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CONTACT VISITS FOR LOOKED AFTER CHILDREN: THE VIEWS OF CHILDREN, PARENTS, AND PROFESSIONALS

Section A:
What makes for a good contact visit between looked after children and birth parents? A systematic review and narrative synthesis of the views and experiences of looked after children, their families, and professionals

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Researching consensus: A Delphi study exploring the different views of care leavers, birth families and professionals on how to create positive contact visits between looked after children and their birth families

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Summary of the Major Research Project

Section A

This review explored the views and experiences of children, birth parents, foster carers, social workers, and contact supervisors to provide an understanding of contact from all perspectives. A systematic search yielded 10 studies. The papers presented findings showed that establishing clear boundaries and defining roles and expectations within contact was important to promote good working relationships. Practical issues such as timing and location of contact were discussed, with good communication and information sharing between all seen as conductive to positive contact.

Section B

A three-round Delphi methodology was used to explore the views and experiences of care leavers, parents and professionals facilitating visits, to understand which factors define good quality contact and gain consensus across roles to understand the most important factors influencing this. Overall, 8 care leavers, 10 parents, 20 foster carers, 16 supervisors, and 15 social workers participated. Results found that all groups reached strong agreement around the importance of increased parent support and collaboration between all parties involved in contact. Clear and transparent communication was key to developing positive relationships ensuring good quality contact. The need for increased support and training for professionals was also discussed.

Contents

Section A: Literature Review Contents

Abstract 1

Introduction 2

- **Contact** 2
- **Contact, Attachment and Developmental Trauma** 3
- **Benefits of Contact** 4
- **Drawbacks of Contact** 5
- **Differing Roles and Experiences within Contact** 5
- **Existing Literature Reviews** 6
- **Rationale and Aims for the Review** 7

Methodology 8

- **Literature Search** 8
- **Inclusion and Exclusion Criteria** 9
- **Structure** 12

Review 13

- **Overview of Studies** 13
- **Critique** 19
- ***Research Question and Design*** 19
- ***Recruitment Strategy*** 20
- ***Ethical Issues*** 22
- ***Data Collection*** 22

Data Analysis, Quality Assurance and Key Findings 23

Literature Summary 24

Experiences During Contact 28

Practicalities of Contact 29

Quality of Relationships 30

Support and Information 32

Discussion 33

The Attachment Relationship and Developmental Trauma 34

Supporting the Parent to Support the Child 35

The Role of Professionals 36

Practical Considerations for Contact 37

Limitations of the Review 38

Clinical Implications 39

Research Implications 40

Conclusions 41

References 42

Section B: Empirical Paper Contents

Abstract 56

Introduction 57

The Importance of Identity Formation 58

The Importance of Contact 58

Defining Good Quality Contact **60**

Previous Research around Perspectives of Good Quality Contact **60**

Achieving Consensus around the Quality of Contact **61**

Rationale and Study Aims **62**

Methodology **63**

Design **63**

Recruitment **64**

Ethics **66**

Participants **67**

Quality Assurance, Reflexivity and Epistemology **71**

Data Collection and Analysis **71**

R1 Focus Group and Interviews **72**

R2 Online Survey **72**

R3 Online Survey **74**

Quantitative Analysis of Consensus and Divergence **75**

Results **76**

Round 1 **76**

Round 2 **85**

Theme 1: Quality of Relationships **85**

Theme 2: Scaffolding Contact **86**

Theme 3: Experiences of Contact **87**

Theme 4: Practicalities of Contact **87**

Theme 5: Child/Families Interactions in Contact **88**

Theme 6: Involving all in the Contact Process 88

Theme 7: External Factors Influencing Contact 89

Round 3 90

Theme 1: Quality of Relationships 91

Theme 2: Scaffolding Contact 93

Theme 3: Experiences of Contact 94

Theme 4: Practicalities of Contact 96

Theme 5: Child/Families Interactions in Contact 98

Theme 6: Involving all in the Contact Process 100

Theme 7: External Factors Influencing Contact 102

Discussion 102

The Importance of Identity 103

Attachment Relationships 104

Attachment and Separation 104

Power Dynamics 105

The Voice of the Child 106

The Role of the Supervisor 106

Strengths and Limitations 107

Research Implications 108

Clinical Implications 109

Conclusion 110

References 112

Section A List of Tables and Figures

List of tables

Table 1: Search Matrix 9

Table 2: Inclusion and Exclusion Criteria 10

Table 3: Summary of Papers 15

Table 4: Themes and Quotes 25

List of figures

Figure 1: PRISMA Flow Diagram of Search Results and Screening Process 11

Section B List of Tables and Figures

List of tables

Table 1: R1 Participant Inclusion Criteria 65

Table 2: R2 and 3 Participant Inclusion Criteria 65

Table 3: Participant Demographics 68

Table 4: Operationalised Levels of Consensus 76

Table 5: Themes, Sub-themes and R2 Statements 78

Table 6: R2 Consensus for Statements Related to Quality of Relationships 86

Table 7: R2 Consensus for Statements Related to Scaffolding Contact 86

Table 8: R2 Consensus for Statements Related to Practicalities of Contact 87

Table 9: R2 Consensus for Statements Related to Child/Family Interactions in 88

Contact

Table 10: R2 Consensus for Statements Related to Involving All in the Contact Process **89**

Table 11: R2 Consensus for Statements Related to External Factors Influencing Contact **90**

Table 12: R3 Consensus for Statements Related to Quality of Relationships **92**

Table 13: R3 Consensus for Statements Related to Scaffolding Contact **93**

Table 14: R3 Consensus for Statements Related to Experiences of Contact **95**

Table 15: R3 Consensus for Statements Related to Practicalities of Contact **96**

Table 16: R3 Consensus for Statements Related to Child/Family Interactions in Contact **98**

Table 17: R3 Consensus for Statements Related to Involving All in the Contact Process **101**

Table 18: R3 Consensus for Statements Related to External Factors Influencing Contact **102**

List of figures

Figure 1: Participant Flow from R1 to R3 **68**

Figure 2: Example of R2 Survey Statements **73**

Figure 3: Example of R3 Survey Statements **74**

Figure 4: Consensus Likert-Scale Categories **75**

Section C: Appendices of Supporting Material Contents

Appendix A: Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018) 124

Appendix B: Mixed Method Appraisal Tool (Version 18) (Hong et al., 2018) 125

Appendix C: Quality Appraisal Table of Studies 126

Appendix D: Extract of Part A Coding, Subthemes and Themes 131

Appendix E: Institute of Integrated Systemic Therapy Ethical Approval Letter 132

Appendix F: R1 Consent form for Care Leavers 133

Appendix G: R1 Consent Form for Parents 134

Appendix H: R1 Consent Form for Professionals 135

Appendix I: R2 Online Consent Form for all Participants 136

Appendix J: R1 Study Information Sheet Care Leaver 137

Appendix K: R1 Study Information Sheet Parent 140

Appendix L: R1 Study Information Sheet Professional 144

Appendix M: R2 Online Study Information Sheet all Participants 148

Appendix N: R3 Online Study Information Sheet all Participants 150

Appendix O: List of Helplines Offered to Parents and Care Leavers Following R1 Interviews 151

Appendix P: Debrief Provided to Participants Following R2 Online Survey 152

Appendix Q: Debrief Provided to Participants Following R3 Online Survey 154

Appendix R: Extract from Author's Research and Reflections Diary 156

Appendix S: R1 Focus Group and Interview Schedules 157

Appendix T: R1 Demographics Sheet for all Participants 160

Appendix U: R2 Demographics Sheet for all Participants **161**

Appendix V: Extract of Themes, Sub-themes, Codes and Data Extracts **162**

Appendix W: Extract of Coded Transcript **163**

Appendix X: R2 Online Survey for all Participants **164**

Appendix Y: R3 Anonymous Online Survey Example of a Parent Participant **169**

Appendix Z: End of Study Notification Letter for Institute of Integrated Systemic Therapy **195**

Appendix AA: End of Study Report for Participants **198**

Appendix AB: R3 Tables of Statements Reaching Weak and Lack of Consensus **201**

Appendix AC: Author Guidelines for Child and Family Social Work Journal **203**

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Section A:

What makes for a good contact visit between looked after children and birth parents? A systematic review and narrative synthesis of the views and experiences of looked after children, their families, and professionals

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Abstract

The importance of continuity of contact between looked after children and their birth families has been highlighted within the literature and families are supported to maintain contact wherever possible. Contact is important for family reunification and when positive, the child is more likely to have better outcomes and improved general wellbeing. There are various roles involved in facilitating and partaking in contact, with each position holding different views and experiences. There are several reviews within the literature regarding contact, however, they discuss contact more broadly rather than focus explicitly on reported experiences. The current review sought to synthesise research reporting the views and experiences of children, birth parents, foster carers, social workers and contact supervisors to provide an understanding of contact from all perspectives and inform improvements in the contact processes. Ten studies were identified by electronic searches of four databases. The findings showed that establishing clear boundaries and defining roles and expectations within contact was important to promote good working relationships. Practical issues such as timing and location of contact were discussed, with good communication and information sharing between all seen as conductive to positive contact. Methodological issues across studies, and research and clinical implications are discussed.

Introduction

In the year 2020, there were approximately 80,080 children looked after by local authorities in England, a 2% increase from the previous year (Department of Education, [DOE] 2020). The Children's Act (1989) defines a child as "looked after" by a local authority (LA) if they are: a child who is provided with accommodation for a continuous period of more than 24 hours, or subject to a care or placement order. Most children in England enter the care system due to being at risk of abuse or neglect (65%), with just over half of these children placed into non-kinship foster care (DOE, 2020). Sadly, children in care have less favourable outcomes compared to children who are not, such as: lower academic attainment levels (Sebba et al. 2015); adverse adult socioeconomic status; physical and mental health problems (Ford et al., 2007; Viner & Taylor, 2005); attachment issues (Millward et al., 2006); and emotional and behavioural difficulties (Quinton & Murray, 2002). Given the high number of looked after children and reported negative outcomes, there is a research priority to understand ways in which these adverse effects for children in care can be mitigated.

Contact

In a care setting, contact is defined as intentional communication between a looked after child and their biological family. The maintenance of family relationships is a human right (The United Nations, 1989) and necessary for planned reunification with the biological family (Fawley-King et al., 2017). The Children's Act (1989) highlights the importance of continuity of contact between children and their birth families and requires that they are supported to maintain contact wherever possible.

Contact can be direct or indirect and may be supervised or unsupervised depending on the circumstances of the family. Contact supervisors are often social workers, foster carers, support workers or other professionals (Cleaver, 2000). Two main approaches may be taken by contact supervisors during contact, the first is purely to observe and take notes of interactions between the parent and child while ensuring safety, the second is a more engaged and supportive role to aid parent-child interactions (Triseliotis, 2010). However, there appears to be no common understanding or framework for defining the supervisor role within a contact setting (Wattenberg et al., 2011).

Contact, Attachment and Developmental Trauma

Attachment theory highlights the importance of ongoing contact with the primary caregiver, (Bowlby, 1969). Attachment is influenced by continuity, stability, and mutuality (Hess, 1982). Research suggests a hierarchy of attachment relationships, where the child often shows preference for the biological care-giver over other safe, caring adults (Jordan & Sketchley, 2009). If the child is no longer able to continue existing attachment relationships, they may have difficulty forming attachment to others such as foster carers (Hill, 1996). Striking the right balance between the child's need for a stable attachment relationship with a new caregiver, whilst maintaining relationships with existing family members is a difficult balancing act, but one that is a reality for many looked after children (Humphreys & Kiraly, 2011).

There is growing evidence demonstrating that adverse social and emotional experiences impact upon the brain development of young children (Perry & Hambrick, 2008). If a child's physical and emotional needs are responded to harshly or not at all,

children can be left in a state of high arousal and struggle to learn to self soothe. This has lasting physiological effects such as the over-production of cortisol associated with later physical and mental health difficulties (Bernard et al., 2010). The biological evidence highlights the need for improving attachment security for children with their caregivers. Cameron & Maginn (2008), have shown that promoting authentic warmth between parent and child was highly important in fostering attachment as well as supporting parents in attuning to their child's needs based on their developmental rather than chronological age. Approaches such as these have helped to reduce further episodes of abuse or neglect and often support successful family reunification.

Benefits of Contact

Positive contact can be beneficial and improve the child or young person's wellbeing. Maintaining existing attachment relationships can also begin to help the child adapt to their foster placement (Biehal, 2014). Children can feel divided in their loyalties and affections between their parents and foster families leading to distress and anxiety (Mehta et al., 2013) and positive contact can help prevent and alleviate these feelings (McWey et al., 2010).

Children with secure attachment to their birth parents had less behavioural problems and were less likely to show signs of developmental delay (McWey & Mullins, 2004). Additionally, children who experienced love and affection from their birth parents through contact were less likely to experience feelings of loss and rejection and had increased self-esteem (Delgado et al., 2019; Triseliotis, 2010). Contact has also been shown to help a child or young person's sense of self and strengthen their identity. It can also be reassuring for the child to know that the parent is safe and well (Sinclair, 2005).

Drawbacks of Contact

The lives of parents and families may be chaotic and unpredictable. Therefore, contact does not always go to plan, birth families may arrive late or not attend at all, leaving children with feelings of rejection (Mapp, 2002). Many children experience high levels of distress before and after visits, these children may be re-traumatised by contact with family members who were abusive or demonstrated controlling behaviours towards them (Crook & Oehme, 2007). Negative experiences of contact can also make it more difficult for children to adapt to their foster placements (Farmer et al., 2004). For younger children, negative contact has been found to lead to hyperactivity, attention problems and aggression, whereas older children may experience anxiety, depression, and psychosomatic symptoms (Steinhauer, 1991). For these reasons, many authors advise that decisions around contact are made on a case by case basis with careful planning and appropriate support in place (Prasad, 2011; Taplin, 2015).

Differing Roles and Experiences Within Contact

Contact is a complex system involving different relationships and roles for all involved that change over time, continuously interacting and influencing one another (Selwyn, 2004). Hedin (2015), emphasised the importance of co-parenting strategies shared between parents and foster carers alongside support from social workers. Research recognises the importance of the role of the social worker in improving the quality of contact through close workings with foster carer, children and parents to provide bridges between them. (Schofield & Stevenson, 2009).

There are likely to be contrasting perspectives on factors important for supporting contact between those involved in contact, particularly between parents and professionals. There also appears to be a lack of shared understanding among professionals on the purposes of supervised contact (Marschall, 2014; Wattenburg et al., 2011), emphasising the lack of structure and guidance offered around managing and facilitating contact (Bullen et al., 2015). This further adds to the confusion around the role and expectations of contact supervisors during visits (Marschall, 2014). Varying perspectives around contact among social workers, contact supervisors and foster carers also may not reflect the views and feelings of the child and birth families. Plans around contact should encompass the views and feelings of all involved including the child and birth family which can change over time whilst also considering risk issues (Atwool, 2013). The literature on individual experiences of contact is fairly limited, with less research regarding the views of birth parents or children (Morgan 2012; Sen & Broadhurst, 2011).

Existing Literature Reviews

There are a small number of literature reviews in recent years which have researched issues about contact more broadly. Atwool, (2013) and Sen & Broadhurst, (2011) provided extensive reviews on contact more generally and explored the impact of contact and associated outcomes for children. Bullen et al. (2015) explored the international evidence on effective interventions relative to contact, which include the perspectives of all those involved in contact and considered its purpose and the impact on the child. However, all three reviews did not focus solely on individuals' experiences of contact and instead scoped the wider literature. In addition, there have been several more recent studies added to the literature. Boyle, (2017) explored the contact experiences of children, adoptive parents and

foster carers exclusively. However, this review predominantly represented the views of adopted children and not children in temporary residential or foster care.

Rationale and Aims for the Review

Given the gaps in previous reviews, this paper will provide a systematic literature review to understand, compare and contrast the views and experiences of those with lived experience of the contact process between looked after children and their birth families. The aim of the review will be particularly to include the different voices of those involved in contact. Therefore, only those papers that contain direct or reported interviews with parents, children or professionals will be included. The review will aim to provide a narrative synthesis of contrasting views using the approach recommended by Thomson and Harden (2008) for synthesising qualitative information. The aim of this review is to provide an understanding of contact from all perspectives, to inform improvements in the contact processes.

Within this review, 'children' will be defined as those children under eighteen who have been placed into residential or non-kinship foster-care. Additionally, birth parents will be referred to as "parents". Adopted children or children cared for by relatives are outside the scope of this paper. Adopted children tend to have much less frequent contact with their birth families than foster children. They have also been found to have less-complex relationships with their birth families despite the added complexity of navigating lifelong issues of attachment identity and loss (Neil et al., 2003). For children in kinship care, there is the added complexity of pre-existing or developed family dynamics (Boetto, 2010) which can lead to children feeling unable to communicate difficulties in contact with parents (Kiraly &

Humphreys, 2013). Literature around contact with incarcerated birth parents have been excluded due to the complexity and restrictions of prison visiting systems (Poehlmann-Tynan & Pritzl, 2019).

Methodology

Literature Search

An electronic search was carried out in December 2020 (Figure 1). Four databases were used: PsychINFO; Social Policy & Practice; ASSIA; and CINHAL. An initial search was conducted of Google scholar using the search terms, backward checking identified which databases contained most of these papers. Three papers identified by Google Scholar alone, were also included in the review. The search terms used are outlined in Table 1, which were based on those used in a comparable review (Sen & Broadhurst, 2011). Table 2 outlines the inclusion and exclusion criteria. No date limits were applied. A preliminary search informed the decision to screen for papers using title only due to a significantly large number of irrelevant studies when including abstracts. Following the initial search, titles and abstracts were screened and lastly full text.

Table 1

Search Matrix

Search Terms	Boolean operator	Search location
Child* OR “looked after child" OR "young people" OR "care leaver" OR adolescen*OR LAC OR Teen*	AND	Title
Parent* OR "birth famil*" OR supervisor OR "social worker" OR foster	AND	Title
Contact OR visit	AND	Title

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria are outlined in Table 2. The decision was made to focus on children in short-term or long-term non-kinship care, which allowed for the possibility of reunification with birth families. This focus extended to children placed in a residential care setting as well as within foster families. Only qualitative (or mixed method studies with a qualitative element) were included in this review as the aim was to understand the individual in-depth experience of those involved in contact studies. UK papers and international papers were searched separately to gauge whether a UK-only search was feasible. Due to the lack of UK research, inclusion criteria were extended to allow for international studies published in English.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Published in English Published in peer-reviewed journals Qualitative design or mixed design with clear reporting of qualitative data. Research regarding children in temporary, short-term or long-term foster care (including children in residential homes). Research that includes interviews with those who have lived experience of contact visits from any role.	Not available in English Non-peer reviewed research Only quantitative data is reported. Research regarding children who are adopted Research regarding children in kinship care Research regarding children in care with incarcerated parents

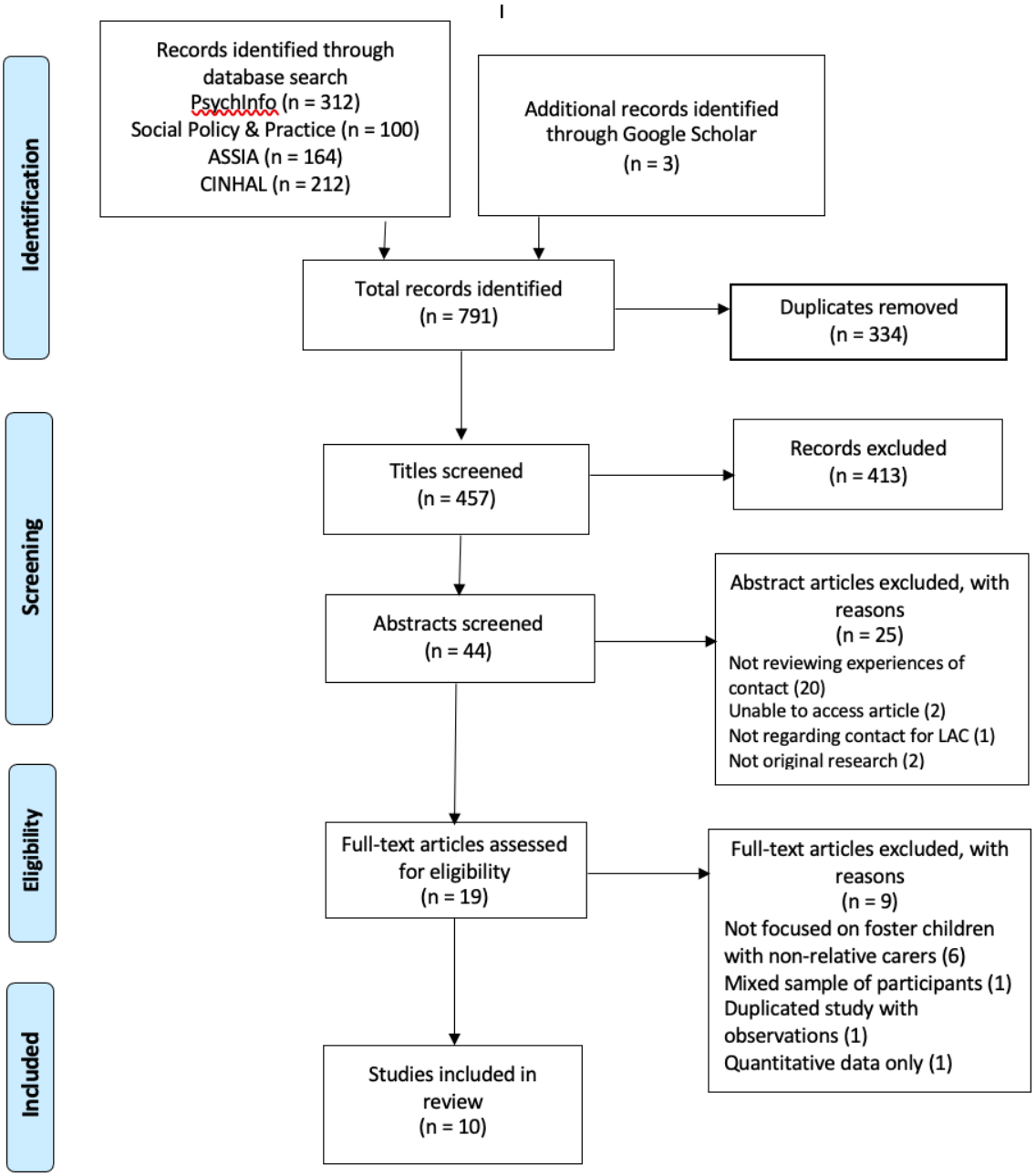

Figure 1

PRISMA Flow Diagram of Search Results and Screening Process

Structure

The literature search for this review identified ten papers meeting the inclusion and exclusion criteria. The Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018) (Appendix A) was selected to review the nine qualitative papers. The CASP allows for the assessment of transparency, transferability and reflexivity specific to qualitative methodologies (Williams et al., 2019). The Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) (Appendix B) was used to provide a detailed appraisal of the single mixed-method study. Numerical quality ratings were not applied in comparing papers to avoid subjectivity and misleading ratings (Booth et al., 2012). The appraisal tools were instead used for the purpose of critically analysing the papers to provide a balanced view of robustness of findings in the synthesis, and to judge if any papers should be excluded from the review on grounds of poor quality. The CASP checklist (2018) is highlighted by the National Institute for Health and Care Excellence (NICE) (2014) as acceptable for developing its own guidance reflecting its high quality. It was particularly helpful for identifying procedural aspects of the studies and details to report in the critical appraisal, although, it was less effective at appraising research design and conduct. There are no recommended appraisal tools by NICE for appraising mixed method studies. The MMAT (Hong et al., 2018) was helpful in critically appraising the mixed-method study although in hindsight, the CASP was likely to have been a better option for reviewing the qualitative aspect of that paper. Using tools such as these provide different factors with equal weighting although, some factors are more important than others which influenced the decision to avoid use of numerical quality ratings.

See Appendix C for a full summary of the quality appraisals of each study. Following appraisal, the qualitative information was synthesised using Braun and Clark's (2006)

thematic analysis approach and followed the approach outlined by Thomas and Harden's (2008) synthesis methodology. Three stages were conducted by the researcher: inductive line by line coding; organising codes into descriptive themes; and interpretative theme clusters. Codes and themes were discussed and agreed with the researcher's supervisor to avoid researcher bias leaning towards one particular voice, and to ensure themes were relevant to the research question. Several themes were dropped from the review findings such as "perceived benefits of contact". Following this synthesis, the results are discussed with clinical and research implications considered.

Review

Overview of Studies

Ten eligible papers were identified from the literature search which were published between 2002 and 2019 and were from the UK (3), Ireland (1), Portugal (1), Spain (2) and USA (3). All papers used qualitative methodology except for Moyers et al., (2006) who opted for a mixed-methods approach consisting of both quantitative and qualitative methodologies. Views and experiences of contact were explored among children and young people in four papers (Delgado et al., 2019; Morrison et al., 2011; Larkins et al., 2015; Moyers et al., 2006), birth parents/families in six papers (Delgado et al., 2019; Nesmith et al., 2015; Haight et al., 2002; Kiely et al., 2019; Larkins et al., 2015; Garcia-Martin et al., 2019), social workers in six papers (Delgado et al., 2019; Fuentes et al., 2019; Morrison et al., 2011; Nesmith et al., 2015; Moyers et al., 2006; Sen et al., 2010), foster carers in six papers (Delgado et al., 2019; Nesmith et al., 2015; Haight et al., 2002; Morrison et al., 2011; Fuentes et al., 2019; Moyers et al., 2006), and professionals involved in facilitating and supervising contact in two papers

(Haight et al., 2002; Kiely et al., 2019). Key characteristics and results of all studies are outlined in table 3.

