature of placements and questions of permanence. The key question is not *whether* or *how much* contact has a positive impact on children and young people's well-being, but *how best to facilitate* positive experiences and the meaningful involvement of the people who matter to the child. While none of the reviewed studies attempted to establish a causal impact of contact on children's well-being, the evidence shows that well-facilitated contact is associated with positive well-being outcomes for children and young people in both the short and long term. Conversely, poorly managed contact is associated with risks to children and young people's well-being. Support for everyone involved in contact—children, carers, adoptive parents and birth relatives—is key, and depends on the investment of time and resources.

Accounting for children's rights, needs and perspectives

Children and young people want some choice about the people they have contact with. It may not be straightforward for adults to know how children feel about contact—especially younger children. However, when children's needs and perspectives are not taken into account, this has negative implications for their well-being. Additionally, even when contact is difficult in the short term, it is often still wanted by children and young people. The review found positive long-term outcomes associated with well-facilitated, good quality contact. These included contributing to a sense of identity, mitigating issues around attachment, helping to find a sense of closure and understanding the reasons for placement.

Adopting a balanced and differentiated approach

Children and young people's individual situations vary widely depending on their age, their needs and perspectives, and the nature of their placement (including permanence or plans for reunification). Relationships with birth relatives are dynamic and may change over time, for example as a child gets older or a birth parent's situation alters. Contact may impact differently on various dimensions of well-being, and so can be simultaneously positive and

negative. A balanced, differentiated approach involves considering the purpose of contact in an individual child's situation, structuring arrangements accordingly, and ensuring these arrangements are flexible and responsive to changes over time. Well-being must be understood in relation to children's everyday lives, their time in care, after leaving care and into their adult lives.

Accounting for risks and challenges

Contact can carry risks for children and young people's well-being. It may upset or cause stress for children, and there is also the potential for exposure to further risk of harm. Witnessing conflict between key adults involved in contact (such as birth parents and carers) is associated with higher levels of depression, anxiety and behavioural difficulties for children and young people. Issues related to birth parents' underlying needs—such as difficult or unpredictable behaviour in relation to contact—can be associated with negative well-being outcomes for children and young people. This includes poorer relationships with placement families, feelings of rejection, stress before and after contact, emotional pain and an increased sense of insecurity.

Managing and supporting contact

To enable positive experiences of contact, support is needed for children, carers, adoptive parents and birth relatives. Contact that has been facilitated by skilled professionals is associated with improved relationships between children and birth parents, placement stability, a return to parental care, improved emotional well-being and a better understanding of identity while in care and in adulthood. Positive experiences do not depend on the frequency of contact, and reviewed studies consistently demonstrate the importance of quality over quantity. Decisions about frequency need to be considered in relation to the purpose of contact, and to account for children and young people's perspectives, potential risk of harm and the quality of underlying relationships.

Family-centred approaches to contact

A family-centred approach may involve supporting contact through open communication, mutual respect and reciprocal agreements between birth parents and carers or adoptive parents. Across placement and permanency arrangements, the meaningful involvement of key adults is associated with improved child behaviour, better family functioning and greater satisfaction with contact. Family-centred approaches also involve supporting contact with extended family networks. Well-supported contact with siblings is associated with a positive effect on children's mental health, and can facilitate ongoing relationships with birth families. Well-supported contact with extended family members such as grandparents can provide young people with a sense of security and stability while in care, and reliable support networks after they leave care. Positive connections with siblings and extended networks may have particular importance in cases where contact with birth parents is not possible (e.g. due to risks to the child).

Recommendations

Adopt a child-centred approach and take account of children's perspectives

Children and young people's perspectives should always be taken into account when defining their 'best interests'. This includes attention to the practical impacts of contact arrangements on everyday well-being, including considerations of comfort and convenience,

and minimising disruption to other aspects of children's lives, such as school. It is important to remember that relationships are dynamic, and children's needs, feelings and priorities may change over time. Decision-making must therefore be flexible, responsive to the child's situation and open to review. Overall, it is crucial to achieve a balance between seeking and respecting children's views, allowing children to feel in control, and not placing inappropriate responsibilities on them to manage the complex decisions and challenges of contact.

Conceptualise contact as 'safe and meaningful involvement'

Contact alone will not achieve positive well-being outcomes for children. The overall purpose of contact should therefore be understood as enabling the safe and meaningful involvement of the birth family. This approach to contact also involves acknowledging when contact with certain family members is not appropriate because of risk of abuse or re-traumatisation. In these cases, alternative approaches may include temporarily or permanently stopping face-to-face contact or changing to indirect (including digital) forms of contact. It may also be more appropriate to facilitate contact with extended birth family members rather than those who have abused or neglected the child.

Provide active management and support for everyone involved in contact

Skilled professional support is required to manage the multiple, complex factors involved in successful contact arrangements. Well-managed contact is not necessarily supervised contact, but in all cases, it is crucial to facilitate open and respectful communication between birth family members and carers. This needs to be done in differentiated ways according to placement and permanency arrangements. To realise the potential long-term benefits of good quality contact, children and young people need to be supported to deal with the short-term challenges. Birth family members need to be supported to manage the complex experiences of loss associated with child placement. Support for carers and adoptive parents is equally important, to promote understanding and empathy for birth parents' difficulties, and to understand and respond to children's complex emotional responses to contact.

Apply a broad and dynamic understanding of family

To determine the 'best interests' of the child, it is necessary to acknowledge the fluidity and complexity of family relationships, and to understand contact with 'family' as including both birth and placement families. This requires attention to the significance of connections with siblings and extended family, and the potential for maintaining valued relationships with adults or children in former placements. Where contact cannot take place because it is unsafe or unwanted by the child, there is still a need to support children in understanding their family heritage and identities, and to prepare them to manage complex family connections beyond childhood and into their adult lives.

1. Introduction

1.1 Aims and scope of the review

This evidence review examines what is known about the implications of contact for the well-being of children and young people who have been separated from their birth parents in public law contexts. This includes children and young people who have been:

- placed in care following family court proceedings
- accommodated in care on a voluntary basis
- placed in legally permanent arrangements including adoption or special guardianship.

The review covers a complex and diverse population of children and young people, in terms of their characteristics, their experiences of care and placement arrangements, and their relationships with family members and carers. 'Contact' is equally diverse, and the different forms of involvement that birth relatives may have in children's lives can range from information-sharing to joint care arrangements. In this review, the forms of contact discussed include supervised visits, unsupervised visits, direct contact and indirect forms of contact with birth parents, siblings and other relatives. In each case, it is essential to understand the *purpose* of birth relatives' involvement in children's lives—for example, whether working towards reunification, supporting children to understand relational identities, or maintaining children's existing attachments—and this inevitably relates to the nature and permanency of the placement.

Within the scope of this evidence review, we have aimed to provide a nuanced analysis of key evidence that engages with these complexities, and to provide an accessible overview. The review aims to support policy makers and professionals to make well-informed decisions about contact arrangements in children's best interests. The objective is to inform policy and practice in England and Wales, but the review draws on both UK and international research evidence.

The review takes into account the diversity of contact arrangements by considering factors such as the stability and length of care or permanency arrangements, different types of placements, and relationships with different family members. We also consider timescales for understanding well-being and 'best interests' for children, recognising that connections with family continue into adult lives and shape identities from childhood to adulthood.

1.2 Overview of contact arrangements

In England and Wales, the key legislation relating to children who are looked after or adopted is as follows:

- Children Act 1989 – for all court proceedings relating to children in England and Wales and local authority duties and responsibilities in England
- Social Services and Well-Being (Wales) Act 2014 (SSWBWA) – local authority duties and responsibilities in Wales)
- Adoption and Children Act 2002 – for children under placement orders or adopted.

Prior to the Children Act 1989, contact for looked-after children was at local authorities' discretion. However, the new legislation introduced requirements for work in partnership with parents, including conceptualising placement in care as a support for upbringing (see Skivenes and Thoburn 2016; Lynch 2017). Reflecting that framing, the Act included a statutory duty for local authorities to promote contact between looked-after children and their families, which has been retained in subsequent country-specific legislation. If the child is placed for adoption through a placement order, any contact order made under the Children Act 1989 ceases to have effect. However, in making the placement order, the court can make an order for contact (s.26 Adoption and Children Act 2002). Likewise, if a child is placed under a special guardianship order, a contact order may be made (s.8 Children Act 1989). In the context of adoption, courts have the power to make orders for (or forbidding) contact at the time of the adoption order or subsequently (s.51 Adoption and Children Act). While there is no statutory duty to promote contact after adoption, it must be 'considered'.

The duty to safeguard and promote the welfare of the child is a key principle spanning the legislation (e.g. s.22 Children Act 1989; s.78 SSWBWA 2014). This principle highlights the need to balance questions of well-being in decisions about contact. For example, guidance on the SSWBWA 2014 states:

> *One of the key principles of the Act is that there should be continued contact between the child and their family while the child is in the care of the local authority. Local authorities should work in partnership with the family and the child or young person to enable them to be reunited with the family where possible, provided that this is consistent with the individual child's well-being. Contact arrangements should be focused on, and shaped around, the child's needs. The child's well-being is the paramount consideration at all times and each child's views, wishes and needs for contact should be individually considered and regularly assessed. For many children, relationships with members of their family, previous carers, friends and others are valued. For some children some form of contact may provide a positive aid to a successful placement. Contact can be very important in helping children and young people develop their sense of identity and understand their lives and their sense of self* (Welsh Government 2018: p. 9).

The Guidance on the Children Act 1989 is based on similar underpinning principles:

> *One of the key principles of the Children Act 1989 (the 1989 Act) is the presumption that there should be continued contact between the child and their family while the child is in the care of the local authority. This is appropriate for care provided under the 1989 Act, where the underlying philosophy is to work in partnership with the family and towards reunification where possible, provided that this is consistent with the individual child's welfare. Contact arrangements should be focused on, and shaped around, the child's needs. The child's welfare is the paramount consideration at all times and each child's wishes and needs for contact should be individually considered and regularly assessed. For many children, relationships with members of their family, previous carers, friends and others are valued. For some children some form of contact may provide a positive aid to a successful placement. Contact can be very important in helping children and young people develop their sense of identity and understand their lives and their sense of self* (Department for Education (DfE) 2015: p.42).

There are associated questions about the understanding of a child's best interests, not least in relation to questions of permanency. The DfE's 2015 Guidance on the Children Act 1989 defines permanence as follows:

> *Permanence is the long-term plan for the child's upbringing and provides an underpinning framework for all social work with children and their families from family support through to adoption. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging* (DfE Children Act Guidance 2015: p. 22-23).

This definition indicates that permanence should be concerned with family, during childhood and beyond, and in accordance with children's rights as set out in the UN Convention on the Rights of the Child (e.g. Articles 7, 8 and 9) and Article 8 of the European Convention on Human Rights, both of which address rights in relation to family.

Cross-national research highlights variation in understandings of children's rights to family regarding their 'best interests', which is crucial to recognise in a review that encompasses international literature. Unlike England and Wales, most European countries make very little use of adoption as a pathway to permanence, and so children instead grow up in permanent foster care (see Boddy et al. 2014; Skivenes and Thoburn 2016). Within Europe and beyond, countries also vary in their emphasis on parental involvement, requirements for parental agreement to care arrangements and in the extent to which placement in care is viewed as a pedagogic or therapeutic intervention for the child (see Petrie et al. 2006; Geurts et al. 2012; Burns et al. 2017; Boddy 2017). Globally, the UN Convention on the Rights of the Child (Article 3) establishes the paramountcy of the child's best interests as a foundation for decision-making. However, as McCarthy et al. (2013, p. 16) observe, it is important to 'avoid using children's best interests in a way that assumes it is simple to know what they are'.

These considerations form a critical context for the present review. Forms of contact are highly diverse, and may include supervised and unsupervised visits (including overnight stays), formal and informal contact via phone, text, online modes such as Skype or FaceTime, and other forms of social media. Specific contact arrangements depend on placement and permanency arrangements, as well as child and family characteristics. Variations also relate to understandings of the *purpose* of contact between children and birth relatives, not least in terms of whether reunification is being planned or considered. For example, a teenager who is accommodated in short-term residential care under voluntary arrangements will have very different contact arrangements and relationships with their birth family compared to an infant removed at birth and subsequently placed for adoption (see Broadhurst et al. 2018). Contact arrangements for children in kinship and foster care will also vary.

Plans for contact and the involvement of birth families therefore need to be informed by the child's potential pathway through the care system, including their age at entry and on ceasing to be looked after. Figure 1 summarises DfE data (SSDA903) on the age at which children started to be looked after from 2011 to 2019. This data indicates that most children who enter the care system are likely to have established relationships with their families of origin: in 2019, almost two-thirds were aged five or older, and 81% were over one year old.

Over this period, the proportion of care entrants aged 16 and over has also increased. Children placed in permanent alternative care arrangements at a young age will differ from older care entrants in their primary attachments and feelings of belonging to their placement family and biological family (see Biehal 2014; Neil, Beek, and Ward 2015). These differences necessarily shape understandings and experiences of contact.

An additional consideration relating to permanence is the likelihood and potential stability of reunification. As illustrated in Figure 2, in England in the year to 31 March 2019, 30% of looked-after children left the system to live with birth parents or other relatives. While reunification is permanent for some children, there is evidence that many may be at risk of further abuse or neglect and are likely to re-enter care at a later date (Farmer 2014; Biehal, Wade and Sinclair 2015). A similar proportion of those leaving care move into legally permanent arrangements with other carers, through adoption (13%), special guardianship orders (13%) and child arrangement orders (formerly residence orders) (4%). Other children may remain 'looked after' through the remainder of their childhood, including in permanent foster care (Cleaver 2000; Beek and Schofield 2004). Plans for reunification may also change following care entry, and discussions of the relationship between contact and well-being must take account of this differentiated and dynamic picture.

Figure 1: Child age on starting to be looked after, 2011-2019 (% per age group)
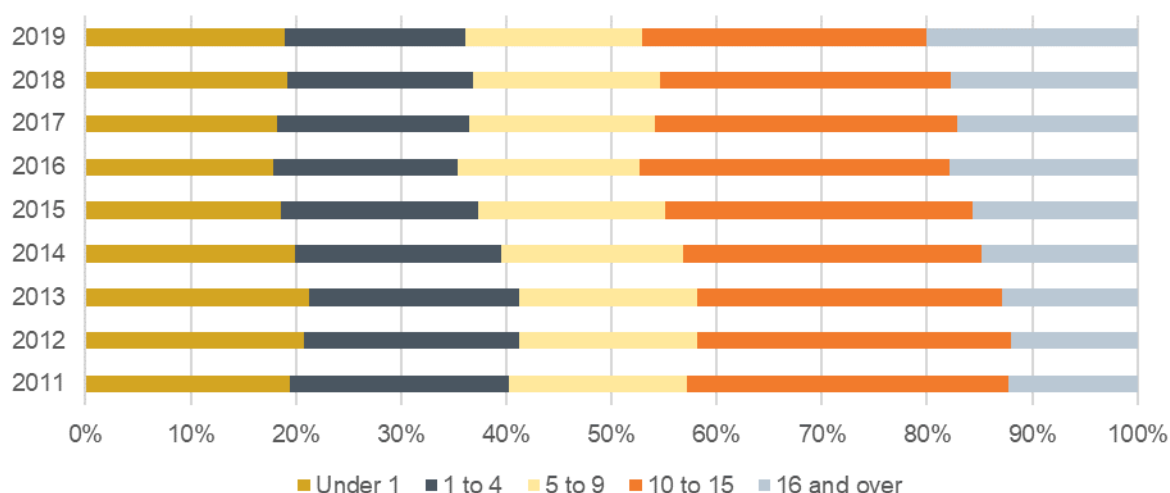
Source: DfE Children Looked After in England Including Adoption 2011 to 2019

Figure 2: Children ceasing to be looked after, in the year to 31 March 2019 (by reason episode ceased)

Legend:
- Planned return home to person with parental responsibility
- Moved into independent accommodation
- Special guardianship order
- Adoption unopposed
- Left to live with parents, relatives or other person with no parental responsibility
- Adoption, consent dispensed with
- Return home which was not part of care planning process
- Child arrangement order
- Other reasons

Notes: 1. Looked-after children leaving the system to live with birth parents or other relatives (30%) comprises: planned return home (20%), left to live with parents (no parental responsibility) (6%) and unplanned return home (4%). 2. Legally permanent arrangements with other carers through adoption (13%) comprises: 'unopposed' (7%) and 'consent dispensed with' (6%).

Source: DfE Children Looked After in England Including Adoption 2018 to 2019

It is also essential that we do not equate 'birth family' with 'birth parent' or 'birth mother'; as discussed below (Section 1.3), consideration of contact necessitates attention to the range of important relationships in children's lives, including siblings, grandparents, and former foster and/or adoptive families. In considering the implications of contact for children and young people's well-being, we must be mindful of the complexity and dynamism of kin relationships and the complex feelings, including love and concern, which characterise children's relationships with kin (Wilson et al. 2012; Boddy 2019). In turn, this will allow us to understand and support children and young people in navigating the 'multiple families' in their lives (Cossar and Neil 2013: p. 74). Finally, relationships and contact arrangements are not static; they are likely to change with parent and child circumstances, both during and after childhood (see for example Wade 2008). As noted elsewhere:

> *Do decisions about 'best interests' depend on the immediate stability of the placement? Or does thinking about family necessitate a different temporality, recognizing connections (and welfare concerns) that extend beyond childhood?*
> (Boddy 2019: p. 2,248).

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1.3   What counts as well-being?

Debates about the meaning and measurement of well-being have a long history. As Morrow and Mayall (2009: p.221) have observed, the term 'is conceptually muddy, but has become pervasive'. While it is widely accepted that well-being is a desirable state for individuals and good for society, there is no single agreed definition of 'what counts' as well-being (Huppert and Ruggieri 2018). Dex and Hollingworth (2012) observed that adult views of well-being, and hence adult-constructed assessments of well-being, do not necessarily accord with children's perceptions. Similarly, Morrow and Mayall (2009) have highlighted the dominance of (adult) cultural constructions of childhood as a time of 'happiness', noting that this risks silencing complex or negative emotions that are also part of children's lives. Morrow and Mayall (2009) noted the related dangers of an individualistic framing of well-being that becomes 'a way of NOT talking about welfare and responsibilities of governments towards children' (2009: p. 221). Their comments are highly relevant for understanding the relationship between contact and well-being for children and young people, given the exceptional role of the state in the lives of children who have been separated—temporarily or permanently—from their birth parents.

For the purposes of this review, we understand well-being as multi-dimensional, broadly defined as 'the combination of feeling good and functioning well' at both individual and interpersonal levels (Huppert and So 2013; Seligman 2011, cited in Huppert and Ruggieri 2018: p. 136). We are also mindful of the different temporalities of well-being. This involves considering children and young people's well-being in their everyday lives (the immediate effects of contact, ranging from travel to emotional responses), the implications for their time in care (such as placement stability), and longer-term considerations (after leaving care and into their adult lives). Attention to temporalities also highlights the importance of recognising ambiguity. Contact may not straightforwardly be 'good' or 'bad' for well-being, as children may want contact 'even if it is experienced as painful and difficult' (Smith and Logan 2004: p. 176). With those considerations in mind, this review explores the following dimensions of well-being in relation to contact arrangements:

- mental health – the presence and absence of conditions such as depression and anxiety
- emotional well-being – how a child feels before, during and after contact arrangements
- physical health – including fitness levels and the absence of disease
- behaviour – including the presence or absence of pro-social or anti-social behaviour
- safety – whether a child is safe or at risk from (physical, emotional, sexual) harm or abuse
- identity – a child's understanding of their sense of self
- child's satisfaction with contact – including satisfaction with frequency and form of contact, and with the family members or others with whom contact is arranged
- quality of relationships with birth family – including levels of attachment and quality of communication
- quality of relationships with placement family – including levels of attachment and quality of communication.

Many of these dimensions imply a 'self-interpretation' of well-being. However, in the studies reviewed, children's well-being is often determined or measured by others, rather than by children themselves. Beyond the literature specifically examining contact and well-being, the

Bright Spots study in England and Wales provides an important exception, as a study in which children in care and care leavers are asked to define their own well-being (see Selwyn et al. 2017; Wood and Selwyn 2017). In future, this dataset has the potential to illuminate the relationship between subjective well-being and the frequency and quality of contact.[1]

In the present review, we only identified one study on contact and well-being in which children were directly asked to define well-being themselves. In Balzalgette et al.'s (2015) study for the National Society for the Prevention of Cruelty to Children (NSPCC), children in care and care leavers emphasised the importance of safety and stability when defining emotional well-being. However, while the remaining studies do not directly seek subjective definitions of well-being, children and young people's perspectives and feelings on their well-being and contact are included in 22 out of 49 reviewed studies.[2]

1.4 Who counts as family?

There is growing recognition of the importance of 'whole family' and 'family-centred' approaches in child welfare (e.g. Morris 2012; Featherstone et al. 2014). This body of work indicates a need to consider 'family-centred' approaches to contact. More specifically, to gauge the implications of contact with family for child well-being, it is necessary to consider how 'family' is defined. Sociologists of family have long argued for recognition of the dynamic fluidity and dis/continuities of family lives, whereby 'enduring continuities of family forms and themes could be discerned alongside a perennial story of change' (Ribbens McCarthy et al. 2019: p. 2,209). For example, children may have important relationships as part of complex and blended families, with step-parents, grandparents and siblings who may be partly, or not at all, related to them by blood (e.g. Edwards 2002). Placement and adoptive families are also fluid and diverse, and form part of a child's complex kinship network of family relationships and resources.

Considerations of complexity and fluidity are thus especially relevant in understanding what 'contact' and 'family' might mean for children and young people who experience placement in care or who are adopted (e.g. Ellingsen et al. 2011; Neil et al. 2015; Boddy 2019). Boddy et al.'s (2020) qualitative longitudinal study of care experienced adults in England, Denmark and Norway shows that family members including birth parents and siblings can play a critical role in scaffolding young adults through difficult times, especially in the absence of state support. However, in the Beyond Contact study, which examined approaches to work with families of children in care in four European countries, Boddy et al. (2013) highlighted a tendency for policy and practice to focus on the birth mother. In the present review, the majority of studies discussing contact with birth parents do not make a clear distinction between birth mothers and fathers.[3] Lack of attention to wider family relationships—with siblings and extended networks—was also a matter for concern across all four countries

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[1] Selwyn, J. (2020). Email to authors, 25 April.

