

'What is the impact of birth family contact on children in adoption and long-term foster care?' A systematic review

Caroline Boyle

Social Worker, London South Bank University, London, UK

Correspondence:

Caroline Boyle,
London South Bank University,
103 Borough Road, London, SE1 0AA
E-mail: carolineboyleqsw@gmail.com

Keywords: adoption, children,
contact, impact, long-term foster
care, permanency planning

Accepted for publication: April 2015

ABSTRACT

Contact plans for children in adoption and long-term foster care are decided on a case-by-case basis, as directed by the paramountcy principle in the Children Act (1989). The idea that birth family contact helps children resolve issues around attachment, separation and loss, and identity is prevalent in social work practice. However, evidence revealing the detrimental impact of contact has been used to support increasingly restrictive legislation. The current review aims to provide policy-makers and social workers with a resource to guide decisions in permanency planning by evaluating this evidence and reported outcomes for children. The research question and exclusion/inclusion criteria were formulated and used to develop a search strategy. Of the 412 potential titles returned, 11 were of sufficient quality to include in the thematic synthesis. Results were mixed and significantly influenced by moderator variables such as the pre-existing relationship between children and their birth families. Outcomes were particularly positive when there was a collaborative approach between birth families and adoptive parents or foster carers. Outcomes tended to be poorest for children who had ongoing contact with maltreating birth parents. The review findings support current policy and previous research in recommending a more reflexive approach to assessing and planning contact.

INTRODUCTION

Permanency planning in the UK recognizes the life-long impact of separating children from their birth families. Considerable thought is given to minimizing children's feelings of separation and loss, promoting their individual identity and giving them the stability to form and maintain secure attachments. This thinking has been endorsed internationally by the United Nations (UN) Convention on the Rights of the Child (1989), which stipulates that children have the right to live with their parents or maintain contact when this is not possible. These principles are reflected in the

Children Act (1989) and supplementary guidance that specifies family and friends as the preferred permanency option or, if in the child's best interests, adoption and long-term fostering. In all cases, contact should be considered in the overall assessment of the child's permanency needs.

The difference between adoption and long-term foster care is far more complex than the legal transfer of parental responsibility. There are significant emotional and psychological implications to consider. Long-term foster care, for example, is usually a more appropriate option for older children who have established relationships with their birth families. Although local authorities are responsible for overseeing contact arrangements for fostered children, this is not the case in adoption. Nevertheless, the court's obligation to consider contact on a case-by-case basis is prescribed

[Correction added on 3 June 2015, after first online publication: In the above address for correspondence, the address was wrongly listed and this has now been updated.]

under the Adoption and Children Act (2002). It states that the lifelong welfare of the child should remain paramount in decisions around continuing contact with birth families.

However, there has been a recent shift towards greater restrictions around contact that undermines the child-centred focus of this legislative framework. The UK government's 2012 green paper that proposed a presumption of 'no contact' in adoption orders received widespread opposition on the basis that it contravened article 3 of the UN Convention on the Rights of the Child (1989). Respondents also recommended that any further amendments should be supported by evidence-based research on the impact of contact on children (Great Britain Department for Education 2013). The current review evaluates this research for children in both adoption and long-term foster care.

UK research on contact tends to focus on placement stability and preventative interventions, with contact frequently identified as a risk factor for placement breakdown (Wilson *et al.* 2004; Sinclair 2005; Ward 2009; Children England 2012). One of the most comprehensive UK reviews of contact in permanency, Quinton *et al.* (1997) refers to current practice as a 'social experiment', in the absence of evidence-based policy. A more recent review by Sen & Broadhurst (2011) concludes that contact is often harmful to children because arrangements do not consider individual needs. Reviews of international research on contact look at a broad range of outcomes including sibling relationships and birth family reunification (Haight *et al.* 2003; Scott *et al.* 2005; Gustavsson & MacEachron 2010). The general consensus among this body of research is that the impact of contact depends on a number of variables and decisions should be made on a case-by-case basis.