Table 3

Summary of Papers

	Authors	Study	Country	Design	Sample	Measure	Analysis	Key Findings
1	Delgado et al., (2019)	Family contact in foster care in Portugal. The views of children in foster care and other key roles	Portugal	Qualitative: Focus groups and interviews	Foster carers Supervising Social Workers Birth Parents Children & YP aged 7-22 years (n=10)	Focus groups for children Interviews with all other participants	Qualitative content analysis	Children mostly viewed contact as positive and enjoyed seeing parents/family. Professionals felt that this can be confusing for the child when they're not allowed to return home. Visit endings: foster carers (FC) reports child feeling agitated, sadness, joy & indifference, parent reports sadness, social workers (SW) report joy & anguish. Mixed views among children around time with parents, some wanted more, others happy with what they have. Parent report issues with cost of visiting, SW report difficulties with logistics, FC report worry of parent not showing up and child's disappointment
2	Fuentes et al., (2019)	What do foster families and social workers think about children's contact with birth parents? A focus group analysis	Spain	Qualitative: Focus groups	Foster carers (n=9) Social workers (n=8)	Two focus groups	Inductive thematic analysis	Both groups agreed that visits were useful for: maintaining foster children's attachment to their birth family, enhancing their psychological wellbeing and for helping them to understand the real situation of their birth family. Regarding difficulties, the two groups highlighted problems of coordination between social workers and foster families, as well as a lack of support and preparation for foster carers, children, and birth families.
3	Haight et al., (2002)	Making visits better: The perspectives of parents, foster parents, child welfare workers	USA	Qualitative: Semi-structured interviews	Birth mothers (n=28) Foster mothers (n=13) Child welfare workers (n=24)	Semi-structured interviews	Thematic analysis Factors agreed by raters	Frequency and consistency can affect quality of future visits. Visits may be affected by adequacy of other supporting services. Parent compliance seen as problematic at times by professionals – some parents described as "jumping through hoops". Mothers expressed hopelessness and anger towards welfare system Welfare workers did not identify distress of parent but focused on effects of parent's anger. Foster mothers expressed importance of preparing child for visit. All participants agreed on importance of adequate setting. Positive parent-supervisor relationship was viewed as important.

								Mixed feelings among mothers of being either supported or scrutinised. All participants agreed parent-child relationship/interaction was important. Emotional expression and communication (verbally and physically). Child welfare workers discussed importance of supporting this, but also safeguarding the child. Witnessing appropriate discipline by parent in visits discussed. Foster parents discussed importance of sensitive support for child following visit
4	Kiely et al., (2019)	Centre-based supervised child-parent contact in Ireland: The views and experiences of fathers, supervisors and key stakeholders	Ireland	Qualitative Semi-structured interviews and focus groups	Birth fathers (n=5) Staff members (n=7) (6 with experience of supervising contact) External stakeholders (n=6)	Semi-structured interviews with fathers Two focus groups with staff members and external stake holders	Thematic analysis	Father-like activities not possible in a centre, fathers felt they were viewed as being less emotionally capable. The fathers valued relationship-based supervision practice to a greater extent than the supervisor and stakeholder participants, who put greater emphasis on skills required for supervision. Fathers expressed concerns about what they or their children can say or do during contact visits in view of how it may be observed, interpreted and reported.
5	Larkins et al., (2015)	Children, young people and parent's perspectives on contact: Findings from the evaluation of social work practices	UK	Qualitative: Interviews	Children and young people aged 7-23 (n=56) Birth parents (n=19)	Interviews at two time points with children, same participants (some new additions at time point 2) Interviews with birth parents	Descriptive data reported (e.g. percentages of participants satisfied with contact) Qualitative exploration of themes	Factors found to be key to child and parental satisfaction with contact included: involvement in decision making; speed of social work response; resolution of practical problems; provision of information and emotional support; and investment in building relationships. Evaluation of the social work practices demonstrated progress over time in increasing satisfaction with contact for some young people and some parents also reported improvements, but progress was not uniform and good practice was also evident in comparison sites. Do you need to say who said what as you have for other studies?
6	Morrison et al., (2011)	Access visits: Perceptions of child protection workers, foster parents and	USA	Qualitative: Semi-structured	Children Aged 8-12 (n=24)	Semi-structured interviews	Thematic analysis - constant	Findings suggest inadequate training for workers and foster parents, poor communication and consultation regarding access visits, and confusion regarding the roles of supervisors.

		children who are crown wards		interviews and focus groups	Foster carers (n=24) Child protection workers (n=26)	with the children Four focus groups with Foster carers Four focus groups with child protection workers Descriptive questionnaires for foster carers and child protection workers regarding experience and training	comparative method. Thematic analysis for both interviews and questionnaire	Foster parents viewed visits to be exclusively for the parent's benefit All children expressed keenness to see parent, although there were usually negative emotions/behaviours associated with the visit creating a loyalty bind for the child. Positive relationship between birth family and foster family viewed as beneficial and reduced loyalty binds for child. Cancelled visits a source of great distress for the child. Discussion around supervisor's role in visits. Workers tried to keep visits positive and avoid unpleasant conversations. Children expressed dislike for supervised visits and note taking
7	Moyers et al., (2006)	Contact with family members and its impact on adolescents and their foster placements	UK	Repeated measures design: Mixed-methods Semi-structured interviews Standardised measures Case file reviews	Young people recently moved to new foster placement Aged 11-17 (n=68) Foster carers (n=68) Social workers	Interviews at 2 time points (approx. 9 months apart) with YP, FC & SW Outcomes (two types measured) 1.Had placement ended during follow-up period	Quantitative data analysed using Chi-squared or Fischer's exact tests Thematic analysis	Only 5 YP had contact without any difficulties. 37% were affected by unreliable contact. Over half of YP were considered by FP to have inappropriate frequency/length contact. Many YP were left to make their own contact arrangements. Almost half of foster carers said that contact had a negative effect on the child. Upon follow-up, over half of children's contact remained problematic. Where there were improvements, this was a result of proactive social work, more contact with another family member and positive changes in the relationships with parent. Reported deterioration in contact was as a result of conflict and changes in arrangements, For many, (57%) contact continued to be poor. Overall, findings suggested that contact for the majority of adolescents was problematic and had a significant impact on placement outcomes.

						2.Placement quality		
8	Nesmith et al., (2015)	Promoting quality parent-child visits: the power of the parent-foster parent relationship	USA	Qualitative: Semi-structured interviews	Social workers (n=19) Foster parents (n=15) Birth parents (n=8)	Semi-structured interviews – phenomenology of lived experiences	Iterative analysis	Parent described feeling vulnerable, loss of power, felt observed and assessed during visits. Ambiguity around the roles and expectation contributed to stress for parents. Separation at end of visits described as painful. Foster parents caught between parents and SWs. Felt to be perceived as the enemy by parents. Foster parents and parents revealed more positive relations when foster parents recognized parent fears and shared power over parenting decisions with them. Social workers can support the process by clarifying visiting expectations and encouraging foster parents to reach out to parents.
9	Garcia-Martin et al., (2019)	The views of birth families regarding access visits in foster care	Spain	Qualitative: Semi-structured interviews	Birth families aged 25-45 years (n=23)	Semi-structured interviews	Thematic analysis, Inductive method Descriptive stats	Main themes include general view of contact visits, the input and support from social workers, the contribution of foster families, the contact venue, and the organization of visits. In general, the birth families' comments were positive about the support and treatment received from social workers. However, they also mentioned certain aspects should be improved, such as supervision during visits.
10	Sen (2010)	Managing contact in Scotland for children in non-permanent out-of-home placement	Scotland	Qualitative: semi-structured interviews and a focus group	Social workers (n=19) Reporters to the children's hearing system (n=3)	semi-structured interviews and a focus group	Analysis unclear but possibly thematic analysis	Dilemma of the role of supervisor was discussed – 3 categories: non-participant observer, participant observer, active educative participant Main risks of contact viewed as absence of contact with parents. Unreliable contact, parents attending under the influence of alcohol or drugs, attending late, or failing to attend at all damaging. Addressing identified risks through clear planning and observation of contact, knowing children well enough to pick up on cues. Consistency of workers underpinned this. Dialogue with parents about any concerns. Giving a child time out of contact where they were finding difficult was another strategy, as was terminating a contact if a child was highly distressed, or if parental behaviour was highly inappropriate. Only three respondents had knowledge of contact via internet

Critique

The critique within this review was guided by the CASP Qualitative Checklist (CASP, 2018) and the MMAT (Hong et al., 2018). The appraisal did not identify any papers that were significantly below standard for qualitative papers, and therefore all papers were included in the synthesis.

Research Question and Design

All ten papers clearly state their research questions and aims which were exploratory and appeared appropriate for the qualitative methodologies chosen. All papers sought to explore views and experiences of contact at some level although these differed slightly. Some explored general experiences of contact (Delgado et al. 2018; Kiely et al., 2019; Morrison et al., 2011), whilst others sought to understand the benefits and challenges to contact (Fuentes et al., 2019; Haight et al., 2002; Garcia-Martin et al., 2019; Sen, 2010). Others explored strategies that may facilitate contact, practically and relationally (Larkins et al., 2015; Nesmith et al., 2017; Sen, 2010). These variations in research questions may lead to a difference in study findings. Additionally, papers focused on the perspectives of different stakeholders across studies. Whilst some overlapped on the type of stakeholder interviewed, some diverged, which is likely to have an impact on differences in key findings.

To address the aims of the study, different qualitative approaches were taken. One paper opted for a mixed-methods approach consisting of qualitative longitudinal interviews, case file reviews and standardised measures (Moyers et al., 2006). Delgado et al., (2018) opted for content analysis, although, the most common approach was thematic analysis opted for in seven of the studies, allowing for exploration of the different perspectives of

stakeholders. Moyers et al., (2006) and Sen, (2010) did not explicitly name their method for qualitative analysis. Five papers justified their chosen qualitative methods (Fuentes et al., 2019; Kiely et al., 2019; Morrison et al., 2011; Nesmith et al., 2017; Sen, 2010), whereas the rest of the studies did not.

Recruitment Strategy

All papers employed purposeful sampling strategies to obtain the views and perspectives of stakeholders which suited the purpose of the studies and provided detailed information regarding sampling strategies. Sample sizes varied across studies, three studies recruited a particular stakeholder such as children or social workers only (Delgado et al., 2019; Garcia-Martin, 2019; Sen, 2010), whereas all other studies recruited more than one stakeholder to gain multiple perspectives. Participant numbers ranged from 10-136 across studies. Within the papers, the sample sizes were small enough to manage the data but large enough to provide a new and rich understand of individual and group experiences (Sadelowski, 1995). Due to a large sample, Larkins et al., (2013) were also able to add descriptive numerical data to compliment qualitative findings.

Of those papers that included children and young people, there were an even number of male and females. For studies that recruited foster carers, social workers and supervisors, there were larger numbers of females compared to males. This is likely to be representative of professionals in childcare settings which tend to be more female dominated (Hussein et al., 2016). Haight et al., (2002) explicitly employed mothers, focusing on experiences of contact with pre-school aged children, providing good rationale for this, whilst Kiely et al., (2019) focused on the experience of birth fathers due to this being a gap in the research. Larkins et

al., (2013) had an even number of birth mothers and fathers, whilst Nesmith et al., (2017) did not report gender among participants. There were no other gender categories mentioned in any of the studies. Three papers did not report ethnicity nor race of participants (Delgado et al., 2019; Fuentes et al., 2019; Morrison et al., 2011). Sen (2010) was the only paper to report ethnicity for social workers. All other papers reported ethnicity for children, birth parents and foster carers and all were predominantly Caucasian, apart from Nesmith et al., (2017) who reported over 50% of participants to be from black and ethnic minority (BAME) groups. Therefore, the literature as a whole is likely to under-represent looked after children in the UK, given that BAME groups account for 25% of looked after children (DOE, 2020).

The age of child participants and children discussed by other stakeholders is of importance as experiences may vary depending on age and therefore findings may vary. Two studies did not state the age range of the children discussed (Fuentes et al., 2019; Sen, 2010). Haight et al., (2002) focused on pre-school children, whereas Moyers et al., (2006) focused on adolescents. All other studies included (or discussed) children and young people ranging from 0-23 years old. All studies provided clear inclusion or exclusion criteria for participants except for one (Morrison et al., 2011). Four papers explored the recruitment process and why some participants chose not to take part (Delgado et al., 2019; Kiely et al., 2019; Larkins et al., 2015; Nesmith et al., 2017). For the other papers it is unknown whether there was any selection bias or whether participants declined to take part. This would be useful to know given the sensitive nature of contact, although it is acknowledged that this is a difficult area of research to recruit participants. Additionally, the studies within this review are across several different countries where social care and child welfare systems may differ significantly, which may limit the generalisability of these findings to the UK population.

Ethical Issues

All of studies except for two, (Haight et al., 2002; Moyers et al., 2006) provided information regarding obtaining ethical approval from relevant ethics committees. All ten studies appropriately described providing information around consent and issues of confidentiality. One study mentioned following up on participant wellbeing (Morrison et al., 2011). All other papers omitted to disclose any information regarding offered support to participants. Given the highly sensitive and emotive nature of contact this appears to be an important gap in study information. Delgado et al., (2019) considered minimising distress by avoiding questions around pre-care experiences. However, no further studies comment on efforts to minimise distress for the participants.

Data Collection

Data collection methods were clearly reported within each paper. Five studies employed semi-structured interviews (Haight et al., 2002; Larkins et al., 2015; Moyers et al., 2006; Nesmith et al., 2017; Garcia-Martin et al., 2019). Fuentes et al., (2019) employed focus groups, whilst the remaining four studies opted for a mixture of interviews and focus groups. Moyers et al., (2006) was the only study that opted for a mixed-methods approach consisting of case reviews, standardised methods and repeated interviews at two time points, although did not state which standardised measures were used. Interviews at two time points appear to be extremely beneficial in terms of measuring change in greater depth, although how these changes are interpreted can be subjective (Hermanowicz, 2013). Six studies provided full interview schedules allowing for research to be replicated (Fuentes et al., 2019; Garcia-Martin et al., 2019; Kiely et al., 2019; Larkins et al., 2015; Morrison et al., 2011; Nesmith et

al, 2017). Haight et al., (2002) provided a summary of key areas discussed indicating full interview protocol upon request. The remaining three studies did not provide interview schedules making replication of the studies difficult. In terms of quality assurance, only two of the studies stated that the interviewer was not affiliated with the services they recruited from (Haight et al., 2002; Nesmith et al., 2017). This can allow participants to feel more at ease during the interview process and talk more openly about their experiences of contact. Four papers reported the role and experience of individuals who conducted the interviews and focus groups (Fuentes et al., 2019; Garcia-Martin et al., 2019; Kiely et al., 2019; Morrison et al., 2011). The remaining four studies do not indicate who conducted interviews or focus groups.

Data Analysis, Quality Assurance and Key Findings

For most of the studies, data analysis was documented in sufficient detail allowing the reader to follow the process for how themes were derived. These studies described a variety of inductive, deductive, constant comparing and negative case data analysis methods as well as details of coding and how consensus was reached among researchers (Fuentes et al., 2019; Garcia-Martin et al., 2019; Haight et al., 2002; Kiely et al., 2019; Morrison et al., 2011; Nesmith et al., 2017) enabling the reader to judge whether the key findings were rooted in the data generated (Holloway & Wheeler, 2002). Two studies provide brief information regarding data analysis making it hard to judge robustness (Delgado et al., 2019; Larkins et al., 2015). With the two remaining studies, it is difficult to ascertain which methods were used for data analysis with no clear information provided (Moyers et al., 2006; Sen, 2010). All papers adequately used quotes to support the generation of themes and key findings except for two (Moyers et al., 2006; Sen, 2010), where quotes are used less consistently.

Unfortunately, there were no papers within the review that evidenced critical thinking in relation to consideration of the researcher's own biases within data collection or analysis, the absence of this information may weaken quality assurance. In addition, quality assurance was discussed by three papers only (Fuentes et al., 2019; Morrison et al., 2011 Sen, 2010) by presenting participants or the interviewer with derived themes for further confirmation. Several papers reported the use of more than one person to analyse the data (Fuentes et al., 2019; Haight et al., 2002; Kiely et al., 2019; Morrison et al., 2011; Moyers et al., 2006; Nesmith et al., 2017; Garcia-Martin et al, 2019). All papers explicitly reported key findings in relation to the original research question.

Literature Summary

This synthesis summarises the findings of all the reviewed papers taking into account the variable quality of the papers. Table 4 provides a summary of themes and quotes whilst Appendix D illustrates the coding and development of descriptive themes and the final interpretive theme clusters. The following four themes are then presented in more detail: experiences during contact; practicalities of contact; quality of relationship; and support and information. Sub-themes are presented in bold and discussed under each main theme heading.

Table 4

Themes and Quotes

Themes	Sub-themes	Example quote
Experiences during contact	Establishing boundaries	*"The rules of the centre, required that fathers avoided whispering, talking about certain subjects, questioning a child about their day-to-day care or activities, or doing things that could potentially be construed as upsetting a child or undermining their caregivers." (Parent)*
	Goodbyes	*"You see the ones (children) that are really attached, and that have a really hard time with it. Every visit you're taking them out of here bawling. It just rips your heart out. But I think that's actually more normal." (Social Worker)*
	Parent engagement	*"Sometimes, improvements in contact were as a result of increased interest from a parent who had been absent from the child's life for some time." (Foster Carer)*
	Parent feeling pressured	*"Some fathers talked about feeling very anxious about how they should relate to their children when being supervised for fear that evidence of bad parenting was being gathered." (Parent)*
	Safeguarding concerns	*"Where abuse had previously occurred, the potential for contact to re-expose children to abuse was noted. Parental behaviour, or their very presence, could be frightening or distressing for children and trigger memories of abuse." (SW)*
	The emotions of the child	*"The majority of foster parents said that access visits were a source of "disappointment, anger and tension" for the children and that the visits "create a loyalty bind." (Foster Carer)*
Practicalities of contact	Activities	*"There was a request for visits to take place in different settings that would enable them to engage in normal family activities, such as eating or playing together." (Parent)*

	Cancelled contact	*"Young people were greatly affected when a parent did not turn up for a visit or was consistently late, and many reverted to the behaviour of much younger children in their distress." (Foster Carer)*
	Distance of venue	*"Because we have to travel from another town we spend almost as long travelling as we do with our child." (Parent)*
	Flexibility around contact	*"Supervisors reported that the role of supervision required what was described as "outside the box thinking": considering what might work for different families before and after contact visits." (Supervisor)*
	Frequency and duration of contact	*"Some of the children and young people would like more time with the family, but for others, the time available is sufficient and they would not like to extend it." (Child)*
	Lack of resources	*"The agencies need to be strengthened with more staff and resources so that they can improve contact visits." (Foster Carer)*
	Organising and preparing for contact	*"Foster mothers emphasized the importance of preparing the child for the visit. For example, they discussed comforting rituals such as fixing the child's hair or dressing the child in good clothes to make the visit feel special to the child." (Foster Carer)*
	Quality of contact venue	*"Dissatisfaction with the settings for contact could be cited by both young people and parents, who described wanting a more relaxed environment, more privacy or more variety in venues." (Parent) (Child)*
Quality of relationships	Considering views of parents and children	*"Satisfaction was associated with allocated workers facilitating children and young people's influence over contact by repeatedly checking whether they had changed their minds, by reminding them contact was their decision and by supporting children's choices about the nature and amount of contact." (Child)*
	Consistent supervisor or social worker	*"Where young people encountered a change in a longstanding relationship with a social worker that had enabled greater amounts of contact, this could be disruptive." (Child)*
	Quality of child and professional relationship	*"This young person said that he felt his worker cared about him and described how, over the years they had known one another, his social worker had supported changes in the pattern of contact." (Child)*

	Quality of parent and foster carer relationship	*"All the workers and a few foster mothers agreed that a positive relationship between the biological families and the foster mother reduced tension and 'loyalty binds' for the children." (Foster Carer) (Social Worker)*
	Quality of parent and professional relationship	*"Some mothers described feelings of support from and even friendship with their visit supervisors. These mothers described visits as not only comfortable but allowing the exchange of meaningful information." (Parent)*
	Sibling and extended family contact	*"Clive had regular supervised contact with his parents with whom his relationship was poor. Clive's social worker and foster carer had established contact between Clive and an aunt with whom he was staying every other weekend. The attention he received from his aunt and his foster carer meant that Clive was beginning to thrive in his placement and become more confident." (Social Worker)*
Support and information	Social worker input	*"The social workers have given me a lot of moral support, and that's important, it really makes a difference." (Parent)*
	Supervisor role	*"Dislocation between the intended purpose of contact and the supervisory role adopted is potentially problematic. One respondent strongly advocated that supervisors adopt a non-participant observer role, but also described a function of contact as being 'reparation between child and parent'." (Social Worker)*
	Support and information for foster carers	*"The main proposals put forward by foster carers for improving contact visits concerned their need for more information, preparatory training and support." (Foster Carer)*
	Support and information for parents	*"See it's very child-centred and I understand … it's supposed to be but when you make something more family-centred, if you can help a parent, support a parent, it's… good for the children. The children get more out of it." (Parent)*
	Support and information for the child	*"Some participants argued that when children are emotionally supported and well cared for in their foster homes, parents and children are better able to relate during visits." (Parent)*

Experiences During Contact

Participants discussed the importance of **establishing boundaries** in five papers (Fuentes et al., 2019; Garcia-Martin, 2019; Kiely et al., 2019; Morrison et al., 2011; Sen, 2010). Social workers acknowledged their reluctance to allow discussion around contentious topics during contact and would step in where necessary, children also reported distress when parents mentioned reunification (Morrison et al., 2011). Social workers identified clear boundaries for terminating contact such as signs of substance abuse and unjustified absences (Fuentes et al., 2019). Within three papers (Delgado et al., 2019; Haight et al., 2002; Nesmith et al., 2017), parents, children and social workers discussed difficulties associated with **goodbyes** at the end of visits. Parents expressed feeling as though they would be perceived as failing if they left their child distressed, whereas social workers felt this was a normal process and an indicator of a positive attachment. In three studies, the issue of **parents feeling pressurised** were raised (Haight et al., 2002; Kiely et al., 2019; Nesmith et al., 2017). Parents reported feeling scrutinised and judged by supervisors during visits, ambiguity around rules contributed towards this stress (Nesmith et al., 2017). Supervisors acknowledged this as a barrier to parents feeling relaxed during visits, however, it felt necessary to observe parent and child exchanges due to **safeguarding concerns** (Fuentes et al., 2019; Morrison et al., 2011; Moyers et al., 2006; Sen, 2010). Where abuse had previously occurred, there was the potential for re-exposing children to abuse during contact (Sen, 2010) with foster carers describing deterioration in children following visits (Moyers et al., 2006). In six papers, stakeholders discussed the importance of **parent engagement** (Delgado et al., 2019; Fuentes et al., 2019; Haight et al., 2002; Morrison et al., 2011; Moyers et al., 2006; Sen, 2010). Foster carers described positive contact when parents showed a keen interest in their child's life (Delgado et al., 2019), children described positive contact when parents showed them love and treated them well (Haight et al., 2002). Four papers discussed the

emotions of the child before and after visits (Delgado et al., 2019; Fuentes et al., 2019; Morrison et al., 2011; Moyers et al., 2006). Delgado et al., (2018) described differing opinions among stakeholders, foster carers observed children to exhibit feelings of joy, indifference, or anxiety prior to a visit, whereas social workers identified anxiety and parents reported only feelings of joy.

Practicalities of Contact

Several practical issues were reported to have an impact on the quality of contact. Participants discussed the importance of **organising and preparing for contact** in three papers (Fuentes et al., 2019; Haight et al., 2002; Larkins et al., 2015). Visit preparation ranged from foster carers adjusting family schedules to preparing the child for the visit. In two papers, social workers and foster carers reported how **lack of resources** sometimes made it difficult to provide families with adequate preparation, impacting on the level of contact offered (Fuentes et al., 2019; Sen, 2010). In seven papers, participants discussed the **frequency and duration of contact** (Delgado et al., 2019; Fuentes et al., 2019; Garcia-Martin, 2019; Haight et al., 2002; Larkins et al., 2015; Morrison et al., 2011; Moyers et al., 2006). Children and parents generally reported the desire for more frequent and longer contact visits which when consistent, helped children adjust well to visits. Foster carers however, felt that this was different for each child and that frequency and duration of contact was often inappropriate (Moyers et al., 2006). Social workers acknowledged that contact sometimes deteriorated due to change and stressed the importance of regular re-assessments (Moyers et al., 2006). **The distance of venues** was discussed in four papers (Delgado et al., 2019; Fuentes et al., 2019; Garcia-Martin et al., 2019; Larkins et al., 2015) and was a concern for parents and care leavers due to transport links and costs of travel. The **quality of the**

venue was discussed in four papers (Fuentes et al., 2019; Garcia-Martin et al., 2019; Haight et al., 2002; Larkins et al., 2015). Foster carers described contact centres as "grim" and often impacting upon the parent-child relationship. Parents and children described wanting a more relaxed environment with outdoor spaces (Haight et al., 2002; Larkins et al., 2015). The venue had an impact upon choice of **activities** within contact (Delgado et al., 2019; Garcia-Martin, 2019; Kiely et al., 2019). In five papers, participants reported their frustrations around **cancelled contact** (Delgado et al., 2019; Haight et al., 2002; Morrison et al., 2011; Moyers et al., 2006; Sen, 2010). Children reported feelings of rejection and worry for parents who failed to attend visits. Social workers and foster carers emphasised the emotional harm this caused children (Morrison et al., 2011; Sen, 2010;). **Flexibility around contact** was described in six papers (Fuentes et al., 2019; Garcia-Martin, 2019; Kiely et al., 2019; Larkins et al. 2013; Morrison et al., 2011; Sen, 2010). Foster carers, supervisors and social workers all felt contact should be adapted to the needs of the children and families, and parents appreciated flexibility regarding contact arrangements.