[2] McDowell et al. 2019; Skouglund et al. 2019; Wangensteen et al. 2019; Ward et al. 2019; Cashmore and Taylor 2017; Wellard et al. 2017; Bullen et al. 2016; Larkins et al. 2015; Biehal 2014; Atwool 2013; Neil 2013, 2015; Selwyn et al. 2013; Kiraly and Humphreys 2011; Farmer 2010; Hunt et al. 2010; Morgan 2009; Wade 2008; Moyers et al. 2006; Brodzinsky 2006; Logan and Smith 2005; Neil, Beek, and Schofield (2003); Cleaver 2000.

[3] 12 out of 49 reviewed studies differentiate between children and young people's experiences of contact with their birth mothers and fathers, and implications for their well-being: Skoglund et al. 2019; Harwin et al. 2019; Wangensteen et al. 2019; Wellard et al. 2017; Cashmore and Taylor 2017; Salas Martinez 2016; Selwyn et al. 2013; Kiraly and Humphreys 2011; McWey et al. 2010; Hunt et al. 2010; Morgan 2009; Haight et al. 2001.

in Boddy et al.'s (2013) Beyond Contact study. As discussed further below, there is increasing evidence of the need to support other important relationships in children's lives, including siblings (e.g., Monk and Macvarish 2018; Wojciak et al. 2013; Cossar and Neil 2013; Kiraly and Humphreys 2011, 2016) and extended kin networks (e.g. Balzagette et al. 2015; Kiraly and Humphreys 2013, 2011; Neil et al. 2013, 2015; Lundström and Sallnäs 2012; Morgan 2008; Wade 2008).

For children in care, there may also be boundary shifts in their understandings of family as they navigate family-based placements (e.g., Wilson et al. 2012; Biehal 2014; Boddy 2019). In a study of teenagers in long-term foster care in Norway, Ellingsen et al. (2011) highlighted the importance of helping young people to manage the tensions they may experience between their birth and foster families, and argued that 'promoting dual and multiple attachments, both to birth parents and foster parents, may increase the child's sense of having a 'family' (2011: p. 312).

A broad definition of 'family' is therefore needed, to allow for this subjectivity and fluidity and to consider the implications for children of contact with the people who matter in their lives. Within the scope of this evidence review, we are limited in our capacity to map evidence related to that diversity. The reviewed evidence does not consider the effect on well-being of contact with friends, for example, or former foster siblings or carers. Nonetheless, it is important to recognise the potential importance of these wider connections for children in care. Within the scope of the present review, our approach is informed by a 'commitment to validating broader, relational understandings of 'families'' (Monk and Macvarish 2018: p. 23).

1.5 Overview of review methods

The starting point for this review was an adapted rapid evidence assessment (REA) methodology, which is a 'balanced assessment of what is already known about a policy or practice issue, by using systematic review methods to search and critically appraise existing research' (Government Social Research n.d.). Rigorous inclusion and exclusion criteria were developed and utilised to guide the review. Studies were included if they focused on children in public law-related care and placement arrangements, were published in English from 2000 onwards, and specifically examined the relationship between contact arrangements and children's well-being, as defined above (see Table A.1, Appendix A for more details). Studies on contact in private law contexts (e.g. separation, divorce and domestic violence cases) were out of the scope of the review. Additionally, in order to facilitate a 'rapid' approach, concessions were made to the breadth and depth of the review by limiting particular aspects of the process. For example, books and reports of equivalent length are usually excluded from rapid evidence reviews.

Through the process of conducting the review, it became apparent that an REA methodology did not adequately capture key evidence on contact and well-being. In particular, several major studies on contact after adoption and in foster care in England were published in book form (e.g. Cleaver 2000; Macaskill 2002; Smith and Logan 2004; Neil et al. 2015), and therefore would be excluded when following a rapid evidence review approach. We therefore expanded the scope of the review, incorporating narrative review methods to synthesise key relevant volumes in addition to the articles and reports identified using our original REA methodology. Nonetheless, it must be recognised that the review does not provide an

exhaustive account of all the available evidence relevant to understanding the potential effects of post-separation family contact on children's well-being. As indicated by Figure 3, this review is situated within a much larger international literature on contact. We have excluded studies that may illuminate debates about contact for looked-after children and young people, but do not address their well-being directly. Some of this work is cited in the report, as part of the context for the review.

Figure 3: Evidence review screening, prioritisation, quality appraisal and inclusion process
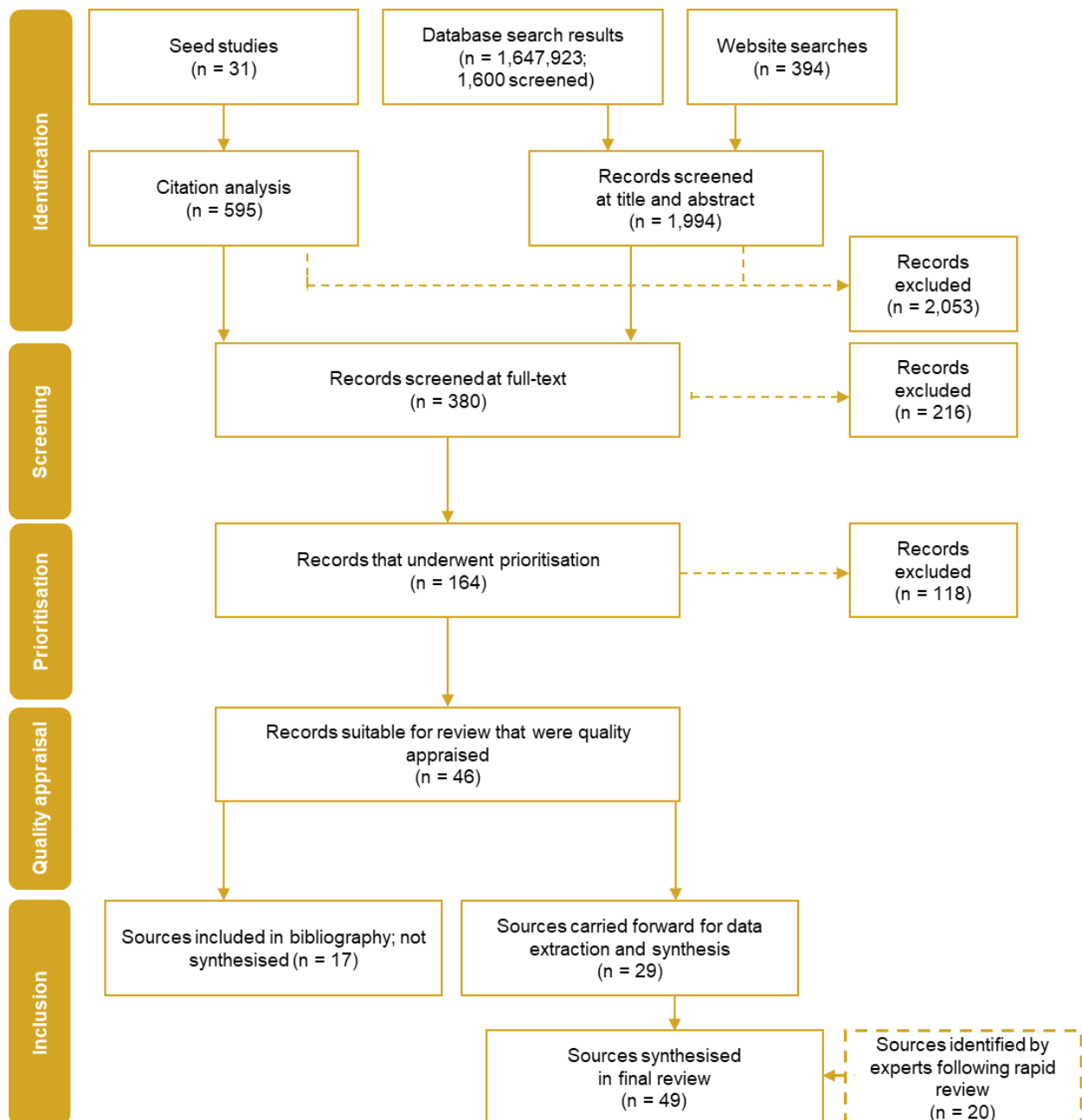
At the rapid review stage, a total of 29 sources were prioritised for inclusion in the review. A further 20 sources were synthesised at the narrative review stage, leading to a total of 49 sources included in the full review. The studies vary in methodology and scale, including in-depth qualitative studies, multi-method approaches (e.g. combining case file review and survey methods), secondary analysis of large-scale quantitative datasets and evidence

reviews. All met our quality criteria and make a contribution to a bigger picture of understanding how contact may be understood and implemented in ways that are positively associated with children's well-being. Figure 3 summarises the methods and results of the review; please see Appendix A for full details of review methods, including inclusion criteria. The bibliography includes a list of all studies identified and included in the rapid evidence review, and studies identified and included in the expanded narrative review.

While attention was paid to including evidence across all placement types of interest, some placement types are better evidenced than others. For example, it seems that there is more available evidence on the relationship between contact and children's well-being in foster care and adoption, with less available evidence on residential care and special guardianship (see Table 1).

Table 1: Key studies by placement type

Placement type	Number of sources included in review
Residential care	4
Foster care	21
Kinship care	9
Special guardianship	1
Adoption	14
Unspecified or other placement types	6
Care leavers/care-experienced adults	8

Note: The review includes 49 unique sources. As many sources discuss more than one placement type, the sum of the rows in Table 1 is greater than 49.

An additional, critical caveat is that the studies included here have not established (nor sought to establish) the causal impact of contact on child well-being.[4] In 1997, Quinton et al. cautioned that the nature of the research literature meant it was not possible to draw causal conclusions about the *impact* of contact. Their words are no less relevant now, but it must also be recognised that—given the diverse forms and purposes of contact, the heterogeneity of the care population and of children's pathways through the system—there is no clear linear relationship between 'contact' and 'well-being'. Rather, it is crucial to account for the specifics of the people and relationships involved and of the organisation and implementation of contact. Most studies show correlation, rather than cause, and as Geurts et al. (2012) observed, 'higher levels of parental contact or involvement may indicate other protective factors, not least, better pre-existing parent-child relationships, which in turn are linked to better outcomes' (2012: p.175). Likewise, there is no evidence that contact itself causes or contributes to reunification, but factors common to both, such as a warm relationship between the child and parent/s, may mean that both contact and reunification are more likely (e.g. Biehal 2007).

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[4] A randomised control trial (RCT) of 'kContact', an enhanced intervention designed to improve contact between children in out-of-home care and their parents, is currently underway in multiple sites in Australia. At the time of the present review, the results of this RCT had not yet been published. It will provide crucial evidence on the impact of supported and supervised contact on the following dimensions of children's well-being: emotional safety, a reduction in distress in response to contact visits, and improved relationships between children and their visits (Taplin et al. 2015).

While there is scope for shared learning across different forms of placement and permanence, there are also fundamental differences that must be taken into account—not least in relation to children's feelings of attachment and security in relation to their biological family and their placement family. As Smith and Logan (2004) concluded in their study of post-adoption contact, 'experiential measures are not related in a straightforward way' and depend on understandings of the balance between 'children's needs, present and future happiness and the value of long-term benefits over short-term difficulties' (2004: p.176). Relatedly, Wilson and Sinclair (2004) observed:

> *Contact takes place within the context of […] variable and complex relationships. To isolate it from its context or to see it as a simple variable with invariable effects is to misunderstand it.* (Wilson and Sinclair 2004: p.166).

With those considerations in mind, our interpretation of the reviewed evidence is informed by Ott and Boddy's (2019) guidance on quality standards for qualitative research, prepared for Nuffield Family Justice Observatory:

> *Rather than a focus on 'what works', the underpinning question is 'what is (or can be) known about' a topic, with an accompanying need to recognise the contribution of exploratory and theory-building studies* (Ott and Boddy 2019: p. 3).

1.6 Overview of the report

In Chapter 2, we present a thematic synthesis of key findings under two broad headings:

- qualities of contact positively associated with children's well-being (Section 2.1)
- critical considerations for contact and children's well-being (Section 2.2), including aspects of contact that may have negative implications for well-being.

In Chapter 3, we draw together key findings from reviewed studies (Section 3.1), identify gaps in the current evidence base (Section 3.2) and draw out potential recommendations for policy and practice (Section 3.3). Full details of our review methods are provided in Appendix A, while detailed summaries of study methods and key findings from the 49 reviewed sources are included in Appendix B.

2 Findings

In this section, we synthesise key findings from 49 sources that address the relationship between contact and children's well-being. We start by outlining the qualities of contact that are associated with positive outcomes for children's well-being: taking children's views and feelings into account (Section 2.1.1), ensuring meaningful involvement of key adults and effective communication between all parties (Section 2.1.2), providing skilled professional support (Section 2.1.3), contact with siblings (Section 2.1.4) and contact with extended networks (Section 2.1.5). We then present elements of contact that raise critical considerations for children's well-being: determining the frequency of contact (Section 2.2.1), inflexible and poorly managed contact arrangements (Section 2.2.2), failing to account for children's perspectives (Section 2.2.3), adverse experiences and risk of harm (Section 2.2.4) and conflict between key adults (Section 2.2.5).

2.1 Qualities of contact positively associated with children's well-being

2.1.1 Taking children's views and feelings into account

> **Key messages**
>
> Multiple studies emphasise the importance of considering children and young people's views and feelings. Only two studies directly examined the relationship between accounting for children and young people's views on contact and their well-being. However, as a whole the reviewed evidence highlights the importance of accounting for children's views in ways that are appropriate given their age, placement and permanency arrangements, and which recognise the complex and conflicting emotions they may feel.
>
> The reviewed evidence shows:
>
> - it is important to take account of children and young people's views and preferences about the people they maintain contact with
> - it is not always straightforward for adults to know how children feel about contact
> - a careful balance is needed—while contact needs to be considered from the children and young people's point of view, it is important they are not made to feel responsible for managing complex relationships.

Eleven studies explicitly highlight the importance of taking children's views and feelings into account to facilitate positive contact (Ward et al. 2019; Skoglund et al. 2019; Wangensteen et al. 2019; Fossum et al. 2018; Larkins et al. 2015; Lundström and Sallnäs 2012; Morgan 2009; Wilson and Sinclair 2004; Smith and Logan 2004; Macaskill 2002; Cleaver 2000). According to Lundström and Sallnäs (2012: p. 402), facilitating contact among children in care 'according to their own desire is fundamental' from a child's rights perspective. In Morgan's (2009) mixed-methods study with children and young people in foster and residential care in England, while participants generally wanted to maintain contact with their birth relatives, they also wanted to have a choice about **the people with whom they maintained contact**, and **when contact happened**.[5] Several participants found it strange

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[5] Age range not specified in Morgan (2009).

meeting family members they had not seen for a long time, and wanted contact with these relatives to be introduced gradually (Morgan 2009).

Larkins et al. (2015) report qualitative findings from an evaluation of the Social Work Practice (SWP) pilots in England (conducted in 2009–2012), involving interviews with 169 children and young people (aged 7–23) and 19 birth parents. In this study, children and young people were **most satisfied with contact** in cases where they were **asked about their views and given a degree of influence over contact arrangements**. Young people were more satisfied when allocated social workers (and sometimes independent reviewing officers, IROs) repeatedly checked their views, reminded them contact was their decision and supported their choices about the nature and amount of contact. Larkins et al. (2015) concluded that a rights-based approach to achieving satisfaction with contact involves recognising that children and young people's involvement in decision-making can lead to **stability and security over time** (2015: p. 310).

Neil et al. (2013, 2015) also highlighted the importance of taking account of children's views in their mixed-methods longitudinal study, which followed a cohort of children who were adopted or placed in care in England, from 1996-97 (aged 0–4) to 2012-13 (aged 14–21).[6] Based on interviews with young people, adoptive parents and birth parents, Neil et al. (2015) concluded that decision-making about contact should foreground the child's interests, and think about contact 'from the child's point of view' (Neil et al. 2015: p. 243). Neil et al. (2015) also found that **young people's satisfaction with their contact arrangements** was significantly associated with other measures of well-being, and those who were highly satisfied with their contact were **less likely to have externalising behaviour problems** (e.g. aggressive, rule-breaking and intrusive behaviour). While some young people specifically linked their unhappiness and poor well-being outcomes to problems with (including a lack of) contact, the study did not identify a causal relationship between contact and well-being (Neil et al. 2015). An in-depth longitudinal perspective is also provided by Skoglund et al. (2019), who report on the experience of three participants who were involved a study on kinship care in Norway which followed children into adulthood. Their analysis indicated that the question of children's agency—or the extent to which they are in control of their relationships with birth parents—was key to ensuring good quality contact.

Taking children's needs and views into account also involves considering how the implications of contact may vary depending on age, placement and permanency. Unsurprisingly, reviewed studies indicate that there are key differences in ascertaining older children and adolescents' views on contact (e.g. Skoglund et al. 2019; Neil et al. 2013, 2015; Macaskill 2002) when compared with infants and young children (e.g. Cleaver 2000; Schofield and Simmonds 2011; Humphreys and Kiraly 2010; Kenrick 2009; Haight et al. 2001). In a mixed-methods study which included interviews with 33 children in foster care (5-12 years old) in England, Cleaver (2000) warned that **it is not always straightforward for adults to know how children feel about contact**. Particularly for children aged 5-8 in this study, Cleaver (2000: p. 272) reported that 'it was rare for children to make their wishes known to either carers or social workers'. In Wilson and Sinclair's (2004) studies of foster

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[6] Stage 1: case information collected from social workers of 168 children; interviews with 35 adoptive parents and 15 birth relatives. Stage 2: data collected from 62 adoptive parents (in relation to 87 adoptive children), 43 adoptive children and 73 birth relatives. Stage 3: data collected from 45 adoptive parents, 40 adopted young people and 37 birth relatives (Neil et al. 2013, 2015).

care in England involving 596 children of all ages, just over one-quarter of participants said they would like to have more contact with birth families or to return to the birth family. However, nearly six out of ten said they found contact stressful at times, 'sometimes highly so', and distress following contact was more common in cases where there was a history of emotional or sexual abuse (Wilson and Sinclair 2004: p.181). The authors conclude that attention to children's views is important for ensuring a **differentiated approach to contact with different members of the family**, including recognising when (and with whom) maintaining contact is not in the child's best interests.

Based on a qualitative study which involved 76 families of 106 children and young people (aged from under five to over 18 years) in adoption or long-term foster care, Macaskill (2002) concluded that children often wanted a much higher level of contact 'than their emotional resilience would allow' (2002: p.138), given the difficult feelings that contact could provoke. This study highlighted that children 'wanted opportunities for ongoing dialogue as they matured and their feelings about contact were liable to change' (Macaskill 2002: p.138). These findings demonstrate a need to **take account of children's perspectives, without making them responsible for managing complex relationships and divided loyalties**.

In the following sections, we draw out implicit and explicit findings about contact and well-being in relation to children and young people's age groups, including their perspectives at different ages where possible. However, it is striking that while many studies emphasise the importance of taking children's views and feelings into account when arranging contact, only two reviewed studies (Larkins et al. 2015; Neil et al. 2015) directly examined how this is related to children's well-being. This gap in the literature raises critical questions about how the rights and best interests of the child can be ensured in decision-making about birth family contact.

2.1.2 Ensuring meaningful involvement of key adults and effective communication between all parties

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Key messages

Reviewed studies indicate the importance of:

- birth family members' meaningful involvement in looked-after children and young people's lives
- effective, clear communication and mutual respect between key adults involved in managing contact (carers/adoptive parents, birth relatives and professionals)
- open, sensitive communication about contact with children and young people.

The above factors were associated with the following well-being outcomes for children and young people:

- improved behaviour
- greater satisfaction with contact arrangements
- greater self-esteem
- positive relationships between with birth family members
- developing a sense of identity.

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Given the complex balance involved in understanding and responding to children's wishes and feelings, as documented above, it is not surprising that the reviewed evidence indicates a critical role for communication between all parties involved in contact. This includes communication between key adults (i.e. birth family members, professionals and carers or adoptive parents), and sensitive communication with children and young people. Effective communication between the key people in children's lives is correlated with positive short and long-term benefits for children's well-being. While it is important to recognise that these studies do not establish causality—and that better well-being may give rise to more positive experiences of contact—a consistent picture emerges across a variety of placement and permanency arrangements.

Seven reviewed studies explored the importance of effective communication between key adults in the context of post-adoption contact. In a qualitative study with 11 'triangles' of children (aged 6–18), their adopted parents and a birth relative in England, Logan and Smith (2005; see also Smith and Logan 2004) found that the presence of **open, direct communication, mutual respect and high levels of reciprocal permission** enabled seven kinship networks to establish post-adoption contact that supported 'satisfying and amicable relationships' (2005: p. 32). The authors reported that, even when adoptive parents and birth relatives did not actively like each other, **clear communication and understanding** about the purpose of face-to-face contact and their respective kinship roles helped to ensure positive contact for children. When these factors were in place, adopted children were more likely to be **satisfied with contact arrangements**, including looking forward to contact and wanting it to continue (Logan and Smith 2004; 2005). Writing about permanent placements in adoption and long-term foster care, Macaskill (2002) observed, 'evidence of positive partnerships between the adults in both families during contact meetings […] are deeply meaningful to children and provide tangible and visible proof to them that positive relationships do exist' (2002: p. 152).

A quantitative study with 73 adopted children (aged 8-14) in the United States indicated the benefits of post-adoption contact for children's well-being (Brodzinsky 2006). Children living in families with more information about and contact with birth families displayed **greater self-esteem** and **fewer behavioural problems**; the same was true of children who experienced **more open and sensitive communication** about adoption within their families (Brodzinsky 2006). More specifically, however, Brodzinsky (2006) found that the quality of communication within adoptive families ('communicative openness') was a stronger and more consistent predictor of children's self-esteem and behavioural outcomes when compared to 'structural openness', or the level of information and contact with birth parents. Also in the United States, Grotevant et al. (2004; 2011) conducted a mixed-methods longitudinal study with 190 adoptive families, spanning four categories of 'openness'. This included confidential adoption (no information sharing), mediated via agencies (ongoing and stopped), and fully disclosed (with direct sharing of information, and often face-to-face meetings, between adoptive and birth parents). In contrast to Brodzinsky (2006), Grotevant et al. (2004; 2011) did not find any relationship between communicative openness and reported levels of externalising behaviour problems among adoptive young people (11–20 years old). Grotevant et al. (2011) suggested that differences between their study findings and Brodzinsky's (2006) study may have reflected variation in levels of communication openness. For example, children in confidential adoptions could grow up in an atmosphere of open communication, even if 'the occasions for discussing it are not as frequent or as

impactful' as in open adoption contexts (Grotevant et al. 2011: p. 8). Consistent with findings reported from Neil et al.'s (2015) study of post-adoption contact in England (see Section 2.1.1), Grotevant et al. (2011) did find that higher levels of adoptive carers' and adoptees' **satisfaction with contact** were associated with **lower levels of adolescent externalising behaviour**.