The evidence also reveals that most children want some form of contact and that the type of contact (face-to-face, supervised or letter box) usually depends on the family member. For example, direct contact with siblings, grandparents and extended family can be very positive even when parental contact has proven to be detrimental (Sen & Broadhurst 2011). The quality of contact depends greatly on the professional judgment of social workers. They determine when contact is 'safe' in cases where there is a history of abuse, for example. Mapp & Steinberg (2007) look at birth families' commitment, nurturing capacity and perception of the child's reason for being in care when assessing the potential impact of contact. They also identify the role of the social worker in

structuring early visits with birth families to help build relationships. Social workers can similarly prepare children for initial contact through life story work (Social Care Institute for Excellence 2004).

The importance of secure attachments for a child's emotional and psychological development is well supported by theoretical and evidence-based literature. Children with insecure attachments tend to resist affection from parental figures through controlling and defiant behaviour while others become withdrawn. Symptoms also include hyperactivity, sleep problems, bed-wetting and overeating or hoarding food (Howe 2011; Fahlberg 2012). These behaviours often stem from entrenched attachment difficulties with birth parents or from experiences of separation and loss, common among looked-after children.

Children who are permanently removed from their birth parents sometimes experience this loss as a form of grief. The stages of grief describe the shock and denial that can manifest in withdrawn or aggressive behaviour, often directed towards adoptive parents or foster carers. The final stage is acceptance where children come to terms with their loss and begin to form attachments with their new families (Fahlberg 2012). Identity is considered in this review in terms of children's biological and dual identity as adopted or permanently fostered children. The premise that contact can mitigate children's difficulties with attachment, separation and loss, and identity informs current practice and provides the theoretical framework for evaluating the impact of contact on children.

METHODOLOGY

The protocol for this systematic review was approved by London South Bank University's institutional review board in February 2014.

Screening

This systematic review was conducted using Cochrane principles including a clear rationale, selection criteria and structured research question with its key components (Newman *et al.* 2005; Bettany-Saltikov 2012). Reviews of clinical trials in medical research usually convert key components to a PICO (population, intervention, control and outcomes) or PEO (population, exposure, outcomes) research question, depending on the subject matter or included studies. As authorized contact is better described as exposure than therapeutic intervention, the PEO question that appears in the article title was formulated. The Cochrane

Collaboration, Campbell Collaboration and University of York Centre for Reviews and Dissemination databases of systematic reviews were screened using variations of this research question.

Inclusion/exclusion criteria

Before developing the search strategy, a PEO inclusion/exclusion criteria were created to limit initial searches. Both qualitative and quantitative studies were included with UK papers and international papers searched separately to gauge whether a UK-only search was feasible. The criteria were amended as the search strategy developed to ensure that the most relevant studies were returned. Both direct (face-to-face) and indirect 'letter box' (letters, phone calls, etc.) contact was included in the criteria, as were all birth family members (parents, siblings, grandparents, etc.) and contact frequency. Only children in non-kinship permanent foster care or adoption, with formally organized contact mediated by fostering or adoption services, were included.

Search strategy

An initial database and hand search was conducted followed by a supplementary search including citation searches and contacting experts in the field. PEO search terms were combined with appropriate synonyms using Boolean operators. These were piloted and refined to include the most relevant keywords returned. Finally, the list was narrowed using truncations.

Initial and supplementary searches

This search strategy was applied to Scopus, Social Policy and Practice, Social Care Online, SocINDEX, PsycINFO, PsyArticles and MEDLINE. Social Policy and Practice focuses on evidence-based research on children and young people and indices other databases including Social Care Online. This database holds UK and international research and grey literature including material from the voluntary sector. SocINDEX, PsycINFO, PsyArticles and MEDLINE are all hosted by EBSCO so these databases could be searched together. Limiters were selected based on the inclusion/exclusion criteria (dates, language, peer-reviewed articles, etc.) and discipline filters.

A systematic hand search reduces bias by identifying titles that may not be returned by database searches. This includes grey literature, which most

library databases do not hold, as well as primary studies that may not be indexed (Newman *et al.* 2005). The search strategy was applied to specialist databases including NSPCC (National Society for the Prevention of Cruelty to Children) Inform, Oxford Journals Online, Sage Online and the Who Cares? Trust. Citation searches and reference list checks were then carried out on key papers to identify previous or subsequent research, and to gauge the significance of the papers themselves.