Quality of Relationships

Seven papers discussed the **quality of the relationship between the birth parents and foster carers** (Fuentes et al., 2019; Garcia-Martin, 2019; Haight et al., 2002; Morrison et al., 2011; Moyers et al., 2006; Nesmith et al., 2017). Children reported feeling happier and more relaxed knowing that their foster carer and parent had a positive relationship (Morrison et al., 2011). Some foster parents were able to help reduce parental anxiety and vulnerability by building trust and avoiding judgement which was appreciated by parents (Nesmith et al., 2017). Social workers stated that the relationship needed to be built up gradually with the process being adequately supervised. Difficult relationships between parents and foster carers

could leave the child with conflicting loyalties which could lead to poor contact (Fuentes et al., 2019). Six papers discussed the **quality of the relationship between the parent and professionals**, (social worker or supervisor) (Delgado et al., 2019; Fuentes et al., 2019; Garcia-Martin, 2019; Haight et al., 2002; Kiely et al., 2019; Sen, 2010). Parents described feeling supported and developing friendships with the supervisor which helped them to feel less scrutinized and judged and more comfortable during contact (Haight et al., 2002). Fuentes et al., (2019) described social workers and foster carers interviewed as having a limited understanding of the parent's reality, which could lead to a lack of collaboration and mistrust on both sides. The **quality of the child and professional relationship** was mentioned in two papers (Larkins et al., 2015; Garcia-Martin, 2019), children described feeling cared for and supported by their social worker which had been invaluable (Larkins et al., 2015). There were differing ideas around the benefits of a **consistent supervisor** among four papers. The general consensus between children, parents and professionals was that a consistent supervisor was positive for contact and helped the child feel safe (Larkins et al., 2015; Sen, 2010). Social workers in contrast felt that a change in supervisor may result in new observations which could benefit decision making for the child (Kiely et al., 2019). Five papers discussed **the views of the parent and child** regarding contact arrangements (Fuentes et al., 2019; Garcia-Martin, 2019; Larkins et al., 2015; Morrison et al., 2011; Sen, 2010). Young people and parents valued opportunities to review contact but felt their views were often not considered (Larkins et al., 2015; Morrison et al., 2011). Social workers tried to take into account these views whilst also prioritising the child's best interests (Sen, 2010). **Extended family and sibling contact** were discussed within three papers (Delgado et al., 2019; Fuentes et al., 2019; Moyers et al., 2006). Children spoke about looking forward to seeing siblings and other family members during contact (Delgado et al., 2019). Social workers acknowledged that extended family members could help to create positive contact

and improve the wellbeing of the child, particularly if the child received more affection from particular family members (Moyers et al., 2006). Foster carers however, felt that multiple relatives in contact can be unsettling for the child (Fuentes et al., 2019).

Support and Information

The importance of **support and information for parents** was discussed in seven papers (Fuentes et al., 2019; Garcia-Martin, 2019; Haight et al., 2002; Kiely et al., 2019; Larkins et al., 2015; Morrison et al., 2011; Nesmith et al., 2017). The majority of parents, foster carers and social workers agreed that visits may be affected by the adequacy of other support services such as parenting classes or mental health support (Haight et al., 2002). Parents described a need for more family-centred approaches and practical support (Larkins et al., 2015). Whilst social workers discussed the importance of providing information such as contact rules and preparing parents for visits (Fuentes et al., 2019). Providing **support and information for children** was discussed in four papers (Delgado et al., 2019; Haight et al., 2002; Larkins et al., 2015; Morrison et al., 2011). Children valued emotional support to deal with difficult situations (Larkins et al., 2015). Foster mothers emphasised the importance of supporting the child emotionally, before and after visits (Morrison et al., 2011) and parents felt this helped for better interactions during visits (Haight et al., 2002). **Support and information for foster carers** was discussed in three papers (Fuentes et al., 2019; Morrison et al., 2011; Nesmith et al., 2017). Foster carers felt that contact could be improved if they were provided with more information around visits, preparatory training, and support to better understand the purpose and goals of contact and support the child (Fuentes et al., 2019; Morrison et al., 2011). Social workers also described supporting foster carers to engage parents (Nesmith et al., 2017). The **role of the supervisor** in supporting the parent and child

was discussed in five papers (Haight et al., 2002; Kiely et al., 2019; Morrison et al., 2011; Garcia-Martin, 2019; Sen, 2010). A dilemma for supervisors was how much involvement was necessary, answers were grouped into three categories: non-participant observer; participant observer; and active educative participant (Sen, 2010). Both parents and children found the over involvement of supervisors intrusive (Garcia-Martin, 2019; Morrison et al., 2011). The **input of the social worker** was considered in four papers (Garcia-Martin, 2019; Moyers et al., 2006; Nesmith et al., 2017; Sen, 2010). Parents valued support from social workers, whilst foster carers identified proactive social work for improving contact (Garcia-Martin, 2019; Moyers et al., 2006). Social workers spoke about clear planning and observations of contact to identify risk by knowing the family well and picking up on subtle cues (Sen, 2010).

Discussion

This review sought to understand the experiences of all those involved in contact visits, particularly what helps or prevents positive contact. From the ten papers reviewed, this question can be answered in relation to four broad themes: experiences during contact; practicalities of contact; quality of relationships; and support and information. This section will discuss these findings broadly in relation to the relevant theory and previous research literature.

The Attachment Relationship and Developmental Trauma

Within the review, there were reported fears of children being re-exposed to trauma during contact (Sen, 2010) which has been found particularly in children where previous abuse is reported (Crook & Oehme, 2007). Monitoring parent engagement is therefore extremely important and foster carers highlighted the importance of parents showing genuine interest in the child during contact (Delgado et al., 2019). Children described positive contact where their parents showed them love and treated them well (Haight et al., 2002), which is associated with reduced feelings of loss and rejection for children (Delgado et al., 2019). For children who have experienced developmental trauma they are often less able to self-regulate emotions and this review supports the idea of soothing the child's regulatory system through authentic warmth and connection for improving attachment relationships (Cameron & Maginn, 2008).

Sensitive and responsive parenting including attuning to the child is associated with building secure attachments (Kochanska et al., 2009; Cameron & Maginn, 2008). However, there were differing perceptions among parents, foster carers and social workers around the child's feelings before, during, and after contact (Delgado et al., 2019). Parents perceived the child to solely have feelings of joy although were unlikely to witness negative feelings experienced before and after visits. Foster carers raised concerns around the perceived distress of children who often needed extra support following visits. Social workers perceived fewer difficulties than foster carers, which may be due to their reduced presence during the contact process.

Children and parents voiced the need for increased frequency and duration of contact visits which when consistent, helped children adjust well to visits. This is no surprise given that attachment is influenced by continuity, stability and mutuality (Hess, 1982). The

reluctance around more frequent contact from foster carers, appeared to be due to the possible increase in the lack of consistency from parents and highlights the need for regular reviewing of contact arrangements. Extended family and sibling contact was thought to often be a positive aspect of contact. Ainsworth (1989) stressed the importance of attachment among siblings who may function as a secure base in difficult situations, with shared experience and strong ties of affection, intimacy, and trust (Mota & Matos, 2015). Additionally, extended family members can also help to meet the attachment needs of the child when the parent is unable to do so (Steele, 2006).

Supporting the Parent to Support the Child

Children voiced apprehension around parents discussing reunification during visits (Morrison et al., 2011). Therefore, establishing clear boundaries are necessary to protect the child and support parents who report ambiguity around the rules of contact, leading them to feel as though they might be "getting it wrong". Supervisors reported actively discouraging parents and children to voice negative feelings during contact, however, attachment theory emphasises the importance of the child being able to signal distress, so that adults can read and respond to help them feel safe (Rella, 2010). With support and training, it may be possible for these conversations to take place in a helpful way.

Where parents and foster carers had a positive relationship, children reported feeling more relaxed and less conflicted loyalties (Morrison et al., 2011) as found in other studies (Mapp, 2002). Foster carers sought to reduce parental anxiety and vulnerability by building trust and avoiding judgement (Nesmith et al., 2017), allowing parents to feel less stigmatised and more able to interact positively with the foster family and child (Hojer, 2009). Parents

who described feeling supported by supervisors also reported feeling more comfortable during contact (Haight et al., 2002) and emphasised the need for more family-centred approaches to supporting contact (Kiely et al., 2019). Parents of children in care often struggle with their own unresolved childhood experiences as well as contextual difficulties such as financial worries and mental health issues, these are likely to interfere with their capacity to provide attuned parenting. Offering or signposting to further support both practically and emotionally would help to improve engagement and the parent-child attachment relationship (Furnivall, 2011). Emotional support for the child was discussed across papers, foster carers fed back that they would like preparatory training and support to better understand contact and support the child (Fuentes et al., 2019). Previous research has recognised the importance of regular training for foster carers to ensure they are able to maintain a reflective rather than reactive approach (Furnivall, 2011).

The Role of Professionals

Parents and foster carers highlighted the importance of proactive social work for improving contact, with social workers describing clear planning and observations as key for safeguarding. There appears to be wide variation in how social care respond to looked after children and families within the UK, which is likely to vary even greater across countries due to differing assessment models and thresholds for risk (McSherry et al., 2010). The dilemma of how much support and involvement a supervisor should offer during contact is also important (Sen, 2010). Passive monitoring may not be conducive to change, with parents becoming deskilled through fear of judgement (Furnivall, 2011). However, a supportive role, offering suggestions and modelling play may also be experienced by the parent as undermining. A balance must be considered based on each family's needs and parents are

much more likely to welcome input from supervisors with whom they have developed a positive relationship (Triseliotis, 2010).

Practical Considerations for Contact

Both parents and children reported wanting longer and more frequent contact, whereas foster carers felt this could sometimes be inappropriate for the child. Social workers reported experiences of contact worsening following increased visits particularly where parents were unreliable and cancelled contact (Moyers et al., 2006). Children reported feeling worried when parents failed to attend arranged contact (Morrison et al., 2011) and can become preoccupied with their parent's welfare resulting in them entering into strategies that bring them into proximity with the parent, such as absconding from placements and requesting more frequent contact (Biehal et al., 1992) highlighting the need for regular reviews.

The distance and location of venues were also reported as a difficulty for parents as well as associated costs. Due to potential risk issues and future decision making for the child, a high proportion of contact takes place within family centres which can be located far away from the parent and foster placement (Triseliotis, 2010). These locations can be cramped and limit the option for outdoor activity which was further discussed within the review. Long journeys and strange environments may cause children to feel unsettled and create difficult contact. Preparation for contact is necessary to ensure the smooth running of visits and consider many of the issues discussed above. Emotional preparation for the child is also mentioned by foster carers within the review (Haight et al., 2002). Within this, it is important

to consider the developmental age of the child as well as the age they entered into care as this will have an impact on their past and current experiences (Dozier & Rutter, 2008).

Limitations of the Review

One of the limitations of this review is the variety of stakeholders selected within different papers which make it difficult to compare the views of one particular perspective across studies. In addition to this, due to a lack of UK studies the perspectives of various stakeholders are across several countries where social care and child welfare systems may differ significantly. Children and young people were interviewed at single time points and experiences may change with age which would be difficult to measure. The explorative nature of the qualitative methodologies, make it difficult to determine cause and effect but rather understand experiences and perspectives.

Due to the small number of papers within this review, findings are not easily generalisable and should therefore, be interpreted with caution. Given a synthesising method was adopted which included a thematic analysis of previous themes and quotes, it is possible that the author's own potential biases could interplay with existing researcher bias within the studies. Although the author did discuss the development of themes with their supervisor to allow for an alternative perspective. Despite these limitations, contact is generally, an under researched area within the literature and therefore, this review could provide some useful considerations for clinicians and researchers.

Clinical Implications

The findings from this review indicate the importance of more preparation, training and support for foster carers to enable them to support the child and build positive relationships with parents. Social workers could increase opportunities for sharing of information by facilitating meetings with both parents and foster carers together, to help overcome logistical issues and slowly encourage more direct communication between the two. Clear explanations for the rules and expectations for visits would also help all involved to feel more prepared.

Social workers could contribute to supporting parents by providing practical and financial support where possible, to enable reliable attendance and varied activities during contact. Timely signposting or referring parents to relevant support services is required to address issues which may be impacting upon their ability to engage in contact and attune to the child's needs. Parents would benefit from opportunities to share feelings of grief and apprehension with their social worker or supervisor to help them feel less judged, more supported, and enable better engagement in contact. Support and coaching before and after visits may also be beneficial for parents to hear their concerns and provide feedback from the visit.

Due to the varying circumstances of families and contact, a case by case approach should be taken towards preparing and facilitating contact with regular reviews, this can help to make positive changes (Boyle, 2017). Foster carers appear to have a good insight into the impact of contact for the child and regular discussions should take place with the social worker to help inform contact reviews and the needs of the child. These small adjustments can have a significant positive impact upon the child's wellbeing (Morrison et al., 2011).

Training for all professionals facilitating contact would be beneficial in terms of understanding their role and the goals of contact visits (Goodman et al., 2007). This should cover issues such as communicating information sensitively to children and parents and strategies to help them express their feelings. Finally, consideration should be given to the inclusion of extended family members to help facilitate positive contact visits. If contact appears to be negative, an extended family member might help to bridge relationships between the parent and child or in the least provide an alternative secure attachment for the child.

Research Implications

Future research into the views and experience of those involved in contact could include individuals from all positions within one study to compare and contrast views and provide a wider overview of the contact process from all sides. There also appears to be evidence of divergent interpretations of what helps contact go well. It would be helpful to try and explore levels of consensus around some of these issues which are perceived to impact upon contact among differing positions. This could contribute towards the development of a common framework of assessment (Wilson & Devaney, 2018), which may help all involved in contact to understand the rules and expectations, as well as providing clarity on the role of the supervisor which is often reported to be an area of confusion among contact supervisors (Taplin et al., 2015). Further longitudinal and developmentally informed research is needed to understand children's experiences at different time points, as their developmental stages may influence their experiences (Atwool, 2013). More experimental methodologies may also

be helpful to test out improvements for example, exploring the quality of relationships with more frequent visits or exploring the impact of family visits in contact centres versus replicated home environments.

Conclusion

This review explored the views and experiences of all those involved in contact and understand more about what helps visits to go well and identify the barriers. Four themes were identified: experiences during contact; practicalities of contact; quality of relationships; and support and information. The papers described the importance of establishing clear boundaries within contact to help all involved better understand their role and establish good working relationships. Practical issues regarding contact were discussed including parent and children's desire for longer and more frequent visits as well as difficulties with the distance and quality of contact locations. The quality of relationships among stakeholders was found to be important in ensuring positive contact. A positive and collaborative relationship between foster carers and parents particularly was found to be conducive to positive contact and reduced feelings of conflicted loyalties for the child. Support and information for the child, parents and foster carer were all reported to be important in facilitating positive contact. Different stakeholders were recruited across papers making it difficult to compare and contrast views within any one paper. However, valuable points for consideration included the need for more support and training for foster carers alongside more holistic support for parents. Further research is needed to obtain a level of consensus across stakeholders regarding the factors that enable positive contact.

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KATIE MCDONNELL BSc Hons

Section B:

Researching consensus: A Delphi study exploring the different views of care leavers, birth families and professionals on how to create positive contact visits between looked after children and their birth families

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CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Background: Good quality contact with looked after children and their birth families is key for successful family reunification. However, defining good quality contact is difficult and there appears to be no standardised assessment framework for measuring contact.

Objectives: This study aimed to identify the views and experiences of care leavers, parents and professionals facilitating visits, to understand which factors define good quality contact and gain consensus across roles to understand the most important factors influencing the quality of contact.

Method: A three-round Delphi method was employed. Thematic analysis of a first-round focus groups and interviews with supervisors, parents and care leavers informed a second-round online survey. A third-round survey completed by care leavers (n=8), parents (n=10), foster carers (n=20), supervisors (n=16) and social workers (n=15) finalised group consensus.

Results: All groups reached strong agreement around the importance of increased parent support and collaboration between all parties involved in contact. Clear and transparent communication was key to developing positive relationships ensuring good quality contact.

Discussion: Increased support and training for professionals to adequately support the needs of parents and children is recommended to ensure good quality contact. Limitations include low participant diversity and uneven representation within groups. Research implications are discussed.

Keywords: Looked after child, contact, quality of contact

Introduction

Each time we come to a new place

I try to hide one shirt

beneath the mattress

just to keep the smell of home

(Wolverton, 2003)

With looked after children, there often tends to be a focus on the child's experiences of abuse and neglect, but as the poet, Terry Wolverton illustrates, even for children from 'dysfunctional' families, the loss of home and family is a trauma felt by the child which can interact very negatively with previous experiences. To mitigate the trauma of separation, organisations actively encourage and facilitate contact between a child and their birth parents (Triseliotis, 2010). This study explores the nature of this contact and asks the question, what makes for good contact?

A "looked after" child is defined as: a child who is provided with accommodation by the state for a continuous period of more than 24 hours; a child who is subject to a care order; or a child who is subject to a placement order (The Children's Act, 1989). The current data suggest there are 80,080 looked after children in England, a rise of 2% from the previous year (2019) and a rising trend on previous years. (Department for Education [DFE], 2020). There are a variety of reasons why children enter into care, most commonly due to abuse or neglect (65% of children), or family dysfunction (14%) (DFE, 2020). There has been much emphasis in the literature on the need for state care to help provide these children with a sense of stability, security and love (Rees and Stein, 2016). However, more recent literature has also emphasised the importance of promoting a child's sense of identity (Schofield et al., 2017).

One way of encouraging identity is by keeping open relationships with birth parents and families (Larkins et al., 2015).

The Importance of Identity Formation

In 2020, 63% of children that entered into care were aged 10-18 years old (DFE, 2020). These children were likely to have experienced painful separation from parents, as well as the loss of familiarity and environment, resulting in a dislocation of self, and uncertainty around how they fit or belong in new families or environments (McMurray et al., 2011). Although identity formation is a lifelong process, adolescence is a particularly challenging period for cognitive, physiological and social change (Erikson, 1968). Butler, (1990) suggests that identity is fluid and that others act as a "social mirror" where we learn to see ourselves through how we perceive others to see us. For children in care there is often a lack of knowledge from those around them of their personal history and there is a sense of loss that comes with this (Winter & Cohen, 2005). Children from black and ethnic minority (BAME) groups account for 25% of looked after children (DFE, 2020). Within the UK, there is no legal requirement to match children to foster carers based on ethnicity, culture, language (The Children's Act, 1989). There is also a lack of diversity among foster carers (Ofsted, 2019). Children from BAME groups place great importance on their culture and often, is experienced as a loss of family and friends, and also food, language, familiar smells and clothing (Ni Raghallaigh & Sirriyeh, 2015).

The Importance of Contact

Legislation across the UK has emphasised the importance for local authorities to promote contact between looked after children and their families (The Children's Act, 1989).

The emphasis for family contact has predominantly emerged from attachment theory, in particular the negative impact of separation and the importance placed upon the maintenance of established attachment relationships between the child and parent (Sen & Broadhurst, 2011). Regardless of attachment type, separation from an attachment figure is distressing and anxiety provoking for the child (Howe et al., 1999) and can result in subsequent problematic behaviours and mental health difficulties (Kaplan et al., 1999). Bowlby found that upon separation from the parent, strong separation reactions were common from children in both secure and insecure attachments. Children protested and expressed a sense of despair (Bowlby, 1973). Upon separation, children may initially act in a detached way toward the parent during contact. However, children can overcome these initial patterns if they are placed in the care of nurturing and responsive caregivers (Shaffer, 2009). Parents also benefit from strong support to help them heal and develop emotional relationships with the child.

In relation to changing attachment patterns, Belsky et al, (1996) show that the quality of an attachment relationship can change when the environment changes. Vaughn et al, (1979) found that early attachment classification changed in relation to maternal behaviours, and this change is increasingly possible if the parent has a supportive network with resources available to them (Egeland & Sroufe, 1981). Parents also do better with reunification if they have received parenting training, help with practical issues and stress management (Berry et al., 2007). In addition, research has found that adolescents construct their personal histories or autobiographical memories based on current circumstances and views held about themselves rather than verified accounts of earlier childhood events (Henry et al., 1994). Therefore, if experiences of contact with a parent is positive and of good quality, change can occur in the relationship and prompt the child to search their memory for events that are consistent with their current views of the parent (Hamilton, 1981).

Defining Good Quality Contact

Contact can be defined as intentional communication between children and parents or family members (Gobind, 2013). It can be direct visits or indirect such as phone calls and messaging (Prasad, 2011). Contact can be both supervised and unsupervised, in most cases, the goal of supervised contact is to ensure child safety and also promote family reunification over time (Saini et al., 2012). The quality of a contact visit can influence whether the contact has a beneficial or detrimental effect on the child (Morrison et al., 2011) with good quality contact being found to promote positive outcomes for children including successful family reunification and placement stability (Sen & Broadhurst, 2011). However, it is difficult to define what factors are important in good quality contact due to the subjective experiences which differ depending on if one is a child, parent or professional.

Previous Research around Perspectives of Good Quality Contact

There are varying perspectives from all those involved in contact with contrasting views and experiences around what good quality contact looks like. For example: social workers have emphasised the importance of a good working relationship between parents and foster carers (Atwool, 2008), as have children, who report feeling less conflicted loyalties between the parent and foster carer when the relationship with the parent is positive (Morrison et al., 2011). Foster carers have emphasised the importance of children having a voice in contact arrangements and monitoring parent engagement with the child due to the impact this has on children post-visit (Delgado, 2019). Birth families have commented on excessive supervision during contact and how this leads to feelings of discomfort for themselves and the child. Parents also feel there is often a lack of shared information

regarding the child and contact arrangements (Garcia-Martin et al., 2019). There appear to be many complex factors related to contact which show difference from each perspective.

Achieving Consensus around the Quality of Contact

There appears to be no standardised assessment framework for measuring the quality of contact visits. Parents often have no explicit guidelines for what should be said or done during visits, with no agreed protocol for assessing and recording observations (Triseliotis, 2010). This is an important area, given that many factors can have a detrimental impact on the quality of a contact visit. For example, the perceived pressure felt by parents to "get it right" under supervision (Garcia-Martin, 2019).

Family contact can also provide a wealth of information for professionals, and the quality of contact is seen as a key factor in the assessment process for legal decision making on behalf of the child (Atwool, 2013). The supervisor therefore has a power relationship with the family as their feedback may aid or abet a reunification process. Devaney et al., (2017) have shown that several factors that can influence judgements made about quality of contact including professional role; theoretical perspective; background; and experience. Given the potential subjectivity of the supervisor feedback, an agreed framework might help provide objective markers for the courts to consider.

Given that family contact has emerged from theories of attachment, an assessment of contact should draw upon psychological theory, child development, trauma and abuse, and parenting capacity, to ensure a holistic assessment of contact (Morris et al., 2017). The child's needs should always be at the centre of the assessment of contact and for shaping future contact visits, therefore, it is also important to consider the views and wishes of the

child as well as the parent (Wilson & Devaney, 2018). In a recent Ofsted report (2019) over two thirds of looked after children felt their wishes and feelings were not considered, and when they were consulted, felt this made little difference to the outcome. There is also very little research regarding the views of birth parents (Sen & Broadhurst, 2011) which may reflect their marginalised status (Humphreys & Kiraly, 2011).

Rationale and Study Aims

Given the importance of contact for looked after children's eventual well-being and their sense of identity, this study aimed to understand which factors define good quality contact in order to encourage and facilitate improved experiences of family contact for children and families. The aim of this study was to get the views of all stakeholders, to ensure that no views were privileged. This study aimed to identify views from care leavers, their families and professionals facilitating visits. It also aimed to gain a level of consensus across the various roles in order to inform a collective understanding of the most important factors influencing the quality of contact visits within and across groups. It is hoped that the information from this study can be used by organisations that support contact and to eventually create a standardised assessment framework for measuring the quality of contact visits. This could support accurate and carefully informed decision making for the child, keeping them at the heart of the process, building on the quality of care provided to looked after children and their families. The research questions for this study therefore were:

- What are the views of all those involved in contact visits about the factors that create good quality contact?

- What are the views of all those involved in contact visits about the factors that are detrimental to good quality contact?
- What are the factors for good quality contact that are agreed across stakeholders?

Methodology

Design

A three round Delphi method (Dalkey & Helmer, 1963) was selected to attempt to gain consensus about the positive and negative aspects of contact visits from the views of participants with experience of contact. The Delphi method has been used within research to determine a range of opinions to explore consensus on disputed areas (Iqbal & Pipon-Young, 2009). It is considered particularly useful in areas of limited research due to data being generated from knowledgeable or "expert" participants within the field (Hasson et al., 2000) and consists of two or more rounds of data collection.

Both qualitative and quantitative methods were employed within the study. At round one (R1), qualitative data was gathered through the use of focus groups and individual interviews. This data informed the development of statements which were presented in an online questionnaire for round two (R2). Participants at R2 rated their levels of agreement for each statement using a Likert-scale rating. At round three (R3), R2 participants were provided with an individualised questionnaire which showed their own previous R2 answers as well as the collective responses from all participants displayed as percentages. In light of other participants responses at R2, participants were invited to review their previous ratings and consider whether they wished to re-rate levels of agreement or disagreement for each

statement. This allowed for the exploring of consensus and divergence among "expert" participants (Hasson et al., 2000).