Three further longitudinal studies discuss communicative openness in relation to contact in the context of adoption or permanent placement in England (Neil et al. 2013; 2015; Thoburn 2004) and Australia (Ward et al. 2019). At the final stage of the Contact after Adoption study, Neil et al. (2015) found that in cases where birth family contact had continued successfully, adoptive parents and birth relatives had respected each other's roles and family boundaries, with a focus on the needs of the young people. The authors noted that contact is a 'dynamic and transactional process' which had to be actively managed by adoptive parents, adoptive children and birth relatives over time (2013: p. 292-3). According to young people (aged 14–21), the main benefits of successful contact were **building relationships with birth relatives**, and **being able to talk openly about their background with their adoptive family**. Consistent with positive outcomes associated with communicative openness in Brodzinsky (2006), Neil et al. (2015) found that contact provided a way for children to talk about adoption with their families, and open communication between young people and their adoptive parents promoted young people's **identity development**, as they learned more about their birth families and processed their thoughts and feelings about their adoption.

Thoburn's (2004) research documented the importance of opportunities to learn about birth family for young people from black and minority ethnic backgrounds, in a longitudinal study that followed a sample of 297 children who first entered care in the early 1980s and were placed permanently in adoption or foster care. This study is consistent with others in the review in identifying complex challenges in contact with birth families over time, but equally, Thoburn (2004) reported that contact could contribute to a 'more **positive sense of ethnic and cultural identity and pride** in belonging to a particular ethnic group' (2004: p.198). This had particular importance for children placed with a family of different ethnic or cultural background, and for those of mixed ethnicity who had not had opportunities to connect with aspects of their heritage before coming into care (e.g. if living with a white birth mother who had no contact with the paternal family).

In a mixed-methods longitudinal study of post-adoption contact in Australia, which included analysis of administrative data on 210 adoptees, survey data on 93 adoptees, and interviews with 20 adoptees and 21 adoptive parents, Ward et al. (2019) similarly reported positive long-term outcomes for adoptees whose adoptive parents actively facilitated relationships with birth parents. This included having birth parents as 'honorary' family members. In these cases, adoptees were more likely to report having **closure** as adults, or having 'accepted reasons for their adoption, and no longer [seeing] themselves as defined by their past' (Ward et al. 2019: p. 150). Adoptees with closure were also found to have better outcomes in adulthood (including better qualifications and educational outcomes) compared to those who had not yet achieved this level of understanding and acceptance (Ward et al. 2019).

The findings discussed above are focused on studies of adoption, but there is also evidence that the involvement of the child's carer with contact is likely to be important for children in other forms of placement. Neil et al. (2003) compared experiences of contact between

adoptive and long-term foster families in England, drawing on the first stage of the Contact after Adoption study and the mixed-methods Growing up in Foster Care study, which focused on 58 children (aged 12 and under) in long-term foster care. The authors found that foster carers were typically less involved in contact than adoptive parents, and often reported feeling excluded from decision-making. However, Neil et al. (2003) found that in cases where foster carers and adoptive parents demonstrated **high levels of empathy and sensitivity** towards children and birth parents, this facilitated successful contact and supported children to develop their **sense of identity** and **membership in both families.** Wilson and Sinclair (2004) discuss the importance of effective communication between key adults in foster care, based on studies involving 596 children of all ages in foster care in England. This research indicates that sensitive management of relationships between birth families and foster carers was a key condition that makes placements more likely to go easily—with concomitant benefits for the child's **stability and well-being**. Communication between key adults—including birth relatives and carers—is important precisely because contact can be challenging and confusing for children.

Finally, within the context of residential care, Geurts et al.'s (2012) narrative review of international literature concluded that birth parents' meaningful involvement in children's lives can improve the quality and outcomes of contact. Examining family-centred approaches to residential care (and covering literature published in English, Dutch and German), Geurts et al. (2012) noted that although the evidence was mixed, it was possible to conclude that higher quality family involvement in residential care was correlated with the following outcomes: **improved child behaviour** (including less 'oppositional' behaviour), **better family functioning** (including improved family relationships and communication) and **better engagement with residential interventions** (including improved completion rates and better levels of satisfaction).The authors concluded that a family-centred approach to residential care needs to go beyond parent-child contact and encompass the genuine involvement of parents in decision-making and in children's daily lives.

2.1.3   Providing skilled professional support

Key messages

Across placement and permanency arrangements, the reviewed evidence demonstrates the value of training and professional support for all involved in contact—both in establishing the purpose of contact and ensuring that arrangements are implemented and managed accordingly. Examples include:

- support and training for adoptive parents and carers regarding the benefits and challenges of managing contact, before and during adoption/placement
- support and coaching for birth parents in relation to expectations and management of contact
- support for children and young people to negotiate decisions around the frequency and nature of contact, and to manage relationships with birth relatives and potential tensions between birth family and placement.

These types of support were associated with positive well-being outcomes for children and young people, including:

- positive relationships with birth parents

- placement stability
- greater feelings of security
- developing a sense of identity.

In order to facilitate communicative openness, and the meaningful involvement of children and key adults in decisions about contact, reviewed studies consistently documented the importance of skilled professional support. Across placement and permanency arrangements, there is evidence of the value of training and professional support. In a qualitative study of foster care in England, Cleaver (2000: p. 280) found that **training for foster carers** 'clearly has a positive influence on attitudes to contact', although most foster carers in the study had not been provided with training on managing contact. Cleaver (2000: p. 271) also found that carers were more likely to play an active role in promoting contact in cases where 'social workers and carers worked in partnership and held a common understanding about the objectives of contact'. Moreover, Cleaver (2000) found that, when there were problems with contact, carers highly valued social workers' expertise and support in resolving them.

Macaskill's (2002) study of permanent placements in England concluded that independent professional support and advice is needed for children, carers and birth parents, and recommended the availability of an intermediary to mediate between different parties and help relieve tensions when all those involved have a high degree of emotional investment. Neil, Beek and Ward's (2015) longitudinal study recommended that prospective adopters should have better preparation for the benefits and challenges of contact, including empathy exercises to help understand the birth relative's point of view. The research showed that 'where adoptive parents can empathise with birth relatives, **contact is more likely to be comfortable for everyone, and to be sustained over time**' (2015: p.260). In an in-depth qualitative study with nine birth mothers and their children (aged 2–4) who had been placed in foster care in the United States, Haight et al. (2001) also noted that **birth parents would benefit from additional support and coaching** to manage leave taking at the end of contact visits, which could be particularly upsetting for young children and parents alike. Cleaver's (2000) research also highlighted the importance of professional support for birth parents.

Research with older age groups has documented the need to support children and young people to manage contact themselves. Young people in care and care leavers (aged 13–26) in Wangensteen et al.'s (2019) study in Norway indicated that they wanted **professional support to help negotiate difficult decisions** around the frequency and type of contact with birth family members, and Neil et al. (2015) similarly reported that adopted young people wanted and needed support with birth family relationships beyond the age of 18. In Morgan's (2009) study in England, children and young people in foster and residential care reported that they would like more support from social workers to arrange contact visits. In a qualitative study with young people in foster care (aged 11–17), their foster carers and social workers in England, Moyers et al. (2006) found that social workers provided crucial support with contact for young people and for their carers. With children and young people, this involved providing **support to manage placement relationships.** Foster carers often knew a great deal about how contact was working, and particularly in cases where contact was unsupervised, it was important for social workers to have regular discussions with carers in

order to proactively manage contact. (Moyers et al. 2006). In the context of open adoption, Logan and Smith (2005) noted that social workers played a key role in facilitating contact by helping adopters, birth relatives and children to **negotiate and agree the 'rules of engagement'** (2005: p. 32), and by providing support and mediation if these relationships run into trouble.

Five studies specifically indicated the crucial role of social workers in **establishing the purpose of contact**, and ensuring that contact is arranged accordingly. It is particularly important here to distinguish between studies of adoption, where children are likely to have been placed at a young age and to have a primary attachment to the adoptive family, and research on other forms of placement, where children are likely to have stronger attachments to their families of origin, and where reunification may be part of the long-term plan. Equally, as Macaskill (2002) and others have recommended, contact plans should never be static. Sen and Broadhurst's (2010: p. 306) review concluded that 'contact should be purposeful and contribute to assessment, rehabilitation or other objectives in terms of a child's identified needs', while Moyers et al. (2006) also reported that social workers need to determine the purpose of contact, and **structure contact arrangements accordingly**.

However, Cleaver's (2000) study of foster care in England indicated that understandings of why contact should occur 'did not necessarily influence arrangements for contact or whether or not direct work with children and families was carried out' (2000: p.273). In the context of foster care, in cases where reunification is not being planned, McDowell et al. (2019) noted that unless the purpose of contact is established, it may simply serve to reinforce negative dynamics. Similarly, in the context of open adoption, Cossar and Neil (2013) concluded that, where contact is confusing or traumatising, and where difficulties in arranging contact are 'insurmountable', 'the purpose of contact may need to be revisited' (2013: p. 75). In their mixed-methods longitudinal study of post-adoption contact in Australia, Ward et al. (2019) also noted that practitioners should be clear about the purpose of contact. In particular, where there is a risk that it will re-traumatise the child, Ward et al. (2019) noted that practitioners should consider changing or pausing contact arrangements until the child wants it to resume (see Section 2.2.4 for a more detailed discussion on risks of re-traumatisation).

Based on kinship carers' perspectives in Family Links, a mixed-methods study in Australia, Kiraly and Humphreys (2016) reported that skilled intervention is required to create **co-operation between children, kinship carers and birth family members**, particularly in cases where birth parents have substance misuse issues and/or mental health issues, and where there is a history of family violence.[7] In a narrative review of the evidence base on contact in kinship care in the English-speaking world, the same authors noted that **specialised training for social workers** is needed to help them deal with the complexities and dynamics in kinship care, challenging the assumption that less social work support is needed for children in kinship care arrangements (Kiraly and Humphreys 2013). In a mixed-methods study examining outcomes for 113 children placed in long-term kinship care in England (aged 0–14 at the end of care proceedings), Hunt et al. (2010) found that **kinship carers would benefit from support** early on and throughout placements. This would involve agreeing the purpose of contact, preparing carers for the specific difficulties that can

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[7] Methods included focus groups with 21 children and young people (Kiraly and Humphreys 2011), a survey of 430 kinship carers and focus groups and interviews with 73 carers (Kiraly and Humphreys 2016).

arise in kinship care (discussed in more detail in Section 2.2.4), explaining their role in promoting contact and proposing ways of dealing with potential conflict with birth parents that does not negatively impact on the child (Hunt et al. 2010). However, Moyers et al.'s (2006) study of kinship care in England indicates that this kind of support is rarely available for kinship carers.

A consistent conclusion from the reviewed studies is that **skilled professional support for contact is associated with positive well-being outcomes**. In their study of long-term foster care, Beek and Schofield (2004) concluded that the 'planning, organisation and monitoring of contact was crucially important' in promoting security and managing risk for the child. In a qualitative study with nine mothers and their children (aged 2–4 years old) in the United States, Haight et al. (2001) noted the potential benefits of an 'emotionally supportive and enriched environment' for contact with young children (2001: p. 336). In the study, contact visits were videotaped in the play therapy room of a local mental health centre, and this environment facilitated high levels of face-to-face interactions, including activities such as pretend play, exploring the play room and object play. Haight et al. (2001) noted that these activities are generally associated with **positive parent-child relationships** and are **supportive of children's development**' (2001: p. 334). On a larger scale, Bullen et al.'s (2016) systematic review evaluated the effectiveness of interventions to improve the quality of contact visits between parents and their children in out-of-home care (aged 0-16 in reviewed studies). Identified interventions in the United States, Canada and Australia included individual family support (such as pre-visit planning and coaching during visits), group programmes (designed to support contact visits for parents and children who may not be reunited) and educational programmes (focused on supporting contact for parents, carers and children). Overall, the findings suggest that such interventions can have a positive effect, with promising results from those that focused jointly on carers and parents. In particular, the evidence on individual support, although limited, suggests that tailored, structured parental support may be associated with **improved relationships between children and parents** (Bullen et al. 2016). However, the authors cautioned that since none of the reviewed evaluations included control groups, it was not possible to confirm a causal relationship between these interventions and positive outcomes.

Based on their review of UK and international studies, Sen and Broadhurst (2010) concluded that well-supported contact is likely to promote positive outcomes including **return to parental care** and **placement stability**. In a mixed-methods study in England on kinship care and non-kin foster care, Farmer (2010) reported similar findings in terms of well-supported contact and placement stability. Based on case file reviews on 270 children (aged 0–10 at the time of placement) and interviews with 16 social workers, six birth parents and 16 children, Farmer (2010) found that there were significantly **fewer disruptions in kinship care** where contact was supervised, either by social workers or kinship carers themselves.[8] In Ward et al.'s (2019) longitudinal study of post-adoption contact in Australia, the presence of an adoptive parent during contact was found to be particularly beneficial for children who had experienced high levels of abuse and neglect before being removed from their parents. Adoptive parents in the study reported that this was beneficial as it **facilitated transparency**, **helped the child to feel more secure**, and **initiated relationships between the adults involved** (Ward et al. 2019). Adult adoptees also indicated that these supported

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[8] Age not specified in Farmer (2010).

forms of contact had helped them to develop a **secure sense of identity** (Ward et al. 2019). Similar conclusions were reported in Bazalgette et al.'s (2015) qualitative study in England and Wales, which involved young people (aged 8–18) and professionals (including workers in children's homes, social workers, Child and Adolescent Mental Health Services (CAMHS) and voluntary sector organisations):

> *In most cases regular, well-supported contact with birth families was essential to young people's emotional well-being, their understanding of their identity and their support networks after they left care. However, in some cases family contact could be very detrimental to young people's emotional well-being*
> (Bazalgette et al. 2015: p. 47).

Looked-after and young people (aged 7–23) in Larkins et al.'s (2015) study in England demonstrated that children and young people were more likely to be **satisfied with contact arrangements** when they had both **practical and emotional support** from their social workers in managing contact, for example, providing or paying for transport to contact sessions, and arranging contact sessions in family-friendly, convenient locations such as local sports centres. Children and young people in the study also valued emotional support from social workers when difficult situations arose (both in relation to face-to-face and online contact), including social workers' availability to do this outside office hours.

Overall, the reviewed studies demonstrate that contact needs to be well-supported to ensure it is beneficial for children's well-being, and to minimise risk of harm. Studies beyond the immediate scope of the review also indicate the value of supporting birth relatives in contact across diverse forms of placement.[9] Again, a differentiated understanding is key: the balance of risk and benefit means that it may not be appropriate to support regular contact with all family members, at all times. In some cases (as discussed in Section 2.2.4) children's well-being may best be protected by limiting or even terminating contact with some relatives. As noted earlier, the dynamic complexity of children's views and feelings over time must be taken into account (see Section 2.1.1).

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[9] For example, Neil et al. (2011), Boddy et al. (Forthcoming)—not eligible for inclusion in the present review, as they do not focus on children's well-being.

2.1.4 Contact with siblings

> **Key messages**
>
> - The reviewed research shows that insufficient priority is given to facilitating contact between looked-after or adopted children and young people and their siblings.
>
> - It is important to respect children and young people's wishes in relation to sibling contact. This includes recognising that the desire for sibling contact may vary for different siblings and may change over time, and supporting and facilitating contact when it is wanted.
>
> - Positive experiences of sibling contact are associated a range of well-being outcomes, including:
>
>   - a sense of belonging to birth family
>   - developing a sense of identity
>   - maintaining or improving relationships with siblings
>   - positive mental health outcomes.

Reviewed studies consistently document the importance of supporting contact with siblings and extended family members, and clearly demonstrate that contact should not be limited to birth parents. However, in a mixed-methods study of sibling contact in England and Wales, Monk and Macvarish (2018) found that the significance of sibling relationships was routinely outweighed by other assumptions in decision-making within care proceedings—for example, the idea that placement stability would be disrupted through sibling contact, or that maintaining birth parent contact is a higher priority than sibling contact. Additionally, this study showed that contact arrangements between separated siblings were largely determined by placement type, with direct sibling contact viewed as less appropriate in adoption compared to other placements (Monk and Macvarish 2018).

Studies including young people's perspectives highlighted the value for well-being of addressing sibling contact. Based on focus groups with children and young people (aged 10–29) in the Australian Family Links study, Kiraly and Humphreys (2011) concluded that sibling contact can be particularly valuable for children in cases where contact with birth parents is undesirable. In a mixed-methods study of kinship care in England, including analysis of case files for 113 children (aged 0–14), interviews with 37 carers, 24 social workers and 14 children and young people (Hunt et al. 2010), carers reported that children valued opportunities for contact with their siblings, which in turn helped them to **feel part of their birth family**, **develop their sense of identity**, and **maintain, strengthen or build bonds** with siblings.[10]

Based on secondary data analysis examining sibling relationships in the United States (using a sub-sample of 152 young people in care, aged 11–16) from the National Survey of Child and Adolescent Well-being), Wojciak et al. (2013) found that the majority of young people in foster care were separated from their siblings, and wanted more frequent sibling contact. Moreover, frequent sibling contact was associated with **better sibling**

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[10] Ages not specified in Hunt et al. (2010).

relationships, which in turn was associated with **positive mental health outcomes** for young people. While cautioning that their findings were correlational, not causal, the authors concluded that positive sibling relationships mediated the effect of trauma on 'internalising symptoms' including withdrawal, somatic complaints and anxious or depressive symptoms (Wojciak et al. 2013: p. 1073). Ward et al.'s (2019) longitudinal study of adoption in Australia reported that, while adoptees valued relationships with siblings who remained with birth family members, they had usually followed very different life trajectories and the adoptees tended to be closer to the other children living in their adoptive home (e.g. adoptive parents' birth children or other adoptees). In a study of post-adoption sibling contact from the perspective of adoptive parents and birth relatives in England, including adult siblings, Cossar and Neil (2013) reported that direct sibling contact provided opportunities to share family news, and in turn to enable **ongoing relationships with birth families**. However, while this was positive for some adoptees in the study, others found information about their birth families confusing and traumatising (Cossar and Neil 2013). These findings further indicate the importance of skilled professional support to help children and young people in care and adoption to manage the complexities of contact with siblings.

2.1.5   Contact with extended networks

> **Key messages**
>
> - Contact with extended networks, including wider birth family members, is an important and complex area of practice.
>
> - Extended networks can provide an important source of support, particularly when birth parent contact is problematic or not possible.
>
> - Contact with extended networks needs to be differentiated and carefully planned to protect children from risk and ensure children and young people's views are taken into account.
>
> - As with sibling contact, it is important to listen and respond if children and young people say they do not want contact with certain people.
>
> - Well-managed contact with extended networks is associated with the following positive well-being outcomes for children and young people:
>
>   – stability and continuity
>   – making sense of complex identities in relation to family
>   – positive relationships with extended family members.

While much of the literature on contact has focused on birth parents, contact with extended networks—especially other birth family members—is consistently shown to be an important, yet complex, area of practice across placement and permanence arrangements. In qualitative studies of foster care and kinship care in England (Cleaver 2000; Moyers et al. 2006; Wellard et al. 2017) and England and Wales (Balzagette et al. 2015), children and young people reported wanting contact with important relatives and friends, and gave examples of positive contact with extended family members including grandparents, aunts, uncles and cousins. As Beek and Schofield (2004) concluded in their study of long-term foster care, contact with extended networks needs to be **differentiated and carefully**

planned, to protect children from risk and ensure their views are taken into account. In their study of foster care, Moyers et al. (2006) found that extended birth family can act as **a key source of stability and continuity** for young people (aged 11–17), counteracting difficult parental relationships. Similarly, in a mixed-methods study on experiences of kinship care with 53 young people (aged 16–26) and 43 kinship carers (Wellard et al. 2017), young people spoke with 'warmth and appreciation' about being part of a supportive extended family network, which provided an **important source of continuity** while in care (2017: p. 62). In their narrative review, Kiraly and Humphreys (2013) identified that a key advantage of kinship care is that the child is embedded through the placement in a wide family network that can provide security and support. However, as Kiraly and Humphreys (2013) observe, this does not mean that contact is straightforward in kinship care, or requires lower levels of support for children and carers dealing with complex family relationships (see Section 2.2.4).

Relationships with extended kin networks are also reported to help young people in **making sense of complex identities in relation to family**. Neil et al.'s (2015) longitudinal study of adoption in England found that, at their final follow-up in adolescence, most young people were not in contact with their extended family. This was particularly the case for their paternal family—only two out of 65 participants had contact with paternal grandparents, compared with 12 who were in contact with maternal grandparents. The authors note that these disparities 'highlight the potential difficulties for young people in building a picture of their paternal birth family identity' (Neil et al. 2015: p. 70). However, Neil et al. (2015) also note that, while few participants had contact with extended family over the course of the study, this kind of contact was more likely to be sustained over time compared to contact with parents. Moreover, extended family contact was highly valued by young people and birth family members alike.

In Ward et al.'s (2019) longitudinal study of post-adoption contact in Australia, seven out of 24 adoptees reported positive relationships with their grandparents, and indicated that these relationships were particularly important when birth parents had not been able to provide a safe and nurturing home. Meanwhile, Bazalgette et al.'s (2015) study of children in care in England and Wales highlighted the importance of extended family contact in providing **reliable support networks** for young people after they leave care. Ongoing contact with birth family was also highly valued by care leavers (aged 16–18) in Wade's (2008) mixed-methods, longitudinal study in England. While care leavers most commonly reported regular contact and close relationships with siblings and birth mothers, several also mentioned contact and **close relationships** with aunts and uncles, grandparents, birth fathers, step-parents, cousins, nieces and nephews (Wade 2008). This study did not find a correlation between support from close family members and other substantive outcomes (such as progress in housing, education or employment), and young people's perceptions of key relationships did not vary by gender, ethnicity, disability status or mental health status (Wade 2008). However, unaccompanied minors were less likely than other young people in the study to have had access to family contact and support (Wade 2008).

In another English study (Morgan 2009), children and young people in residential and foster care also highly valued contact with their friends, sometimes seeing this as more important than family contact. As with birth parent contact, several studies indicate the importance of respecting children and young people's needs and preferences when negotiating contact with extended birth family members. This includes listening, and responding when looked-

after and young people say they do not want contact with certain people (Lundström and Sallnäs 2012), and recognising the complexities involved when negotiating multiple birth family relationships (Kiraly and Humphreys 2011, 2013). Without skilled support, careful management and respect for children and young people's needs, contact can become a negative experience, as discussed further below.

2.2 Critical considerations for contact and children's well-being

2.2.1 Determining the frequency of contact

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Key messages

- There is no consistent relationship between frequency of contact and well-being for children and young people.