Sifting process

Each paper was systematically screened against the inclusion/exclusion criteria and recorded on a PEO form. The title and abstract were assigned a Y if the paper met the criteria, an N if it did not and a U if this was unclear. If a U was assigned in the 'title' row, it would be necessary to read the abstract. If a U was assigned in the 'abstract' row then it would be necessary to read the full paper. Finally, the full texts of included papers were read and those that did not meet the inclusion/exclusion criteria were discounted along with any duplicates (Bettany-Saltikov 2012).

Quality appraisal and data extraction

The Caldwell *et al.* (2005) critical appraisal framework evaluates both qualitative and quantitative research with a list of 18 questions relating to the trustworthiness and authenticity of the paper (Table 1). A rating between 0 and 2 was assigned to each answer and a total score out of 36. This framework requires the researcher to become very familiar with the paper and allows for preliminary comparisons and reflections to be made that is useful when working with qualitative data.

The data extraction criteria and thematic framework were also fine tuned simultaneously as key themes emerged from interpreting the data. This is a useful method for extracting qualitative data as it is not too prescriptive and allows the researcher to gauge existing evidence. However, an audit trail from data collection to data synthesis is required in a systematic review so a standardized data extraction form was created. The form included data related to the PEO research question (sample, exposure and the three thematic outcomes) as well as the purpose and methodology of each paper. A box for the author's findings was added to separate results from interpretations (Noyes & Lewin 2011).

The data extraction form was piloted and modified but only to accommodate different study designs or

Table 1 Caldwell framework for critiquing qualitative data (Caldwell *et al.* 2005)

Critical appraisal questions Yes = 2, Partly = 1, No = 0	Studies										
	1	2	3	4	5	6	7	8	9	10	11
1 Does title reflect the content?	Y2	Y2	P1	Y2	Y2	P1	Y2	Y2	P1	Y2	P1
2 Are authors credible?	P1	Y2	P1	Y2	Y2	Y2	Y2	Y2	Y2	Y2	P1
3 Does abstract summarize key components?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	P1	Y2	Y2
4 Is rationale clearly outlined?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2
5 Is literature review comprehensive/current?	P1	Y2	Y2	Y2	Y2	Y2	Y2	P1	Y2	Y2	P1
6 Is aim clearly stated?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2
7 Are all ethical issues identified and addressed?	N0	P1	Y2	Y2	N0	Y2	Y2	Y2	Y2	P1	Y2
8 Is methodology identified and justified?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2
9 Is philosophical background and study design identified?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	P1
10 Are major concepts identified?	Y2	Y2	Y2	P1	Y2	P1	P1	Y2	Y2	Y2	P1
11 Is context outlined?	Y2	Y2	Y2	Y2	P1	Y2	Y2	Y2	Y2	Y2	Y2
12 Is selection and sampling method identified?	Y2	Y2	P1	Y2	P1	Y2	Y2	Y2	Y2	P1	Y2
13 Is method of data collection auditable?	P1	Y2	P1	Y2	P1	P1	P1	P1	Y2	P1	P1
14 Is method of analysis credible and confirmable?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	P1	Y2	P1	Y2
15 Are results presented clearly and appropriately?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2
16 Are results transferable/generalizable?	P1	Y2	P1	Y2	Y2	P1	Y2	P1	P1	Y2	P1
17 Is discussion comprehensive?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2
18 Is conclusion comprehensive?	Y2	Y2	Y2	Y2	Y2	Y2	Y2	P1	Y2	Y2	Y2
Total score	30	35	31	35	31	32	34	31	33	32	29

key themes and not for the purpose of including preferred studies. The thematic outcomes appeared consistently across the studies but were usually influenced by moderator variables. For example, the attitudes of the foster carers and adoptive parents towards contact significantly mediated children's experiences in most cases. Therefore, an extra box was inserted to record similar moderator variables that might explain the findings.