Recruitment

Within Delphi studies the term "expert" is defined differently depending on the research question. For the purpose of this study "expert" was defined as an expert by experience (Hardy et al., 2004). For R1, care leavers, birth parents and contact supervisors were chosen as they had experience of contact from different perspectives. The R2 questionnaire also included foster carers and social workers to provide additional perspectives around experiences of contact and to add credibility to the study (Linstone & Turoff, 2002).

Purposeful and snowball sampling strategies were employed within the study. For the R1 focus group, seven residential contact workers who supported and supervised contact were recruited from a residential care organisation supporting looked after children and known to one of the research supervisors. Participants were recruited from two of the organisation's therapeutic residential care homes in England. For R1 interviews, a request for care leavers and birth parents based in the UK was placed on the social media platform Twitter from the researchers own account. Several care leaver organisations were also approached. R2 and R3 recruitment also took place using social media with a request for interested care leavers, parents, supervisors, foster carers and social workers. Tables 1 and 2, illustrate participant inclusion criteria.

Table 1

Round 1 Participant Inclusion Criteria

Contact Supervisors	Care-leavers	Birth Parents
Must have at least six months experience of facilitating family contact	Requested to participate only if they felt able to do so without impact on their wellbeing	Requested to participate only if they felt able to do so without impact on their wellbeing
	Must have left the care system for a minimum period of six month	Must be aged over 16+ years old
	Must be aged 16-24 years old	Must have experience of participating in contact visits
	Must have experience of participating in contact visits	

Table 2

Rounds 2 and 3 Participant Inclusion Criteria

Contact Supervisors	Care-leavers	Birth Parents	Social Workers	Foster Carers
Must have at least six months experience of facilitating family contact	Should only participate if they felt able to do so without impacting on their wellbeing	Must only participate if they felt able to do so without impacting on their wellbeing	Must have at least six months of direct experience of facilitating family contact	Must have at least six months of direct experience of facilitating family contact
	Must have left the care system for a minimum period of six month	Must be aged over 16+ years old		
	Must be aged 16-24 years old	Must have experience of participating in contact visits		
	Must have experience of participating in contact visits			

Ethics

This study received ethical approval from the Institute of Integrated Systemic Therapy which was reviewed by the Salomons' ethic committee (Appendix E). The British Psychological Society (BPS) Code of Ethics and Conduct (2018) was followed throughout. For this study, issues of informed consent (Appendices F-I), anonymity and participant well-being were particularly relevant.

Participants were provided with written information outlining the purpose of research, process, confidentiality and the potential benefits and risks for taking part (Appendices J-N). It was explained that taking part was voluntary and would not affect any services already offered and they could withdraw from the study at any time. R1 participants signed consent forms before the interviews. At R2 and R3 an option was used within the online questionnaire to ensure consent was given prior to completing the questionnaire.

Participants were allocated participant numbers to ensure anonymity and were informed that anonymous quotes might be shared with other participants, this thesis, and in any future publications. Study data were stored on a password protected USB. Participant names and email addresses were stored on a separate password protected database. A verbal debrief was provided at R1 with the offer of additional resources if required. R2 and R3 questionnaires also included a written debrief with a list of resources (Appendices O-Q). All interviews took place via telephone whilst the focus group took place on site at a therapeutic care home, all of which were audio recorded.

The views of young people were extremely important to capture as part of this study. From an ethical viewpoint, it felt appropriate to only include young people aged 16+ who could consent to taking part in the study and were not currently undergoing the care process

(care-leavers). This would ensure that the young person was not currently experiencing difficulties within the care system and therefore potentially less vulnerable to discussing some of these issues.

Participants

In total, there were 95 participants included in the study (9 care leavers, 12 birth parents, 29 supervisors, 17 social workers, 28 foster carers). Figure 1 illustrates the flow of participants from R1 to R3. R1 interviews/focus group had a total of 14 participants of which, 64% participated in R2. R2 was expanded to include foster carers and social workers with a total of 90 participants. There was a 78% completion rate across participants from R2 into R3, leading to a final sample size of 68. Completion rates in each round are representative of those in other Delphi studies and considered good (40-75%; Gordon, 1994). Table 3 illustrates participant demographics including: age; gender; ethnicity; and length of time in care or role.

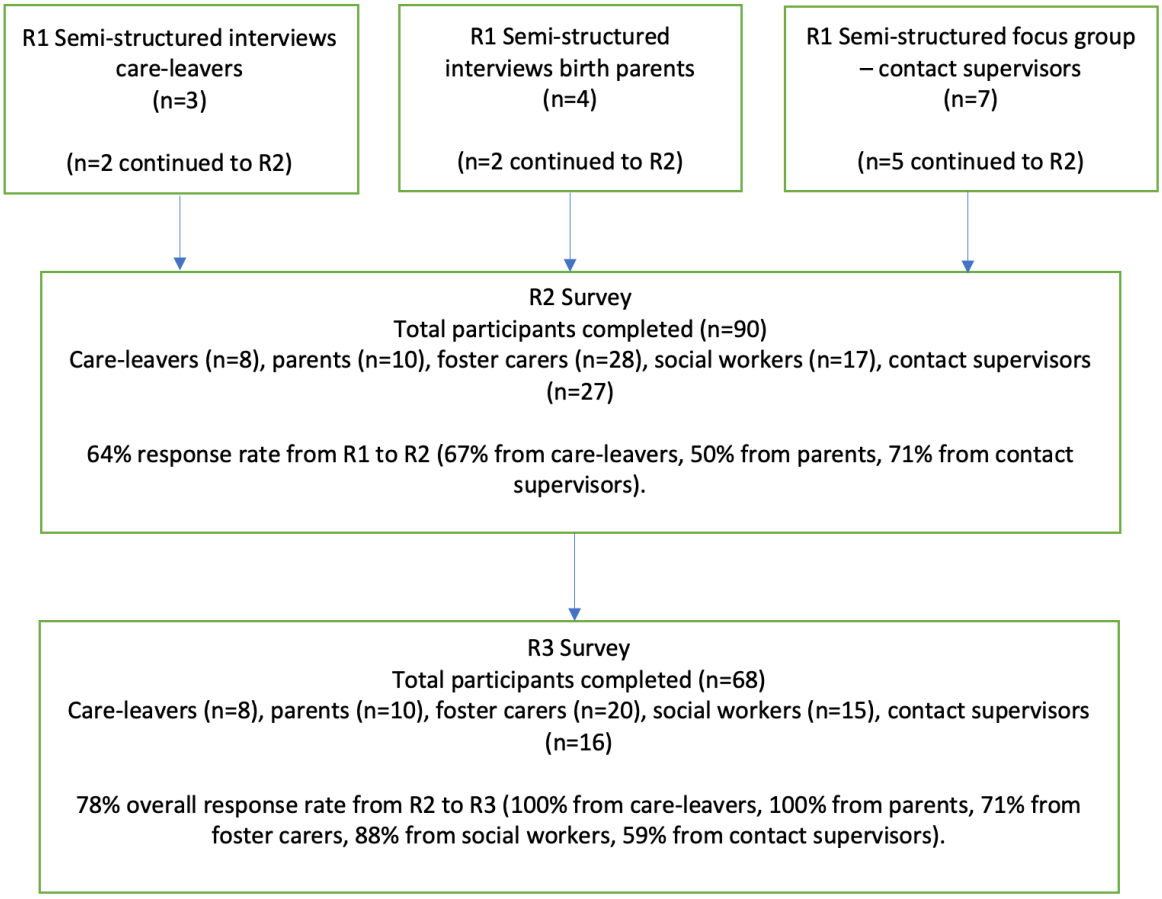


Figure 1

Participant Flow from R1 to R3

Table 3

Participant Demographics

Care leavers demographic information		Round 1 (N=3)	Round 2 (N=8)	Round 3 (N=8)
Age:	16-24	3	8	8
Gender:	Male	1	2	2
	Female	2	6	6
Ethnicity:	White/ British	3	8	8
Length of time in care:	0-2 years	-	2	2
	2-5 years	-	2	2

	5-10 years	1	1	1
	10+ years	2	3	3

Birth parents/family demographic information		Round 1 (N=4)	Round 2 (N=10)	Round 3 (N=10)
Age:	16-24	1	1	1
	25-34	2	3	3
	35-44	1	5	5
	45-54	-	1	1
Gender:	Male	1	1	1
	Female	3	9	9
Ethnicity:	White British	4	9	9
	Romany Gypsy	-	1	1
Length of time child in care:	0-2 years	2	4	4
	2-5 years	2	6	6
Contact supervisor's demographic information		Round 1 (N=7)	Round 2 (N=27)	Round 3 (N=16)
Age:	16-24	-	1	-
	25-34	1	10	1
	35-44	2	12	5
	45-54	-	3	7
	55-64	-	1	3
	Unknown	4	-	-
Gender:	Male	4	5	3
	Female	3	22	13
Ethnicity:	White British	7	26	16
	White Irish		1	-
Length of time in role:	0-2 years	-	5	4
	2-5 years	3	10	5
	5-10 years	-	4	1
	10+ years	1	8	6
		3	-	-

	Unknown			

Foster carer's demographic information		Round 1	Round 2	Round 3
		N/A	(N=28)	(N=20)
Age:	25-34		2	1
	35-44		5	4
	45-54		10	5
	55-64		11	10
Gender:	Male		4	4
	Female		24	16
Ethnicity:	White British		26	19
	White Irish		1	1
	Black British		1	-
Length of time in role:	0-2 years		5	4
	2-5 years		5	3
	5-10 years		8	7
	10+ years		10	6

Social worker's demographic information		Round 1	Round 2	Round 3
		N/A	(N=17)	(N=15)
Age:	25-34		8	7
	35-44		6	5
	45-54		3	3
Gender:	Male		1	1
	Female		16	14
Ethnicity:	White British		16	14
	White/Asian		-	1
Length of time in role:	0-2 years		1	1
	2-5 years		8	7
	5-10 years		2	2
	10+ years		6	5

Quality Assurance, Reflexivity and Epistemology

The use of qualitative and quantitative data provided a greater depth and breadth of information to the study which would not have been possible using a singular approach (Almalki, 2016). Additionally, it allowed for triangulation from a heterogenous sample providing data source triangulation. Anonymity between participants allowed for openness and a balanced considerations of ideas (De Meyrick, 2003). Time gaps between rounds helped to develop the nuanced analyses, ensuring rich, complex, and non-obvious themes derived from the data (Braun & Clarke, 2020). A research diary was kept throughout the research process to aid the researcher's understanding of any external influences or potential biases that may influence interpretation of results (Appendix R). Regular reflection and consultation with supervisors provided multiple perspectives on the research process.

A critical realist epistemological approach was adopted throughout the study, which maintained the idea that our knowledge of the world is mediated by the discourses available to us (Sayer, 2004). For example, research was influenced by a view in which there were such things as 'good' and 'poor' experiences of visits and could be felt or observed by participants (realist), but that what made up good or poor might be different between participants and did not represent a universal 'truth' but was influenced by context (critical). However, by opening up conversations between people of different contexts, new discourses might become available to participants which might then influence their experiences.

Data Collection & Analysis

The three-round Delphi process was completed between January 2020 and February 2021. Data collection and analysis procedures employed for the three rounds are described

below. Interpretation and analysis of the data, and development of the interview questions and subsequent questionnaire was undertaken by the primary researcher and subsequently reviewed at each stage by the primary researcher supervisor.

Round 1 Focus Group & Interviews

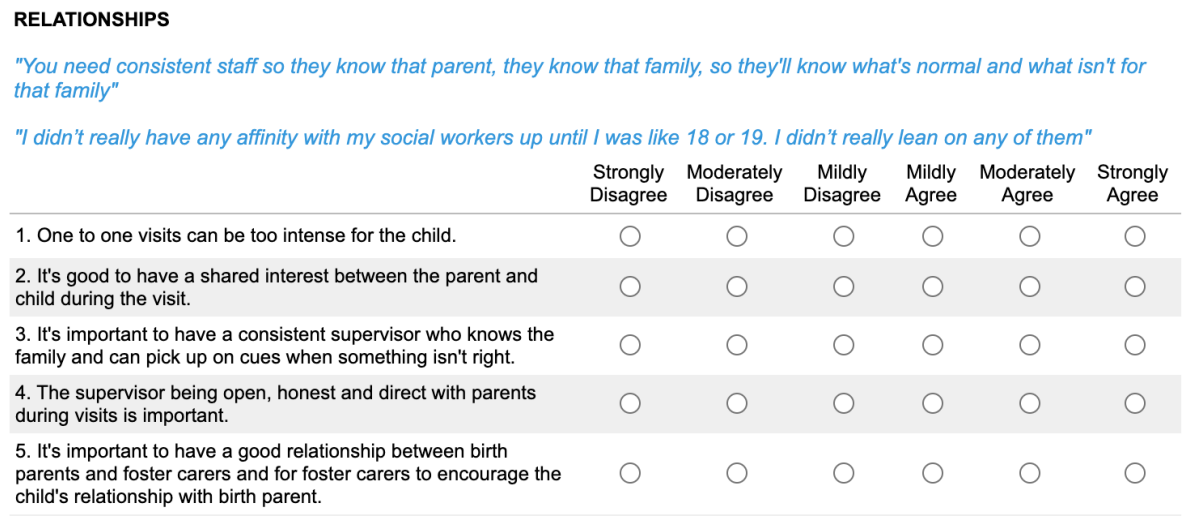
R1 interview and focus group topics (Appendix S) were developed in consultation with the research supervisor and were individualised into questions to suit each participant group regarding experiences of contact. Through scoping the existing and wider literature around contact, open questions were devised which were broad and allowed for all aspects of contact to be included, follow up questions allowed for participants to elaborate on these experiences and encourage rich descriptions. Participants were asked to complete a brief demographics information sheet prior to interviews and the focus group.

Round 2 Online Survey

In line with the research aims, R1 data were transcribed and analysed inductively using thematic analysis (Braun & Clark, 2006) to identify data driven codes (Appendices V-W). Data extracts were coded and then organised into sub-themes and themes. Braun and Clarke's (2019) ideas around reflexivity were considered in relation to code development. The researcher kept a reflective diary to identify their own biases during the study and conducted a continual questioning and querying of assumptions made whilst interpreting the data. For example, the researcher was able to identify feelings of sadness and empathy towards care-leavers during the interviews, which evoked the desire to make sure care-

leaver's voices were heard within the study. The researcher, therefore utilised the research supervisor to discuss the coding process and ensure that all voices were represented equally within the coding. The thematic framework was reviewed and refined in consultation with the primary research supervisor, resulting in a total of seven themes and 40 sub-themes. A fellow doctorate student was presented with randomly organised codes and sub-themes and asked to match them together. This resulted in inter-rater agreement of 100%.

R2 statements were informed and developed by sub-themes, a total of 62 statements were worded in a neutral manner to be of relevance to all roles, (Appendix X). Qualitative comments from R1 were anonymously presented at the beginning of each set of themed statements to elaborate on R1 participants' point of view. Participants were asked to rate statements using a six-point Likert scale (Figure 2). Participants at R2 could also leave qualitative comments at the end of each set of statements. The survey took approximately 20-30 minutes to complete and was online for a month.



RELATIONSHIPS

"You need consistent staff so they know that parent, they know that family, so they'll know what's normal and what isn't for that family"

"I didn't really have any affinity with my social workers up until I was like 18 or 19. I didn't really lean on any of them"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. One to one visits can be too intense for the child.	○	○	○	○	○	○
2. It's good to have a shared interest between the parent and child during the visit.	○	○	○	○	○	○
3. It's important to have a consistent supervisor who knows the family and can pick up on cues when something isn't right.	○	○	○	○	○	○
4. The supervisor being open, honest and direct with parents during visits is important.	○	○	○	○	○	○
5. It's important to have a good relationship between birth parents and foster carers and for foster carers to encourage the child's relationship with birth parent.	○	○	○	○	○	○

Figure 2

Example of R2 Survey Statements

Round 3 Online Survey

R3 survey statements were identical to those in R2. However, R2 statements that reached 75% consensus across all participants were omitted from the R3 survey (Fenton et al., 2021) This resulted in 53 statements in the R3 survey. The R3 survey was tailored for each of the five participant groups and then further individualised for each participant. Each statement was presented with the participant's previous R2 response highlighted in red, as well as the overall percentage of responses of all participants and their particular group response (Figure 3). Qualitative comments from R2 were anonymously presented at the beginning of each set of themed statements, elaborating on participants responses to help build understanding and consensus. After viewing comments and R2 responses, participants were invited to review their previous response and change if they wished. The survey took approximately 20 minutes and was online for three weeks (Appendix Y).

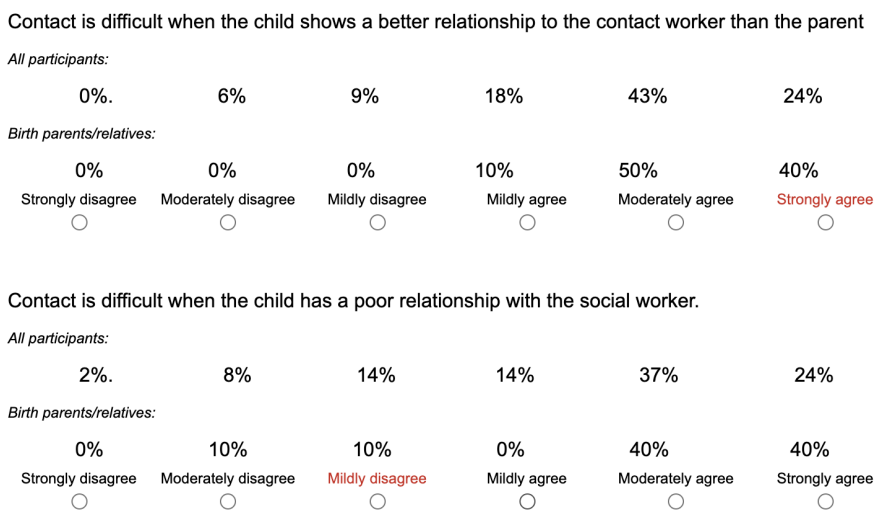


Figure 3

Example of R3 Survey Statements

Quantitative Analysis of Consensus and Divergence

This study opted for the use of descriptive statistics to calculate rates of 'consensus' and 'divergence' within R2 and R3 data in line with previous research (Alexandrov et al., 1996; Seagle, 2001). At R3 data analysis, the 6-point Likert scale was collapsed into three categories consisting of agreement (strong and moderate), disagreement (strong and moderate) and mild agreement and disagreement consistent with previous studies (South et al., 2016). In view of the research aims, only agreement and disagreement categories were presented in the findings. For each statement, percentages were calculated for both categories among all participants, then within participant groups. Figure 4 outlines consensus categories and table 4 outlines percentages used to ascertain appropriate consensus levels (Fenton et al., 2021).

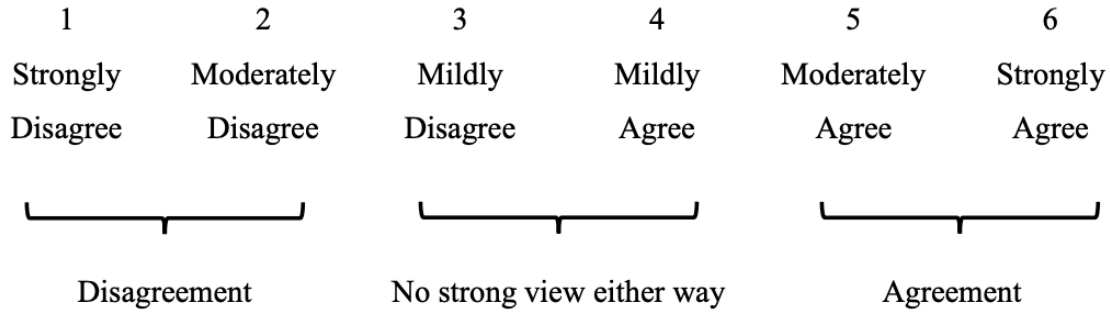


Figure 4

Consensus Likert-Scale Categories

Table 4

Operationalised Levels of Consensus

Consensus category	Rate of 'agreement' or 'disagreement'
Strong consensus	≥75%
Moderate consensus	62.5-74.9%
Weak consensus	50-62.4%
Lack of consensus	<50%

Results

Round 1

Thematic analysis of the seven interviews and focus group was conducted to identify and develop main overarching themes. These were in relation to the aims of the research which were to understand the views and experiences of all those involved in the contact process, particularly, what helps contact to go well whilst identifying any barriers. There were seven main themes identified. The first was **quality of relationships** between the various individual positions and how these impact upon contact. The second theme was **scaffolding contact** which considered issues such as supporting parents, the contact supervisor's level of involvement and preparation for contact. The third theme identified was **experiences of contact** which focused on the felt experiences of the children and parents during the visits. The fourth theme was **practicalities of contact** which considered practical issues that impact upon contact such as frequency and length of visits, contact venue and the boundaries of contact. The fifth theme identified was **child/family interactions** which highlighted both parent and child engagement with contact in terms of communication, awareness and attuning to one another in contact. The sixth theme was **involving all in the contact process** and discussing considering the child and parent's views as well as

information sharing. The final theme identified was **external factors influencing contact** which considered issues such as the context of the family and communication among the professional network. Table 5 displays each theme with sub-themes as well as R1 example quotes and the subsequent 62 R2 questionnaire statements developed.

Table 5:

Themes, Sub-themes and R2 Statements

Theme 1: Quality of relationships		
Sub-themes	Example quote	Statements
Relationship between child and parent	“Sometimes it could be a bit awkward if it’s just you and maybe you don’t know your parents so well, it can feel quite intense” (Care Leaver) “My dad and I quite liked reading the same book… so quite often on one visit he would like give me a book to read, or we would talk about something, and then we would have something to talk about the following visit” (Care Leaver)	1. One to one visits can be too intense for the child. 2. It’s good to have a shared interest between the parent and child during a visit.
Relationship between professional/supervisor and parent	"You need consistent staff so they know that parent, they know that family, so they'll know what's normal and what isn't for that family" (Care Leaver) “Really honest conversations just make the whole experience easier” (Supervisor)	3. It’s important to have a consistent supervisor who know the family and can pick up on cues when something isn't right. 4. The supervisor being open, honest and direct with parents during visits is important.
Relationship between parent and foster carer	“As soon as I saw like the foster carer that helped, because every time I had contact, I knew it would be those people” (Parent) “My dad was always able to come and collect me initially when I was in my first foster home. They had quite a good relationship” (Care Leaver)	5. It’s important to have a good relationship between birth parents and foster carers and for foster carers to encourage the child's relationship with birth parent. 6. Foster carers can be important in helping create a good contact visit for the child.
Relationship between child and professionals	“Sometimes a child will choose to sit right next to you and cuddle you in front of their parents and be prepared for those feelings where you're thinking this is really awkward” (Supervisor) "I didn’t really have any affinity with my social workers up until I was like 18 or 19. I didn’t really lean on any of them" (Care Leaver)	7. Contact is difficult when the child shows a better relationship to the contact worker than the parent. 8. Contact is difficult when the child has a poor relationship with the social worker.

Theme 2: Scaffolding contact		
Sub-themes	Example quotes	Statements

Supporting the parent	“The foster carer used to say look this is what I do to calm her down and everything. I just done what they said sort of thing” (Parent) "I remember she turned up with like black eyes and all that, she looked a bit you know... rough's the wrong word... and I just think they should have screened it better in my opinion, because it's not good for me to see that" (Care Leaver)	9. It can be helpful for the supervisor to support the parent to put in boundaries or respond appropriately to their child during the visit if needed. 10. It is important that the supervisor has screened the parent to check they are in an appropriate state for contact, e.g. under the influence of alcohol/drugs, no visible bruises.
Supervisor’s level of involvement in visits	"As a supporting adult, you need to know whether it's your place to be stepping in, or whether you should be stepping back so that you're allowing the parent to take a lead" (Supervisor) “Look for natural opportunities to facilitate conversations that might be therapeutic in that sense and promote understanding for the parent and the child” (Supervisor)	11. It is important for the supervisor to stand back and allow the parent and child space during the contact. 12. It is useful for the supervisor to find ways to create helpful conversation between the parent and child during contact.
Professional awareness/attuning to the child/parent	“They could see when we were getting distressed or whatever and then they'd you know make an excuse or whatever to get us to finish the contact” (Care Leaver)	13. In difficult contact, it is important for the supervisor to recognise the child's distress and terminate contact if necessary.
Preparing for contact	"I think part of the conversation before the contact with the family support worker was planning with mum, okay, are you going to bring an activity or shall I set up something and then there was an agreement beforehand about what was going to happen" (Supervisor) it’s essential to pre-plan and prepare, so if you just turn up and you don’t know anything particularly about the child, or don’t know anything about the family you’re at a disadvantage straight away, so you need to be… have that knowledge of that child and family” (Supervisor)	14. It is important for the supervisor to talk to the child before contact to discuss any worries they may have. 15. It is helpful for the supervisor to plan with the parent what they will do with the child during the contact. 16. It is important for the supervisor to have some knowledge of the family before contact to help support the visit.

Theme 3: Experiences of contact		
Sub-themes	Example quotes	Statements
Experience of contact for younger children	"It was more upsetting when I was younger, then as I got older… maybe cos you come to terms with it" (Care Leaver)	17. Contact is more difficult emotionally for younger children and they have less understanding of the situation.
Expressed feelings of child during visit	“When I was older it was obviously the worrying about leaving her and having an understanding of what was going on” (Care Leaver)	18. Contact is difficult when the child is worried about the wellbeing of the parent and whether contact might be stopped as a result of this.