- Quality, rather than quantity, is key for promoting and protecting well-being. It is crucial to consider contextual factors, including the purpose of contact and the nature and permanency of the placement.

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The research discussed so far in Chapter 2 consistently shows the importance of a differentiated approach to contact, which is adequately supported, responsive to children and young people's views, and takes account of the purpose of the placement (and of contact itself). Given this, it is perhaps not surprising that the reviewed studies show no causal relationship between the *frequency* of contact and children and young people's well-being. Instead, the reviewed evidence indicates that the *quality* of contact, rather than quantity, is the key consideration in promoting and protecting well-being.

Two studies reported positive well-being outcomes associated with higher frequency contact. In a mixed-methods longitudinal study of children in out-of-home care in Australia ('Pathways of care longitudinal study'), Cashmore and Taylor (2017) reported that frequency of contact was the most significant predictor of whether children in foster, kinship and residential care in Australia reported **positive relationships with birth family members**. However, the authors noted that the identified association between frequency of contact and quality of relationships was not causal, and that there is likely to be a 'feedback loop' in which those with a good relationship are more likely to have frequent contact (2017: p. 56). Reinforcing that interpretation, in a Swedish longitudinal study following children placed in residential care in the early 1980s (aged 20–25 in the most recent round of data collection), Andersson (2004) found that those who demonstrated **good social adjustment** (in terms of no involvement with drugs, criminal behaviour or legal sanctions) and **emotional well-being in adulthood** had been assessed as securely attached to their mothers in early life, and had continuous positive relationships with their mothers. Those who demonstrated moderate social adjustment and lower emotional well-being had had little to no contact with their birth family while in care, and those who manifested anti-social behaviour such as drug abuse and criminality had mixed early relationships and inconsistent attachment patterns with their birth family (Andersson 2004). While these findings suggest long-term benefits of positive contact during childhood, it is important to note that the study does not directly consider how contact might have affected participants' well-being outcomes, or whether other factors may have influenced both well-being and contact.

Four studies reported mixed findings on contact frequency and well-being. In a qualitative study with children and young people in foster care (aged 9–17) and their carers in England, Biehal (2014) explored patterns of attachment to foster families and birth parents, and concluded that the frequency of birth family contact shaped children and young people's **sense of belonging** to varying degrees. Participants who had been in foster families from an early age and who had limited or no contact with their birth parents reported a strong sense of belonging to their foster families, and not to their birth families. In other cases, participants who had little or no contact with their birth families reported ambivalent feelings and a qualified sense of belonging to both their birth and foster families. Another group of participants were able to maintain a sense of belonging to both their birth and foster families; in one case, this was facilitated by regular, positive contact with birth mother, while in another, this was still possible in spite of intermittent birth mother contact (Biehal 2014).

In a quantitative study examining depression and externalising behaviour problems among children and young people (aged 7–16) in out-of-home placements in the United States, McWey et al. (2010) found a relationship between the frequency of contact, **children's behaviour** and **mental health.** Children who had no contact with their birth mothers had the highest 'externalising problem behaviour' scores (including conflict with others and violation of social norms), while children who had the highest level of contact with birth mothers had the lowest externalising behaviour scores (McWey et al. 2010). These findings show correlation not causality, and the authors note that mothers who had frequent contact with their children may have differed from other mothers in important ways. In terms of depression, McWey et al. (2010) reported that boys who had contact 'often' with their biological mothers had **lower depression scores** than boys who had no contact; however, girls with the highest rates of depression were those who had 'some' contact. By contrast, in their mixed-methods study on kinship care with young people (aged 16–26) and carers in England, Wellard et al. (2017) found that young people who had no contact with their mothers as teenagers had **better mental health outcomes** than those with maternal contact of any quality. Again, Wellard et al. (2017) emphasise that these findings are not causal; for example, better mental health outcomes among young people with no contact may be a result of more stable kinship placements, rather than specifically due to a lack of birth parent contact. Based on a mixed-methods study of special guardianship in England, Wade et al.(2014) also found that children were better integrated into their placement family when they had less frequent contact with their birth mothers (reported in Harwin et al.'s 2019 review of studies on special guardianship in England).

Two other studies found no relationship between the frequency of contact and children's well-being. In a quantitative study examining the relationship between the frequency of birth parent contact and mental health for 203 children in foster care (aged 4–13) in Norway, Fossum et al. (2018) reported that the frequency of visitations with birth parents (either mothers or fathers) **did not significantly affect children's psychosocial functioning or their level of attachment to their foster parent/s**. Children in this sample were very young (on average 2-3 years old) when first placed outside their birth homes, and had been living in stable foster placements for a considerable amount of time when the study took place; the authors note that these may all be relevant factors in their findings that most children did not display clinical levels of mental health problems (Fossum et al. 2018: p. 8). In a mixed-methods study with children (aged 0–12 months old) placed in out-of-home foster care in Australia, Humphreys and Kiraly (2010) found that **the pattern of reunification with birth**

family was similar for children (aged 0–12 months) who had high-frequency contact (four to seven days a week) with their birth mother and father and for those who had lower-frequency contact (less than four days a week).

Bazalgette et al. (2015) found that **infrequent contact** was a **cause of placement breakdown** for some children in care in England and Wales, with some children running away to see their birth families when they felt contact was not sufficient. However, the implications of frequency also depend on the people involved in the contact. In their research with children in foster care, Wilson and Sinclair (2004) examined the implications of restrictions on contact on placement disruption. When children had not been abused (based on evidence available to social workers), 16% of placements disrupted when there were no restrictions on contact, compared to 19% when contact was restricted. However, when there was evidence that the child had been abused, contact was associated with placement disruption in almost a third of cases, compared with 12% when contact had been restricted. This difference remained significant even when controlling for child age, time in placement, and child and foster carer characteristics (Wilson and Sinclair 2004).

Overall, reviewed studies demonstrated that there is no simple causal relationship between frequency of contact and children's well-being. When looking specifically at placement stability, two studies indicated that the **quality of contact**, rather than quantity, is linked to **placement disruption**. In a qualitative study on foster care in England, foster carers and social workers reported that over half (56%) of the placements broke down when there were contact problems, compared with less than a quarter (24%) when there were no contact difficulties (Moyers et al. 2006). In many cases, contact difficulties or difficulties in relationships between young people and their parents combined with other factors to precipitate placement disruption (Moyers et al. 2006). Similarly, Cleaver's (2000) research found that erratic and uncertain contact, which does not meet the needs of the child, was associated with l**ess successful reunification** when children returned home.

2.2.2 Inflexible and poorly managed contact arrangements

Key messages

- Inflexible contact arrangements can have negative implications for children and young people's well-being.

- Contact that is not organised in child-centred ways, or that disrupts children's routines (e.g. infant sleeping and school attendance) may have negative implications for everyday well-being.

- Management of infant attachment needs in the context of contact has to accommodate potentially divergent pathways through the system.

- Older children and young people are not always comfortable with contact that takes place in formal, supervised settings.

- Determining when supervised contact is 'really necessary' for children's safety and well-being may play an important role in creating more positive experiences of contact.

There is consistent evidence that **inflexible or poorly managed contact** is problematic for children and young people. While there is evidence that this is important for children at all ages (e.g. Cleaver 2000), the reviewed studies indicated that this has particularly sharp implications for young children. In a review of legal, research and practice contexts in the UK and Australia, Schofield and Simmonds (2011) noted that contact arrangements for infants during family court proceedings have particular significance since 'the first year of life is crucial for physical, emotional, cognitive, social and behavioural development' (2011: p. 72). Their comments highlight two distinct, albeit related, concerns: first, the potentially disruptive effects of contact arrangements on everyday well-being for young children; and second, the implications of contact for attachment formation and the potential tensions between attachment to birth parents (usually the birth mother) and alternative, potentially permanent carers.

Three further studies indicated that the practical demands of high frequency contact could be disruptive for infants and young children, particularly during family court proceedings. In a qualitative study with 26 families who had fostered to adopt children (aged 0–10 months) through the Coram Concurrent Planning Project, carers raised concerns that the expectations of constantly being 'on the road' to facilitate contact between infants and their birth parents went against the assumption that they needed 'peace and quiet in the early stages of placement to help them settle and develop emotionally' (Kenrick 2009: p. 15). Kenrick found that the transitions and separations involved in contact could be a source of **significant stress** for infants. In a mixed-methods study of children in foster care in Australia, Humphreys and Kiraly (2010) identified systemic issues that resulted in children (aged 0–12 months) being taken from their carers and travelling for contact, without regard for attachment issues and disruption to their sleeping and feeding routines. These findings were echoed by foster carers' concerns in the Australian 'Pathways of care longitudinal study' (Cashmore and Taylor 2017). In this study, carers reported concerns about the disruptive effects of inflexible contact arrangements for children aged five and under, including **interrupted sleep and general routines** (Cashmore and Taylor 2017)**.**

Issues with the practicalities of contact are not confined to younger children, as documented in Cleaver's (2000) study of 33 children in foster care in England. While the majority of children aged 13 years or older had contact in the evenings or weekends, this was less likely to be the case for 5–12 year olds. Over half in the younger group had contact during office hours, leading Cleaver (2000: p.25) to observe that 'for a considerable proportion of middle-year children, contact is either squashed into approximately an hour at the end of a busy school day or interrupts their schooling'. The overly formalised nature of contact itself has also been highlighted as a particular concern for older age groups. In the Australian Family Links study (Kiraly and Humphreys 2011: p. 27), children and young people (aged 10–29) viewed contact arrangements under close observation in Department of Human Services offices as 'unworkable', and wanted contact to be 'as relaxed as possible if it was to take place at all'. However, there are tensions between these preferences and concerns about the effects of **poorly planned and unsupported contact** (Sen and Broadhurst 2010; Humphreys and Kiraly 2010). Determining when supervised contact is 'really necessary' (Morgan 2009: p. 4) may play an important role in creating more positive experiences of contact; however, none of the reviewed studies directly assessed the effects of overly formalised and inflexible contact on children's well-being. As discussed further below

(Section 2.2.3), these findings also highlight the importance of accounting for young people's feelings about their contact arrangements.

The balance between maintaining existing attachments with birth parents and forming new attachments with carers depends on children's age, the nature and purpose of the placement, and the strength of existing attachments to birth family members. For example, Cleaver (2000) found that social workers planned and ensured high levels of contact when they judged that children entering foster care had a strong attachment to their birth mother. These judgements are inevitably more challenging when children are placed at an early age, especially when permanence through adoption is being considered. Broadhurst et al.'s (2018) 'Born into care' study highlighted a lack of research on how frontline practitioners manage cases of newborns, and this has implications for understanding the management of contact and the consequences for children's well-being.[11] Additionally, the analysis of final legal outcomes in this study demonstrated that while almost half of all the newborn cases recorded placement orders or adoption orders, a significant minority (approximately 15%) were recorded as 'with birth parents'. These findings suggest that management of infant attachment needs in the context of contact has to accommodate potentially divergent pathways through the system. In the Contact after Adoption study in England, Neil et al. (2013; 2015) documented positive experiences of contact for young children (under the age of 9), noting that when young children had a limited understanding of adoption, contact with birth family members was not necessarily emotionally charged or problematic for them. This contrasted with experiences of the same adoptees during adolescence, when a greater awareness of their situation meant they had to deal with **emotional strain and feelings of loss** during contact.

2.2.3   Failing to account for children's perspectives

> **Key messages**
>
> - Failure to account adequately for children and young people's needs and preferences about contact may pose risks to their safety and well-being.
>
> - Negative well-being outcomes include:
>   - a sense of disempowerment at being excluded from decision-making around contact
>   - fear
>   - stress and a lack of control during contact sessions
>   - pressure to have unwanted contact with birth parents.
>
> - Neglecting young people's perspectives may increase risk if they seek out contact with relatives (in person or online) in spite of safeguarding concerns.

Mirroring the emphasis on the importance of accounting for child perspectives (Section 2.1.1), five studies specifically highlighted the negative implications of contact arrangements that fail to take children's needs and preferences into account (Cleaver 2000; Moyers 2006; McDowell et al. 2019; Kiraly and Humphreys 2011; Ward et al. 2019). In this context it is also

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[11] Study informing the review.

important to note evidence that young people who are unhappy with contact arrangements may 'vote with their feet', **determining their own contact with relatives who may repeat harmful patterns** of abuse or neglect (e.g., Cleaver, 2000; Moyers 2006). These findings lend weight to evidence discussed earlier about the need for child-centred and professionally supported arrangements (Section 2.1.1, Section 2.1.3).

In an exploratory qualitative study that involved seven care-experienced young people (aged 15–23) in Northern Ireland, some participants reported **a sense of disempowerment** at never being asked if they want contact, or what form they would like it to take (McDowell et al. 2019). As a result they reported **fear, stress and lack of control** during contact sessions (McDowell et al. 2019). In the Australian Family Links study, children and young people (aged 10–29) in kinship care felt that their birth parents were more listened to when arranging contact than they were, and expressed concern that **their own feelings were ignored** (Kiraly and Humphreys 2011). In particular, children and young people described **pressure to have contact with birth parents** they did not want to see, and restrictions on contact with other family members (Kiraly and Humphreys 2011). Elsewhere in Australia, in the context of legislated requirements for post-adoption contact as a pre-requisite for adoption orders in New South Wales, almost all adoptees in Ward et al.'s (2019) longitudinal study had regular contact with birth family members, regardless of their wishes. At the age of 12, adoptees were allowed to make decisions for themselves, and in 38% of cases where contact ended, this was due to adoptees' decisions. This suggests that contact may have continued against these children's wishes when they were younger.

2.2.4 Adverse experiences and risk of harm

Key messages

- Difficult interactions during contact visits and erratic or unpredictable behaviour from birth parents can have negative implications for children and young people's well-being.

- Difficult interactions with birth parents are associated with a range of risks to well-being for children and young people, including:

  – feelings of rejection
  – poor quality relationships with birth families
  – poor quality relationships with placement families
  – poor mental health outcomes
  – poor emotional well-being before, during and after contact.

- Contact with birth parents is often still wanted by children and young people in spite of difficulties, and there can be positive long-term well-being outcomes in spite of negative short-term experiences, such as:

  – developing a sense of identity
  – mitigating issues around attachment
  – finding a sense of closure.

- There is an important distinction between 'difficult' and 'harmful' contact. Poorly planned, unsupported contact can be particularly harmful where there is a history of maltreatment and children and young people may be at risk of further emotional, physical or sexual abuse during contact.

- Risk of harm must be carefully managed, for example by pausing or completely stopping contact with those relatives. Facilitating safe and supported contact with other extended family members instead may be particularly important in these contexts.

Reviewed studies provide a consistent picture of challenges associated with birth parents' behaviour around contact. This is perhaps not surprising, given that birth parents are not only facing the difficulties that led to their child's removal into care or adoption, alongside powerful emotions of worry and guilt (e.g. Neil et al. 2015), but they are also dealing with the collateral consequences of loss and disenfranchised grief (Broadhurst and Mason 2020).[12] In this context, it is helpful to disaggregate three types of challenge that may arise. Studies that report **difficult interactions during contact visits** often highlight the challenges of establishing rapport or issues associated with tensions in relationships (e.g. Cleaver 2000; Macaskill 2002; Smith and Logan 2004; Neil et al. 2015; Ward et al. 2019; McDowell et al. 2019). For example, Smith and Logan (2004) gave examples of children being upset by birth parents talking about loving and missing them, or by antipathy between parents and carers. Reviewed studies also indicate that birth parents' **erratic or unpredictable behaviour in relation to contact arrangements**, including failure to attend visits and unwanted or unplanned contact, is upsetting and disruptive for children, and stressful for their carers (e.g. Cleaver 2000; Biehal 2014; Ward et al. 2019). These findings reinforce earlier messages about the importance of planning, predictability and support for contact. Finally, there is evidence that for a minority of children—particularly those who are placed in case due to abuse—the behaviour of birth relatives during contact can put children at **risk of further physical and emotional harm** (e.g. Moyers et al. 2006, Selwyn et al. 2013; Ward et al. 2019). These different challenges are particularly important to consider given evidence of the importance of ensuring children feel in control of their relationships and contact arrangements (Section 2.1.1).

Four reviewed studies described specific issues arising when birth parents have substance misuse issues. In a mixed-methods study with children and young people (aged 8-18) and their kinship carers in England and Wales (Selwyn et al. 2013), kinship carers reported problems with birth parents turning up when under the influence of drugs and alcohol, sometimes at night, which was **upsetting for children**. Young people in care and care leavers (aged 13-26) in Wangensteen et al.'s (2019) qualitative study in Norway reported similar issues with parents who had substance misuse issues. Highlighting specific challenges for those in kinship care arrangements, birth parents were more likely to make unplanned visits when children lived with their grandparents (Wangensteen et al. 2019). Reporting on longitudinal interviews with three young adults in an in-depth qualitative study in Norway, Skogund et al. (2019) document the fluidity of difficult relationships over time. For example, in one case, after trying to maintain a relationship with her birth mother (who had substance misuse issues) in her childhood, one participant eventually decided that she

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[12] Study informing the review.

needed to avoid her mother's negative influence. Finally, Ward et al.'s (2019) study of open adoption in Australia reported that adolescent adoptees who visited birth parents with substance misuse problems were sometimes upset at being exposed to a drug culture or were encouraged to take drugs themselves.

Four studies reported that difficulties in relation to contact with birth parents are associated with poorer well-being outcomes, although again, it is important to recognise that these studies do not demonstrate a causal relationship. In Selwyn et al.'s (2013) study, children and young people (aged 8-18) in kinship care arrangements reported specific issues due to living in close proximity to their birth parents, which could lead to episodes of **repeated rejection**, including when children encountered parents in public spaces. In a quantitative study of foster carers, children in foster care (aged 5-18) and social workers in Spain, Salas Martínez et al. (2016) found that the **quality of children's relationships with their birth parents** was also affected by poor interactions during contact. Perhaps unsurprisingly, children who described experiencing **criticism or rejection** during contact had been assessed by social workers to have poor quality relationships with their birth parents. In a qualitative study with foster children (aged 9–17) in England, Biehal (2014) reported children's feelings of **rejection and ambivalence** due to birth parents' failure to keep contact arrangements; in turn, this affected the **quality of children's relationships with their foster families**, leading to a more ambivalent, qualified sense of belonging. Ward et al. (2019) reported similar issues in their longitudinal study of post-adoption contact in Australia; adoptees commonly reported that a sense of **rejection** was reinforced when birth parents broke promises to be more involved in their lives, and/or to attend contact meetings. Ward et al. (2019) note that an unintended consequence of an open adoption policy was that such rejections from birth parents were more transparent: since adoptees knew that their parents could have contact, they questioned why they chose not to do so when visits were missed or did not take place.

Birth parents' behaviour around contact was most commonly discussed in relation to **children's emotional well-being** across reviewed studies. Based on their mixed-methods longitudinal study with adoptees in Australia, Ward et al. (2019) reported that 30% of adoptees became **stressed before and after contact** as a result of parents' difficult behaviour, finding contact frightening, confusing, destabilising and **affecting the child's behaviour**. In a mixed-methods study of kinship care in England (Hunt et al. 2010), several kinship carers reported that contact with at least one parent was either wholly or partially negative for children and young people, difficulties included being **let down** by unreliable parents, **feeling upset** when seeing and/or leaving a parent, and **loyalty** conflicts and confusions.[13] Macaskill's (2002) study of children in permanent placements in foster care or adoption reported that carers' concern about frequency of contact with birth parents related to the time taken to deal with the subsequent emotional impact on children. Parents' failure to maintain high frequency (e.g. fortnightly) contact arrangements was highlighted in this regard; Macaskill (2002: p. 137) reports that professional expectations of what could be managed were often 'unrealistically high'.

Children and young people (aged 10–29) in kinship care in the Australian Family Links study also described the **'push-pull' of emotions** during contact with parents, including the pain

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[13] Age not specified in Hunt et al. (2010).

of emotionally abusive relationships, the grief of lost relationships, and their **struggle to deal with their pain** (Kiraly and Humphreys 2011). Young people in foster care in England (aged 11–17) have similarly reported the **pain of repeated rejection** and neglect following difficult contact with birth parents (Moyers et al. 2006). Based on a review of empirical studies on special guardianship in England, Harwin et al. (2019) found that children's sense of **psychological permanence** can be affected by poor quality contact; children's insecurity increased when contact with birth parents was difficult, or when parents told children that they would return home soon. A different form of stress can arise for children who have been 'carers' for their birth parents in the past. Macaskill (2002) reported that contact could be especially difficult in situations where the parents' difficulties meant the child had taken a quasi-parental role. These patterns were also highlighted by Wangensteen et al. (2019), who reported **stress before and after contact** among foster children and young people (aged 13–26) in Norway whose parents have substance misuse issues. In particular, participants described being **worried about and preoccupied with parental relationships** even when they were living apart and were 'protected from…daily exposure [to] substance abuse' (Wangensteen et al. 2019: 201).

In terms of longer-term outcomes, in a qualitative study with children and young people (aged 8–18) in England and Wales, Bazalgette et al. (2015) described care leavers' disappointment when they were unable to rely on their birth families after leaving care. In their mixed-methods study of kinship care with young people (aged 16–26) and kinship carers in England, Wellard et al. (2017) found that 16 out of 54 young people had **sub-optimal levels of mental health**; these young people were more likely to have experienced difficult contact with their mothers during their teenage years (47%, compared to 37% who saw contact as 'okay'; 2017: p. 148). As with other reviewed studies, these are correlational rather than causal findings.

The reviewed studies also demonstrated complex relationships between children and young people's difficult experiences of contact, their agency and longer-term outcomes. Some young people in kinship care in England and Wales (Selwyn et al. 2013), Norway (Skoglund et al. 2019) and Australia (Kiraly and Humphreys 2011) have indicated that **contact with birth parents is still 'wanted'** in spite of difficult relationships and negative effects on their emotional well-being—and this is a further indicator of the complex, 'push-pull' nature of contact. Moreover, in Ward et al.'s (2019) longitudinal study in Australia, 69% of adoptees and adoptive parents alike concluded that in spite of the short-term pain it caused, ultimately, birth parent contact had been beneficial: **positive long-term outcomes** included the development of adoptees' **sense of identity, mitigating issues around attachment, and finding a sense of closure** (see Section 2.1.2). As Skoglund et al. (2019) noted, 'having agency' in birth family relationships has complex implications for children and young people in care, and does not necessarily mean walking away from difficult relationships:

> *Not only can […] difficult relationships be viewed as meaningful or important in one's life, but one might not simply be able to escape them* (Skoglund et al. 2019: p. 961).