Included papers

Most of the included studies examine the contact experiences of children and their adoptive parents or foster carers sampled from a handful of local authorities or voluntary agencies. The majority used qualitative methods for data collection including semi-structured and in-depth interviews as well as observational case studies. Some studies employed mixed methods such as standardized measures for data collection and analysis, although outcomes were generally exploratory.

Data synthesis

Tools for synthesis of qualitative and mixed methods data were employed to organize the results and to examine the relationships between them. A PEO framework was used for the 'descriptive' synthesis and

is presented as a narrative summary to illustrate similarities and differences between papers (Table 2). A thematic framework was used for the 'interpretive' synthesis whereby results were critically examined to explore patterns. This allowed for quantitative data in mixed methods studies to be 'translated' into qualitative data (Popay *et al.* 2006). As with the extraction and appraisal of qualitative research, data synthesis is an iterative process (Noyes & Lewin 2011). Themes were selected systematically without removing data from its context. As a result, the influence of moderator variables could be clearly observed.

RESULTS

Search strategy summary

The search strategy returned 391 potential citations from the databases, including a sufficient number for a UK-only review. Twenty-one potential studies were added from the hand search and 19 duplicates excluded from the total number. Of the 393 titles screened, 92 met the inclusion/exclusion criteria. Thirty-nine of the abstracts screened required the full text to be read, after which a further 23 were excluded.

Six authors were contacted as part of the supplementary search strategy and one reply was received

Table 2 Narrative synthesis

Study	Population	Exposure	Attachment	Separation/loss	Identity	Moderators
1. Howe & Steele (2004)	1A (15 months) 1LTF (6 years)	face-to-face	Re-activated insecure attachment patterns (withdrawal, controlling, aggressive) Helped child form secure attachment with both families; birth parents undermined new attachments	Aggrieved at loss; idealization	N/A	Maltreatment; pre-existing relationship
2. Logan & Smith (2005)	18A (6–18 years) 16A (6–14 years)	face-to-face	Adoptive parents/foster carers report re-activation of insecure attachment patterns that undermined adoptive/foster family relationship. Children report positive experience	Alleviated ambivalence for some; exacerbated for others	Helped form dual identity	Pre-existing relationship; openness between children and adoptive parents; relationship between the adoptive and birth parents
3. Loxterkamp (2009)	3A (8–10 years)	face-to-face 'Safe' contact	Maltreating birth parents Siblings	Exacerbated feelings of loss; delays in letter box contact caused deterioration in behaviour; child physically harmed; encouraged idealization	N/A	Maltreatment
4. Macaskill (2002)	91A 15LTF (11–18 years)	face-to-face 'Safe' contact	Maltreating birth parents Siblings	Helped children to grieve, prevented idealization; unreliable or harmful contact exacerbated feelings of loss; vulnerable to emotional and covert sexual abuse	Contact with grandparents helped with dual identity	Pre-existing relationship; birth parents' endorsement of adoptive family relationship; openness of adoptive parent/foster carer
5. Moyers <i>et al.</i> (2006)	68LTF (11–17 years)	face-to-face Letter box	Birth parents Siblings Extended family	Children close to grandparents had fewer behavioural problems; contact with siblings, grandparents and other relatives helped maintain birth family links	Helped retain birth identity	Frequency; openness of foster carers who were more supportive of grandparent than birth parent contact; pre-existing difficulties; negative influence of birth parents
6. Neil (2004a)	3A (5–13 years)	face-to-face	Birth parents did not try to make children feel guilty; adoptive parents provided 'secure base' during contact; some children experienced minor emotional highs and lows around the time of contact but mostly positive or neutral	Helped children understand reasons for adoption; sibling contact mitigated feelings of loss; reminded some children of loss and some relived rejection, especially erratic contact	N/A	No pre-existing relationship; high birth relative acceptance; openness of adoptive parents; grandparent contact more likely to be sustained