Experience of contact for older children	"Well I think when I was 14 it was more when I want… you know the social worker would get me more of a view of I could make that decision how often I wanted it" (Care Leaver)	19. Older children are more able to make their own choices around contact arrangements and whether they want to continue with contact.
Expressed feelings of parents during visit	"I think you know if your child looks tired, or poorly, or snotty, or dirty, I think those things really negatively affect it because obviously it's not a situation that you would want for your child at all" (Parent)	20. It is helpful for supervisors to provide parents with an explanation or reassurance when their child has attends contact with marks or bruises or presents as unkempt.
	"It was very, very, difficult to try and regulate them as well as trying almost… you almost have to justify what you're doing to the supervisor" (Parent)	21. It is important for the supervisor to help the family to feel at ease during contact so that the family do not feel as though their every move is being watched and judged.

Theme 4: Practicalities of contact		
Sub-themes	Example quotes	Statements
Content of contact	"Having an activity to do and being able to do something or going to the park and having a picnic in the park is helpful" (Supervisor)	22. Having a planned activity or focus for the visit helps the contact to go well.
	"I think sometimes the contacts where the parents are just coming to the house is important, it's a bit more free time they're really important because they're when you just act natural, and you know you're just having like normal conversations and you have the opportunity to have more difficult conversations" (Supervisor)	23. Contact without a planned activity is helpful as it provides an opportunity for some of those more difficult conversations to take place between the parent and child.
Documentation of visits	"They say like just act slightly normal but you can't can you when somebody's just sat in the corner of the room writing everything down, writing all your conversations down, what's being said, what we're eating, if she's got suitable food for us, if we're eating too many sweets and things like that, it's just a bit intrusive" (Care Leaver)	24. It is helpful for the supervisor to write notes up after the visit rather than during as this can feel intrusive for the family.
	"I think the most important thing is for me is that it's properly documented and more pictures, I think you lose that much memories" (Care Leaver)	25. Well documented notes with pictures are helpful for other professionals to view and also for the child to look back on and provide a sense of belonging.
Appropriateness of venue	"It's just not thought out, and you talk about replicating their past time. Like when you go into this cold, depleted room that yeah, perfectly resembles probably the house or room that they were brought up in, it's just… and they're seeing their family" (Supervisor)	26. A natural environment for contact such as a house setting helps the contact to feel less forced and more relaxed.
		27. It is important for contact centres to be well-facilitated with age-appropriate, working toys, in a well decorated and clean environment.

	"The house is neutral because it's not in a family home, but it's got Xboxes, it's got toys of all ages, it's got a kitchen, it's got backyard It's got all that stuff, it's just a more natural environment" (Care Leaver)	
Frequency and length of visits	"The more frequent the contact, the easier it was to just talk about things" (Care Leaver) "Length of visits should have flexibility to be adjusted to suit the needs of the family" (Supervisor)	28. It is important to keep contact visits frequent otherwise the relationship between parent and child becomes distant and awkward. 29. Social workers should be flexible with the length of visits and base this on the individual family's needs.
Location	"I think location is really important and I think you have to bear in mind as well that children may have had experiences in particular locations" (Supervisor)	30. It is important to consider the location of contact as it could be somewhere that the child associates with difficult past experiences.
Contact in the community	"The supervisor will sit with us and eat with us, they will do that because they've been invited to. Do you know what I mean… we look like just a normal family going out" (Parent)	31. During contact in the community, it is important for the supervisor to blend in with the family and join in with activities to help the family feel more relaxed.
Logistics of contact visits	"I would see her for the second hour, and then mum would see her in the first hour and I think that's a bit too much like in the day to be honest and every time they kept on saying to me she's unsettled. I said now I'm meant to sit with her and it's like quite uncomfortable" (Parent) "Any time it was missed, they did make it up but sometimes it was just a bit of a mission to get it made up but I don't know whether that was… sometimes it was like they were being awkward" (Parent)	32. There should be an adequate amount of time between individual visits with the child and each parent to allow the child time to settle. 33. It is important for supervisors to provide parents with as much forward notice as possible if contact is cancelled or rearranged and support parents to get that time back quickly.
Boundaries of contact	"We're not allowed to say to the kids like you know that we're waiting for the day that you come home" (Parent)	34. It is important for the parent and supervisor to agree on what the parent can discuss with the child during contact with regards to the child returning home in the future.

Theme 5: Child/family interactions in contact		
Sub-themes	Example quotes	Statements
Parent not engaged in contact	"It was always about her needs, not ours, and we were always second best to drugs or guys and booze and all that so" (Care Leaver) "My dad had a bit of a rough time and fell out with his own… keeping up with the social services and all the scheduling and stuff" (Care Leaver)	35. Contact is positive when the parent is putting the child's needs first and fully engaging with them. 36. It can be helpful for supervisors /professionals to support parents to keep to contact schedules as their lives may be quite chaotic.

Parent's ability to respond appropriately to child	"In the middle of contact he would just stop talking and he would sit there with a face like thunder, and there was nothing that me or mum could do to get him to talk again and he obviously looked really upset and I think in those moments it is very noticeable that mum was silent and she had no clue what to do" (Supervisor)	37. In difficult contact, the parent is less able to respond appropriately to the child, particularly if the child is expressing negative feelings and/or behaviours.
Parent level of awareness and attunement to child	"If she started getting a bit like restless, I would always pick her up and take her to the window and that, we look at the birds cos that's what she liked doing I noticed" (Parent)	38. In positive contact the parent has a level of awareness and can tune in to the child and how they are feeling.
Parent/carer bringing things for child	"I gave her toys, teddies, to make her feel more like she had her own things and she could smell her own scent and stuff. It was difficult letting her have those things" (Parent) "In the middle of this contact dad literally threw presents at him, just endless amounts of presents. So, it was just a very sort of like meaningless contact, it was just about toys and stuff" (Supervisor)	39. It is comforting for the child when parents bring familiar items/food/pictures from home to the contact visit. 40. Parents frequently bringing presents to contact can detract from meaningful visits with the child and can silence the child from expressing negative feelings.
Child's awareness and attuning to parent	"As soon as I walked in I could feel like her aura, it sounds weird that but like the atmosphere from her, I automatically knew if she was going to be in a good mood or a bad mood" (Care Leaver)	41. It is helpful for the supervisor to hold in mind that the child is often hyper aware of the parent's mood during contact and support the child with this where possible.
Child communicating feelings in contact	"He was communicating how upset he was by constantly doing what he was doing, by poking his sister, by pushing her and various different bits and pieces and she was doing it as well" (Supervisor)	42. It is important for the child to be able to express negative feelings during contact as well as positive feelings. This may be directly communicated verbally or through behaviours that can be understood and talked about.
Involvement of siblings and extended family in contact	"I think the good visits were when my nan came, two of my aunties and four of my cousins. That felt a bit more like family time" (Care Leaver) "I think it's good sometimes not to have the parents there just to have sibling contact, it creates a different environment for them to talk about their shared experiences without the parents sat there perhaps feeling guilty for their part, or it sort of prevents them from talking about coming into care" (Supervisor) "For the older two, if they've had a full on day at school for example and then they have to sit in a room, you know they absolutely love seeing their little brother but it can be quite tiring for them, it's quite an intense period" (Parent)	43. Family contact with siblings present can help the child to feel less isolated and provides a sense of belonging and identity. 44. Contact where extended family also attend can help to replicate normal family life and also provides extra support for the parent and child.. 45. Contact can be tricky for parents when they are having to manage the emotions of different siblings all at once.

Saying goodbye during contact	"Saying goodbye to his mum was so painful. We came up with a plan of exactly what would happen where he would say goodbye to her, so even coming into the hallway, he used to say goodbye in the room that he was in so that he couldn't physically see mum, which over time he didn't do anymore" (Supervisor)	46. It is important for the supervisor to support the parent and child with goodbyes at the end of contact as this can be very difficult.
Indicators of positive contact	"Laughing, giggling, jumping, excitement, sitting on my knee, being loving, she always used to tell me that she loved me" (Parent) "But they used to put that in… it was under grey area. To me that's not… that shouldn't have been put in a grey area. To me that's a positive thing that you're expressing worry about where your child is and if they're gonna come to contact" (Parent)	47. In positive contact the child is expressing their excitement and happiness to see the parent and engage with them. 48. A parent expressing negative feelings or concerns to the supervisor/professionals does not always mean it is a difficult contact, these interactions could often be perceived as positive.
Indicators of negative contact	"You know some children do have really big Christmas contacts, but although from the outside you think oh isn't that lovely, that's gone really well, they all look great, they're all sharing presents, But it's not authentic" (Supervisor)	49. A difficult contact can look like it's going well on the surface but is not authentic. The parent and child may be glossing over difficult feelings.
Parent positively engaging during contact	"It's really important to let parents have a go I think like you say, they can only take that to a certain point. It's in the best interests of the child after all to not intervene" (Supervisor) "I think enthusiasm, like even if the parents don't always know the right things to say, which they don't because they're the things that they need help with. Enthusiasm that they're really pleased to see them and that they'd like to know what they've been up to, that they're looking at what they're doing and that they're interested in it" (Supervisor)	50. It is important for supervisors to give parents the chance to lead on the contact and support them when needed. 51. The parent may not always get it right in contact but if they are showing enthusiasm and trying then this is positive.
Child's needs from contact	"Teddy got to see some of his mum's failings, her limitations as a parent very clearly so there is… sometimes that risk that things are going to go wrong but actually sometimes there's a benefit, obviously the child doesn't see it, but it is actually… this is the reality, this is your parent's limitation" (Supervisor)	52. It can be helpful for the child to gain a realistic picture of their parents during contact, such as the parent's grip on the situation and their limitations.

Theme 6: Involving all in the contact process		
Sub-themes	Example quotes	Statements
Child's preferences for contact	"The courts just made a massive thing how I had to have mediation with my mum and the social services had to make it a massive effort that I made sure to go even though I didn't want to. Um so I think sometimes contact is sort of pushed upon young people, especially when they don't want to" (Care Leaver)	53. It is important to sit down with the child prior to contact and ask them who they do and don't want contact with. 54. It is important the contact is centred around the child.

	“Um probably sitting down with the young people before and actually saying who do they want contact with? Who don’t they want contact with?” (Care Leaver)	55. It is important for the child to feel like they have some control over the direction of contact.
Parent not feeling heard/respected by professionals	"I think maybe if they just treated us with a bit more respect and a bit more courtesy, and be a little bit more sensitive to the fact that you know, we are parents that have lost our children" (Parent)	56. It is important for the supervisor to listen to the parent's concerns and to treat them respectfully.
Information sharing with the child	"I didn’t really know any of the reasons while I was in care, so it made it really of a struggle to me to see my dad, who everyone got on with, who was a very soft and gentle man and yet why can’t I just live with him?" (Care Leaver)	57. It is important for the child to be given an age-appropriate explanation as to why they are in care to help them make sense of contact.
Involving the parent more	“I think that the times get dictated to you, so you know, you have to kind of just be reactive to everything rather than proactive” (Parent)	58. Parents would benefit from being able to plan contact visits such as timings and activities, rather than those decisions being made by professionals.
Time child has been in the care system	“What I find is after a year or so being here because of the input they've had, the children become more emotionally educated than their parents and you start to see this turning the screw on the parents and asking the question or cancelling things” (Supervisor)	59. Over time the child has a much better understanding of their situation and are more emotionally prepared to question their parents more and make their own decisions regarding contact.

Theme 7: External factors influencing contact		
Sub-themes	Example quotes	Statements
Language around contact	"I think that word itself is just so it's also a divisive word. It holds something for children if you say, oh you’re gonna see your sister, it’s much more relaxed than oh contact, you know it just feels clinical" (Supervisor)	60. Using the word "contact" feels divisive and unnatural for all involved in contact.
Context of family surrounding contact	“A lot of disclosures about how he was treated at home with um physical abuse in there and he started contact with his mum and step-dad almost immediately. Um so there was a lot in the room” (Supervisor)	61. Contact is often difficult when it takes place in the midst of allegations of abuse or neglect made against the parents.
Networking around child and family	“We didn't have knowledge of it, but carer had and hadn't shared it, so then we were sort of in this position where he’d almost been re-traumatised by going there you know so location’s massive” (Supervisor)	62. It is helpful for professionals in the child's network to communicate any know difficulties or triggers for the child and parent.

Round 2

Statements that reached "strong" levels of consensus between all participants at R2 are presented within the R2 results (Fenton et al., 2021). These statements were not included in the R3 questionnaire due to strong levels of consensus already being met but were retained for the final data analysis. These statements are presented by theme in Tables 6-11. There were nine statements in total that reached strong consensus among all participants in R2. Rates of agreement and disagreement are presented for each statement both overall and by individual group. Where there is a difference in consensus levels between individual groups and overall consensus, the individual group consensus is highlighted in bold. Statements where strong overall consensus is agreed but there is divergence between groups are described. Each theme is presented with example quotes to help elaborate on participant's perspectives. When discussing consensus levels, these are always in relation to levels of agreement as there were very low numbers consistently across statements for consensus relating to disagreement.

Theme 1: Quality of Relationships

Only one of the eight statements within this theme reached "strong" consensus at R2. Overall, participants agreed that a consistent supervisor who knows the family was important and could help to pick up on cues when something wasn't right.

"It is my experience that children thrive on routine and consistency." (Foster carer)

Table 6

R2 Consensus for Statements Relating to Quality of Relationships

Relationships: Strong consensus overall		Disagree (%)	Agree (%)
3. It's important to have a consistent supervisor who knows the family and can pick up on cues when something isn't right.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	96
	Foster carers	0	96
	Social workers	0	94
	Overall	0	96

Theme 2: Scaffolding Contact

Of the eight statements within this theme, two reached "strong" consensus at R2. Overall, participants agreed that it was important for the parent to be screened before contact to ensure appropriateness to see the child. Participants also agreed it was important for the supervisor to identify if a child was distressed in difficult contact and act accordingly.

"I agree the supervisor needs to be involved from a safeguarding point. Children should not be made to endure poor contacts for the gain of evidence" (Foster carer)

Table 7

R2 Consensus for Statements Relating to Scaffolding Contact

Scaffolding Contact: Strong consensus overall		Disagree (%)	Agree (%)
10. It is important that the supervisor has screened the parent to check they are in an appropriate state for contact, e.g. not under the influence of alcohol/drugs, or with visible bruises.	Care leavers	0	100
	Birth parents	0	100
	Supervisors	0	93
	Foster carers	0	96
	Social workers	0	94
	Overall	0	97

13. In a difficult contact, it is important for the supervisor to recognise the child's distress and terminate contact if necessary.	Care leavers	0	100
	Birth parents	0	80
	Supervisors	0	93
	Foster carers	0	96
	Social workers	0	100
	Overall	0	94

Theme 3: Experiences of Contact

There were no statements within this theme which reached "strong" consensus at R2.

Theme 4: Practicalities of Contact

Only one of the 13 statements within this theme reached "strong" consensus at R2. Overall, participants agreed that it was important for contact centres to be well facilitated, with age-appropriate toys in a well presented environment.

"I took my link child to contact centres, and these were very horrible places for contact and very unnatural, we moved these out in the community it was a much nicer environment." (Supervisor)

Table 8

R2 Consensus for Statements Relating to Practicalities of Contact

Practicalities of Contact: Strong consensus overall		Disagree (%)	Agree (%)
27. It is important for contact centres to be well-facilitated with age-appropriate, working toys, in a well decorated and clean environment.	Care leavers	0	88
	Birth parents	0	90
	Supervisors	0	100
	Foster carers	0	89
	Social workers	0	88
	Overall	0	92

Theme 5: Child/Families Interactions in Contact

Only one of the 18 statements within this theme reached "strong" consensus at R2. Overall, participants agreed that contact was identified as being positive when the parent was putting the child's needs first and was fully engaged with them.

"Success of contact should not only be down to how everyone reacted during the actual contact. Sometimes the impact positive or negative only becomes apparent over time." (Foster carer)

Table 9

R2 Consensus of Statements Relating to Child/Family Interactions in Contact

Child/Families Interactions in Contact: Strong consensus overall		Disagree (%)	Agree (%)
35. Contact is positive when the parent is putting the child's needs first and fully engaging with them.	Care leavers	0	100
	Birth parents	0	90
	Supervisors	0	96
	Foster carers	0	93
	Social workers	0	100
	Overall	0	96

Theme 6: Involving all in the Contact Process

Three of the 7 statements within this theme reached "strong" consensus at R2. Overall, participants agreed that it was important for contact to be centred around the child, that the supervisor listened to parents concerns and treated them respectfully, and for the child to be provided with an age-appropriate explanation as to why they were in care to help make sense of contact.

"For me the planning and decisions about contact should all have the child's needs at the centre first and foremost, purely because it's important for least disruption to their daily routine." (Parent)

Table 10

R2 Consensus for Statements Relating to Involving all in the Contact Process

Involving all in the Contact Process: Strong consensus overall		Disagree (%)	Agree (%)
54. It is important the contact is centred around the child.	Care leavers	0	100
	Birth parents	0	90
	Supervisors	0	96
	Foster carers	0	93
	Social workers	0	94
	Overall	0	94
56. It is important for the supervisor to listen to the parent's concerns and to treat them respectfully.	Care leavers	13	88
	Birth parents	0	90
	Supervisors	0	89
	Foster carers	0	89
	Social workers	0	100
	Overall	1	91
57. It is important for the child to be given an age-appropriate explanation as to why they are in care to help them make sense of contact.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	96
	Foster carers	0	100
	Social workers	0	100
	Overall	0	98

Theme 7: External Factors Influencing Contact

One of the statements within this theme reached "strong" consensus at R2. Overall, participants agreed that it was helpful for professionals within the child's network to be effectively communicating any known difficulties or triggers for the child.

"Preparation, communication and good working relationships are key to making the best of a rubbish situation for all involved." (Social worker)

Table 11

R2 Consensus for Statements Relating to External Factors Influencing Contact

External Factors Influencing Contact: Strong consensus overall		Disagree (%)	Agree (%)
62. It is helpful for professionals in the child's network to communicate any know difficulties or triggers for the child and parent.	Care leavers	0	100
	Birth parents	0	100
	Supervisors	0	93
	Foster carers	0	96
	Social workers	0	100
	Overall	0	97

Round 3

Of the 62 statements, the remaining 53 which did not reach consensus in R2 were included in the R3 questionnaire. The R3 questionnaire was sent to all participants who completed the R2 questionnaire. A 76% response rate was observed between R2 and R3. There were 68 participants in R3, of these, 17 participants changed their R2 to R3 responses. Changes in responses ranged from 2-26 statements among participants with a mean of 7.1 changes per participant. Across reviewed ratings, changes were made to 51 of the statements. The ranges from one participant changing a statement (statement 1) to six participants changing a statement (statement 44) with a mean of 2.86 participant changes per statement. Due to an acceptable response rate of 76% observed from participants from R2 to R3 (Sumsion, 1998) of which 25% changed their responses, it was decided not to include R2 data in the final analysis for those participants that did not take part in R3 as in other studies, which observed R3 results to be most accurate (Putnam et al., 1995; Seagle, 2001).

Therefore, data for 22 participants was lost at R3. The focus on R3 data is in keeping with the aim to encourage and explore consensus amongst participants once they have 'communicated' with each other.

The R3 results are presented by theme. Each theme is accompanied by a table which illustrates consensus between and within groups. In line with the research aims, only the statements that reached moderate or high consensus about good or poor practice between groups will be described and are presented in tables 12-18. The full results including areas where there was no consensus are given in Appendix AB. Where there is divergence in consensus levels between individual groups and overall consensus, the individual group consensus is highlighted in bold. Statements where strong overall consensus is agreed but divergence between groups, are described in the text. Each theme is presented with example quotes where these exist to help elaborate on participant's perspectives. When discussing consensus levels, these are always in relation to levels of agreement as there were no statements for consensus relating to disagreement. From the 53 remaining statements in R3, 30 reached "strong consensus" among all participants.

Theme 1: Quality of Relationships

"Strong" consensus was achieved across all participants for five of the seven remaining statements regarding the quality of relationships among various roles and how these impact upon contact. Although overall, participants agreed on statements 8, 5 and 2, there was some divergence within groups. Foster carers and social workers reached weak consensus around contact being difficult if the child had a poor relationship with the social worker. Supervisors reached moderate consensus around the importance of parents-foster

carer relationship. Care leavers also met moderate consensus that the parent and child should have a shared interest for contact.

"If the carer and parent can build good working relationships, this helps the child not only settle within the foster home, but also to rebuild/build relations with family" (Foster carer)

Table 12

R3 Consensus for Statements Relating to Quality of Relationships

Relationships: Strong consensus overall		Disagree (%)	Agree (%)
6. Foster carers can be important in helping create a good contact visit for the child.	Care leavers	0	100
	Birth parents	0	100
	Supervisors	0	100
	Foster carers	0	95
	Social workers	7	93
	Overall	1	97
4.The supervisor being open, honest and direct with parents during visits is important.	Care leavers	0	75
	Birth parents	0	100
	Supervisors	0	88
	Foster carers	0	90
	Social workers	0	100
	Overall	0	93
8. Contact is difficult when the child has a poor relationship with the social worker.	Care leavers	0	100
	Birth parents	11	78
	Supervisors	0	94
	Foster carers	15	**55**
	Social workers	7	**60**
	Overall	10	90
5. It's important to have a good relationship between birth parents and foster carers and for foster carers to encourage the child's relationship with birth parent.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	**69**
	Foster carers	5	90
	Social workers	13	80
	Overall	3	85
2. It's good to have a shared interest between the parent and child during the visit.	Care leavers	13	**63**
	Birth parents	0	89
	Supervisors	0	94
	Foster carers	5	80
	Social workers	7	93
	Overall	4	79

Relationships: Moderate consensus overall			
7. Contact is difficult when the child shows a better relationship to the contact worker than the parent.	Care leavers	0	**88**
	Birth parents	0	**89**
	Supervisors	6	**56**
	Foster carers	5	**70**
	Social workers	7	**53**
	Overall	4	**68**

Theme 2: Scaffolding Contact

Four of the remaining six statements within this theme achieved "strong" consensus across participants. Of these, only one was observed to show divergence within groups. The importance for supervisors to talk to children before contact met "moderate" consensus among parents and "weak" consensus among foster carers.

One statement regarding the usefulness of supervisor input during contact achieved "moderate" consensus across participants. However, there was some divergence observed between and within groups. Supervisors reached "strong" consensus, whereas foster carers reached a "lack" of consensus.

"I honestly don't feel like they (contact supervisors) need to get involved unless it's needed. as time with children are so precious to birth parents." (Parent)

Table 13

R3 Consensus for Statements Relating to Scaffolding Contact

Scaffolding Contact: Strong consensus overall	Disagree (%)	Agree (%)

16. It is important for the supervisor to have some knowledge of the family before contact to help support the visit.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	100
	Foster carers	5	85
	Social workers	0	100
	Overall	1	96
9. It can be helpful for the supervisor to support the parent to put in boundaries or respond appropriately to their child during the visit if needed.	Care leavers	0	88
	Birth parents	0	78
	Supervisors	0	94
	Foster carers	0	90
	Social workers	0	80
	Overall	12	88
11. It is important for the supervisor to stand back and allow the parent and child space during the contact.	Care leavers	0	100
	Birth parents	0	100
	Supervisors	0	88
	Foster carers	0	75
	Social workers	0	100
	Overall	0	78
14. It is important for the supervisor to talk to the child before contact to discuss any worries they may have.	Care leavers	0	100
	Birth parents	0	**67**
	Supervisors	0	94
	Foster carers	0	**60**
	Social workers	0	87
	Overall	0	78
Scaffolding Contact: Moderate consensus overall			
12. It is useful for the supervisor to find ways to create helpful conversations between the parent and child during contact.	Care leavers	0	100
	Birth parents	0	67
	Supervisors	0	94
	Foster carers	5	40
	Social workers	7	67
	Overall	3	69

Theme 3: Experiences of Contact

Three of the five remaining statements in this theme reached "strong" consensus among all participants. Within these, it was observed that two of the statements demonstrated divergence between groups. The helpfulness of supervisors providing parents with explanations or reassurance if the child attended contact presenting as unkempt, was met with "strong" consensus in every group except for parents who reached "moderate" consensus. Additionally, the idea that contact is difficult if the child is worried about the parent's

wellbeing only reached "moderate" consensus among foster carers and social workers. Older children making decisions for themselves around contact achieved "moderate" consensus among participants. However, supervisors reached "strong" consensus, whilst social workers achieved "weak" consensus.

"It's awful when you feel like every little move is being written down and you're scared of doing something wrong" (Parent)

Table 14

R3 Consensus for Statements Relating to Experiences of Contact

Experiences of Contact: Strong consensus overall		Disagree (%)	Agree (%)
21. It is important for the supervisor to help the family to feel at ease during contact so that the family do not feel as though their every move is being watched and judged.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	94
	Foster carers	0	95
	Social workers	0	100
	Overall	0	97
20. It is helpful for supervisors to provide parents with an explanation or reassurance when their child attends contact with marks or bruises or presents as unkempt.	Care leavers	0	88
	Birth parents	11	**67**
	Supervisors	0	88
	Foster carers	5	90
	Social workers	7	87
	Overall	3	88
18. Contact is difficult when the child is worried about the wellbeing of the parent and whether contact might be stopped as a result of this.	Care leavers	0	75
	Birth parents	0	79
	Supervisors	0	88
	Foster carers	5	**70**
	Social workers	7	**73**
	Overall	3	76
Experiences of Contact: Moderate consensus overall			
19. Older children are more able to make their own choices around contact arrangements and whether they want to continue with contact.	Care leavers	13	63
	Birth parents	11	67
	Supervisors	6	81
	Foster carers	5	70
	Social workers	7	60
	Overall	7	68

Theme 4: Practicalities of Contact

Six of the 12 statements within this theme achieved "strong" consensus across participants. Of these, within three statements, there was divergence between groups. Agreement on what parents can say in contact reached a "lack" of consensus among parents. All groups reached "strong" consensus around the helpfulness of supervisors writing up notes after visits and helpfulness of well documented notes with pictures apart from foster carers, who reached "moderate" consensus (24, 25). Four statements were observed to reach "moderate" consensus across participants. Divergence was found between and within groups for all of these statements.