In line with these studies, Smith and Logan's (2004) study of contact after adoption also noted that children valued contact with siblings even when it was uncomfortable. As a result, Smith and Logan (2004) concluded that children should be supported to 'express and deal with these feelings', and moreover, that this requires 'sensitivity, trust and engagement

between children and significant adults' (2004: p. 149). As discussed earlier, similar findings were reported by Macaskill (2002) in her study with 106 children in adoption or long-term foster care in England, emphasising the need to support children in managing the emotional demands of contact, whilst ensuring clear boundaries in order to avoid making them responsible for managing complex relationships.

While the findings discussed above indicate the complexities—and potential value—of negotiating contact in spite of difficulties with birth family members who have complex underlying needs, several studies draw **an important distinction between 'difficult' and 'harmful' contact.** Wilson and Sinclair (2004) documented heightened risk of placement disruption associated with contact for children in foster care who have been placed as a result of abuse. Similarly, in their review of UK and international literature, Sen and Broadhurst (2010) noted that **poorly planned, unsupported contact** can be particularly harmful for children where there is a **history of maltreatment**. Sen and Broadhurst (2010) found that, where contact is not possible because it is detrimental to a child's safety or welfare, explanations must be provided that are appropriate to the child's age and understanding. In a longitudinal qualitative study with young people in foster care (aged 11–17) in England, Moyers et al. (2006) found that, 12 months after the start of a new foster placement, 63% of young people had experienced 'detrimental contact' with a birth family member, including contact in which the researchers assessed them to be at **risk of further physical, sexual or emotional abuse**. The importance of planning and managing contact to address this risk is highlighted in research by Macaskill (2002) and Beek and Schofield (2004). Macaskill (2002) reported that, without a written contact agreement, it was 'relatively easy for anyone to appear at a contact meeting' (2002: p.59), and this could expose children to contact with people who had abused them (or their birth mother's abuser, in contexts of domestic violence). Beek and Schofield (2004) similarly observed:

> *The most sensitive, available carer would find it difficult to compensate for a young child being taken to an unknown venue, by an unknown supervisor to meet an unpredictable number of birth relatives, one or more of whom had previously abused her—and this happened* (Beek and Schofield 2004: p.127).

Howe and Steele (2004) analysed case observations to document the risks of re-traumatisation associated with contact when children have experienced severe maltreatment. They noted that such cases are exceptional, but concluded that 'where children suffer re-traumatisation, the need to make the child feel safe, protected and secure becomes the priority' (2004: p. 220). This involved stopping contact in the short to medium term, although it may be possible to reinstate it in future (Howe and Steele 2004).

In Ward et al.'s (2019) study of post-adoption contact in Australia, the vast majority of children (91%) had been removed from their birth parents due to abuse or neglect. In the context of mandatory post-adoption contact until adoptees are 12 years old, this study identified significant issues with contact in cases where birth parents were still considered to be a threat to children's safety. These included issues around **security and secrecy**—for example, contact was very often arranged in neutral venues to prevent birth parents from finding out where children lived, but even when arranged on 'neutral ground', contact with birth parents in these cases could lead to children **being harmed or placed at risk of harm** (Ward et al. 2019). For example, some birth parents **abused or threatened to abuse**

children during contact, including becoming physically violent. In three cases, adoptees reported that birth parents came to contact visits accompanied by an unrelated adult who had previously sexually abused the child (Ward et al. 2019).

Moyers et al. (2006) also found that many of the young people in their study appeared to have **entrenched, unresolved attachment difficulties** that were 'regularly re-enacted' during contact. This led to young people repeatedly seeking out parents who were highly rejecting, neglectful or abusive, leaving them with painful experiences they were unable to process. In the Contact after Adoption study in the UK, contact with a 'risky' person was defined as any case where the child had been removed from the birth relative's care due to concerns about abuse or neglect (Neil et al. 2013, 2015). Nearly half of young people in the study had experienced contact with a risky birth relative, with the majority of these participants (17 out of 28) reporting direct contact with this relative at some point. Adoptive parents in Neil et al.'s (2013, 2015) study reported working with social workers over time to ensure that contact with risky birth relatives was carefully managed. This included facilitating contact with extended birth family members, rather than birth parents who had abused or neglected the child. As they grew older, adoptees themselves also played an important role in taking **strong and proactive steps to distance themselves** from birth relatives in cases where there had been severe abuse in the past, to ensure that further contact remained within their control (Neil et al. 2013).

The findings presented in this section raise critical questions about the need to address potential risks in order to ensure benefits for contact and children's well-being, including supporting birth parents in relation to the issues that led to child removal, and in coming to terms with the child's placement. Discussion of work with birth parents is beyond the scope of this review, but there is wider evidence that helping birth parents to understand and accept placement arrangements and enabling 'congruence' between young people, carers and birth parents in their understandings of family can help to mitigate some of the challenges of contact (e.g. Ellingsen et al. 2011; Boddy et al. 2020).

2.2.5 Conflict between key adults

> **Key messages**
>
> - Conflict between key adults—such as carers and birth parents—can have negative implications for children and young people's well-being, including in relation to mental health and behavioural difficulties.
>
> - Difficulties in relationships between key adults is a particular challenge in kinship care, where birth parents and carers may have difficult relationships that pre-date the child's placement.

According to five reviewed studies, poor experiences of contact can be both a cause and **effect of conflict between key adults**. This may be a particular challenge in kinship care, where the adults involved are related to one another and may well have had a difficult relationship before the placement of the child. Two mixed-methods studies of kinship care in England, both involving case file analysis and interviews with carers, birth parents, social workers and children, reported issues with conflict between key adults. Farmer (2010) found that conflict was more likely between kin carers and birth parents compared to unrelated

foster carers and birth parents, and this was potentially attributable to difficult family dynamics which pre-dated the child's placement. Similarly, Hunt et al. (2010) found 'strained or conflicted relationships' between kinship carers and birth parents in over 40% of cases. Notably, strained relationships were more likely to apply with mothers than fathers, particularly with mothers whose children were placed with paternal relatives (Hunt et al. 2010). According to carers in this study, this may have been because mothers felt marginalised in their children's lives, and struggled to accept their changed role (Hunt et al. 2010). By contrast, the authors infer that fathers may have found it easier to adapt to a non-custodial role.

In their review of literature on family contact in kinship care, Kiraly and Humphreys (2013) noted that when children report distress and disappointment after contact visits, this can lead to conflict between carers and birth parents, and thus further **stress** for children. Similarly, in a mixed-methods study with children and their kinship carers in England and Wales, Selwyn et al. (2013) found significantly poorer outcomes for children and young people (aged 8–18) who witnessed parent-carer conflict. In this study, 25 out of 80 participants scored themselves within a clinical range of **depression and/or anxiety**, and/or reported **significant behavioural difficulties**. These children were significantly more likely to have contact that was described as difficult by the carer, and their carer and parent were more often in conflict. Difficult contact or witnessing parent-carer conflict was significantly associated with children's **poorer mental health** (Selwyn et al. 2013). These findings highlight the significance of the evidence noted earlier on the importance of training and support for carers, birth parents and children in managing ongoing challenges in relationships. In Cleaver's (2000) study, in 14 out of 19 cases where foster carers had been trained, a 'workable relationship with the child's parents had been established' (2002: p.117).

3 Conclusions

3.1 Key findings: Enabling positive experiences of contact for children's well-being

Our evidence review reveals a complex and dynamic relationship between contact and well-being. The reviewed research offers important insights that can inform professional decision-making, but does not permit straightforward causal conclusions. Children's well-being and quality of contact are both likely to be influenced by factors such as relationships with birth family, support from carers, and so on. This means it is not straightforward to determine whether these dimensions are an outcome of positive contact, or whether they shape better quality contact themselves. With these considerations in mind, we conclude by summarising key messages about the factors that are likely to facilitate positive experiences of contact for children and young people, with implied benefits for their well-being over time. We then outline evidence gaps identified through the review (Section 3.2), and offer recommendations for enabling positive experiences of contact (Section 3.3).

Key finding 1: Accounting for children's rights, needs and perspectives

As specified in the UN Convention on the Rights of the Child, as well as rights to protection (Article 19), children have the right to be heard in relation to matters that concern them. Article 12 states:

> *Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.*

The review indicates that the rights to protection and participation are intertwined when it comes to the role of contact in children's day-to-day lives. While very young children will not be able to participate in decision-making about contact, decision-making should consider the child's welfare in the short and long term, and their observable reactions to contact should be part of that assessment. When children and young people's needs and perspectives are *not* taken into account, this has negative implications for their subjective well-being, including a sense of disempowerment and in some cases heightened risk (if young people feel the need to pursue contact in unplanned or unsupervised ways). Young people want to have some choice and control about who they do—and do not—see, including opportunities for contact with important people such as siblings and wider family members, and extended networks including former carers and friends.

Conversely, there is evidence of children reporting pressure to have contact with relatives, including birth parents, who they may not want to see. When contact is unwanted, poorly planned and/or unsupported, children may experience fear, stress and a lack of control. In some cases, they are exposed to maltreatment or re-traumatisation. Reviewed studies indicate a clear need to account for the potential risk of further harm or abuse in making decisions about contact (see Key finding 3).

Even when contact is challenging and painful in the short term, it may still be 'wanted' and valued by many children. Reviewed evidence indicates that children and young people can feel that relationships are important to maintain even when they are difficult or upsetting in

the short term; the review also found that there are positive long-term outcomes associated with maintaining contact. While the reviewed studies do not demonstrate a simple causal relationship between contact and well-being, they do indicate that well-supported, good quality contact can contribute to children and young people's sense of identity, mitigate issues around attachment and help children to find a sense of closure and understanding of the reasons for their placement.

Key finding 2: Adopting a balanced and differentiated approach

Reviewed studies clearly demonstrate the importance of a balanced and differentiated approach to contact, taking account of children and young people's individual situations and how these may change over time. This includes addressing the purpose of contact, and considerations based on the age of the child, who contact is with, and the nature of the placement, including permanence and plans for reunification. Relationships are also dynamic and may change over time, for example as a child gets older, or a birth parent's situation alters. Moreover, well-being is in itself complex and multi-faceted, and must be understood in relation to children's everyday lives, their time in care, after leaving care and into their adult lives. Contact may impact differently on different facets of well-being, and can be simultaneously positive and negative. The experiences documented in this review highlight the relevance of Morrow and Mayall's (2009) arguments for a conceptualisation of well-being that recognises that complex or negative emotions are part of children's lives.

These complexities have important implications for the ways in which contact is planned and managed. The reviewed research does not demonstrate simple causal pathways. However, it seems plausible that maximising the possibilities for long term well-being is likely to depend on support to enable well-being in the short to medium term, by helping to navigate the potential risks and challenges of contact. This includes addressing children's welfare and emotional and mental health needs in relation to complex attachment relationships, but also addressing practical considerations that are likely to affect their everyday well-being by promoting security and minimising risk. These may include planning the timing and organisation of contact, and addressing the importance for children of predictability. Across studies spanning international contexts and diverse placement and permanence arrangements, it is clear that these provisions depend on support for children, carers and birth families.

Key finding 3: Accounting for risks and challenges

Contact arrangements can carry risks for children and young people's welfare and well-being, including upsetting or causing stress for children, as well as the potential for exposure to further risk of harm or abuse. Witnessing conflict between key adults (such as conflict between birth parents and carers) is associated with higher levels of depression, anxiety and behavioural difficulties among children and young people.

Similarly, the review indicates that issues relating to birth parents' underlying complex needs—including difficult behaviour during contact, failure to maintain agreed arrangements or making unplanned or unwanted contact—can be associated with negative well-being outcomes for children and young people. These include poorer relationships with placement families and negative emotional well-being for children, including feelings of rejection, stress before and after contact, emotional pain and an increased sense of insecurity.

Key finding 4: Managing and supporting contact

Contact that has been managed and facilitated by skilled professional support is associated with improved relationships between children and birth parents, placement stability, a return to parental care and improved emotional well-being, and can also promote a better understanding of identity for children while in care and later on in adulthood. In line with arguments for a differentiated approach, the review also indicates that support needs vary depending on the nature of the placement and the purpose of contact. For example, there may be distinctive challenges for kinship carers when contact is situated within difficult, existing family relationships, but there is evidence that they receive very little support (e.g. Farmer and Moyers 2008, Selwyn et al. 2013). It is important to note that well-supported contact is not necessarily equivalent to 'supervised' contact, and should take account of the willingness and capacity of carers/adoptive parents, birth relatives and children and young people to carry out contact themselves—with appropriate professional facilitation.

Many parents who have children removed into care or adoption may be experiencing difficulties that affect their capacity to manage contact arrangements, not least given evidence of the collateral consequences for mothers of child removal (e.g. Broadhurst and Mason 2020). It therefore seems crucial that support for birth parents—as well as for children and carers—is designed to enable positive experiences of contact: to support children's reconfiguration of complex and dynamic family relationships, and to mitigate potential risks.

Positive experiences do not depend on the frequency of contact, and the reviewed studies consistently emphasise the importance of quality over quantity. Regardless of frequency, contact must be adequately supported—and decisions about the frequency of contact need to be considered in relation to the purpose of contact, and account for factors such as children and young people's perspectives, potential risk of harm, and the quality of underlying relationships.

Key finding 5: Family-centred approaches to contact

The review highlights benefits associated with the meaningful involvement of key adults in birth and placement or adoptive families. In the context of residential care, a family-centred approach has been described as one in which parents are genuinely involved in decision-making and in children's daily lives. In other placement contexts, including foster care and open adoption, a family-centred approach may involve supporting contact through open communication, mutual respect and reciprocal agreements between birth parents and carers or adoptive parents. The reviewed evidence suggests that family-centred approaches to facilitating contact are associated with improved child behaviour, better family functioning, better engagement with residential interventions, and greater satisfaction with contact arrangements for children.

Family-centred approaches to contact, including contact which is more 'family-like' rather than formal, can also involve recognising and supporting important relationships within a broad and dynamic conceptualisation of family. There are of course risks and benefits to be weighed in all kinds of contact, but in particular, the reviewed evidence demonstrates that well-facilitated contact with siblings is associated with better sibling relationships, a positive effect on children's mental health and can support ongoing relationships with birth families,

through childhood and into adulthood. Well-supported contact with extended family members such as grandparents can provide young people with a sense of security and stability while in care, and reliable support networks after they leave care. Supporting positive connections with extended kin networks can also be valuable in maintaining family connections in cases where contact with birth parents is not possible or advisable because of risks to the child.

3.2 Evidence gaps

The identification of evidence gaps from our evidence review should be approached with caution. As set out in Section 1.5, the findings reported here are only based on a proportion of the most relevant studies that met our inclusion criteria. With this important caveat in mind, this section outlines key methodological and substantive gaps in the literature, identified through our evidence synthesis and in reviewed studies themselves.

In terms of **methodological** gaps:

- We did not identify any studies that directly examined the **causal impact of contact on children's well-being**, such as studies with an experimental design.[14] However, as noted in Chapter 1, this may not be feasible; contact cannot be understood as a 'simple variable with invariable effects' (Wilson and Sinclair 2004: p.166). Rather, the research included in this review illuminates the dynamic and diverse forms and purposes of contact, and hence the complex causal relationships between experiences of contact and well-being. Nevertheless, there is also a need for more implementation studies to build a differentiated understanding of what approaches to contact might be most beneficial to which children and why (as identified by Kiraly and Humphreys 2013), and to understand the impact of different kinds of individual support programmes and education programmes related to contact (Bullen et al. 2016).

- Only two reviewed studies examined the **implications for well-being of taking into account children and young people's perspectives on contact** (Larkins et al 2015; Neil et al 2013, 2015). Several studies indicated the negative implications of failing to account for children and young people's perspectives, while others indicated that children and young people were more satisfied with greater openness and communication around contact. There is a need for more implementation studies in which children and young people are actively consulted and supported in contact arrangements, to better understand the 'real world' implications of how this involvement (and their rights to participation in matters that affect them) can be managed in practice, and to understand the implications for their short and long-term well-being.

- Further **longitudinal work** is needed, particularly in England and Wales, to support a better understanding of how the best interests of children and young people in care change over time, and the implications this has for managing contact. There are important findings from international and some UK-based longitudinal studies and datasets included in this review (Ward et al. 2019; Skoglund et al. 2019; Cashmore and Taylor 2017; Wojciak et al. 2013; Neil et al. 2013, 2015; Wade 2008; Andersson 2004)

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[14] Taplin et al.'s ongoing randomised control trial (RCT) will provide robust evidence of the impact of *support* for contact, but does not evaluate the impact of contact—or not—on well-being per se. See Taplin et al. (2015) for more details.

and beyond it (e.g., Boddy et al. 2020). Particularly valuable insights from longitudinal work include the potentially negative effects and challenging nature of contact in the short term, but more positive long-term outcomes (Ward et al. 2019). Longitudinal studies also highlight the critical role of birth families in supporting young adults who have been in care, and the ongoing challenges of birth family relationships (Wade 2008; Boddy 2019; Boddy et al. 2020). There is also ongoing longitudinal work in the UK that has not been included in the review (see Selwyn et al. 2017), but which will provide valuable insights into the relationship between contact and well-being in future.

In terms of **substantive** gaps:

- There is very little evidence on **contact and well-being for children in special guardianship arrangements**. As Harwin et al. (2019) noted in their review, only a small number of studies on special guardianship in England have examined children's well-being outcomes. Of these, only one (Wade et al. 2014) included evidence on the relationship between contact and children's well-being (specifically, integration into their placement family). To some extent, we can extrapolate relevant findings from research on kinship care, since most special guardians are kin and kinship placement arrangements are often long-term (e.g. Farmer and Moyers 2008). However, there are distinctive considerations for contact and well-being for children in kinship and special guardianship arrangements, including in terms of permanence, which require further research.

- Several reviewed studies examined the extent to which experiences of contact vary by ethnicity (e.g. Cashmore and Taylor 2017; Wade 2008) and gender (e.g. Fossum et al. 2018; McWey et al. 2010; Wade 2008), with most of these studies reporting limited differences in terms of experiences and outcomes. Thoburn's (2004) study documents distinctive facets of contact in relation to understanding and pride in ethnic and cultural heritage for young people who entered care in the early 1980s, but there appears to be a gap in terms of more recent in-depth studies examining **differentiated experiences of birth family contact for children from black, Asian and minority ethnic (BAME) backgrounds**, particularly in cases where children and their carers are from different ethnic backgrounds. In the UK, 10% of children in care (including those placed for adoption) are of mixed ethnicity, and 8% are black or black British (Department of Education 2019), and there is evidence that these children have different experiences and pathways through the care system (e.g. Selwyn et al. 2008). It is therefore important to understand the specific dynamics of contact associated with different forms of placement and permanence, and the implications for children's well-being in these cases.

- While some studies indicated the importance of contact with non-family members for children in care (e.g. Kiraly and Humphreys 2016; Morgan 2009), we found limited research exploring the implications of **contact with friends, carers and carers' families in former placements** (e.g. residential or foster carers and foster siblings) for children's well-being. A lack of evidence in this area is a further example of the limited evidence on the dimensions of contact that matter to children and young people in care.

- More evidence is required to understand the relationship between children's **pathways into care, including abuse, and the implications for managing contact**. While the review highlighted evidence of potential harmful effects of contact, including the risk of re-traumatisation or further abuse in cases where there is a history of maltreatment (e.g. Macaskill 2002; Howe and Steele 2004; Sen and Broadhurst 2010; Moyers et al. 2006; Ward et al. 2019), there is limited evidence on how to manage parental contact in the context of physical, sexual or emotional abuse or parental substance misuse, including the need to prepare children (and their carers) to manage the risks involved in those relationships beyond childhood and into adult lives.

- Our parallel review of digital contact and well-being (Iyer et al. 2020) highlights that digital contact remains a relatively under-researched area. There is a need for more evidence on the implications for child well-being of emerging forms of contact in the light of changing communication technology. In particular, Iyer et al. (2020) identified gaps in relation to: children's needs and perspectives; the importance of developing age-appropriate support and understandings; and the implications of digital inequalities for children and families.

3.3   Recommendations

Based on findings from reviewed studies, the key question is not *whether* or *how much* contact has a positive impact on children's well-being, but *how best to facilitate* positive experiences of child-centred contact that are beneficial for children's well-being. Reviewed evidence consistently shows that well-being depends on a differentiated approach, taking account of the purposes of contact with important people in the child's life, and key related factors including child age and the nature and permanence of the placement. Investing time and resources to facilitate good quality contact not only fulfils children's rights to family, but there is arguably an ethical imperative to do so, given the need to mitigate the risk of adverse well-being outcomes from poorly managed contact, and the evidence that positive experiences are associated with well-being for children and young people in both the short and long term.

Based on our review, key recommendations to support good quality, child-centred contact include:

Recommendation 1: Adopt a child-centred approach and take account of children's perspectives

Children and young people's participation in decision-making should be meaningfully supported to ensure that their perspectives are always taken into account when defining their 'best interests'. This is highlighted by multiple studies included in our review, but there are few examples of interventions in which this is done. More work is therefore needed to understand how child-centred approaches play out in practice, including for children of different ages and depending on placement arrangements—and recognising the distinctive challenges involved in work with the youngest children. This also entails attention to the practical impacts of contact arrangements on everyday well-being, including considerations of comfort and convenience, and minimising disruption to other aspects of children's lives such as school.

There are undoubtedly complexities when navigating children and young people's stated preferences and their needs as identified by professionals and carers. However, a balance needs to be found between seeking and respecting children's views, allowing children to feel in control, and not placing inappropriate responsibilities on them to manage the complex decisions and challenges of contact. It is also important to remember that relationships are dynamic, and children's needs, feelings and priorities may change over time. Decision-making must be responsive and open to review.

Recommendation 2: Conceptualise contact as 'safe and meaningful involvement'

Contact alone will not achieve positive well-being outcomes for children. The overall purpose of contact should therefore be understood as enabling *safe and meaningful involvement* of birth family relatives, so that arrangements and expectations are flexible and responsive to the child's situation. This includes considering the multiple and changing relationships that matter in children's lives, their long- and short-term well-being needs, and differential needs across a range of placement and permanency arrangements.

A child-centred approach is key to understanding contact as safe and meaningful involvement. It also involves acknowledging when reunification is not a feasible or desirable outcome, and providing transparency around this. Additionally, it may involve acknowledging when contact with certain family members is not appropriate. In some cases where there is a history of maltreatment, abuse or risk of re-traumatisation, this means considering whether forms of involvement other than direct contact would be more appropriate. Alternatives include stopping face-to-face contact in the short to medium term, changing to indirect (including digital) forms of contact and facilitating contact with extended birth family members rather than those who have abused or neglected the child. Face-to-face contact is one component of meaningful involvement, which may also include other forms of direct or indirect engagement, enabled through cooperation and communication between the key adults in children's lives.