Table 2 Continued

Study	Population	Exposure	Attachment	Separation/loss	Identity	Moderators
7. Neil (2004b)	45A (5–12 years)	Letter box	Reassured children that birth parents still cared	Helped children understand reasons for adoption; encouraged idealization; children relived rejection and loss when letters did not arrive/were delayed	Helped adoptive parents to help children with birth identity	Letter box contact usually recommended for younger, relinquished children for identity needs; adoptive parent openness key predictor
8. Neil (2009)	62A (5–13 years)	face-to-face Letter box	Some birth parents made child feel guilty about new attachments	Reliving rejection. Birth parents pressure children to 'choose'	More relevant with age	Adoptive parents helped children explore ambivalent feelings
9. Neil <i>et al.</i> (2013)	65A (16–18 years)	face-to-face Letter box 'Safe' contact	Face-to-face contact provided updates; more positive with relatives other than birth parents; problematic contact or lack of contact contributed to emotional and behavioural disturbances	Reassured children that their birth families were 'ok'; helped children understand reasons for adoption; letter contact encouraged idealization	Satisfied curiosity; children with cohesive adoptive identity were better adjusted	Adoptive family openness, pre-existing factors, e.g. level of adjustment, pre-placement experiences
10. Neil (2010)	53A (8 years)	face-to-face	Gave adoptive parents 'permission to parent'; birth parent endorsement helped children form new attachments; reassured children that birth families still cared; re-activated insecure attachment behaviours	Reassured child that birth relatives were 'ok'; helped child understand reasons for adoption; negative influence of birth parents	Helped form dual identity; retain birth identity	Placed under 4 years so little memory of maltreatment or established relationship
11. Selwyn (2004)	64A 23LTF 16 unplaced (9–17 years)	face-to-face Letter box	Reassured child that birth family was 'still there'; sibling contact important; re-activation of insecure attachment behaviours; negative influence of birth parents undermined attachment to new family	Grandparents and siblings helped maintain birth family link; gave children 'closure'; sadness, fear and guilt about sibling left behind; relive rejection when letter does not arrive. Risk of grooming through letter box contact	Helped children form dual identity	face-to-face more likely for fostered children; foster carers more positive about contact with extended family than birth parents

A, adopted; LTF, long-term fostered.

from Dr. E. Neil. Citation searches and reference list checks yielded 12 more papers that left a total number of 28 to be critically appraised. Half of these studies were excluded because they did not meet the inclusion/exclusion criteria and scored lowest on the critical appraisal forms. During the synthesis process, a further three papers were removed as they differed significantly from the others in terms of setting and methodology. These were all US studies that included only adopted children and used largely quantitative methods to measure general outcomes. The remaining 11 studies were all from the UK, included a mix of adopted children and children in long-term foster care and used largely qualitative methods to address the thematic outcomes of the review.

Critical appraisal summary

The critical appraisal summary revealed that most studies were not generalizable due to clinical heterogeneity. However, this was made explicit and as methodological heterogeneity was minimal, outcomes were relatively easy to compare (Higgins & Green 2011). Finally, the theoretical framework set out in the background section is reflected in the overall results.

The final included studies were selected because they met the inclusion/exclusion criteria and scored highest on the critical appraisal form. The lowest scored 29 and the two highest scored 35, giving an average score of 31 out of 36. Most of the studies scored lowest on question 13 that refers to the auditability of the data collection method.

Data were generally presented separately from the author's interpretations in the form of excerpts from interviews and therefore easily synthesized. Sample variations in terms of size and the type of children were usually made explicit. Most studies balanced the views of children and their foster carers or adoptive parents, which increased the reliability of findings (Petticrew & Roberts 2005).

Narrative synthesis

This is essentially a summary of the data extraction forms. It provides a 'descriptive' overview of the population, exposure and outcomes of the final included studies (Table 2). As qualitative data cannot be meaningfully analysed out of context, moderator variables are also noted. Ten of the 11 studies report face-to-face contact, four include both adopted and fostered children and seven include adopted children only. Six have sample sizes between 34 and 53 children, three

have larger sample sizes between 103 and 130 and two are case studies of two and three children. Four of these studies were part of the longitudinal 'Contact After Adoption' survey by Neil & Howe (2004) which is the most comprehensive piece of current UK research on this topic and was referenced by several international research papers and grey literature retrieved in this search.