"Some children really benefit from frequent contact whereas for other children this can be distressing. Similar for whether it should be structured or not. This works for some families and not for others." (Social worker)

Table 15

R3 Consensus for Statements Related to Practicalities of Contact

Practicalities of Contact: Strong consensus overall		Disagree (%)	Agree (%)
30. It is important to consider the location of contact as it could be somewhere that the child associates with difficult past experiences.	Care leavers	0	88
	Birth parents	0	89
	Supervisors	0	100
	Foster carers	0	95
	Social workers	0	100
	Overall	0	97
33. It is important for supervisors to provide parents with as much forward notice as possible if contact is cancelled or rearranged and support parents to get that time back quickly.	Care leavers	0	100
	Birth parents	0	100
	Supervisors	0	100
	Foster carers	0	85
	Social workers	0	93
	Overall	0	93

32. There should be an adequate amount of time between individual visits with the child and each parent to allow the child time to settle.	Care leavers	0	88
	Birth parents	0	78
	Supervisors	0	88
	Foster carers	0	85
	Social workers	0	80
	Overall	1	82
34. It is important for the parent and supervisor to agree on what the parent can discuss with the child during contact with regards to the child returning home in the future.	Care leavers	0	88
	Birth parents	22	**44**
	Supervisors	0	88
	Foster carers	5	85
	Social workers	0	93
	Overall	4	82
24. It is helpful for the supervisor to write notes up after the visit rather than during as this can feel intrusive for the family.	Care leavers	13	88
	Birth parents	0	89
	Supervisors	0	88
	Foster carers	0	**65**
	Social workers	0	80
	Overall	1	79
25. Well documented notes with pictures, are helpful for other professionals to view and also for the child to look back on and provide a sense of belonging.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	88
	Foster carers	0	**55**
	Social workers	0	87
	Overall	1	78
Practicalities of Contact: Moderate consensus overall			
22. Having a planned activity or focus for the visit helps the contact to go well.	Care leavers	0	50
	Birth parents	0	56
	Supervisors	0	88
	Foster carers	0	80
	Social workers	7	80
	Overall	1	74
26. A natural environment for contact such as a house setting helps the contact to feel less forced and more relaxed.	Care leavers	0	88
	Birth parents	0	89
	Supervisors	0	75
	Foster carers	0	60
	Social workers	0	73
	Overall	0	74
31. During contact in the community, it is important for the supervisor to blend in with the family and join in with activities to help the family feel more relaxed.	Care leavers	0	75
	Birth parents	0	78
	Supervisors	0	63
	Foster carers	0	65
	Social workers	7	80
	Overall	1	71
29. Social workers should be flexible with the length of visits and base this on the individual family's needs.	Care leavers	13	75
	Birth parents	0	100
	Supervisors	0	88
	Foster carers	5	55
	Social workers	13	67
	Overall	6	71

Theme 5: Child/Family Interactions in Contact

Of the 17 remaining statements within this theme, nine reached "strong" consensus overall. Of these, four statements were observed to show divergence between groups. For instance, the importance of the child being able to demonstrate negative feelings in contact reached only "moderate" agreement among parents, and difficulties for parents in contact managing multiple sibling emotions in one contact reached a "lack" of consensus among parents.

Six of the statements reached "moderate" consensus overall; divergence was observed both within and between groups. For instance, the helpfulness of children obtaining a realistic view of their parents' limitation in contact reached "strong" consensus within care leaver and supervisor groups but a "lack" of consensus among foster carers and social workers.

"Contact under difficult circumstances needs good planning and knowledge of the child. A supervisor who does not know or understand the child may struggle to facilitate it appropriately if unplanned." (Parent)

Table 16

R3 Consensus for Statements Related to Child/Family Interactions in Contact

Child/Family Interactions in Contact: Strong consensus overall		Disagree (%)	Agree (%)
42. It is important for the child to be able to express negative feelings during contact as well as positive feelings. This may be directly communicated verbally or through behaviours that can be understood and talked about.	Care leavers	0	100
	Birth parents	11	**67**
	Supervisors	0	94
	Foster carers	0	90
	Social workers	0	93
	Overall	0	94

50. It is important for supervisors to give parents the chance to lead on the contact and support them when needed.	Care leavers	0	88
	Birth parents	0	89
	Supervisors	0	100
	Foster carers	5	90
	Social workers	0	100
	Overall	0	94
46. It is important for the supervisor to support the parent and child with goodbyes at the end of contact as this can be very difficult.	Care leavers	0	100
	Birth parents	0	89
	Supervisors	0	100
	Foster carers	0	85
	Social workers	0	93
	Overall	0	93
41. It is helpful for the supervisor to hold in mind that the child is often hyper aware of the parent's mood during contact and should support the child with this where possible.	Care leavers	0	**63**
	Birth parents	11	78
	Supervisors	0	94
	Foster carers	0	90
	Social workers	7	93
	Overall	4	87
36. It can be helpful for supervisors/professionals to support parents to keep to contact schedules as their lives may be quite chaotic.	Care leavers	0	100
	Birth parents	0	100
	Supervisors	0	81
	Foster carers	5	75
	Social workers	0	87
	Overall	1	85
49. A difficult contact can look like it's going well on the surface but is not authentic. The parent and child may be glossing over difficult feelings.	Care leavers	0	100
	Birth parents	0	89
	Supervisors	0	94
	Foster carers	0	80
	Social workers	0	80
	Overall	1	85
51. The parent may not always get it right in contact but if they are showing enthusiasm and trying then this is positive.	Care leavers	0	88
	Birth parents	0	100
	Supervisors	0	94
	Foster carers	0	75
	Social workers	7	80
	Overall	1	85
45. Contact can be tricky for parents when they are having to manage the emotions of different siblings all at once.	Care leavers	0	75
	Birth parents	11	**44**
	Supervisors	0	94
	Foster carers	5	80
	Social workers	0	87
	Overall	1	81
43. Family contact with siblings present can help the child to feel less isolated and provides a sense of belonging and identity.	Care leavers	13	88
	Birth parents	11	78
	Supervisors	6	88
	Foster carers	0	**70**
	Social workers	0	**73**
	Overall	4	79
Child/Family Interactions in Contact: Moderate consensus overall			

38. In positive contact the parent has a level of awareness and can tune in to the child and how they are feeling.	Care leavers	0	63
	Birth parents	0	100
	Supervisors	0	75
	Foster carers	5	55
	Social workers	0	80
	Overall	1	72
40. Parents frequently bringing presents to contact can detract from meaningful visits with the child and can silence the child from expressing negative feelings	Care leavers	0	63
	Birth parents	11	67
	Supervisors	0	88
	Foster carers	0	80
	Social workers	7	60
	Overall	6	71
37. In difficult contacts, the parent is less able to respond appropriately to the child, particularly if the child is expressing negative feelings and/or behaviours.	Care leavers	0	63
	Birth parents	0	67
	Supervisors	0	69
	Foster carers	0	85
	Social workers	7	73
	Overall	3	69
47. In positive contact the child is expressing their excitement and happiness to see the parent and engage with them.	Care leavers	0	75
	Birth parents	0	89
	Supervisors	13	56
	Foster carers	0	75
	Social workers	0	67
	Overall	4	68
44. Contact where extended family also attend can help to replicate normal family life and also provides extra support for the parent and child.	Care leavers	13	75
	Birth parents	0	89
	Supervisors	13	75
	Foster carers	5	50
	Social workers	7	67
	Overall	7	68
52. It can be helpful for the child to gain a realistic picture of their parents during contact, such as the parent's grip on the situation and their limitations.	Care leavers	0	88
	Birth parents	11	67
	Supervisors	0	81
	Foster carers	5	45
	Social workers	0	47
	Overall	1	66

Theme 6: Involving All in Contact Process

Of the four remaining statements, three reached overall “strong” consensus. Within these, two statements were observed to show divergence in the parent group where “moderate” consensus was achieved for both. These statements related to the importance of asking the child whether they want to have contact, and the idea that over time, the child has

a much better understanding of the situation and is therefore, more equipped to make their own decisions regarding contact.

"I often felt the children's needs were way behind the parent's needs, the supervisor's schedule and whatever else." (Foster carer)

Table 17

R3 Consensus for Statements Related to Involving all in the Contact Process

Involving all in Contact Process: Strong consensus overall		Disagree (%)	Agree (%)
55. It is important for the child to feel like they have some control over the direction of contact.	Care leavers	0	100
	Birth parents	0	89
	Supervisors	0	88
	Foster carers	0	75
	Social workers	0	100
	Overall	0	90
53. It is important to sit down with the child prior to contact and ask them who they do and don't want contact with.	Care leavers	0	100
	Birth parents	0	**67**
	Supervisors	0	94
	Foster carers	0	75
	Social workers	0	87
	Overall	0	84
59. Over time the child has a much better understanding of their situation and are more emotionally prepared to question their parents more and make their own decisions regarding contact.	Care leavers	0	100
	Birth parents	0	**67**
	Supervisors	0	100
	Foster carers	5	**70**
	Social workers	0	**73**
	Overall	1	81

Theme 7: External Factors Influencing Contact

There were two remaining statements within this theme. The first statement about the impact of difficult family context on contact reached "strong" consensus overall and in most participant groups except for social workers who achieved "moderate" consensus.

"In our service it's now called family time and "contact" has been phased out." (Supervisor)

Table 18

R3 Consensus for Statements Related to External Factors Influencing Contact

External Factors Influencing Contact: Strong consensus overall		Disagree (%)	Agree (%)
61. Contact is often difficult when it takes place in the midst of allegations of abuse or neglect made against the parents.	Care leavers	0	100
	Birth parents	0	89
	Supervisors	0	100
	Foster carers	0	85
	Social workers	7	**67**
	Overall	1	87

Discussion

This Delphi study gained an understanding of all stakeholders' views about contact visits, including what helps to make a good quality contact visit and what can lead to poor quality contact. It also achieved consensus across groups regarding some of these issues. The findings are discussed in relation to important areas of between-groups consensus and relevant previous theoretical and empirical literature. Strengths and limitations of the study are discussed as well as implication for future research and clinical practice.

The Importance of Identity

There was strong agreement between groups of the importance of children having an age-appropriate explanation as to why they were in care to help them make sense of their situation within foster families/placements. This clarity has been found to help address confusion for children, and to understand their parent's capacity to care for them (Kenrick, 2010). This understanding can also be reinforced by the child gaining a realistic picture of the parent during contact. However, there was moderate consensus between groups around the helpfulness of these 'realistic' experiences despite care leavers and supervisors reaching strong agreement. This difference helpfully illustrates the contrasting positions held during contact, the care leaver and supervisor present within visits may view this as a protective factor. However, for social workers and foster carers who reached "weak" consensus there may be concerns regarding risk or witnessing child distress.

All groups agreed that contact with siblings was important for helping the child to obtain a sense of belonging and identity. Children in care recall life stories that often revolve around their siblings (Whiting & Lee, 2003) and separation and loss of a sibling can be akin to that of a parent (Harrison, 1999). These findings highlight the importance sibling contact can have on a child's sense of belonging and identity, particularly if the parent is unavailable. The importance of well documented notes with pictures was also thought to be important for children, providing a sense of belonging, highlighting a further aid for assisting children with identity formation.

Attachment Relationships

There was strong consensus between groups around the importance of positive parent interactions, such as fully engaging with children during visits. Consistent parent responsiveness to the child's needs such as reciprocity and containment help to develop positive attachments and lead to internal working models of attachment and caring relationships for the child (Egeland & Erickson, 1999). However, these positive interactions may prove difficult for parents who need support to engage-appropriately with the child, particularly if they are experiencing emotional difficulties themselves. The importance of supervisor support for the parent to help initiate boundaries and respond appropriately to the child was highlighted, as well as providing parents with the opportunity to lead, offering support where needed. Strong consensus was also reached between groups around supporting parents to keep contact schedules due to chaotic lifestyles. All these considerations support the work of Berry et al., (2007) who emphasised the importance of practical support and training for parents to enable them to develop and maintain attachment relationships.

Attachment and Separation

There was strong consensus among parents and care leavers about the importance of frequent contact to maintain the bond between parent and child as previously highlighted in the literature (Berg & Kelly, 2000). Interestingly, foster carers were unable to reach any consensus, which could be due to them bearing witness to the negative impact contact can have on children post-visit (Delgado et al., 2019). However, negative emotions following contact are not always indicative of poor quality contact and can be a result of separation from attachment figures (McAuley, 2004). The importance of foster carer input and a positive

relationship with the parent was highlighted for good quality contact, supporting the idea that nurturing and responsive foster carers can enable the child to bond with parents during contact (Shaffer, 2009). This could be due to the child developing a strong attachment to the foster carer enabling them to use the foster carer as a secure base to support and manage any tension arising from contact (Poulin, 1985). In turn, maintaining contact with parents can also help children to form secure attachments with foster carers (Goldsmith et al., 2004).

Power Dynamics

The relationship between parent and professionals is one of an unequal balance due to the power held by the professional, and parents are often left feeling disempowered due to their lack of input and exclusion from decision-making processes (Fernandez, 2013). There was agreement around supervisors listening to parent concerns and treating them respectfully, providing parents with notice of cancelled contact and offering flexibility around timing and length of visits. These considerations are likely to help parents feel as though their views are respected and considered. In addition, all groups strongly agreed that supervisors should be open, honest, and direct with parents during visits which might help parents to feel more relaxed during visits and supported rather than judged. Writing up notes up after the visit may also feel less intrusive for the family. The importance of the parent and supervisor agreeing on what parents can discuss with the child during contact was also highlighted. Parents have previously reported a degree of anxiety around the lack of expectations or rules regarding contact (Schofield & Ward, 2011), although for some, an awareness of topics to avoid may heighten parent anxiety and impact upon the quality of interactions with the child (Clare, 2012).

The Voice of the Child

Strong consensus was achieved across all groups relating to the importance of considering children's views around contact, despite children feeling unheard within the literature (Ofsted, 2019). All groups strongly agreed that it was important to ask the child who they wanted contact with and for children to feel that they have some control in decisions about contact. The child's lack of involvement in decision making has been found to be a major source of conflict between children and social workers (Munroe, 2001) and there was strong consensus that a poor relationship between the child and social worker impacted negatively on contact. Interestingly, social workers reached weak consensus around this topic perhaps suggesting some denial about the impact their role can have on contact.

The Role of the Supervisor

It was agreed that the supervisor should be able to pick up cues that the child is distressed and notice when contact isn't going well despite it appearing to be going well at a surface level, and good knowledge of the family was seen as vital for managing difficult dynamics. Supervisors, therefore, require a good degree of skill and specialist training to make accurate judgement around contact dynamics and the level of input required (Gibbs et al., 2006) as well as modelling positive parenting skills, non-judgmental encouragement, empathy, and active listening (Park, et al., 1997). There is a fine balance to be struck between support and constructive criticism (Triseliotis, 2010) but where families feel supported, this can allow for greater capacity to deal with difficult emotions and enable positive contact (Fernandez, 2013).

Strengths and Limitations

This appears to be the first study to explore all stakeholder's views around contact and went one step further to gain consensus around factors impacting on the quality of contact. This diversity of expertise allowed for more holistic, relevant conclusions, and the methodology improved validity around group consensus, reducing "groupthink" (Jorm, 2015). Strong between group consensus was reached for 65% of statements, allowing for inferences to be made on factors which improve the quality of contact for everyone rather than from one viewpoint. The use of an online survey for R2 and R3 encouraged participants to respond openly and honestly with balanced consideration and reduced the risk of social desirability bias (De Meyrick, 2003). However, the use of the Delphi methodology meant that much of the richer data captured in R1 was lost within the R2 survey and quantitative data was the focus for reported results. It is therefore, acknowledged that participant stories within the R1 interviews and focus groups were unfortunately not fully illustrated within the study.

A limitation of the study was the lack of service user consultation in the design of the R1 interview questions due to time restrictions. This would have provided a valuable alternative perspective on questioning which may have encouraged richer responses from participants. Importance was given to the voices of parents, care leavers and supervisors during R1 interviews which led to the development of the R2 and R3 survey. The lack of diverse professionals in R1 posed a limitation and important considerations may have been omitted. A further limitation was the lack of parents and care leavers recruited to the study. Despite multiple recruitment strategies, voluntary participants were lacking compared to professional groups which gained numbers more suitable for generalisability (Jorm, 2015). However, attrition rates were low suggesting considerable participant engagement (Gordon, 1994) and justified excluding R2 data from the final results. Online recruiting is subject to

response bias and so participants may not be fully representative of all those involved in contact - particularly with the small sample sizes of parents and care leavers. The lack of ethnic diversity within all groups is a further limitation, particularly as parents and children from minoritised groups tend to have worse outcomes within the care system and may have different experiences of contact and foster placements (Ince, 1998).

Research implications

In light of the limitations discussed, future research should aim to replicate this study with a larger sample of parents and children to increase generalisability of findings. Additionally, it would be important to replicate this study with purposive sampling of diverse groups of parents, care leavers and foster carers to understand some of the themes that might be important in consideration of ethnic, cultural and religious differences. (DFE, 2020). There may be additional challenges faced amongst these groups which are not highlighted within this study. It is also recommended that further studies conduct interviews/focus groups with foster carers and social worker at R1 to ensure all perspectives are reflected in the R2 statements and provide a full breadth of perspectives in the final results.

Although the Delphi method aims to achieve consensus, this does not indicate that the opinions gathered are "correct" (Hasson et al., 2000). However, this study has been able to identify important issues from the "experts" around issues relevant to the quality of contact. These areas could be explored in further detail through quantitative methodology. For example, the role of supervisor training on improving the attachment relationship between the parent and child could be explored with larger numbers of participants. Comparative studies around who supervises contact and the impact this has on the quality of contact would also be

of interest – particularly given the opinions expressed about foster carers and social worker roles during contact. Qualitative methodological approaches such as grounded theory (Glaser & Strauss, 1967). would allow for a deeper understanding of personal views and experiences of contact. It would also be helpful to explore divergence of views in more detail, to allow for an understanding of potential conflict between positions and why these may occur.

Clinical implications

Despite some of the limitations of this study, there were many suggestions for improving the quality of contact which gained strong consensus across all groups and therefore could inform future training and practice. Clinical psychologists are often employed as consultants within looked after children services and can help by encouraging evidence-based practice for social workers and foster carers. They may also be involved in individual work with children and can therefore help them make sense of some of their contact experiences. (Ironside, 2004). Clinical psychologists may also be able to use their knowledge of child development to make suggestions to the professional network of when and how children should be included in decisions about contact (Neil & Howe, 2004). A positive relationship between parents and professionals is important for enabling parents to feel more comfortable and less judged during contact. Clinical Psychologists are often involved in professional network meetings and may be able to enable a space where social workers, parents and foster carers are able to have transparent conversations where the parent and foster carers can feel heard and considered respectfully and expectations are agreed by consensus.

As well as involving psychological services, this study suggested that a regular space for children to have open and honest discussions with their social worker would be helpful and has been found to partially support children to address feelings of confusion and isolation about the past (Fitzgerald & Graham, 2011). In addition, where there is a breakdown in family contact, it would be important if sibling contact was maintained to support identity formation and a sense of belonging. Parent support was also considered in the context of the visit itself, with agreement that it was beneficial for parents to be offered encouragement and support within contact, there is a delicate balance to be found between offering support in a way that feels encouraging but also allows the parent to take the lead (Triseliotis, 2010). Appropriate training for supervisors, therefore, is advisable to maximise appropriate support for families during contact. Foster carers have the capacity to be a support for parents, however, they are often positioned as an advocate for the child, and this can be challenging to navigate. Given that a positive relationship between the parent and foster carer can help to improve the quality of contact, (Balsells et al., 2011), it is important that foster carers receive adequate support and training, so they have the capacity to support both the child, and where required, the parent.

Conclusion

Positive contact between looked after children and their birth parent is important to maintain and improve parent-child attachment relationships, particularly where family reunification is the long-term goal. If the contact is of good quality, it can produce positive outcomes for children, however, there is little understanding or agreement around what good quality contact looks like (Triseliotis, 2010). This Delphi study sought to explore the views and experiences of care leavers, parents, foster carers, supervisors, and social workers around what makes for good quality contact as well as identifying potential barriers. Given the

varying perspectives, the study then sought to achieve consensus between the different groups regarding important areas for future consideration. Participants suggestions for increased parent support and collaboration both around and during contact highlighted the need for joint working with external services and professionals to provide a holistic approach to supporting contact. The need for clear and transparent communication across all stakeholders may help to allow for improved working relationships and subsequent positive contact. Children would also benefit from age-appropriate input into decision making and information sharing throughout the contact process. Further research is needed to deepen our understandings of the working dynamics of contact between all parties involved in contact which may help with developing positive parent-child attachment relationships and positive outcomes.

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Appendices

Appendix A: Critical Appraisal Skills Programme (CASP) Appraisal Checklist for Qualitative Research

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Appendix B: Mixed Method Appraisal Tool (Version 18) (Hong et al., 2018)

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Appendix C: Quality Appraisal Table of Studies

Qualitative Appraisal Tool – Critical Appraisal Skills Programme (CASP) Checklist – Qualitative										
Study	**1. Was there a clear statement of the aims of the research?**	**2. Is a qualitative methodology appropriate?**	**3. Was the research design appropriate to address the aims of the research?**	**4. Was the recruitment strategy appropriate to the aims of the research?**	**5. Was the data collected in a way that addressed the research issue?**	**6. Has the relationship between researcher and participants been adequately considered?**	**7. Have ethical considerations been taken into consideration?**	**8. Was the data analysis sufficiently rigorous?**	**9. Is there a clear statement of findings?**	**10. How valuable is the research?**
1 Delgado et al., (2019)	Yes	Yes – exploratory study into the views of children, parents, foster carers and social workers related to family contact.	Yes – three focus groups – age specific for the children to provide opportunity to share views in a way that minimises the likelihood of distress or discomfort. Interviews with social workers, foster carers and	Yes – purposeful sampling – random selection of children from a pool of a purposeful sample – those who withdrew consent are mentioned.	Yes – Methods are clear, focus group content discussed in terms of precautions taken around discussing pre-care experiences. Focus group and interview questions not documented.	Can't tell – no discussion of researcher critically examining own role.	Yes – approved by Portuguese social services and ethics board at Polytechnic institute of Porto – information and consent to participants discussed.	Can't tell – description of data analysis is brief. Content analysis conducting using software programme.	Yes – themes relate to the original research question and are defined clearly. With some good conclusions drawn.	Yes - practice implications discussed in terms of suggestions for targeted support for parents and more focused interventions from the child's viewpoint including informing and involving them.
2 Fuentes et al., (2019)	Yes	Yes – exploratory study of subjective experiences of foster carers and social workers regarding the benefits and problems associated with contact.	Yes – focus groups were selected to gather and analyse views and opinions to enable shared concerns and ideas around visits.	Yes – purposeful sampling – good account of inclusion criteria	Yes – focus group process described in terms of location and timings (2 hours). Moderated by head of research and describe process of facilitating	Can't tell – no discussion of researcher critically examining own role.	Yes – authorisation sought for study from the CPS, fostering agencies and AFFA. Consent discussed. Study also approved by Ethics committee of the institution.	Yes – good description of how inductive thematic analysis was coded using four researchers. Themes were sent back to participants to	Yes – themes are accompanied by coded statements and are discussed in relation to the aims of the study.	Yes - practice implications discussed in terms of specific suggestions made for improving contact visits. Suggestions for further research are also provided such as including the views of birth families.

					group dynamics, although focus group questions are not disclosed.			confirm accuracy		
3 Haight et al., (2002)	Yes	Yes – exploratory study of subjective experiences of mothers, foster mothers and child welfare workers regarding the challenges of contact.	Yes – although the there is no discussion around the decision for semi-structured interviews, the design seems appropriate in relation to the study aims.	Yes – purposeful sampling, good explanation of sample selection and recruitment percentages provided.	Yes – good description of data collection: interview locations discussed, duration 1-2 hours and tape recorded. Interview content summarised.	Can't tell – no discussion of researcher critically examining own role.	Yes – information and consent discussed as well as discussions with participants during recruiting. No information given regarding ethical approval.	Yes – data analysis described. Use of 2 independent raters with details of agreement levels. Divergence of perspectives discussed.	Yes – themes are clearly outlined and discussed in turn. These are supported with quotes.	Yes – Each theme in turn is discussed in terms of practice implications. These implications are extensive and consider further support for mothers including who is best placed to support then and preparation for visits as well as post-visit issues.
4 Kiely et al., (2019)	Yes	Yes – exploratory study to understand the perceptions and experiences of fathers, supervisors and key-stakeholders of contact visits in Ireland.	Yes – design was discussed, due to sensitive nature of topic, interviews were chosen for fathers. Focus groups were chosen for staff and stakeholders to stimulate discussion.	Yes – purposeful sampling – good description of recruitment process and reasons for those that did not take part	Yes - -good description of data collection interviews/focus group in centre, 1 hour and audio recorded, Interview content described in detail.	Can't tell – no discussion of researchers critically examining own roles. They do mention that data from interviews and literature informed questions for focus groups	Yes – information and consent discussed prior to data collection. Ethical approval given by centre ethics committee and university of Cork.	Yes – data analysis adequately described. Themes were derived both deductively and inductively, these were then discussed and further developed	Yes – themes are clearly reported and whether they are from interviews or focus groups. Discussed in relation to original questions	Yes – there are several practice implications identified from the study in terms of a gender-sensitive approach and assessing contact. Limitations of study highlight recommendations for future research.
5 Larkins et al., (2015)	Yes	Yes – exploratory study to understand the strategies which children and their parents identify as key for good	Yes – although the there is no discussion around the decision for semi-structured interviews, the design seems appropriate in relation to the study aims.	Yes – purposeful sampling – reflection of the LA population and BAME groups – discussion around those that did not take part	Yes – a clear description of how interviews were conducted and recorded, lasting 20 mins – 2 hours, Interview content described	Can't tell – this was not discussed in the paper – also unclear who the interviewers were	Yes – consent and information giving discussed and ethical approval given by the university of central Lancashire and the association of directors of	Can't tell - themes were derived both deductively and inductively, but no more information on data analysis. Themes do	Yes – themes clearly reported and findings discussed in relation to the original research question	Yes – findings discussed in relation to future practice including best practice already taking place and barriers to facilitating good contact. Recommendations for future research are also made.