It is also important to recognise that situations may improve over time. For example, a birth relative's situation may mean that direct contact is not safe or appropriate for children, but this may change if underlying issues (for example with substance misuse) are addressed. Similarly, children and young people's preferences on contact with different birth family members may change over time. Keeping possibilities open without producing uncertainty for children and young people requires skilled and active management. This may also be supported through a joined-up approach in which adults maintain connections and communication (for example, through information sharing in appropriately managed ways), even when there is no direct contact with the child.

Recommendation 3: Provide active management and support for everyone involved in contact

Skilled professional support is required in order to determine and agree the purpose of contact in a way that prioritises children's needs and perspectives, while also taking into account birth family and placement family dynamics, and complex risk management. There is evidence that facilitating open, empathetic and respectful communication between birth family members and carers—whether adoptive parents, kinship carers, foster carers or residential care workers—enables positive experiences of contact and is likely to promote

children's well-being. Again, this needs to be done in differentiated ways according to placement types and in relation to permanency.

In order to realise the potential long-term benefits of good quality contact, children and young people—and the key people in their lives—need to be offered support to deal with the short-term challenges. This means that it is crucial that birth family members—who are often highly vulnerable adults—also need to be supported to engage with and manage contact and the complex experiences of loss associated with child placement. Training and support for children's carers or adoptive parents is equally important—for example, in promoting understanding and empathy for birth parents' difficulties, and in addressing children's complex emotional responses to contact.

Recommendation 4: Apply a broad and dynamic understanding of family

When determining the 'best interests' of the child, it is important to acknowledge the fluidity and complexity of family relationships, and to understand contact within a broad and flexible conceptualisation of family that encompasses both birth and placement families. This requires attention to the significance of connections with siblings and extended family, and the potential for maintaining valued relationships with adults or children in former placements.

The complicated temporality of 'best interests'—and the ways in which important relationships and family structures may vary over time (e.g. if new siblings are born)—also needs to be acknowledged, through a balance of short, medium and long-term perspectives. Even if contact is challenging in the short term, or cannot take place because it is unsafe or unwanted by the child, there is still a need to support children in understanding their family heritage and identities, and to prepare them to manage complex family connections beyond childhood and into adult lives.

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Appendix A: Review methods

Stage 1: Rapid evidence review

Inclusion criteria

To be included in the review, studies had to meet the population, context, topic and outcome criteria outlined in Table A.1 below. In order to capture the range of available evidence, studies using quantitative, qualitative, mixed methods and evidence reviews were eligible for the review. Peer-reviewed academic literature and non-academic ('grey') literature were considered for inclusion in the review.

Table A.1: Inclusion criteria

Population	• Children who are 'looked after' (in care or accommodated) • Care leavers

Context	• Public-law related care and placement arrangements, including:
	  - residential care
	  - foster care
	  - kinship care
	  - special guardianship
	  - adoption

Topic	• Contact with birth family

Outcome	• Well-being, including:
	  - mental health
	  - emotional well-being
	  - physical health
	  - behaviour
	  - safety
	  - identity/sense of self
	  - child's satisfaction with contact arrangements
	  - quality of relationships with birth family
	  - quality of relationships with placement family

Other study criteria	• Study contexts: UK, Europe, United States, Canada, Australia, New Zealand • Study period: 2000–2020 • Study language: English

Study identification

Key evidence reviews and primary studies were identified as 'seed studies', based on recommendations from Nuffield FJO, an academic advisory group (see Acknowledgements), and policy experts within NatCen. We conducted backward and forward citation analysis of 19 seed studies, in order to find more relevant studies; seed studies were also used to identify key terms to develop search strings.

A systematic search of Google Scholar was undertaken using a series of search strings. Rather than an academic database, Google Scholar was chosen in order to capture both academic publications and grey literature through our literature searchers. Additionally, key websites (DfE, Social Care Wales, Children's Social Care Research and Development Centre (CASCADE), and Social Care Institute for Excellence (SCIE)) were searched using keywords from search strings, in order to further identify relevant grey literature.

Literature searches

Search strings were developed through an iterative process of piloting different terms and combinations. The final search strings used achieved a balance between (1) retrieving enough results to give confidence that key studies were not missed and (2) being specific enough to limit the number of irrelevant results.

Table A.2: Children in care search strings

Search	Search string 1	Search string 2	Search string 3
Children in care: search 1			
1a	("children in care" OR "looked after child*") **OR** ("out-of-home care" OR "kinship care" OR "special guardianship")	**AND** (contact OR "family involvement" OR access OR visit* OR reunification OR permanence OR relationship* OR samvaer)	**AND** (wellbeing OR health OR psychosocial OR outcome*)
1b	("children in care" OR "looked after child*") **OR** ("out-of-home care" OR "kinship care" OR "special guardianship")	**AND** (family OR birth parent* OR sibling* OR relative*)	**AND** (wellbeing OR health OR psychosocial OR outcome*)
Children in care: search 2			
2a	("children in care" OR "looked after child*") **OR** ("foster care" OR "residential care" OR adoption)	**AND** (contact OR "family involvement" OR access OR visit* OR reunification OR permanence OR relationship* OR samvaer)	**AND** (wellbeing OR health OR psychosocial OR outcome*)
2b	("children in care" OR "looked after child*") **OR** ("foster care" OR residential OR adoption)	**AND** (family OR "birth parent*" OR sibling* OR relative*)	**AND** (wellbeing OR health OR psychosocial OR outcome*)
Children in care: search 3			
3	("children in care" OR "looked after child*") **AND** "family group conferencing"	**AND** contact **AND** (famil* OR "birth parent*" OR sibling* OR relative*)	**AND** (wellbeing OR health OR psychosocial OR outcome*)

Tables A.2 and A.3 detail the search strings used to identify literature on children in care on care leavers respectively. In Google Scholar, it is only possible to restrict search results by year; results were therefore screened for study language and study country at the title and abstract screening stage. Additionally, the word limit for Google Scholar searches meant that multiple searches were needed to capture studies that fell within our inclusion criteria; each row in Tables A.2 and A.3 reflects a separate search.

Table A.3: Care leavers search strings

Search	Search string 1	Search string 2	Search string 3
Care leavers: search 1			
1	"Young adults" **AND** ("care leavers" OR "care experienced")	**AND** (contact OR "family involvement" OR access OR visit* OR reunification OR permanence OR relationship* OR samvaer)	**AND** (wellbeing OR health OR psychosocial OR outcome*)
Care leavers: search 2			
2	"Young adults" **AND** ("care leavers" OR "care experienced"	**AND** (family OR "birth parent*" OR sibling* OR relative*)	**AND** (wellbeing OR health OR psychosocial OR outcome*)

Note: Placement types were not included in care leaver search strings, as this search strategy did not yield relevant results for care leavers/care-experienced individuals.

Screening and prioritisation

Screening took place (1) at title and abstract level, and (2) at full-text level. Screening tools were developed and refined by more than one researcher to promote inter-screener reliability. Due to the (initially) rapid nature of this review, we limited the maximum number of studies to be included for synthesis. Studies were therefore prioritised for inclusion if they (1) focused on the relationship between contact and well-being, (2) discussed contact with multiple birth family members, and (3) covered multiple dimensions of well-being. Based on our interest in synthesising international evidence and including a range of evidence, reviewers also aimed to achieve a balance of study countries and methods when prioritising studies.

Quality appraisal, data extraction and synthesis

Once studies had been prioritised based on their relevance, we appraised the quality of evidence using Gough's (2007) 'Weight of evidence framework' and Ott and Boddy's (2019) 'Quality standards for qualitative research', which in turn draws on a number of frameworks for synthesis of research and evaluation. Studies were appraised for the quality of execution, the appropriateness of methodology, and the relevance of the topic and focus for the review.

At the rapid review stage, 46 studies were eligible for quality appraisal. Each study was given two scores: a score for methodological quality, and a score for relevance. When prioritising studies for data extraction and synthesis, we first ranked studies by their relevance score, and then considered their quality score; this was to ensure that highly relevant grey literature was not excluded due to a lack of methodological detail (which might not be expected, depending on the reporting format). Following this process, **29 studies** were prioritised for data extraction, synthesis and final inclusion at the rapid review stage review. See Table A.4 for details of scoring criteria used for quality appraisal.

Data extraction was undertaken by a single researcher for consistency. We extracted data including basic descriptive information on studies, and key findings on the impact of contact on children's well-being. Following data extraction, we narratively synthesised findings from 29 studies with high relevance and quality scores.

Table A.4: Quality appraisal scoring criteria (developed using Gough 2007 and Ott and Boddy 2019)

1a. Quality of execution	Codes	Primary studies: reason	Reviews: reason
Quality of the contextualisation (e.g. a literature review has been conducted, has depth, references are recent)	2 1 0	Has a literature review with depth and recent sources No literature review, or literature review is very short and sources are out of date	Same as primary studies
Transparency of recruitment and sampling procedure (is it clear how sample was recruited and chosen?)	2 1 0	It is clear how participants were recruited and how the sample was chosen There is no explanation of how participants were recruited and how the sample was chosen	It is clear how studies were searched (i.e. list search string) and chosen No explanation of how studies searched and chosen
Attention to ethics (ethical reflection about issues which may arise in the research and/or evidence of appropriate adherence to legal and governance processes—e.g. formal ethical review)	2 1 0	Ethical reflection AND evidence of adherence to legal and governance processes Evidence of adherence to legal and governance processes / some discussion No or little discussion / evidence of attention to ethics	Same as primary studies
Transparency and accuracy of the methodology (including concepts/variables, analysis framework)	2 1 0	Methodology clear and transparent No or little description of methodology	Same as primary studies
Transparency and accuracy of findings: • QUANT: are the test statistic, sample size, test values and p-values indicated? • QUAL: does the paper go beyond a mere description of opinions to explore the factors that might explain these opinions?	2 1 0	Quant: Statistics, sizes and values indicated Statistics, sizes and values not indicated Qual:	Same as primary studies (if includes both types of studies-should do both)

	2	Factors driving opinions are explained	
	1		
	0	Factors driving opinions NOT explained	
Transparency and accuracy of the discussion / conclusion (e.g. each research question is answered in the conclusion)	2	Question(s) answered and supported by findings	Same as primary studies
	1		
	0	Question(s) NOT answered and supported by findings	

1b. Appropriateness of methodology	Codes	Primary studies: reason	Reviews: reason
The use of a quantitative/qualitative design is justified	1	Design supports research question/aims	Same as primary studies
	0	Design does NOT support research question/aims	
Key concepts and instruments (e.g. contact, well-being dimensions) are properly defined (QUANT/QUAL) and operationalised (QUANT)	1	Concepts and instruments properly defined and operationalised	Same as primary studies
	0	Concepts and instruments NOT properly defined and operationalised	
Maximum quality score:	**14**		

2. Relevance of topic and focus	Codes	Primary studies: reason	Reviews: reason
Focus on England or Wales?	1	Yes	Same as primary studies
	0	No	
Number of relevant well-being dimensions covered	1	Covers two or more relevant well-being dimensions	Same as primary studies
	0	Cover one relevant well-being dimension	
The outcome(s) of interest is/are central to the study (as opposed to tangential)	2	Outcome(s) of interest main or major focus	Same as primary studies
	1	Outcome(s) of interest is a main or major focus in a substantial chapter/section	
	0	Outcome(s) of interest briefly analysed	
The study includes a discussion of the relationship between well-being and at least one of the following: extent, frequency, nature, form of contact.	1	Focus on at least one of the listed elements of contact	Same as primary studies
	0	Does NOT focus on any of the listed elements of contact	
Maximum relevance score:	**5**		

Stage 2: Narrative review

Following the rapid evidence review stage, a further 51 sources were identified as potentially relevant for inclusion by the academic advisory group and peer reviewers (see Acknowledgements). Many of these sources had been excluded as we were following a rapid evidence review methodology—in particular, several major studies published in book form. These additional sources were screened at title and abstract and/or summary level using the inclusion criteria detailed in Table A.1. Additionally, in the case of books which were not available online in full-text form, inclusion was shaped by the authors' ability to access copies within the timeframe of the extended review.

In the case of journal articles and reports (with accessible full-text online versions), 21 sources were screened at the full-text level, with 9 of these meeting relevance and quality criteria used at the rapid review stage. Five books were fully reviewed, and in total, findings were extracted from **20 additional sources** at the narrative review stage: four books, five book chapters, two reports and nine journal articles.

This led to **a total of 49 sources included in the final evidence review** (29 from the rapid review, 20 from the narrative review). See Tables B.2 and B.3 for summaries of studies included at the narrative review stage.

Appendix B: Summaries of studies included in review

Table B.1 summarises methods and findings from all studies prioritised for inclusion at the rapid review stage. Table B.2 summarises methods and findings from additional journal articles and reports included in the extended review. Table B.3 provides an overview of the five books included in the extended review–given the length of these publications, we have summarised study methods, but do not attempt to synthesise their findings here.

Table B.1: Sources included during rapid review

Study	Overview	Key findings
Andersson, G. (2004). Family relations, adjustment and well-being in a longitudinal study of children in care. *Child and Family Social Work*, 10, 43–56.	A longitudinal study of 26 children placed in a children's home in Sweden in the early 1980s. Followed up with participants three and nine months after leaving the children's home, and 5, 10, 15 and 20 years later. At the time of the last study, participants were aged 20–25. Participants are categorised as having good, moderate or bad social adjustment and well-being in terms of involvement with drugs, criminal behaviour and legal sanctions; emotional well-being is measured using the Symptom Checklist SCL-90. Contact and relationships with birth and foster parents are examined over time.	Participants in Group 1 (good social adjustment and well-being) were assessed to be securely attached to their mothers in early life, and having had continuous positive relationships with their mothers. Participants in Group 2 (moderate social adjustment and lower well-being) were assessed as insecurely attached to their mothers, and had little/no contact with birth family when in care. Participants in Group 3 (manifest anti-social behaviour, drug abuse and criminality) had mixed early relationships and inconsistent attachment patterns with birth family; however, the study does not directly consider how contact might have affected this group. The authors note that attachment is not the only determinant of participants' behaviour.
Atwool, N. (2013). Birth family contact for children in care: how much? How often? Who with? *Child Care in Practice*, 19 (2), 181-198.	A review examining contact with birth family in New Zealand. Draws on existing literature and primary research conducted by the author with children and young people in care, foster parents and social work practitioners.	The author concludes that there is no strong evidence that contact is or is not beneficial for children in care. Whether contact is positive partly relates to birth parents' past and recent behaviour towards children, and the meaning children give to this behaviour and their separation. Other important factors include the attitudes of the placement family, and the age at which children enter into care. Some studies suggest that the impact of contact depends on the 'degree of unresolved yearning to be with [birth] family' (Sinclair et al. 2005, quoted in 2013: 196), and the impact of this on their ability to attach to a new carer. Key factors to consider when making decisions around contact include: the child's history prior to coming into care; age at entry into care and current age; cultural belonging; purpose of placement; parental capacity; caregiver capacity; and the child's views.

Bazalgette, L., Rahilly, T., and Trevelyan, G. (2015). *Achieving emotional well-being for looked after children: A whole system approach*. London: NSPCC.	A qualitative study examining the emotional well-being of children in care and care leavers in England and Wales. Interviews with 42 children in care and care leavers; interviews with 56 foster carers; 80 professionals (e.g. workers in children's homes, social workers, Child and Adolescent Mental Health Services (CAMHS), voluntary sector organisations); focus groups with 20–30 carers and social workers; design workshops with professionals and carers to understand what could/should change. The study examines three dimensions of well-being (following the NICE definition): emotional well-being, psychological well-being and social well-being. Children were asked how they would define good emotional well-being themselves, and they emphasised the importance of safety and stability.	Young people and professionals agreed that in most cases, well-supported contact with birth families was essential to young people's emotional well-being, their understanding of their identify and support networks after they left care. Examples of positive contact included contact with extended family members such as grandparents, and experiences of good support that led reconnecting with birth family. In some cases, however, contact could be very detrimental to well-being, including insufficient levels of contact—some children were sad about infrequent contact with siblings. Infrequent contact was a major cause for placement breakdown in some cases, e.g. children running away to see their family. In many cases, it was difficult to change contact arrangements if they were not working, since they are decided by the court. On birth family relationships after leaving care—as support from carers and professionals decreased around the time of leaving care, birth family often became the predominant source of emotional support. However, some young people were disappointed that they could not rely on their birth families as much as they wanted to, e.g. birth mothers not showing an interest in keeping in touch.
Biehal, N. (2014). A sense of belonging: Meanings of family and home in long-term foster care. *The British Journal of Social Work*, 44(4), 955-971.	A qualitative study with children and their foster carers in England, involving 13 White British children self-selected from larger study of 196 children from seven English Local Authorities, who had lived with the same foster family for three or more years. well-being considered in terms of children's sense of belonging to their foster family.	Children's sense of belonging to their foster family depended to a large degree on the nature of relationships with their birth parents. Children who were securely attached to their foster carers had had no contact with their birth parents for many years. Several children who maintained ongoing, positive contact with their birth mothers were able to reconcile a sense of belonging to both their birth families and foster families. However, other children's experience of birth parent contact was less positive, due to parents' frequent failure to keep to the contact arrangements—this led to feelings of rejection and ambivalence towards birth families, which in turn shaped a more ambivalent, qualified sense of belonging to their foster families.

Bullen, T., Taplin, S., McArthur, M., Humphreys, C., and Kertesz, M. (2016). Interventions to improve supervised contact visits between children in out of home care and their parents: a systematic review. *Child and Family Social Work*, 22, 822–833.	A systematic review to evaluate the effectiveness of interventions to improve the quality of contact visits between parents and their children in out-of-home care. After identifying 291 studies that met the inclusion criteria, 12 studies specifically about interventions from the United States, Canada and Australia were selected for review. Only one out of these 12 studies included children's perspectives when evaluating an intervention.	The review identified three main types of interventions: individual family support (e.g. pre-visit planning and coaching during visits), group programmes (for parents to support contact—mainly for parents who were less likely to be reunified) and educational programmes (focus on contact for parents, carers and children). As different methods were used across a series of small-scale studies, only limited conclusions can be drawn regarding the efficacy and effectiveness of the interventions. Overall, findings from selected studies suggest that interventions can have a positive impact on child-parent relationships and on the quality of contact visits. There were promising results from interventions that focused jointly on carers and parents. The (limited) evidence on individual support suggests that tailored, structured parental support may help to improve relationships between children and parents. The (stronger) evidence for group programmes suggests these may be effective in improving parents' knowledge and behaviour—although the studies did not have comparison groups to confirm programme effects. There was only one study on an educational programme, and so more evidence is needed to understand the impact of the intervention.
Cashmore, J., and Taylor, A. (2017). *Children's family relationships in out-of-home care.* Research Report Number 5. Sydney, NSW: Department of Family and Community Services.	A mixed-methods longitudinal study ('Pathways of care longitudinal study' (POCLS)) with 1,285 children in out of home care in Australia, who entered foster, kinship or residential care for the first time in 2010–2011; the sample is generally representative of this cohort (population = 2,828) in terms of gender, age, aboriginality and type of placement. Data in this paper is from Wave 1 of the study: child assessments and interviews with children (aged 7–17). 36.5% Aboriginal, 9% culturally and linguistically diverse (CALD).	The study found that most children had contact with at least one parent and sibling, and more contact with maternal than paternal relatives. Children indicated that they were closer to their birth mother, female caregivers and sisters than to other family members. Frequency of contact was the most significant predictor of whether children reported a good relationship with a family member. Carers generally felt that contact was meeting children's needs for maintaining contact; carers of younger children were more likely to be concerned about the disruptive effects of contact, including interrupting sleep and general routines. Looking specifically at Aboriginal children, there were no significant differences in how close Aboriginal children felt to their placement or birth families; however, their carers were less likely to feel that contact was meeting the child's needs for maintaining family relationships; carers were more likely to report problems of time and distance within contact arrangements, and carers were also more likely to report that parents' behaviour and disruption of routine was a problem. Looking specifically at those from CALD backgrounds (cautiously, due to the small sample; n= 116), these children were less likely to have contacts with siblings than all other children—however, where they did have sibling contact, it was more frequent than for other children. Children from CALD backgrounds had more frequent contact with their birth mothers than all other children.

Cossar, J. and Neil, E. (2013). Making sense of siblings: connections and severances in post-adoption contact. *Child and Family Social Work* 18, 67–76.	A qualitative study examining the experience of post-adoption direct sibling contact in England from the perspective of adoptive parents and birth relatives, including adult siblings. Interviews were conducted with 51 adoptive parents, four long-term foster carers and with 39 birth relatives.	Across the sample, sibling contact meetings were infrequent. There was a professional present at one in three of these meetings, and one in three involved a full name of exchange of names and addresses. Contact arrangements that only involved siblings were more frequent than contact where parents or grandparents were also present; these sibling-only meetings were also more likely to be at informal venues. Overall, sibling contact was infrequent, inflexible and formalised (e.g. siblings were not allowed to talk outside meetings). The impact of sharing family news during contact was viewed as mixed; in some cases, this enabled an ongoing relationship with birth families, but in others, it was confusing and traumatising for children.
Geurts, E.M.W., Boddy, J., Noom, M.J., and Knorth, E.J. (2012). Family-centred residential care: the new reality? *Child and Family Social Work* 17, 170–179.	A review of therapeutic approaches to residential care, with specific attention to the question of family involvement. Includes literature published in English, Dutch and German. Contact is discussed as one part of family-centred approaches, in which parents are understood to have expertise in relation to their child, and decision-making involves partnership between parents, professionals and families.	Studies on family-centred residential care find significant improvements on child behaviour (as reported by professionals and parents). Overall, the evidence is mixed, but better family involvement in residential care seems to be correlated with better outcomes (including improved child behaviour, family functioning and engagement with the intervention). Family-centred residential care is not easy to achieve; there is a need to go beyond parent-child contact, and encompass genuine involvement of parents in decision-making and in children's daily lives.
Fossum, S., Vis, S.A., and Holtan, A. (2018). Do frequency of visits with birth parents impact children's mental health and parental stress in stable foster care settings? *Cogent Psychology*, 5 (1), Article 1429350.	A quantitative study of foster parents, examining the relationship between the frequency of birth parent contact and child mental health and competence in Norway. Foster parents acted as informants regarding 203 children (aged 4–13) living in kinship and non-kinship foster care. Children's competence was measured using the following scales of the Child Behaviour Checklist (CBCL): 'activities' (the number of and quality of activities in sport, non-sport hobbies and job chores), 'social competence' (the number and quality of relationships and organisational involvements) and 'school' (academic performance and grade repetition). The 'problem' section of the CBCL was used to measure emotional and behavioural problems during the past six months.	Just under half the children (47.8%) had monthly or more frequent visits with their mothers, while fewer fathers (21.6%) visited as frequently. Birth mothers were not allowed to take the children out unsupervised in 29% of cases, while the same was true for fathers in 81.5% of cases. Few mothers (7.4%) had no visits at all with their child, compared to a larger proportion (41.2%) of fathers. More girls than boys had frequent visits with their fathers; children who had less frequent visits with their mothers (less than once per month) were more likely to identify their foster parents as their main attachment figures. There were no other significant associations between child characteristics and frequency of visits. Overall, the authors find that visitations with birth parents did not significantly influence who was the main attachment figure, foster parental attachment relationships, children's psychosocial functioning or competence, or stress levels among foster parents. The authors conclude that the child's developmental needs should not be the only consideration when determining the frequency of contact—for example, social workers should emphasise the quality, short and long-term consequences of visits for children, including the child's reactions and wishes on the frequency of visits.