Thematic synthesis

Twelve subthemes were identified (1–4 under 'attachment', 5–10 under 'separation and loss' and 11–12 under 'identity') with moderator variables grouped separately as they apply to all three themes. These were originally evidenced in a table with excerpts from the studies but are summarized textually below with numbers in parentheses to denote the studies as they are presented in Table 2.

The overall results show that all three thematic outcomes were influenced by common moderator variables between and within the studies. Removing qualitative research from its context can yield misleading results so information on data extraction forms and critical appraisal forms was also used in the analysis.

Summary of thematic results

Attachment: maintaining attachments with family members

Sibling contact was consistently identified by adoptive parents, foster carers and children as very important. It was also thought that this attachment was a significant protective factor in the absence of secure attachments to birth parents. The wish to see more of siblings and concern for separated siblings was a salient theme for children across the board (2, 4, 5, 8, 9, 11). Contact with grandparents was similarly reported to have a positive impact on children as many of them had a close relationship and, in some cases, had lived with or been cared for by grandparents prior to placement. This was also the case with other extended family members and their role in maintaining positive attachments was reported in several studies (2, 6, 8).

Attachment: helping to form new attachments

The data suggest that contact helped children to form secure attachments with their new adoptive or foster families (4, 5). Reasons given were that contact

alleviated children's anxiety about the safety and well-being of their birth families or feelings of guilt. Children and young people also reported that contact helped them reconcile being part of two families (4, 5, 10). Maintaining relationships with birth families made some children feel more secure in their new families as it did for some adoptive parents in their role as parent (6, 10). Study 6 described how contact was often experienced as a whole family event with adoptive parents providing a 'secure base' for children.

Attachment: re-activating insecure attachment behaviours

The data also reveal how contact can exacerbate attachment difficulties. Adoptive parents and foster carers reported how children continued to experience parental rejection during contact and reverted to insecure attachment behaviours (clingy, controlling, defiant, withdrawn and hyperactive) as well as bed-wetting and sleep problems around the time of contact (1, 2, 3, 5, 6). Adoptive and foster parents described contact as an unsettling time for children and how this emotional instability was sometimes difficult to manage.

Attachment: preventing new attachments from forming

These difficulties prevented children from developing healthy attachments with their new families. Birth parents further undermined this during contact. For example, promising children that they would be returning home or making children feel guilty about their relationship with their new families. This varied from unintentional to very deliberate emotional abuse and in some cases, excessive control during contact (1, 2, 3, 6, 8).

Separation and loss: resolving loss of family

Contact provided an opportunity for some children to resolve ambivalent feelings around the 'loss of family' and receiving regular updates on birth families was one way of doing this (5, 9, 10, 11). Contact with siblings or grandparents was identified as an effective medium for children to maintain links to their birth parents in cases where it was not possible for them to have direct contact. However, face-to-face contact helped ease anxiety particularly for children whose birth parents had specific difficulties such as substance misuse or mental health issues. (4).

Separation and loss: resolving loss of good parenting

Some children said that knowing their family still cared about them or knowing the reason they were adopted, helped them to come to terms with this sense of loss (6, 7, 9, 10, 11). Adoptive parents similarly reported that letter box contact supported them in alleviating their children's anxiety about being forgotten by their birth families.

Separation and loss: working through grief as a process

Although managing children's emotional responses to this process was difficult in the short term, adoptive parents and foster carers said they recognized the long-term benefits for the children's emotional development. Contact helped some children work through feelings of denial, anger and sadness and reach some sort of resolution (4, 7, 9, 11).

Separation and loss: intensifying feelings of loss

Some adoptive parents and foster carers said that contact merely prolonged feelings of sadness as children were reminded of happy memories and painful separations (1, 2, 4). Others had mixed feelings of guilt, fear and sadness for siblings left behind without adoptive families (6, 11). Some children found indirect letter contact with birth parents an increasingly unsettling experience as they were confronted with feelings of rejection and disappointment (7). Children were exposed to all these feelings in instances where pre-arranged contact did not go ahead and their responses to this were particularly negative (3, 11).