		contact to be achieved.					children's services	appear adequately supported with quotes		
6 Morrison et al., (2011)	Yes	Yes – exploratory research to gain the views of children, foster parents and child protection workers	Yes – the researcher justifies the use of semi-structured interviews and focus groups to explore different perspective regarding contact visits	Yes – purposeful sampling – process for selecting participants explained well as well as inclusion criteria	Yes – good summary of content of interviews and focus groups and description of how these took place – background description of interviewer provided	Can't tell – this was not discussed in the paper	Yes – adequate information given and details of consent sought from participants. Ethical approval received from University of Toronto and four child welfare agencies	Yes – constant comparing method used for analysis of data, negative cases also analysed – interviewer reviewed themes after analysis. Triangulation among differing positions also	Yes – findings are clearly reported by theme – triangulation mentioned. Results were linked back to previous research and the original research question.	Yes - Limitations of study discussed in relation to future research. Practice and research implications discussed around what could help promote positive contact and training needs for professionals.
8 Nesmith et al., (2017)	Yes	Yes – exploratory research to gain views and experiences of contact from parents, social workers and foster parents	Yes – a phenomenological approach to understand differing and subjective perspectives of the same experience i.e. contact visits	Yes – purposeful sampling – well described sample as well as detailed account of those who did not take part	Yes – Detailed account of data collection – interview questions, location, use of external interviewer	Yes – Employment of negative case analysis – a team of four reviewed the data – consensus had to be met across all four in order to reduce researcher bias	Yes – approval was sought from the county and university. Participation was voluntary and an informed consent process was undertaken. No information given on debriefing	Yes – detailed description of data analysis and how consensus was found among researchers regarding themes. Themes were then cross checked	Yes – findings described clearly	Yes – findings gave consideration to the varying perspectives and implications for future practice were discussed.
9 Garcia-Martin, (2019)	Yes	Yes – to gather parent views on contact	Yes	Yes – purposeful sampling through child protection agency. Sample is the	Yes – semi-structured interviews in a contact setting. Two main questions	Can't tell – there is no mention of this within the study	Can't tell – Although the author describes the process of obtaining consent, there is no information	Yes – process described adequately and how consensus was agreed	Yes – Findings are described clearly. Explorative study and so all content	Yes – implications for practice discussed from the perspective of parents.

				percentage of children in long-term foster care in the province with contact visits.	documented and recorded		regarding debriefing families. The research gained approval the ethics committee	among researchers.	reported and discussed in relation to original research question	
10 (Sen, 2010)	Yes	Yes – to gather the views and experiences of social workers around managing contact for LAC	Yes – semi-structure interviews and focus groups – purpose of focus groups was to go beyond research interview	Yes – purposeful and snowball sampling of social workers	Yes – although the process of interviewing participants is unclear in terms of how and whom conducted the interviews	Can't tell - there is no mention of this within the study	Yes – information on participant informed consent and approval gained from researcher's university	Can't tell – data analysis process very briefly described – although description of use of focus group following interviews to provide feedback on initial findings and develop themes	Yes – findings are described clearly – good use of focus group for triangulation if semi-structured interviews	Yes – implications for practice are discussed from social workers views around managing contact

Quantitative - Mixed Methods Appraisal Tool (MMAT) – Quantitative descriptive studies				
1.Is the sampling strategy relevant to address the research question?	**2. Is the sample representative of the target population?**	**3. Are the measurements appropriate?**	**4. Is the risk nonresponse bias low?**	**5. Is the statistical analysis appropriate to answer the research question?**
Yes – purposeful sample	Yes – 104 children in non-kinship foster care. (Male=56, Female=48). Mean age = 11. Although only 53% had contact with birth parents. Children pooled from 86 families consisting of foster mothers (N=86) and foster fathers (N=71) and social workers were corresponding case workers for child participants.	Partially - Evaluation of contact visits scale (3 versions) – created for the purpose of this study. Reported validity across all three versions: (Cronbach's alpha of 0.73-0.88). Affect scale – standardised measure with reported validity ranging from 0.73-0.93.	Can't tell – Although inclusion criteria is specified, it is unclear then how many children were approached and therefore available for participation outside of the 104 described. No known incentives offered.	Yes - analysis answers the research question

Mixed methods - Mixed Methods Appraisal Tool (MMAT) – Mixed methods studies
7

Moyers et al., (2006)				
1. Is there adequate rationale for using a mixed-methods design to address the research question?	**2. Are the different components of the study effectively integrated to answer the research question?**	**3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?**	**4. Are divergence and inconsistencies between quantitative and qualitative results adequately addressed?**	**5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?**
Partially - Although the reader can clearly see the benefits of a mixed methods approach, the authors do not provide adequate explanation for their choice of methodology.	Yes – qualitative data allows for the detailing of quantitative outcomes measured and is integrated well to create a coherent narrative in the results section. Three researchers use all the data to rate contact quality.	Yes – the reporting of quantitative outcomes is then elaborated on with qualitative interviews.	Yes – no divergence reported	Partially – the sample for the study is appropriate and generalisable although the methodology is questionable. Researchers compile all data to rate contact. There is no discussion as to how this is agreed or of researcher bias. They state standardised measures are used but it is unclear what these are. It is also unclear how qualitative data has been analysed but appears to be more content analysis. Interviews and data collection at two time points appears extremely beneficial.

Appendix D: Extract of Part A Coding, Subthemes and Themes

Theme	Sub-theme	Position	Code
Practicalities of contact	Cancelled contact	Child	Child is distressed when contact is cancelled
			Child worries about parent when contact is cancelled
		Foster Carer	Child is distressed when contact is cancelled
			Parents can be unreliable with attending contact
			Contact needs to be cancelled if foster family have unexpected commitments
		Parent	Contact is cancelled If the child is unwell
			Contact is often cancelled with no explanation
			Cancelled contact is not rearranged in good time
			Parent does not always get back missed time with child due to unexpected cancelled visits
		Social Worker	Parents can be unreliable with attending contact
			Child is distressed when contact is cancelled
			Parents have requested more flexibility with contact arrangements to avoid cancelling visits

Appendix E: Institute of Integrated Systemic Therapy Ethical Approval Letter

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Appendix F: R1 Consent Form for Care Leavers

Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

Ethics approval number:
Version number:
Participant Identification number for this study:

CONSENT FORM FOR CARE LEAVERS

Title of Project: A Delphi study exploring possible factors which define the quality of contact for Looked After Children with their birth families.

Name of Researcher: Katie McDonnell

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have looked carefully at the information. I have been able to ask questions if needed and have had them answered well.	☐
2. I understand that taking part is voluntary and that I can leave at any time without giving any reason.	☐
3. I understand that information collected during the study may be looked at by the lead supervisor (Trish Joscelyne) I give permission for this person to have access to my information.	☐
4. I understand that the information I share will be confidential, unless the researcher is worried about my safety or the safety of others, then they may need to talk to other professionals.	☐
5. I agree to being audio recorded (if taking part in an interview).	☐
6. I agree that anonymous word for word quotes from the interview and other anonymous information such as my statement ratings may be used in published reports of the results of the study.	☐
7. I agree for my anonymous information to be used in further research studies.	☐
8. I agree to take part in the above study.	☐

Name of Participant_____ Date_____

Signature _____

Name of Person taking consent _____ Date_____

Signature _____

Appendix G: R1 Consent Form for Parents

Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

Ethics approval number:
Version number:
Participant Identification number for this study:

CONSENT FORM FOR PARENTS

Title of Project: A Delphi study exploring possible factors which define the quality of contact for Looked After Children with their birth families.
Name of Researcher: Katie McDonnell

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have looked carefully at the information. I have been able to ask questions if needed and have had them answered well. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐

3. I understand that data collected during the study may be looked at by the lead supervisor (Trish Joscelyne) I give permission for these individuals to have access to my data. ☐

4. I understand that the information I share will be confidential, unless the researcher is worried about my safety or the safety of others, then they may need to talk to other professionals. ☐

5. I agree to being audio recorded (if taking part in an interview). ☐

6. I agree that anonymous word for word quotations from the interview and other anonymous data such as statement ratings may be used in published reports of the study findings. ☐

7. I agree for my anonymous data to be used in further research studies. ☐

8. I agree to take part in the above study. ☐

Name of Participant_____ Date_____

Signature _____

Name of Person taking consent _____ Date_____

Signature _____

1

Appendix H: R1 Consent Form for Professionals

Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

Ethics approval number:
Version number:
Participant Identification number for this study:

CONSENT FORM FOR PROFESSIONALS

Title of Project: A Delphi study exploring possible factors which define the quality of contact for Looked After Children with their birth families.

Name of Researcher: Katie McDonnell

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have looked carefully at the information, I have been able to ask questions if needed and have had them answered well. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐

3. I understand that data collected during the study may be looked at by the lead supervisor (Trish Joscelyne) I give permission for these individuals to have access to my data. ☐

4. I understand that the information I share will be confidential, unless the researcher is worried about my safety or the safety of others, then they may need to talk to other professionals. ☐

5. I agree to being audio recorded (if taking part in a focus group) ☐

6. I agree that anonymous word for word quotations from the focus group and other anonymous data such as statement ratings may be used in published reports of the study findings ☐

7. I agree for my anonymous data to be used in further research studies ☐

8. I agree to take part in the above study. ☐

Name of Participant_____ Date_____

Signature _____

Name of Person taking consent _____ Date_____

Signature _____

Appendix I: R2 Online Consent Form for all Participants

CONSENT

- I confirm that I have read and understand the information sheet the above study.
- I understand that taking part is voluntary and that I can leave at any time without giving any reason for this. My legal rights would not be affected by this.
- I understand that anonymised information collected during the study may be looked at by individuals at Canterbury Christ Church University and at the Institute of Integrated Systemic Therapy. Where relevant, I give permission for these individuals to have access to this information.
- I understand that the information I share will be confidential, unless the researcher is worried about my safety or the safety of others, then they may need to talk to other professionals.
- I agree that anonymous quotes and my statement ratings may be used in the write-up of this study and in published reports of the results of the study. My name and any information that might identify me will not be used.
- I agree for my anonymous information to be used in further research studies.
- I understand that although my responses to the research are anonymous, if there are any concerns about my safety or the safety of others, the researcher will be obliged to share this information with relevant third parties within safeguarding policy guidelines.

By clicking the next button, you confirm that you have read and understood the information provided, that you are over 16 and you consent to take part in this study.

- Yes I am over 16 I have understood the above information, and consent to take part in this study

Appendix J: R1 Study Information Sheet Care Leaver

Information about the research for care leavers

Study title: A Delphi study exploring possible factors which define the quality of contact for Looked After Children with their birth families.

Hello. My name is Katie McDonnell and I am a trainee clinical psychologist at Canterbury Christ Church University. As part of my training I have to do some research. I would like to invite you to take part in this study. Before you make a decision, it is important that you understand why the research is being done and what it would involve for you. Talk to your friends or family about the study if you wish.

What is the research about?
When children are looked after by foster carers or in residential care, they will often have visits from their birth families. We want to understand what the things are about these visits that make them go well and not so well. You have been invited to take part in this study because you have been cared for by a foster carer or in residential care and have had visits with your birth family. We would really like for you to tell us your views on what made these visits go well or not so well.

Do I have to take part?
No, it is up to you. If you do want to take part I will ask you to sign a consent form.

What if I change my mind?
You are free to stop taking part at any time during the research without giving reason. If you do stop taking part in the study you can ask me to delete any information I have about you.

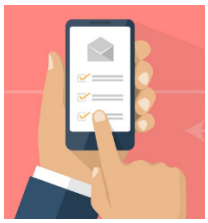
What will happen in if I take part?

There are three parts to this study, and you might start at part 1, or come in at part 2. It will be up to you.

Part 1
If you join the study for part 1, you will be asked to talk to me alone either in person or over the telephone for around 20 minutes. You will be asked what you think makes a contact visit with your birth family to be of good or poor quality based on your own experience. If you want to tell us about your experiences but don't want to be interviewed, you could answer some questions over email.

Part 2
If you don't want to be interviewed but still want to tell us a bit about your experiences, you could answer an online questionnaire. Part 2 will be an online questionnaire with short statements which have been put together from the information given in the interviews. For each statement all you have to do is decide how much you agree with it, based on your own experiences of contact visits with your birth family. If you did take part in an interview, we would really like you to complete the online questionnaire as well.

Part 3



Part 3 of the study will be another online questionnaire and will look very similar to the first one in part 2. You will see the same statements with the agreement ratings you gave. You will also be able to see how much everybody in the study agreed with each statement too. Once you have had a look at these, we will ask you if you still agree with the statements as much as you did before, or if you want to change your ratings.

- Before the interview and the online questionnaires, I will ask you to fill out a short form to tell me some basic information about yourself
- I can come to you for the interview, or you can come and meet me at our Childhood First office in Borough, or we can speak over the telephone.
- I am interested in what you think, there are no right or wrong answers
- I will use a digital recorder to record what we say, so I can listen back to it afterwards

How long will I be involved in the research?

- The interview will take no longer than 20 minutes
- Part 2 and part 3 questionnaires will take no longer than 15-20 minutes each
- If you are involved from interview stage all the way through to part 3, there will be gaps in between over around a 6 month period.

What are the good things about taking part?

The information you give us will help us to understand what makes a contact visit go well or not so well from a young person's view.

Are there any bad things about taking part?

I will be asking you about what parts of a family visit are important, what has gone well and not so well. This can be very upsetting to talk about and might result in you becoming upset or bring up bad memories for you. That may be OK for you, but if you think that you would not be able to cope, or do not have the support to cope with possible difficult feelings, then I suggest you choose not to take part with this research, or choose only to take part in parts 2 and 3. Please think about this before taking part. If you do take part, you do not have to talk about anything that you don't want to, and you can finish the interview at any time.

Will you tell anybody what I have said?

No, not unless you have asked me to. However, there are certain situations where I would need to talk to someone. Please read part 2 of the information sheet to find out more.

What will I get for taking part?

You will receive a £10 amazon voucher for taking part, and you will be reimbursed up to the value of £10 for your travel expenses. If you take part in parts 2 and 3 of the study, you can also choose to be entered into a prize draw to win one of four £25 amazon vouchers.

Part 2 of the information sheet

When would you need to tell someone else about something I have said in the group?

If you told me that you were going to harm yourself or someone else might be hurt, then I would need to talk to someone else about this to keep you and that person safe. However, I wouldn't need to tell them anything else you have said in the interview.

What will happen if I don't want to carry on with the study?
If you didn't want to be in the study anymore, I would still like to keep the information you have already shared. But if you ask me to, I could delete the whole interview and all your information.

How will you keep my information safe?
Any information with your personal details will be kept locked away. When I record the interview, I will store it on a special memory stick which uses "encryption" a really secure password that only I can open to play the files. I will type out the interview in words and I will use a "fake name" for you instead of your real one. I will also change the names of anyone you talk about or anything you say that might reveal who you are. If I have a lot of information, I may need to pay someone called a transcriber to help my type out the interviews. They will sign a confidentiality form so that your information is kept safe.

Two other people might ask to look at this written file without your real personal details. They are the research supervisors: Trish Joscelyne and Barbara O'Reilly. After 10 years all the information will be destroyed. You have the right to ask me to see all the information I have about you at any time. If you thought any information was wrong, you could change it.

What will happen to the results of the research study?
The results of the study be written into a report. The report can be read by anyone involved in the study. I may put quotes in from the interview, but your name will be changed and the details of anything you talked about so no one would know what you said. I will also send the report to be published in a journal. If this is accepted it will be available for other professionals to read. I will also send you a copy of the report.

Did anyone else check that this study is OK to do?
All research is looked at by an independent group of people, called a Research Ethics Committee. The Childhood First Research and University Ethics Committees have looked at all the information for this study and have said that it is OK to go ahead.

What if there is a problem?
If you have any problems during the study, please let me know. You can contact me using the information at the bottom of this sheet. If you wish to make a complaint you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology –fergal.jones@canterbury.ac.uk

Do you want some more help to make a decision?

Try talking this information sheet through with family, friends or a professional around you first. If you want to understand any details or you want to ask some more questions, please contact me Katie McDonnell, Trainee Clinical Psychologist. You can leave a message for me on a 24 hour voicemail phone line at 01227 927070. Please say that the message is for me, (Katie McDonnell) and leave a contact number so that I can get back to you.
Or you can email me: k.mcdonnell733@canterbury.ac.uk

Appendix K: R1 Study Information Sheet Parent

Information about the research for parents

Study title: A Delphi study exploring possible factors which define the quality of contact for Looked After Children with their birth families.

Hello. My name is Katie McDonnell and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide, it is important that you understand why the research is being done and what it would involve for you. Talk to others about the study if you wish.

What is the purpose of the study?
Looking at the quality of a family visit between a looked after child and their birth family can show us whether the contact has been helpful or difficult for the child. The aim of this study is to understand what you think is important in deciding what makes a good or poor quality family contact visit. This can provide a lot of information for professionals which can be used to recommend more or less contact in the future.

Why have I been invited?
There are lots of different people involved in a family contact visit. I am hoping to get lots of different views to see what people agree (or don't agree) about when they decide what makes for a good or poor quality visit. You have been invited to take part in this study because you have experience of family visits as a parent.

Do I have to take part?
It is up to you to decide whether to join the study. If you do, I will ask you to sign a consent form. You are free to change your mind at any time, without giving a reason. You can also ask that any information you have already given is withdrawn from the study.

What will happen in the study and how long will the research last?

There are three stages to this study:

Stage one:
If you join the study at stage 1, you will be asked to take part in a one to one interview either in person or over the telephone for around 20 minutes. You will be asked what you think has made contact visits with your child to be of good or poor quality based on your own experience. If you want to tell us about your experiences but don't want to be interviewed, you could answer some questions over email.

You will also be asked to fill out a short form to provide some basic information about yourself. The interview will be audio (voice) recorded. Your identity will remain anonymous, and any information that might identify you or anyone else will be taken out of the study.

Stage two:
If you don't want to be interviewed but still want to tell us a bit about your experiences, you could answer an online questionnaire. Stage 2 will be an online questionnaire with short statements which have been put together from the information given in the interviews. For each statement all you have to do is decide how much you agree with it. If you did take part

in an interview, we would really like you to complete the online questionnaire as well. This will take around 10-15 minutes to complete.

Stage three.
An online survey with the same statements shown in stage two will be sent to you by email or text. You will see the same statements with the agreement ratings you gave. You will also be able to see how much everybody in the study agreed with each statement too. You will then be asked if you want to change your rating or keep it the same. This will take around 15-20 minutes to complete.

How long will I be involved in the research?
If you are involved from stage one (interview) then the process of all three stages of the research will take around 6 months. If you are involved from stage two (first online survey), this will take around 2-3 months.

How often will I need to meet with the researcher?
The only time you would meet with me is during the interview if face to face. If you become involved in the study at a later stage and would still like to meet, please do contact me,

Expenses and payments
You will receive a £10 amazon voucher for taking part, and you will be reimbursed up to the value of £10 for your travel expenses. If you take part in parts 2 and 3 of the study, you can also choose to be entered into a prize draw to win one of four £25 amazon vouchers.

What are the possible disadvantages and risks of taking part?
We are aware that talking about your experiences of contact with your child can be very upsetting and may cause distress or bring up bad memories for you. That may be OK for you, but if you think that you would not be able to cope, or do not have the support to cope with possible difficult feelings, then I suggest you choose not to take part with this research, or choose only to take part in parts 2 and 3. Please think about this before taking part. If you do take part, you do not have to talk about anything that you don't want to, and you can finish the interview at any time. If you are feeling concerned or upset following the study, we will be available to talk you about this and let you know where you can get further support.

What are the possible benefits of taking part?
The information you give us will help us to understand from the parent's point of view, what makes a contact visit go well or not so well.

Will information from or about me from taking part in the study be kept confidential?
Yes, all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.

Part 2 of the information sheet

If the information in Part 1 has interested you and you are thinking about taking part, then please read the additional information in Part 2 before making a decision.

What will happen if I don't want to carry on with the study?
At any time during the study you have the right to withdraw. I will ask you if I can keep the information you have already given, but you can choose for this to be deleted if you wished.

What if there is a problem?
If you have any concerns, complaints, or have experienced any distress during the study, you can contact me, or my supervisor (see details below). We will talk to you about your concerns, and if we think further support is needed, this can be offered by another organisation.
Concerns and Complaints
You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me, Katie McDonnell and I will get back to you as soon as possible, or you can email me: k.mcdonnell733@canterbury.ac.uk

If you wish to make a complaint, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk

Will information from or about me from taking part in the study be kept confidential?
At the beginning of each stage of the study, you will be asked to fill in a form with some basic information about yourself. This information will be added with other people's information so that we do not show anything that might identify you. (For example, we might say that 20 men and 19 women took part in the focus groups). The interview will be audio recorded and we will use information from this along with other interviews to create statements for the next stage of the study. We will not use or report any information that would identify you or anyone else you have talked about. If I have a lot of information, I may need to pay someone called a transcriber to help me type out the interviews. They will sign a confidentiality form so that your information is kept safe.

During the study, authorised persons including myself and both of my supervisors will have access to all information given in the study. All information will be stored securely on an encrypted USB. Any written information stored will not identify you and will remain anonymised. Once the study is finished, all recordings will be destroyed securely. Anonymised data without your name on will be kept for 10 years and then destroyed securely.

The only time when I would have to pass on information from you to someone outside of the study, would be if you were to tell me something which caused me to become concerned about your safety or the safety of someone else. I would in the first instance discuss with my supervisor and/or the community or institute director at Childhood First.

What will happen to the results of the research study?
The results of the study will be shared widely for everyone involved. We may use anonymised quotes, but we will make sure that these quotes do not contain any information that will identify you or anyone that you might be talking about. The report may also be published in the Child and Family Social Work journal. I will send you a copy of the report once it is finished. You will not be identified in any report/publication.

Who is sponsoring and funding the research?
This research is being funded by Canterbury Christ Church University and supported by Childhood First.

Who has reviewed the study?
Before research can start it is judged for ethical issues by an independent group of people, called a Research Ethics Committee to protect your interests. This study has been reviewed and given favourable opinion by Childhood First Research Ethics Committee.

Further information and contact details:
If you would like more information about the project, or if you would like to talk about whether or not you want to take part then you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me, **Katie McDonnell,** and leave a contact number so that I can get back to you, or else you can email me directly at: k.mcdonnell733@canterbury.ac.uk

Alternatively, you can contact my supervisors, Trish Joscelyne on: 012279270168 email: trish.josceleyne@canterbury.ac.uk or Barbara O'Reilly on: 02079287388 email: boreilly@iist.org.uk

Please note: *You will be provided with a copy of this information sheet as well as a copy of your signed consent form to keep.*

Appendix L: R1 Study Information Sheet Professional

Information about the research for professionals

Study title: A Delphi study exploring possible factors which define the quality of contact for Looked After Children with their birth families.

Hello. My name is Katie McDonnell and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you. Talk to others about the study if you wish.

What is the purpose of the study?
Looking at the quality of a family visit between a looked after child and their birth family can show us whether the contact has been helpful or difficult for the child. The aim of this study is to understand what you think is important in deciding what is a good or poor quality family contact visit. This can provide a lot of information for professionals about children and families and can be used to recommend more or less contact in the future.

Why have I been invited?
As you know, there are lots of different people involved in a family contact visit. All of these people might have their own views about what makes a good or poor quality family contact visit. You have been invited to participate in this study because you have experience of being involved in family visits as a professional

Do I have to take part?
It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to change your mind at any time, without giving a reason. You can also ask that any information you have already given is also withdrawn from the study. However, if you have taken part in the focus group, I will ask you if I can keep what you have said up to that point in order to make sense of the discussion, but I will not include any of your quotes in the study.

What will happen in the study and how long will the research last?

There are three stages to this study:

Stage one:
If you enter into the study at stage one, you will be asked to take part in a focus group at the Childhood First offices. In the group you will be asked to share your experiences of being involved in family contact visits. The group will last for around 1-1.5 hours, and there will be around 6-8 other professionals with experience of family contact visits in the group with you.

At the beginning of the group you will also be asked to fill out a short form to provide some basic information about yourself. There will be time at the end of the group for any questions or concerns that you may have. The focus group will be audio (voice) recorded throughout. All the information from the recording will be looked at and turned into statements for the next stage of the study, however, your identity will remain anonymous, and any information that might identify you will be taken out of the study.

Stage two:
You will be sent an online survey by email or text. This will be made up of statements taken from the focus groups. You will be asked look at each statement and rate on a scale how much you agree. This will take around 10-15 minutes to complete.