Harwin, J., Simmonds, J., Broadhurst, K., and Brown, R. (2019*). Special guardianship: a review of the English research studies*. London: Nuffield Family Justice Observatory.	A review of empirical studies on special guardianship in England.	The authors identify two key studies on special guardianship and contact (Wade et al. 2014; Harwin et al. 2019), neither of which directly examines the impact of contact on children's well-being. From these studies, carers report that children who are more integrated in the placement family also have (a) more support from the carer's family, and (b) less frequent contact with birth mothers. For children with greater emotional and behavioural difficulties, carers are more likely to report that contact is not beneficial. The quality of contact with birth parents has been found to affect children's sense of 'psychological permanence'; children's insecurity increased when contact was difficult, or when parents told children that they would return home soon.
Humphreys, C. and Kiraly M. (2010). High-frequency family contact: a road to nowhere. *Child and Family Social Work* 16, 1–11.	A mixed-methods study examining practices that support the best interests of infants when placed in out-of-home care in the first year of life in Australia. The study included data mining of child protection files; focus groups with 118 foster carers, foster care staff, child protection workers and other child protection professionals; 30 case studies using information from foster carers and foster care workers. All children in the study were under 12 months old and in care, and receiving frequent family visits (four or more visits per week).	The study found that the pattern of reunification was similar for infants with both higher and lower-frequency contact, undermining the assumption that more contact leads to higher rates of reunification. The authors note that high-frequency contact without skilled parenting support will not result in relationship building or an increased chance of reunification. The authors also identify systemic issues with contact arrangements—including infants needing to leave their carers and travel for contact, without regard for attachment issues and sleeping/feeding routines. An adversarial system—in which advocates for children and parents are often at odds—means that the well-being of infants is not always at the centre of decision-making. Overall, the authors conclude that the system needs to focus on the quality—rather than quantity—of contact.
Kiraly, M., and Humphreys, C. (2011). *Breaking the rules: Children and young people in kinship care speak about contact with their families.* Family Links Report #1: Kinship Care and Family Contact Research Series. Melbourne: Child Safety Commissioner.	Reports findings from Family Links, a mixed-methods study on contact in kinship care in Australia. This report details findings from focus groups with 21 children and young people (aged 10–29). 14 girls, 7 boys participated; no Aboriginal children included in the study (efforts to recruit were unsuccessful).	Children regarded their family life as 'normal', challenging the idea of kinship care as a 'placement' or 'leaving care'. Keeping contact with birth parents was complicated—young people described the 'push-pull' of emotions during contact with parents, including the preciousness of supportive family relationships, the pain of emotionally abusive relationships, the grief of lost relationships, and children's struggle to deal with their pain. Young people also described pressure to have contact with parents that they did not want to see, and restrictions on contact with other family members. Young people viewed contact arrangements in departmental offices under close observation as 'unworkable' (p. 27), and wanted contact to be 'as relaxed as possible if it was to take place at all' (p. 27). Generally, participants felt that parents were more listened to than children when arranging contact, and that their feelings were ignored. The authors conclude that regular parental contact is not always desirable for children in kinship care—the circumstances and timing need to be decided in partnership with children—and more energy should be put into facilitating other family relationships that are important for children (for example with siblings and extended family members).

Kiraly, M. and Humphreys, C. (2013). Family contact for children in kinship care: A literature review. *Australian Social Work* 66 (3), 358-374.	A narrative review of evidence on family contact in kinship care in the English-speaking world since 2000.	The authors find that the evidence base on contact in kinship care was in its early stages; there were no papers in which this was the dedicated focus, and most evidence came from small-scale, regional studies. In spite of this, some consistent findings did emerge. For example, studies indicate that a key advantage of kinship care is being embedded in a wide family network, which provides children with security and support. Some studies suggest parental contact can be important for children's self-esteem, i.e. to feel that a parent cares about them. However, many studies also show that parental contact can be problematic and disturbing for children. Children often report distress, disappointment and visits filled with tension, which lead to conflict between carers and parents, and further stress for the child. The authors recommend that specialised training is needed for social workers on the complexities and dynamics within kinship care. The assumption that children are with family and therefore safe/need less social work support should also be challenged, since children may still be at risk and in need of support to deal with complex family relationships.
Kiraly, M. and Humphreys, C. (2016). 'It's about the whole family': Family contact for children in kinship care. *Child and Family Social Work*, 21 (2), 228–239.	Reports further findings from Family Links, a mixed-methods study on contact in kinship care in Australia; specifically, this article reports kinship carers' perspectives (not included in Kiraly and Humphreys 2011) from a survey of 430 kinship carers, as well as focus groups and interviews with 73 carers.	Around half of surveyed kinship carers reported positive parental contact for children; however, many also reported that parental contact could be troubled, with a sizeable group reporting safety issues. The most common issues were parental drug misuse, mental health issues and family violence; given the frequency of contact (1-2 times per week was the most commonly reported frequency), carers were concerned that these issues could have a significant impact on child well-being. Additionally, carers felt that, since parents might feel angry/distressed following difficult, adversarial childcare proceedings, children's expectations for positive contact may not be realistic. Overall, the abuse and neglect that may bring children into care should not be underestimated—the authors conclude that skilled intervention is needed to create co-operation between all parties, including integrating support work with substance abuse treatment programmes where needed. The authors also assert that their findings support the assumption that wider family connections—including with siblings—are a key benefit of kinship care.

Logan, J. and Smith, C. (2005). Face-to-face contact post adoption: Views from the triangles. *The British Journal of Social Work*, 35, 3–5.	A qualitative study with 18 white British children, their adoptive parents and a birth relative—a total of 11 'triangles'—in England.	The study finds that open and direct communication between adults—i.e. adoptive parents and birth relatives—is a key factor in facilitating contact. The presence of mutual respect, liking and high levels of reciprocal 'permission' enabled seven 'triangles' or kinship networks to establish 'satisfying and amicable relationships'—however, it was still possible to establish working relationships when adoptive parents/birth relatives did not 'like', but still respected, each other. Both parties require a clear understanding about the purpose of face-to-face contact, their respective kinship roles and 'the emotional claims that they can legitimately make on children's loyalties and affections' (p. 32). If adults are unable to do this, then contact is likely to be problematic for the child. The authors emphasise the key role of the social worker in facilitating contact through preparing adopters, birth relatives and children, for example in helping all parties to negotiate and agree the 'rules of engagement' for contact, and providing support and mediation if kinship networks run into serious trouble.
Lundström, T. and Sallnäs, M. (2012). Sibling contact among Swedish children in foster and residential care - out of home care in a family service system. *Children and Youth Services Review*, 34 (2), 396–402.	A quantitative study investigating sibling contact among Swedish children in foster and residential care. Examines a potential link between sibling contact and psychosomatic status. Structured interviews conducted with 240 young people (aged 13–18 years); 24% of the sample were in residential care, 76% in foster care.	Children in residential care were more likely to see their siblings frequently (once a month or several times a month) than children in foster care. Overall 66% of children in residential care wanted to see their siblings more frequently, with 51% of children in foster care reporting this. Children in residential care reported more psychosomatic problems than children in foster care; however, the study did not find that sibling contact as a single factor significantly impacts the psychosomatic status of children. The authors note that children in care should not be forced to see their siblings, but opportunities for contact should be provided—from a children's rights perspective, 'facilitating sibling contact among fostered children according to their own desire is fundamental' (p. 402).
McDowell, E., McLaughlin, M., and Cassidy, T. (2019). Hearing the voice of the looked-after child: contact with birth parents. *Journal of Social Sciences and Humanities* 5 (3), 194–199.	A qualitative study with seven care-experienced young people (aged 15–23; four still in care, three no longer in care) in Northern Ireland, exploring their perspectives on contact with birth parents.	All participants had highly emotional reactions to contact, but the authors note it is not possible to conclude whether contact is positive or negative overall. Negatives included a sense of disempowerment at never being asked if/what contact they would like; parents' unreliability; parents' negative behaviour during contact; and fear and lack of control during sessions. Several participants had a history of maltreatment by parents, and contact led to further abuse or rejection in these cases. However, all participants felt that contact could be more positive and better managed. Most participants said that they would rather stay with their foster families rather than returning to their birth families, if given the choice—the authors note that long-term attachment to placement families must therefore be considered alongside attachment to birth families. Additionally, if reunification is not achievable, then it is important to establish the purpose of contact—otherwise contact may just serve to reinforce negative dynamics.

McWey, L.M., Acock, A., and Porter, B.E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32 (10), 1,338–45.	A quantitative study examining depression and externalising problems of children in out-of-home placements in the United States, using a sub-sample of data (n = 362) from the National Survey of Child and Adolescent well-being. 54% girls; 40% African American, 45% Caucasian, 8% American Indian/Alaska Native, 2% Asian, 5% Other. Ethnicity: 13% Hispanic, 87% non-Hispanic. Children were asked about contact with birth parents, including frequency; due to insufficient data on contact with birth fathers, contact with birth mothers was used for analysis. The following outcomes are examined: depression (measured using the Children's Depression Inventory, completed by children aged 7+) and externalising behaviour problems (Child Behaviour Checklist, completed by caregivers of children aged 4+).	In terms of behaviour, children with no contact with their biological mothers had the highest externalising behaviour scores (in the clinically significant range), while children with the highest level of contact with biological mothers had the lowest externalising behaviour scores. The authors caution that these findings may be spurious; mothers who have frequent contact with their children may differ from other mothers in important ways (e.g. level of child-parent attachment). In terms of depression, girls had significantly higher levels of depression than boys, even when controlling for level of contact and exposure to violence. Boys who had contact 'often' had lower depression scores than those with 'no' contact; for girls, the highest rates of depression were found for those who have 'some' contact. The authors speculate this may be due to 'ambiguous loss' (loss without closure or clear understanding, and related to 'boundary ambiguity' or 'a lack of clarity regarding who is in and who is out of the family system, and what role each member plays'—Boss et al. 1987, quoted in 2010: p. 3), which might be harder to understand than no contact at all.
Monk, D. and Macvarish, J. (2018). *Siblings, contact and the law: an overlooked relationship?* London: Birkbeck.	A mixed-methods study of sibling contact in England and Wales based on analysis of statutes, case law and interviews with 69 professionals, including social workers and judges.	The authors find that siblings are considered relevant in care proceedings, but the significance of sibling relationships is easily and routinely outweighed by other considerations. Contact arrangements between separated siblings is heavily determined by placement type; there is a strong assumption that direct contact is appropriate in placements other than adoption, but facilitating contact in practice raises challenges. Carers are crucial in ensuring contact arrangements are detailed and specific to the child. The independent reviewing officer (IRO) is critical in ensuring contact is maintained, but there are questions about the capacity of carers and the IRO to fulfil these roles. Where siblings are separated through adoption, the authors identify three assumptions that promote indirect sibling contact during adoption, essentially reflecting an understanding of adoption as 'closed': (1) direct contact will deter prospective adopters; (2) contact should and can only take place with the agreement of the adopter; (3) contact will undermine the security and stability of the placement. Sibling contact orders are rare in England and Wales, and it is not well understood when they should be used. There is a concern that insufficient weight is placed on the interests of older siblings, and a lack of clarity when some siblings are not subject to the care proceedings.

Morgan, R. (2009). *Keeping in touch. A report of children's experience by the Children's Rights Director for England*. Manchester: Ofsted.	A mixed-methods study on children's experiences of contact in England. Survey completed by 316 children and young people in foster and residential care, followed by focus groups with 54 children and young people. 53% girls, 87% white, 13% from mixed, black, Asian and other backgrounds. 54% living in children's homes, 41% living with foster carers.	Children in residential care are more likely to have contact with their birth mothers at least once a month (58%) compared to those in foster care (42%); they are more likely to have lost contact with their birth fathers; and more likely to have monthly contact with other birth relatives (47%) than those in foster care (23%). Children reported that email and social media can be a good way to stay in touch, but some children worried about online safety. Children generally wanted to maintain contact with their birth relatives, and wanted to have a choice about the people with whom they maintained contact. They found it 'strange' meeting family members they had not seen for a long time—including siblings—and wanted this to be done gradually. Children also felt that social workers should do more to arrange contact with family—and with friends, which was sometimes seen as more important that contact with family. However, children only wanted contact visits to be supervised 'when really necessary'.
Moyers, S., Farmer, E., and Lipscombe, J. (2006). Contact with family members and its impact on adolescents and their foster placements. *The British Journal of Social Work*, 36 (4), 541–559.	A qualitative study with young people in foster care, their foster carers and social workers in England, including a detailed assessment of contact adolescents had with parents, siblings and other family members during long-term foster placement. 68 young people, foster carers and social workers were interviewed at two points in time: 3 months after the start of a new foster placement, and 12 months later (or at a point of disruption if this happened earlier). Young people were aged 11–17, 51% girls and 18% BAME (mostly not placed with a carer of the same race or background). Looking across the data, researchers assigned the following ratings to the quality of contact: (1) beneficial (e.g. enjoyed it, positive link, maintained identity); (2) detrimental (e.g. at risk physically, sexually or emotionally); (3) distress caused by absence of contact.	The study found that the majority of young people had considerable problems in their contact with birth family; after 12 months, many of these difficulties persisted. There was little support for birth parents to improve relationships with their children; the reasons children had been taken into care were not addressed, and the solution simply seemed to be separation. The young people who were able to talk to their carers about their past and their ongoing relationships had better placement outcomes, indicating that more support is needed to help children manage placement relationships. Several young people reported positive contact with other relatives (including grandparents, aunts, uncles and cousins), indicating that extended birth family can act as a key source of stability and continuity, counteracting troubled parental relationships. The authors note the importance of proactively managing contact (including regular reviews, and discussions between carers and social workers where contact is unsupervised), considering what the purpose of contact is, and to structure contact arrangements accordingly.

Salas Martínez, M.D., Fuentes, M.J., Bernedo, I.M., and García-Martín, M.A. (2016). Contact visits between foster children and their birth family: the views of foster children, foster parents and social workers. *Child and Family Social Work*, 21 (4), 473–483.	A quantitative study of foster carers, non-kinship foster children and social workers in Spain. 104 children, 70% white, 30% Roma/traveller or black. Examining the impact of contact on relationships with foster parents and birth parents. The majority of children had contact visits with their birth parents— 30% with birth mothers, 23% with both parents, 1% with birth fathers. 95% of contact visits were supervised, taking place at a contact venue established by child protection services.	Social workers rated 42% of observed visits as having 'poor or very poor' child-parent interactions, and felt that parents need to be better prepared in order to address a lack of parenting skills. The children involved in visits rated as 'poor or very poor' on child-parent interactions were more likely to perceive more criticism/rejection from their birth parents than warmth/communication, which indicates a correlation between social workers' perceptions of contact quality and children's perceptions of relationship quality. While social workers and children generally viewed contact positively, foster carers had a more negative view of contact—the authors note that foster carers' negative attitudes towards contact could affect the outcome of birth family contact for children.
Selwyn, J., Farmer, E., Meakings, S., and Vaisey, P. (2013). *The poor relations? Children and informal kinship carers speak out. A summary research report.* Bristol: University of Bristol.	A mixed-methods study with children and young people and their kinship carers in England and Wales. Semi-structured interviews and standardised measures completed by 80 children (aged 8–18, 59% girls, 22% BAME) and their carers (aged 22–79, 90% female, 96% white). Assessing depression, psychological security and self-concept (self-completed by children) and children's mental health (Strengths and Difficulties Questionnaire, completed by carers).	The study found that, unlike many children in non-kinship care arrangements, many participants remained in close proximity to their birth parents. This led to episodes of repeated rejection, e.g. birth parents ignoring children when passing them on the street, as well as issues with unplanned contact—carers reported problems with birth parents turning up when under the influence of drugs/alcohol, and/or at night, which was upsetting for children. 46% of children reported no contact with their mother; 56% reported no contact with their father. For those with contact, accounts varied widely from valuing their time together to finding contact upsetting or awkward. However, some children wanted more contact even when knowing it was unlikely to go well, and few children reported wanting less contact. 25 out of 80 children scored themselves in a clinical range of depression and/or anxiety, and/or reported significant behavioural difficulties. These 25 children were significantly more likely to have difficult contact (according to the carer), their carers and parents were more frequently in conflict, and they were less securely attached to their carers. Difficult contact or witnessing parent-carer conflict was statistically associated with children having poorer mental health. Children living with grandparents in poor health and with few supportive relatives/friends often included parents as 'the most important people in their lives', even when contact was infrequent.

Sen, R. and Broadhurst, K. (2010). Contact between children in out-of-home placements and their family and friends networks: a research review. *Child and Family Social* Work, 16, 298–309.	A review of (mostly UK, some international) studies on family contact for children in out-of-home foster, kinship and residential placements; findings are not discussed accordingly to placement type. Both 'direct' (i.e. face-to-face) and 'indirect' (telephone, letters) contact are discussed.	The authors draw a clear conclusion from the evidence: good quality contact with birth family members is likely to promote positive outcomes for children, including successful return to parental care and placement stability. However, there is little evidence that contact alone will determine such positive outcomes. Poorly planned, poor quality and unsupported contact can be harmful for children, especially where there is a history of maltreatment. Some recent evidence also indicates that contact can destabilise placements. It is also common for contact to become less frequent or to stop completely over time; the authors note that re-establishing contact is a low priority for social work, but it seems important given the evidence on the evidence on positive contact.
Skoglund, J., Thørnblad, R., and Holtan, A. (2019). Children's relationships with birth parents in childhood and adulthood: A qualitative longitudinal study of kinship care. *Qualitative Social Work* 18 (6), 944–964.	A qualitative study with three children participating in a longitudinal study on kinship care in Norway; two girls and one boy interviewed at three points in time over a 15-year period, from ages 11–12 to 28-29. Exploring the relationship between children living in kinship care and their birth parents, with a focus on the meaning children ascribe to these relationships and how this changes over time.	The authors find that the children's relationships with their birth parents changed over time. For example, one participant romanticised her mother at a younger age, and hoped that she would stop her drug use (11–12 years, 20–21 years); later on (28–29 years), she decided that her mother was a negative influence and decided she needed to keep away from her. The study highlighted the key question of children's agency—i.e., the extent to which children feel in control of their relationships with birth parents. Participants had mixed feelings on this, but noted that 'having agency' did not necessarily mean walking away from difficult relationships: 'not only can […] difficult relationships be viewed as meaningful and important in one's life, but one might simply not be able to escape them' (p. 961).
Wade, J. (2008). The ties that bind: Support from birth families and substitute families for young people leaving care. *The British Journal of Social Work*, 38 (1), 39–54.	A mixed-methods study of outcomes for young people leaving care in England, exploring informal networks available to 106 young people 12–15 months after leaving care. Baseline interviews with participants 2–3 months after leaving care, follow-up interviews 9–10 months later, and analysis of information from participants' care workers. 52% female; 25% BAME (of which 40% were unaccompanied minors).	The author finds that young people leaving care make an 'accelerated transition to independence, often with limited family support' (p. 51). Few young people in this study returned to their birth families—only 13% had short stays with relatives after leaving care. However, the majority were in touch with family members at both baseline and follow-up, including face-to-face contact or indirect contact (phone, letter, text). Regular contact was most common with siblings and birth mothers, but aunts/uncles, grandparents, birth fathers, step parents, cousins, nieces and nephews were also mentioned. Care leavers also most commonly identified siblings and birth mothers as the family member to whom they were closest, but again, a wide range of family members were identified across the sample. While contact was highly valued by young people, attempts to improve these relationships involved difficult negotiations, indicating a need for continuing counselling and mediation. Young people's perceptions of key relationships did not vary by gender, ethnicity, disability status or mental health status. The presence of support from close family members did not correlate with other substantive outcomes for young people, such as their progress in housing, education or employment. However, unaccompanied minors were less likely than other young people to have had access to family support.

Wangensteen, T., Bramness, J.G., and Halsa, A. (2019). Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support. *Child and Family Social Work*, 24 (2), 201–208.	A qualitative study with 12 children and young people in foster care whose parents have substance misuse issues in Norway. Aged 13–19 (talking about current experiences), and aged 19–26 (reflecting on their childhood).	Participants described being preoccupied with parental relationships, even when living apart and 'protected from the daily exposure of substance abuse' (p. 201). Several participants described experiences of unwelcome, unplanned contact with birth parents—often when parents were drunk or on drugs. Children in kinship care arrangements found it harder to regulate contact—e.g. when in foster homes with grandparents, birth parents were more likely to make unplanned visits. Overall, participants had mixed and contradictory emotions towards their parents, and struggled to determine the frequency and type of contact with them; they felt they needed professional support in order to help them to cope with this.
Ward, H., Moggach, L., Tregeagle, S., and Trivedi, H. (Forthcoming). *Outcomes of Open Adoption in Australia*.	A mixed-methods longitudinal study following 210 children adopted through Barnados Australia between 1987 and 2013. Methods: analysis of case files and other records collected at the time of adoption; online survey completed by 93 adoptees and their parents at least five years after placement; interviews with a sub-sample of 20 adoptees and 21 adoptive parents. The adoption programme through Barnados Australia was for children on long-term care orders, and the aim was open adoption. Indigenous children were not generally accepted onto the programme. Children's well-being was measured using standardised measures: the Australia Children well-being Project, WHO QOL-BRE F (self-completed by adoptees) and the Child Behaviour Checklist (completed by adoptive parents).	Face-to-face post-adoption contact is a pre-requisite of adoption orders in New South Wales. Contact was mandated until 12 years old, regardless of children's wishes; the most common reason for ending contact was the child deciding to stop (often at age 12). Overall, 93% of adoptees had had contact with someone from their birth family (87% with at least one birth parent, 78% with grandparents or other relatives); by 2016, 56% were still seeing at least one member of their birth family. 58% were placed with at least one birth sibling, 5% had no contact with siblings. 40% of adoptive parents said contact had not been problematic; 60% said it had been problematic at some stage, due to complex practical arrangements, safety and security. Parents' difficult behaviour during contact was a significant issue. About a third (30%) of adoptees became stressed before and after contact, finding it frightening, confusing, destabilising, and affecting their behaviour. However 69% of both adoptees and adoptive parents thought contact was ultimately beneficial, in spite of short-term pain; the evidence suggests that contact could support a child's sense of identify and mitigate issues around attachment, loss and separation in the long-term. 'Closure' understood as adoptees who had accepted the reasons for their adoption, and no longer saw themselves as defined by their past. These adoptees all had adoptive parents who had actively facilitated relationships with birth parents, e.g. having birth parents as 'honorary' family members. Adoptees with closure were found to have better outcomes in adulthood compared to those who had not yet achieved this level of understanding and acceptance.