Separation and loss: idealization of birth family

Some children felt intensely aggrieved at being separated from their birth families, especially if they had positive experiences during contact (1, 3). Birth parents appeared to cope well with their parenting role and lavished children with gifts and affection. This idealization left children with nobody to blame but themselves or their new families for being taken into care. Birth parents further exacerbated children's feelings of ambivalence by appearing critical of the placement or talking to children about returning home (3, 7, 9).

Separation and loss: continuing abuse

These actions tended to reflect birth parents' own feelings of loss and helplessness at having their

children removed. However, in some cases they were part of an entrenched pattern of emotional abuse and birth parents' inability to put the needs of their children first (1, 3, 4). In more extreme cases, children continued to be subjected to covert sexual and physical abuse during supervised contact, usually by birth parents and occasionally by siblings (1, 3, 4, 5). It was also noted in several studies that children can relive rejection, be exposed to emotional abuse or even grooming through indirect contact. The data suggest that delayed or intermittent letter box contact adds to experiences of rejection which manifests itself in children's emotional and behavioural responses.

Identity: helping to form dual family identity

Social workers generally deemed indirect contact to be more appropriate for this purpose and some adoptive parents and foster carers felt it better equipped them to support their child to make sense of their identity (4, 5, 7, 11). However, the success of this depended on the co-operation of birth parents. Birth parents' positive endorsement of adoptive parents and foster carers during contact buffered children's feelings of guilt and gave them permission to talk openly about their feelings (2, 4, 5). The results also show that identity became more important for children as they got older. The young people in study 9 who had contact demonstrated a more cohesive sense of identity and were better adjusted overall.

Identity: giving children psychological links to birth family

In cases where children could not have contact with their birth parents, other birth relatives such as grandparents could provide children with information about their adoption or family history (4, 5, 9, 11). These connections to birth relatives allowed some young people and children to build a more cohesive adoption narrative. Again, adoptive parents and foster carers' support was crucial in each case.

DISCUSSION

The evidence suggests that although contact can help some children resolve attachment difficulties and ambivalent feelings around loss, for others, it has the opposite effect. At the heart of this lies the paramountcy principle, which stipulates that contact arrangements should be made on a case-by-case basis, in the best interests of the individual child. Research

that supports or challenges the benefits of contact needs to be critically analysed before applying its findings across the board. In this review, for example, the children in study 6 were all adopted under the age of 4 and contact tended to have a positive or neutral impact. This did not reflect the experiences of 'hard to place' children in study 4 who were at least 4 years old when they were placed and had entrenched attachment difficulties.

The salient variable in the latter appears to be children's pre-existing relationship with birth families and there is plenty of evidence in this review of children reliving experiences of rejection and insecure attachment behaviours during contact. Feelings of vulnerability and fear were countered by withdrawing or becoming clingy or controlling, for example. Contact often prompted ambivalent feelings of affection and aggression towards adoptive parents or foster carers and in cases of harmful contact, undermined the child's view of their protective role.

Indeed, contact between children and family members who had abused them (usually birth parents) was invariably problematic, even when considered 'safe' by social workers. The results suggest that life story work and letter box correspondence encourages children to idealize birth parents, leaving only themselves or their foster carers or adoptive parents to blame for their removal. This was generally not the case for children who had been adopted at a young age and did not have an established relationship with birth relatives.

Children were more likely to benefit from contact when adoptive parents or foster carers had an open attitude towards contact and when birth relative acceptance was high. Children were more likely to feel permitted to form attachments with their adoptive or foster families. Adoptive parents and foster carers were more positive about contact with grandparents than birth parents and these family members were sometimes integrated as part of the extended family. This collaborative approach was also key in supporting children's dual identity. There was little reference to identity in the studies overall, but outcomes were generally reported to be either positive or neutral and became more relevant with age.

Current research on the impact of contact on children is criticized for not distinguishing between types of contact (direct or indirect, frequency, etc.) and birth relative (birth parents, siblings, grandparents, etc.) which of course makes comparison difficult. However, the studies included in this review were generally explicit about this. What is less clear is

whether the differences in outcomes were a result of the type of contact or other variables. It is common practice, for example, to recommend face-to-face contact for children who have an established relationship with birth parents. However, the quality of this relationship significantly impacted on the quality of contact in these studies. Children in long-term foster care tended to have less positive experiences of face-to-face contact than adopted children which suggests that maintaining children's pre-existing relationships with birth families is not always beneficial. In nearly all cases where contact between children and birth parents was problematic, contact with siblings and grandparents was positive. It seems that these relationships were less complex and considered protective factors in the absence of a secure attachment to birth parents.

Contact requested by children with birth relatives who have abused them needs to be facilitated through 'safe' contact. However, the decision around balancing the child's wishes against the child's welfare is a subjective one that appears to vary across agencies. Although it is perhaps hoped that directive government policy would standardize social work practice in this area, the evidence supports a more reflexive approach where individual social workers and agencies practice child-centred planning around contact.

Systematic reviews of evaluative research have become more focused on the influence of variables on results (Popay *et al.* 2006). However, systematic reviews of qualitative and mixed methods research is an emerging field and some argue that the methodological challenges are too great (Newman *et al.* 2005; Petticrew & Roberts 2005). Qualitative research is difficult to quantify and analyse in the manner prescribed by the systematic review model, with data collection and analysis being particularly susceptible to bias. In the absence of a control group, for example, it is impossible to ascertain if outcomes from longitudinal studies are directly the result of exposure. Ethical considerations are another reason why there are less robust methods such as quasi-experimental studies in social work research (Newman *et al.* 2005). Although these challenges are currently being addressed in social work research, it was not possible to achieve this in a small-scale review.

The current findings are the result of a systematic and transparent process of data collection and analysis. The formulation of an answerable PEO research question provided a blueprint for the inclusion/exclusion criteria, search strategy, critical appraisal, data extraction and data synthesis. There were some

very informative studies that were relevant to the topic and methodologically robust but did not meet the population or outcomes criteria. Although it would have made for a more interesting read to include these studies, hand picking material is not permitted in a systematic review as it is in a narrative review. Its purpose is to evaluate existing knowledge to better inform future research and social work practice.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The findings in this review support the assertion that decisions around contact should only be made in the interests of the individual child. This was vividly presented in the results by a number of recurring variables, which moderated outcomes and were often interrelated. Social workers should therefore consider the variables in each individual case when assessing the potential impact of contact across all three themes. The principal variable was the pre-existing relationship between children and birth families, particularly birth parents. Cases of maltreatment compounded the significance of this pre-existing relationship and these children tended to have the poorest outcomes. However, contact with siblings and grandparents was considered a protective factor in such cases. It is therefore essential to ascertain family members before comparing findings from research.

Contact was more likely to help children come to terms with their loss and move forward to form attachments with their new families when there was a collaborative relationship between adoptive parents and carers, and birth families. However, ongoing contact that encourages children to idealize their birth families can stall this transition and sustain attachment difficulties. In cases where children had contact with birth parents who had abused them, there was considerable incongruence between children and adoptive parents' or foster carers' reports on the benefits of this contact. Children may wish for and convey positive experiences about contact but it is the responsibility of social workers to balance this against the child's best interests and involve all parties in decision-making process.

Social workers need to examine the relationship between children and their birth families when assessing the risk of continued emotional or sexual abuse through contact. Particular attention should be paid to changing dynamics when siblings or different family members are involved. This hypothesis should be continually monitored through observations made

during supervised contact and reports from adoptive parents or foster carers. Working inclusively with parents may also help to minimize the sense of loss that is often projected on to children. Direct work is vital to helping children make sense of their experiences, and this should also feed into the evaluation process. Indeed, social workers play a critical role in encouraging the type of collaborative approach necessary for good quality contact.

The findings in this review are comparable with other reviews that warn against a blanket approach to contact in permanency (Quinton *et al.* 1997; Scott *et al.* 2005; Sen & Broadhurst 2011). These papers highlight the dearth of high-quality evidence available to social workers and policy-makers on which to base decisions, due in part to the methodological challenges discussed. While social work practice around contact needs to be revised, more prescriptive reforms are neither empirically supported nor adhere to the principles of the UN Convention on the Rights of the Child (1989). Instead, arrangements should be carefully planned, regularly reviewed and centred on the child's individual needs.

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