Wojciak, A.S., McWey, L.M., and Helfrich, C.M. (2013). Sibling relationships and internalizing symptoms of youth in foster care. *Children and Youth Services Review,* 35 (7), 1,071–1,077.	A quantitative study examining sibling relationships in a nationally representative sample of 152 adolescents in care in the United States, using data from the National Survey of Child and Adolescent well-being (NSCAW), a nationally representative longitudinal study. The study investigated the potentially protective nature of sibling relationships on the expression of internalising symptoms for those who have experienced trauma. Young people in the sample were aged 11–16 and in out of home care; 50% girls; 46% white, 37% African American, 2% American Indian, 2% Asian or Pacific Islander, 3% other. In terms of ethnicity, 15% were Hispanic. Trauma was measured using the Trauma Symptom Checklist for Children (completed by young people), and internalising symptoms were measured using the 'internalising' sub-scale of the Child Behaviour Checklist (completed by caregivers).	The majority of young people in foster care were likely to be separated from their siblings, and wanted more frequent contact with their siblings. 40% saw their siblings once per month, and 30% had no contact at all with their siblings. Those with more frequent contact reported better relationships with their siblings. The study found that a positive sibling relationship significantly mediated the effect of trauma on internalising symptoms (including withdrawal, somatic complaints, anxious/depressive symptoms). The authors conclude that support is needed to help young people maintain sibling relationships when separated in care; social workers and foster carers also need to be trained on the importance of sibling relationships, and there needs to be greater investment in sibling visitation.

Table B.2: Journal articles and reports included in extended review

Study	Overview	Key findings
Brodzinsky, D. (2006). Family structural openness and communication openness as predictors in the adjustment of adopted children. *Adoption Quarterly*, 9(4): 1–18.	A quantitative study with 73 adopted children (28 boys and 35 girls, aged 8–14 years) who were placed in adoptive families within 18 months of their birth and their adoptive parents in the United States. 75% of children were adopted within the United States, 25% from other countries—primarily south-east Asia and Russia. Of US born children, 85% were placed in in-racial families, and 15% in transracial families. Of children born in other countries, 39% were placed in in-racial families and 61% in transracial families.	Findings indicate the benefits of open adoption for children. Children living in families with more information about, and contact with, birth family members displayed greater self-esteem and fewer behaviour problems. The same is true of children who experience more open and sensitive communication about adoption within their family. Importantly, communication openness is a stronger and more consistent predictor of children's adjustment than the extent of structural openness between adoptive and birth families. Structural openness did not predict children's adjustment independently of communication openness. This suggests that family process variables—such as parent-child communication patterns, parental disciplinary practices, interparental conflict and quality of parental emotional attunement—are generally more important for children's long-term adjustment than the type of family in which the child is raised.
Farmer, E. (2010). What factors relate to good placement outcomes in kinship care? *The British Journal of Social Work*, Vol. 40, No. 2, pp.426–444.	A mixed-methods study in England involving case file reviews on 270 children (0–10 years at the time of placement; 53% in kin and 47% in non-kin foster care; 20% from BAME backgrounds; 54% girls, 46% boys) and interviews with a sub-sample of 32 kin carers, plus 16 social workers, 6 birth parents and 16 children (age not specified). A mixture of semi-structured interviews and standardised measures were used.	Kin placements were mostly likely to disrupt when children were older at placement, showed difficult behaviour, where there was an absence of high carer commitment and contact was not supervised. There were lower levels of disruption in placements with grandparents and when kin carers had been approved as foster carers and so received financial and practical support. Difficult relationships were more likely between kin carers and birth parents compared to unrelated foster carers and birth parents. In situations of conflict, kinship carers sought support from children's services—but social work staff were less likely to supervise contact in kinship care placements compared to unrelated foster care. When contact was supervised (by social workers or carers themselves), there were 'significantly fewer disruptions in kinship care' but not in unrelated foster placements.

Hunt, J., Waterhouse, S., and Lutman, E. (2010). Parental contact for children placed in kinship care through care proceedings. *Child and Family Law Quarterly* 22 (1): 71–92.	A mixed-methods study examining outcomes for children in England subject to care proceedings because of child protection concerns, and placed in long-term kinship care. Data was collected from Children's Services case files, using a structured case proforma, from cohorts of all children from two English local authorities placed in kinship care from 1995–2001. The sample consisted of 113 children (age at the end of care proceedings: just under 50% under 5, 33% 5–9 years old, just under 20% 10–14). 17% from minority ethnic backgrounds, 48% girls. The majority of children were placed with grandparents (62%), with 26% placed with aunts and uncles, 7% with another type of relative and 5% with another adult known to the child (e.g. a member of the friendship network). Children were followed up in 2004-2005, by which time between four and nine years had elapsed since care proceedings had ended. 66% of children were still with their carers, 30 placements had disrupted and eight placements had ended. Interviews were conducted with 37 carers, 24 social workers and 14 children and young people (ages not specified).	At the point court proceedings ended, it was intended that the majority of children would retain contact with at least one parent and see the parent sufficiently frequently to maintain a real relationship. Three years post-proceedings, almost half the children still in placement were having at least monthly contact, and just over a quarter at least weekly. However, for a substantial proportion, contact diminished or ceased over time—particularly contact with fathers. Positive experiences of contact, according to carers, included: children enjoying being with their parent; valuing the opportunity to see siblings; feeling part of their birth family; retaining or developing their sense of identity; maintaining, strengthening or building bonds; and being reassured about their parents' well-being. All children interviewed who were having contact with a parent were positive about this. Although contact was usually safe, it was not always positive for the child. For many children, contact with at least one parent was either wholly or partially negative. Difficulties included being let down by unreliable parents; the upset of seeing and/or leaving a parent; having to confront parental shortcomings; loyalty conflicts and confusions; and poor-quality contact. No statistically significant differences were found between the age of the child and the existence of contact problems, although parental contact seemed to be easier with younger children.
Larkins, C., Ridley, J., Farrelly, N., Austerberry, H., Bilson, A., Hussein, S., Manthorpe, J., and Stanley, N. (2015). Children's, young people's and parents' perspectives on contact: findings from the Evaluation of Social Work Practices. *The British Journal of Social Work* 45: 296-312.	Reports qualitative findings from the evaluation of Social Work Practice (SWP) pilots in England (conducted 2009–2012), in which independent organisations provided social work support for looked-after children and care leavers. Interviews at two different points, with 169 children and young people (aged 7–23, 45% girls) and 19 birth parents.	69% of children and young people were satisfied with their contact arrangements—i.e., they felt they had the right amount of contact in terms of frequency and duration, and that it was with the 'right' people. Of those who were not satisfied (n = 35), the majority said this was because they did not see certain family members often enough. Children and young people were more likely to be satisfied with contact in cases where social supported children, young people and families to be active agents in determining contact arrangements, repeatedly checked back with children and young people to see whether children and young people's wishes regarding contact had changed, and involved children, young people and families in decision-making. The authors note that 'such an approach presumes a right to contact, although this is balanced with the right to healthy development' (2015: 309). This rights-based approach also depended on access to resources, including staff time, transport, activities, holidays and communication.

Neil, E., Beek, M., and Schofield, G. (2003). Thinking about and managing contact in permanent placements: the differences and similarities between adoptive parents and foster carers. *Clinical Child Psychology and Psychiatry* 8 (3): 401-418.	Analysis from two mixed-methods studies in England, focusing on post-placement contact and the qualities of foster carers and adopters that best help children negotiate issues of attachment, identity and loss when contact occurs. Data was analysed from the Contact after Adoption study (Stage 1—see Neil et al. 2013 summary below for details on sample and methods), and the Growing up in Foster Care study. The latter study focused on 58 children under 12 placed in long-term foster families in 1997-1998. Methods included questionnaires completed by social workers and foster carers, the Strengths and Difficulties Questionnaire completed by foster carers, and interviews conducted with children, carers, birth relatives, child care social workers and family placement social workers.	Almost all foster children were found to be having frequent face-to-face contact, compared with only a small minority of adopted children. However, face-to-face contact was more straightforward in adoptive families, as young children had less complex relationships with their birth relatives and easier relationships with their new parents. Moreover, adoptive parents were directly involved in contact meetings and able to act autonomously. By contrast, foster carers' experiences were more varied, with some excluded from decision-making. Across placement types, 'the most successful contact arrangements were those in which the parents or carers demonstrated high levels of empathy and sensitivity towards the child and the birth parent' (2013: p. 415). These attributes were 'vital in helping children use contact meetings to make sense of their membership of two families' (2013: p. 401).
Neil, E. Beek, M., and Ward, E. (2013) *Contact after adoption: a follow up in late adolescence.* Norwich: Centre for Research on Children and Families.	Contact after Adoption was a mixed-methods longitudinal study of adoptive and birth families in England which ran from 1996–2013. At Stage 1 (1996–1997), case information was collected via social worker-completed questionnaire on a complete cohort of 168 children (under age 4) who were adopted or placed for adoption in 10 agencies. 35 adoptive parents and 15 birth relatives in face-to-face adult birth relative contact arrangements were interviewed.	<u>Summary of findings from Stage 1</u> Face-to-face contact was not found to get in the way of the development of the relationship between adoptive parents and the child. Because these children had been placed early and often had not lived at home for very long, they did not have close relationships with birth relatives at the time of placement. Due to their young age, most children had only a limited understanding of adoption. This meant that contact meetings were not emotionally charged and were generally accepted easily and often enjoyed by them. In cases where contact was quite frequent, close relationships with the birth relative could develop. Most adoptive parents showed very high levels of empathy for the child and birth relatives; there was some evidence that contact itself helped adoptive parents to empathise with children and birth relatives.

| | Stage 2 (2002–2004) took place when the children were on average 7 years post-placement. The interview sample was expanded to include families where indirect adult birth relative contact was planned. Data were collected from 62 adoptive parents (mostly mothers) in relation to 87 adoptive children (aged 7–9 years), 43 adoptive children and 73 birth relatives.

Stage 3 (2012–13) provided a longitudinal follow-up when adopted young people were aged 14–21. 45 adoptive parents and 40 adopted young people completed questionnairess; 45 adoptive parents and 32 of these adopted young people took part in in-depth interviews. 37 birth relatives took part in interviews. | Summary of findings from Stage 2
Almost all children felt they were loved and they belonged to their adoptive family—this was true regardless of contact arrangements with birth relatives. Most children did not have a full understanding of adoption, although many children were curious about their birth family. Children involved in ongoing contact generally valued the contact; any dissatisfaction was usually related to contact that was not happening. No differences were found between children who had face-to-face contact and those who did not in terms of their emotional and behavioural development. The openness of adoptive parents did not relate to children's emotional and behavioural development. Both face-to-face and indirect contact worked best where both the adoptive parents and birth relatives could empathise with each other, think about the child's needs, and relate to each other in a constructive and collaborative way.

Summary of findings from Stage 3
Around 50% of young people were doing very well in terms of overall development; the remainder had some problems. Contact with birth relatives did not seem to be an important factor in determining overall development. According to young people, the main benefits of contact included: building relationships with birth relatives, being able to talk openly with their adoptive family about their background and birth family. The main challenges included dealing with emotional strain and managing feelings of loss. Birth family contact had a role in promoting identity development as it exposed adoptive parents and children to information about the birth family, and also because it facilitated communication between the adoptive young person and their adoptive parents. This allowed the young person to process their thoughts and feelings about the adoption.

For contact to work, it was important for adoptive parents and birth relatives to respect each other's roles and family boundaries, with a focus on the needs of the young people. Contact is a 'dynamic and transactional process': 'more than just a letter or a meeting; it is a relational process which takes place between adoptive parents, adoptive children and birth relatives. Managing the dynamics of this relational process requires effort from all involved, but can yield rewards which can in turn impact positively on contact' (p. 292-3). |

Schofield G. and Simmonds J. (2011). Contact for infants subject to care proceedings. *Adoption and Fostering*, Vol. 35, 4: pp. 70–74.	Review of legal, research and practice contexts around infant contact during care proceedings, including evidence from the UK and Australia.	The first year of life is crucial for physical, emotional, cognitive, social and behavioural development - hence the significance of contact arrangements for infants during proceedings. To promote healthy development from birth, all infants need a relationship with a caregiver who provides a consistent, emotionally available, sensitive and responsive secure base. The most important issue for infant development in relation to contact plans is the degree to which contact arrangements produce high levels of stress for the infant through discontinuity of care and potentially insensitive care during contact.
Wellard S., Meakings S., Farmer E., and Hunt J. (2017). *Growing up in kinship care: Experiences as adolescents and outcomes in young adulthood.* London: Grandparents Plus.	A mixed-methods study in England with young people (aged 16-26; 94% white British; 6% of mixed ethnicity-White and African or Black Caribbean; 9% with a disability) living or who had lived in kinship care arrangements, and kinship carers. 53 young people and 43 kinship carers interviewed using a pre-coded interview schedule that allowed for the collection of numerically analysable and qualitative data. Attempts were made to include young people with disabilities and other special needs, those from ethnic minorities and those who were no longer in contact with their carers; however, it proved difficult to recruit young people who were not white British and those who were not in touch with their carers. The authors note that the study sample may therefore be biased towards more successful kinship care arrangements.	Less than a fifth of young people (17.5%) rated the quality of contact with their mothers as 'good'. Two fifths (41%) said that contact had been mostly difficult; five young people (11%) had been estranged from their mothers. Where contact had been difficult, young people had intermittent contact with mothers, including lengthy episodes of no contact at all. More than two fifths (44%) of young people had been estranged from their fathers during their teenage years. Only 12% described contact with fathers positively, with a third (34%) stating that contact had been difficult. Where young people reported good quality contact with either parent, they had been in touch on a regular (sometimes daily) basis. For some of the young people who reported contact as neither good or bad, they did not feel a strong emotional connection to their parents. Where the quality of contact was variable, this was often due to fluctuations in parental behaviour (sometimes depending on their level of substance misuse). Young people spoke with 'warmth and appreciation' about being part of a supportive extended faily network (p. 62), which provided an important source of continuity. All but one young person was in touch with members of their wider family, and such contact had been a positive experience for most. Nearly two thirds of those who had left kinship care still had regular contact with other relatives. 16 young people had sub-optimal levels of mental health (based on responses to the GHQ); these young people were slightly more likely to have experienced difficult contact with their mothers during their teenage years (47%, compared to 37% who saw contact as 'okay' p. 148).

Haight, W. L., Black, J. E., Workman, C. L., and Tata, L. (2001). Parent-child interaction during foster care visits. *Social Work* 46 (4): 325–338.	A qualitative study in the USA with nine mothers and their 24-48 month-old children who had been placed in foster care. Foster care visits were videotaped, and after each visit the mothers participated in an in-depth interview. Data from videotaped visits were analysed using interaction analysis. Five mothers were black, and four were white. Mothers were aged 16–30 years. Five children were black, three children were white, and one was biracial. Five were in non-relative foster care, and four were placed in homes of relatives. Three children had been placed in care due to sexual or physical abuse; the remaining six children had entered care due to neglect.	All mothers and children showed 'positive affect' at the start of contact visits, with three mothers mentioning the joy that they and their children felt on reunion. However, for one pairing, both mother and child showed hesitancy and sadness during their reunion, which set the tone for the rest of the visit. Most mothers and children were highly interactive during visits, with 92–95% of all visits involving face-to-face interaction, typically around pretend play, exploring the play room and object play. The authors note that all mothers engaged in activities that were 'developmentally appropriate to preschool-age children and associated with positive parent-child relationships'. Activities were generally 'sustained and conducted in a mutually engaging manner supportive of children's development' (p. 334). Seven out of nine mothers described the emotional pain of separation at the end of the visits for themselves and their children. All but one of the children became upset, explicitly protested, stalled or resisted separation at the end of the visit.
Grotevant, H.D., Rueter, M., Von Korff, L., and Gonzalez, C. (2011). Post-adoption contact, adoption communicative openness, and satisfaction with contact as predictors of externalizing behaviour in adolescence and emerging adulthood. *Journal of Child Psychology and Psychiatry* 52(5), 529–536.	A mixed-methods longitudinal study in the USA examining the relationship between adoptive family relationships and adoptee externalising behaviour in adolescence and emerging adulthood. Data come from 190 families of infant-placed domestic adoptees during childhood, adolescence and emerging adulthood. These families participated in the Minnesota / Texas Adoption Research Project, which draws on three waves of a longitudinal study with children from a range of 4-12 years (Wave 1, 1986-1992), 11-20 years (Wave 2, 1996-2001) and 20-30 years (Wave 3, 2005-2008). 182 adoptees were white, 7 were Latino, and one was black. At Waves 1 and 2, parents and adopted children were interviewed individually and asked to complete several questionnaires. At Wave 3, young adult adoptees completed online questionnaires and participated in an interview.	Study findings indicate that neither contact with a child's birth mother nor an adoptive parent's openness to discuss adoption-related issues account for variance in adolescent externalising behaviour. However, higher levels of adoptive family satisfaction with contact are associated with lower levels of adolescent externalising behaviour. The authors do find that adoption communicative openness does play an important role in other outcomes, such as information-seeking behaviour among adoptees who do not have direct contact with birth relatives.

| Kenrick, J. (2009). Concurrent planning: A retrospective study of the continuities and discontinuities of care, and their impact on the development of infants and young children placed for adoption by the Coram Concurrent Planning Project. Adoption & Fostering, 33(4), 5–18. | A qualitative study with 26 families in England who had adopted children through the Coram Concurrent Planning Project between 2001 and 2005. Semi-structured interviews were conducted with carers in 2006-7, asking them to retrospectively reflect on the impact that contact with biological parents had on adopted children. Children were between 0-10 months at the time of placement. | The Coram Concurrent Planning Project aimed to prevent 'drift' and achieve early permanency for very young infants and children within the care system. Based on findings from this study, the authors conclude that the project should be judged a success - all but one of the children in this study were placed with carers who went on to adopt them. While the majority of CP carers described concurrent planning as 'brilliant', "the expectation of being constantly "on the road" to contact sessions went against the assumption they mostly held that the infants needed peace and quiet in the early stages of placement to help them settle and develop emotionally' (p. 15). All the carers felt that knowledge about real birth parents would benefit the children's sense of their own identity, while not affecting their capacity to attach securely within their new families. Child development and affective neuroscience emphasises the need of babies and young children for secure attachments, and for the unconditional love and devotion of a 'good enough' carer for their optimal development. Findings from this study suggest that there was a 'good enough' attachment at the start of placements which 'served as a base for the further development of secure attachments for the infants' (p. 16).
 The additional distress caused by high levels of contact, particularly for more vulnerable babies, should not be ignored. However, it seems that infants were able to form strong attachments to their primary carers, which mediates (in the short and long term) the disadvantages and difficulties implicit in intensive CP contact. |

Table B.3: Books included in extended review

Study	Overview
Cleaver, H. (2000). *Fostering Family Contact.* London: The Stationery Office.	This study was part of a series of research projects funded by the Department of Health to evaluate the initial impact of the Children Act 1989. The research involved a survey of social work records concerned with 152 cases spanning six local authorities, and a qualitative study of 33 children aged 5–12 years who were placed in foster care. Interviews were conducted with children, parents, carers and social workers, shortly after placement, and—where possible—again 12 months later.
Macaskill, C. (2002). *Safe Contact? Children in Permanent Placement and Contact with their Birth Relatives.* Lyme Regis: Russell House.	This study was funded by the charity Parents for Children, and aimed to provide a detailed analysis of factors that enable or prevent satisfactory face-to-face contact between children in a permanent placement and their birth relatives to work satisfactorily. It involved a sample of 57 families (81 children) recruited through voluntary agencies and 19 families (25 children) recruited through social services, and included interviews with adoptive parents or foster carers, social workers and young people (all of whom had been at least 4 years old at the time of placement, in the 1990s).
Neil, E., Beek, M., and Ward, E. (2015). *Contact After Adoption. A Longitudinal Study of Post-Adoption Contact Arrangements.* London: CoramBAAF.	This volume presents findings from the final stage of a Nuffield Foundation funded longitudinal study of contact after adoption (other publications from the study are included in the rapid review). At Stage 1, the research involved social worker questionnaires (n =168) on a cohort of children (aged under 4) adopted in the mid-1990s, along with interviews with 35 adoptive parents and 15 birth relatives. At Stage 2, children were on average seven years post-placement, and the sample was expanded to include interviews with 62 adoptive parents (with 87 adopted children), as well as interviews with 43 adopted children and 72 birth relatives. Stage 3 followed the cohort of adopted young people (now aged 14–21 years), and involved interviews with 45 adoptive families (43 adoptive parents and 32 young people—with psychological scales completed for another 8 young people) and 37 birth relatives.
Neil, E. and Howe, D. (2004). *Contact in Adoption and Permanent Foster Care. Research, Theory and Practice.* London: BAAF.	This edited volume includes findings from the following research: • Grotevant et al.'s study of contact after adoption in the United States (two chapters) • Neil et al.'s Contact after Adoption study in England (three chapters) • Logan and Smith's study of post-adoption contact (one chapter) • Beek and Schofield's study of long-term foster care (one chapter) • Selwyn's study of placement of older children in long-term foster care or adoption (one chapter) • Wilson and Sinclair's overview of studies of foster care (one chapter) • Thoburn's study of the experiences of children from BAME backgrounds (one chapter) • Howe and Steele's research on contact following traumatic abuse or neglect (one chapter). We have drawn on this volume when information provided addresses gaps or issues not otherwise addressed through the rapid review or other sources included.
Smith, C. and Logan, J. (2004). *After Adoption: Direct Contact and Relationships.* Abingdon: Routledge.	This study was conducted in the late 1990s, funded by the Nuffield Foundation, and is focused on experiences of direct post-adoption contact from the perspective of adoptive 'triangles' of adoptive parents, adopted children and birth family members. Interviews involved 61 adoptive families, and included 60 adoptive mothers, 50 adoptive fathers, 51 adopted children (of varied ages), 6 birth mothers, 2 birth fathers, 18 biological grandparents, 5 other biological relatives (e.g. aunts) and 11 siblings.