Stage three.
An online survey with the same statements shown in stage two will be sent to you by email or text. For each statement you will be shown your previous rating as well as the percentage that everyone else in the study agreed. You will then be asked if you want to change your rating or keep it the same. This will take around 15-20 minutes to complete.

How long will I be involved in the research?
If you are involved from stage one (focus group) then the process of all three stages of the research will take around 6 months. If you are involved from stage two (first online survey), this will take around 2-3 months.

How often will I need to meet with the researcher?
The only time you will meet with me (the researcher) is during the focus group. If you become involved in the study at a later stage and would still like to meet with me, please do contact me,

Expenses and payments
You will not be paid for taking part in this study however, your travel expenses will be reimbursed by Childhood First. You can also opt to be entered into a prize draw to win one of four £25 Amazon vouchers.

What are the possible disadvantages and risks of taking part?
We are aware that talking about your experiences of family contact can be difficult, and it is possible that you may become upset by this. We recommend that you look after yourself during the study and only talk about what you feel comfortable with. If you are feeling concerned or upset following the study, we will be available to talk you about this and let you know where you can get further support.

What are the possible benefits of taking part?
The information we get from this study will help to inform the way family contact is observed and recorded in the future.

What if there is a problem?
If you have any concerns, complaints or experience any distress during the study, please do contact me, Barbara O'Reilly, or Trish Joscelyne directly, where your concerns will be listened to and addressed. Details are included in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.

Part 2 of the information sheet

If the information in Part 1 has interested you and you are thinking about taking part, then please read the additional information in Part 2 before making a decision.

What will happen if I don't want to carry on with the study?

At any time during the study you have the right to withdraw. If you chose to withdraw, we would still like to use the information you have given up until that point. If you have already taken part in the focus group, I will ask you if I can keep your contributions to make sense of the talk between people, but I will not include any of your quotes in the study.

Information from the stage one focus group will inform what goes into the online survey for stage two. Therefore, it is important for you to know that should you decide to withdraw from the study at stage two, it would not be possible to take out the information you have already provided.

What if there is a problem?

If you have any concerns, complaints or have experienced any distress during the study, you can contact me, or if you prefer, my supervisors, Barbara O'Reilly or Trish Joscelyne (see details below). We will talk to you about your concerns, and if we think it is needed support can be offered by another organisation.

Concerns and Complaints

If you have any concerns about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me, Katie McDonnell and I will get back to you as soon as possible, or you can email me: k.mcdonnell733@canterbury.ac.uk

If you are still not happy and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology fergal.jones@canterbury.ac.uk

Will information from or about me from taking part in the study be kept confidential?

At the beginning of each stage of the study, you will be asked to fill in a form with some basic information about yourself. This information will be added to other people's information so that we will not show anything that might identify you. (For example we might say that 20 men and 19 women took part in the focus groups). We will not use or report any information that would identify you.

During the study, myself and both of my supervisors will have access to all information given in the study including the audio recording. All information will be stored securely on an encrypted USB. Any written information stored will not identify you and will remain anonymised. If I have a lot of information, I may need to pay someone called a transcriber to help my type out the information from the focus group. They will sign a confidentiality form so that your information is kept safe. Once the study is finished, all recordings will be destroyed securely. Anonymised data such as transcripts and questionnaires without your name on will be kept for 10 years and then destroyed securely.

The only time when I would have to pass on information from you to someone outside of the study, would be if you were to tell me something which caused me to become concerned about your safety or the safety of someone else. I would in the first instance discuss with my supervisor and/or the community or institute director at Childhood First.

What will happen to the results of the research study?

The results of the study will be shared widely for everyone involved. Results for individuals will not be reported however, the study may show anonymised quotes from the focus groups that may be later published. We will make sure that these quotes do not contain any information that will identify you or anyone that you might be talking about.

I aim to write up this study to be published in the Child and Family Social Work journal. I will also send you a copy of the report once it is finished. You will not be identified in any report/publication.

Who is sponsoring and funding the research?
This research is being funded by Canterbury Christ Church University and supported by Childhood First.

Who has reviewed the study?
Before research can start it is judged for ethical issues by an independent group of people, called a Research Ethics Committee to protect your interests. This study has been reviewed and given favourable opinion by Childhood First Research Ethics Committee.

Further information and contact details:
If you would like more information about the project, or if you would like to talk about whether or not you want to take part then you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me, **Katie McDonnell,** and leave a contact number so that I can get back to you, or else you can email me directly at: k.mcdonnell733@canterbury.ac.uk

Alternatively, you can contact my supervisors, Trish Joscelyne on: 012279270168 email: trish.joscelyne@canterbury.ac.uk or Barbara O'Reilly on: 02079287388 email: boreilly@iist.org.uk

Please note: *You will be provided with a copy of this information sheet as well as a copy of your signed consent form to keep.*

Appendix M: R2 Online Study Information Sheet all Participants

Welcome to Round 2 of the Delphi Study exploring good practice for positive contact visits between Looked After Children and their birth parents.

This survey closes on 22nd January 2021

Study information

Thank you for taking an interest in this study. My name is Katie McDonnell, and I am a trainee clinical psychologist at the Salomons Centre for Applied Psychology (Canterbury Christ Church University). I would like to invite you to take part in this research as part of my doctoral training. This research has been approved by The Institute of Integrated Systemic Therapy.

This research is looking at:

The views of care-leavers, birth families, contact supervisors, foster carers and social workers around what helps to make a positive contact visit between a looked after child and their birth parents/families.

What will the study involve?

This study aims to pull together the views of "experts" in a particular area using a method called Delphi. The "expert" opinions I am seeking in this case, are care-leavers, birth families, contact supervisors, foster carers and social workers who have had experience of contact visits between looked after children and their birth parents/families.

In this survey you will be asked to rate how much you agree or disagree with a number of statements. These statements are based on responses from interviews with care leavers and birth parent and a group of contact supervisors. At the end of each topic, there is a space for you to add any extra comments if you wish. To protect anonymity, please do not disclose anything that might identify yourself or others. This survey should take around 15-20 minutes to complete, you can leave it and return if you need to.

For the third and final round of this study, an online survey will be emailed to you (you will be allocated a participant number). The survey will be personalised for you based on your responses from this second-round survey. The third-round survey will be shorter and show only the statements that have the largest amount of agreement or disagreement among all participants. You will be able to see the overall level of agreement for each statement and can then choose to change your rating if you wish.

A thank you gift for your time:

After completing the second online survey, if you wish this, will be entered into a prize draw to win one of four £25 online shopping gift vouchers. Winners will be contacted by email.

To participate in this research:

- You must be aged 16 or over and confirm this on the form.
- If you are a care-leaver you must be aged between 16-25 years-old.
- You must have direct experience of contact visits between a looked after child and their birth family.

Feedback:

Once the study is complete, you can choose to be emailed a brief summary of the findings. The final report will be submitted for publication to an academic journal.

Confidentiality:

A participation number will be allocated to you. This will allow you to remain anonymous so that you will not be identified by anyone else except the Principle researcher during and after data collection. Your anonymous responses will be shared with other participants and included in the write up of the report. There will be no information that identifies you included or attached to the report. You have the right to withdraw yourself and any information you provide during the study before the report is written up. You do not have to give any reason for this.

Benefits and risks:

This study may include topics related to difficult experiences that you have had which might feel personally difficult or upsetting. Participants, however, have also reported positive benefits of sharing their thoughts with others from similar backgrounds. Taking part will also hopefully help professionals in the future in thinking about contact visits. Participation is voluntary and you have the right to withdraw at any time.

Appendix N: R3 Online Study Information Sheet all Participants

Welcome to Round 3 of the Delphi Study exploring good practice for positive contact visits between Looked After Children and their birth parents.

This survey closes at 12pm on Monday 8th February 2021

Upon completion of this final survey you will be entered into a prize drawer for 1 of 4 £25 Amazon vouchers.

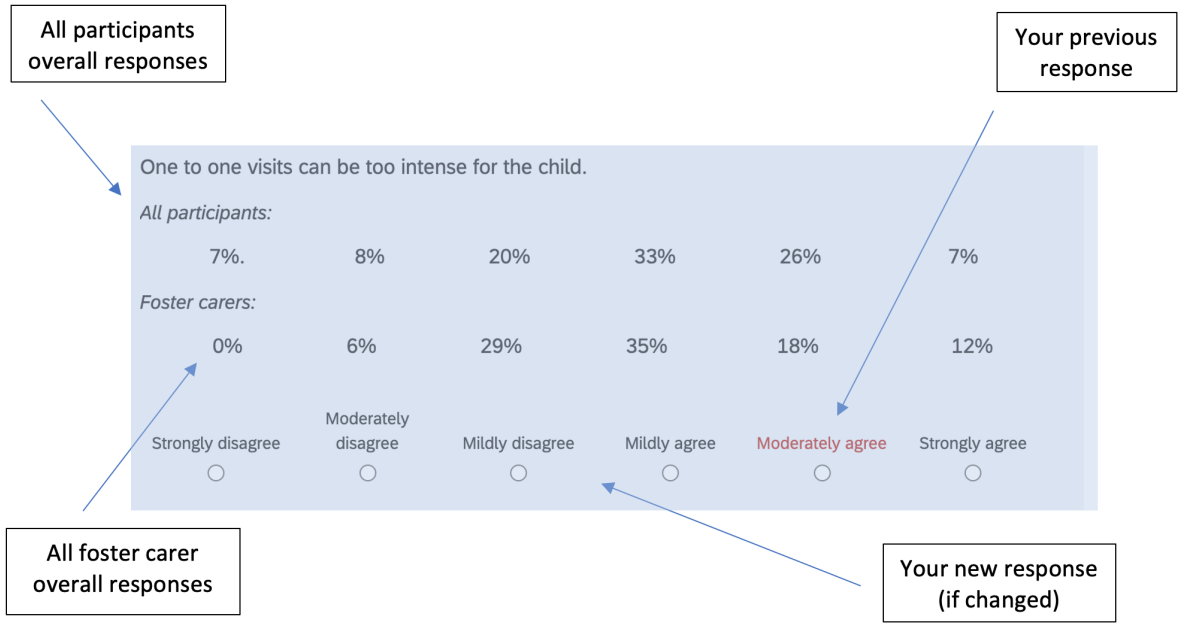
In this final round you will see the same statements that you saw in the previous round. This round has fewer statements because we haven't included statements where participants are already showing a high level of agreement.

With each statement *you will see that how you answered last time is shown in RED*. You will also see figures showing the overall responses of all participants as well as answers from foster carers only. We have also included some quotes that participants made in the last round as that might help you to understand other people's viewpoints.

This is your opportunity to read what others think and either change or keep your previous responses.

If you would like to **change** your rating, please select your new rating on the scale below for each statement. If you want to **keep** the same rating you gave in the previous round, please leave the boxes blank and move on to the next statement.

Example:



Remember, your ratings are meant to reflect how much the statements are true of your own experiences and opinions rather than what you may have heard from other people's experiences.

Appendix O: List of Helplines Offered to Parents and Care Leavers Following R1 Interviews

National support helplines

Parent support

Family Action – family line

- 0808 802 6666
- Text: 07537 404 282
- familyline@family-action.org.uk
- Mon-Fri, 9am to 3pm and 6pm to 9pm

Care leaver support

Family Action 020 7254 6251

Become Charity 0800 023 2033

Coram 0808 800 5792 – Advice and Advocacy

EOS – on twitter – support group

Appendix P: Debrief Provided to Participants Following R2 Online Survey

THANK YOU

Thank you for taking part in the second round of this study which aimed to understand the views of care-leavers, birth families, contact supervisors, foster carers and social workers around what helps to make a positive contact visit between a looked after child and their birth parents/families.

For the third and final round of this study, an online survey will be emailed to you (you will be allocated a participant number). The survey will be personalised to you based on your responses from this second-round survey. The third-round survey will be shorter and show only the statements that have the largest amount of agreement or disagreement among all participants. You will be able to see the overall level of agreement for each statement and can then choose to change your rating if you wish.

The hope is that this study will help people who work with looked after children and their birth families better understand the things that can help contact visits to go well so that they can support this in the future.

If you have any questions or comments regarding this study, please contact Katie McDonnell (lead researcher) at km733@canterbury.ac.uk. Or if you would like to make a complaint, please contact Dr Fergal Jones (clinical psychology programme research director) fergal.jones@canterbury.ac.uk

Thank you so much for your valuable contribution to this valuable area of research

If participation in this research has raised any concerns about the wellbeing of yourself or others, please make use of the resources below for help and support. You can also contact me by email at km733@canterbury.ac.uk for enquiries or more specific help or resources.

- Visit NHS Choices website at www.nhs.uk if you would like information on mental health difficulties and services available near you.
- Speak to your GP who can offer further advice support and make referrals to local services.
- Mental health charities including:

MIND: Tel: 0300 123 3393
www.mind.org.uk

SAMARITANS: Tel: 116123
www.samaritans.org

- For further support for parents of looked after children you can contact:

Family Action
Family line: 0808 802 6666
Text: 07537 404 282
Email: familyline@family-action.org.uk
Mon-Fri, 9am to 3pm and 6pm to 9pm

- For further support for care-leavers you can contact:

Family Action: Tel: 020 7254 6251

Become Charity: Tel: 0800 023 2033

Coram: Tel: 0808 800 5792 (advice and advocacy)

Appendix Q: Debrief Provided to Participants Following R2 Online Survey

THANK YOU!

Thank you for completing the final round of this study. Your contribution to research exploring what helps to make "good" contact between looked after children and their birth parents/relatives, is greatl

The hope is that this study will help people who work with looked after children and their birth families better understand the things that can help contact visits to go well so that they can support this in the future.

If you have any questions or comments regarding this study, please contact Katie McDonnell (lead researcher) at km733@canterbury.ac.uk. Or if you would like to make a complaint, please contact Dr Fergal Jones (clinical psychology programme research director) fergal.jones@canterbury.ac.uk

Many thanks for your valuable contribution to this important area of research.

(Prize draw winners will be contacted in due course).

Thank you so much for your valuable contribution to this valuable area of research

If participation in this research has raised any concerns about the wellbeing of yourself or others, please make use of the resources below for help and support. You can also contact me by email at km733@canterbury.ac.uk for enquiries or more specific help or resources.

- Visit NHS Choices website at www.nhs.uk if you would like information on mental health difficulties and services available near you.
- Speak to your GP who can offer further advice support and make referrals to local services.
- Mental health charities including:

MIND: Tel: 0300 123 3393
www.mind.org.uk

SAMARITANS: Tel: 116123
www.samaritans.org

- For further support for parents of looked after children you can contact:

Family Action
Family line: 0808 802 6666
Text: 07537 404 282
Email: familyline@family-action.org.uk
Mon-Fri, 9am to 3pm and 6pm to 9pm

- For further support for care-leavers you can contact:

Family Action: Tel: 020 7254 6251

Become Charity: Tel: 0800 023 2033

Coram: Tel: 0808 800 5792 (advice and advocacy)

Appendix R: Extract from Author's Research and Reflections Diary

23rd April 2020

Yesterday I interviewed my first care-leaver. I found myself feeling extremely sad as I listened to the story that unfolded. She spoke of her hurt around her parent's absence for many years and experiences of loss and neglect. I found myself wondering what circumstances would lead a parent to leave their child, exposing them to such a difficult and heart-breaking predicament. As a parent myself, I felt like my instincts were to protect my children at all costs and I did find it very difficult to hear the care leaver's experiences. In addition to this, my knowledge of the literature was that the child's voice is often unheard, and I recognised that I was feeling a strong sense of responsibility to accurately report care leaver's voices and represent them well within the study. I realised that I was definitely feeling a bias towards the care leavers and their experiences. I almost felt a responsibility to advocate on their behalf within the study to ensure their voices are heard. I had a meeting with my research supervisor this afternoon and shared my experiences of the interview as well as my concerns around where I was positioned as a researcher. My supervisor sympathised with my experience and reflected that it was normal response to hearing this young person's experiences. We reflected that this was my first interview and I would soon hear from the perspectives of other roles and this would likely help me to recognise the value of all positions. However, given the awareness we had around my response to the care leaver's interview. We agreed that it would be important to ensure that all perspectives were equally represented within the study, and we would continue to reflect on these biases in the data analysis and write up of the findings.

Appendix S: R1 Focus Group and Interview Schedules

Focus group interview schedule for professionals

Provide a definition of contact visits before beginning

Overarching question: What are your experiences of supervising a contact visit?

Experiences of good contact

- Tell me about your experience of a contact visit that you thought went well?
- Has anyone else had similar or different experiences where visits have gone well?
- In your opinion, what made it go well do you think?
- Prompts: what did you see? what did you notice?
- Was this different for different child age groups? E.g. pre-school age, pre-teens, and teenagers

Experiences of poor contact

- Now think about a visit that in your view didn't go so well. What did you notice about that visit?
- Has anyone had similar or different experiences of a poor contact visit?
- In your view, what did you all notice that made you think it hadn't gone well? What did you see?
- What does everyone else think? Is that similar or different to your experiences?
- Was this different for different child age groups? E.g. pre-school age, pre-teens, and teenagers

Communication

- Who is generally there at the visits?
- What is the communication like between the child/parent during the contact?
- In your opinion, what is it about the way that the child and parent are communicating (both unspoken and spoken) that you would notice in a good contact visit?
- What is the communication like between yourself and the parent during the contact?
- In your opinion, what is it about the way that yourself and the parent are communicating (both unspoken and spoken) that you would notice in a good contact visit?

Other factors

- Other than communication between the parent and child, in your opinion, what kinds of things do you think makes a difference between a good and bad contact visit?
- What about settings?
- What about visit lengths?
- What about the organisation?
- in your opinion, what kind of a structure do you think makes for a good contact visit?
- What kind of things in your view would make you stop a contact visit early?

Top tips for a good contact visit

- What would your top 5 tips be to someone new starting out in your profession that would in your opinion help a contact visit go well? What should they avoid?
- Does anyone have more tips they want to add or any they disagree with?

Interview schedule for parents

Provide a definition of contact visits before beginning

Overarching question: What are your experiences of attending a contact visit?

Experiences of good contact

- Can you think of a time that you remember where in your view you had a good contact visit with your child?
- In your opinion, what can you remember about the visit that you think made it a good visit?
- What did you notice about how you and your child talked or were together that meant it was a good visit? What would I have noticed if I had been a fly on the wall?
- How old was your child during the time you were attending contact visits?
- Was your experience of good contact visits different at the different ages of your child? E.g. pre-school, pre-teen, and teenage

Experience of poor contact

- Now can you remember a visit where in your opinion it didn't go so well that you are happy to share?
- In your opinion what was it about the visit that didn't go so well?
- Is there anything that in your view could have helped to make the visit go better that time?
- If I had been that fly on the wall, at that visit, what would I have noticed that was going on?
- Was your experience of not so good contact visits different at different ages of your child? E.g. pre-school, pre-teen, and teenage

Experience of the child

- Do you think in your view, your child knew it wasn't going well for you?
- In your opinion, could something have happened differently, or could anyone, including yourself, have done something differently?

Experience of professionals

- Were there any professionals there like a social worker?
- Do you think in your opinion they would have known if it wasn't going well for you?
- In your view, is there anything they could have done differently to make the visit go better?

Other factors

- What about the setting? or how long the contact was for? In your view would that have made a difference?

- Is there anything else that you think I should know about contact visits before we finish?

Interview schedule for children

Provide a definition of contact visits before beginning

Overarching question: What are your experiences of attending a contact visit?

Experiences of good contact

- Can you think of a time that you remember where in your view, you had a good contact visit with your parent/s?
- In your opinion, what can you remember about the visit that you think made it a good visit?
- What did you notice about how you and your parent talked or were together that meant it was a good visit? What would I have noticed if I had been a fly on the wall?
- How old was you during the time you were having contact visits?
- Was your experience of good contact visits different at different ages? E.g. pre-school, pre-teen, and teenage

Experience of poor contact

- Now can you remember a visit where it didn't go so well that you are happy to share?
- What was it about the visit that didn't go so well in your opinion?
- Is there anything that in your view could have helped to make the visit go better that time?
- If I had been that buzzing annoying fly on the wall, at that visit, what would I have noticed that was going on?
- Was your experience of not so good contact visits different at different ages? E.g. pre-school, pre-teen, and teenage

Experience of parents

- Do you think that your parent knew it wasn't going well for you?
- In your opinion, could they have done something differently?

Experience of professionals

- Were there any professionals there like a social worker?
- Do you think in your opinion they would have known that it wasn't going well for you?
- In your view, is there anything they could have done differently to make the visit go better?

Other factors

- What about the setting or how long the contact was for? In your view would that have made a difference?
- Is there anything else that you think I should know about contact visits before we finish?

Appendix T: R1 Demographics Sheet for all Participants

Demographic information sheet

Gender: Male Female Non-Binary

Age: 18-24 25-34 35-34 45-54 55-64 65-75 75+

Ethnicity:

White British	White Irish	White European
White Other	White and Black Carribean	White and Black African
White and Asian	Indian	Pakistani
Bangladeshi	Asian Other	Black Caribbean
Black African	Black British	Black Other
Chinese	Other (please describe)	

_____

Do you class yourself as having any of the following disabilities?

Communication	Learning	Mobility
Sensory	Other (please describe)	

_____

How long have you been involved with the care system?

0-2 years 2-5 years 5-10 years 10+ years

Appendix U: R2 Demographics Sheet for all Participants

Which gender do you identify with?

- Male
- Female
- Non-binary / third gender
- Prefer not to say

How old are you?

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

Which ethnicity do you identify with?

- White British
- White Irish
- White European
- White Other
- White & Black Caribbean
- White & Black African
- White & Asian
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Asian Other
- Black Caribbean
- Black African
- Black British
- Black Other
- Iranian
- Other (please specify)

What was the length in years of how long you were or have been involved in contact visits?

- 0-2 years
- 2-5 years
- 5-10 years
- 10+ years

Which view do you best represent?

- Care-leaver
- Parent
- Other birth family member
- Foster-carer
- Contact supervisor
- Social worker
- Other (please specify)

Appendix V: Extract of Themes, Sub-themes, Codes and Data Extracts

Theme	Subtheme	Code	Example of R1 data extracts
Scaffolding contact	Professional awareness/attuning to the child/parent	Staff recognising child's distress	"They could see when we were getting distressed or whatever and then they'd you know make an excuse or whatever to get us, to finish the contact." (Care leaver)
		Professional able to identify when a visit as gone well	"I remember leaving that day and feeling as though it had been something really different for him as opposed to the last time we had supported a contact." (Supervisor)
		Picking up on hidden meanings in how parent communicates	"I'm going to talk to you seriously about these things… but maybe that's just her way of communicating to let me know that she's okay with it. So, you know, you have to constantly be thinking about how you might read something, but it might be missed." (Supervisor)
		Child communicating needs to professionals though behaviour in contact	"She would be really violent to the female supporting adult in front of her mum and I think that was like a way of communicating look mum can't keep me safe, I don't want to go home and that was really difficult wasn't it." (Supervisor)
		Knowing parent's limitations are important for supervising contact well	"I think knowing the parent's or whoever it is, limitations can make you more aware of other things that might happen which could be dangerous." (Supervisor)
		Professional picking up on when parent is feeling uncomfortable	"When it was the social worker, they picked up on it. I think cos obviously they're professionals and they're trained in what to see and what to look for. They could pick up that I was… that maybe I was… not negative but that maybe I was a bit nervous around contact." (Parent)

Appendix W: Extract of Coded Transcript

This has been removed from the electronic copy

Appendix X: R2 Online Survey for all Participants

RELATIONSHIPS

"You need consistent staff so they know that parent, they know that family, so they'll know what's normal and what isn't for that family"

"I didn't really have any affinity with my social workers up until I was like 18 or 19. I didn't really lean on any of them"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1. One to one visits can be too intense for the child.	○	○	○	○	○	○
2. It's good to have a shared interest between the parent and child during the visit.	○	○	○	○	○	○
3. It's important to have a consistent supervisor who knows the family and can pick up on cues when something isn't right.	○	○	○	○	○	○
4. The supervisor being open, honest and direct with parents during visits is important.	○	○	○	○	○	○
5. It's important to have a good relationship between birth parents and foster carers and for foster carers to encourage the child's relationship with birth parent.	○	○	○	○	○	○
6. Foster carers can be important in helping create a good contact visit for the child.	○	○	○	○	○	○
7. Contact is difficult when the child shows a better relationship to the contact worker than the parent.	○	○	○	○	○	○
8. Contact is difficult when the child has a poor relationship with the social worker.	○	○	○	○	○	○

SCAFFOLDING CONTACT

"I remember she turned up with like black eyes and all that... and I just think they should have screened it better in my opinion, because it's not good for me to see that"

"As a supporting adult, you need to know whether it's your place to be stepping in, or whether you should be stepping back so that you're allowing the parent to take a lead"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
9. It can be helpful for the supervisor to support the parent to put in boundaries or respond appropriately to their child during the visit if needed.	○	○	○	○	○	○
10. It is important that the supervisor has screened the parent to check they are in an appropriate state for contact, e.g. not under the influence of alcohol/drugs, or with visible bruises.	○	○	○	○	○	○
11. It is important for the supervisor to stand back and allow the parent and child space during the contact.	○	○	○	○	○	○
12. It is useful for the supervisor to find ways to create helpful conversations between the parent and child during contact.	○	○	○	○	○	○
13. In a difficult contact, it is important for the supervisor to recognise the child's distress and terminate contact if necessary.	○	○	○	○	○	○
14. It is important for the supervisor to talk to the child before contact to discuss any worries they may have.	○	○	○	○	○	○
15. It is helpful for the supervisor to plan with the parent what they will do with the child during the contact.	○	○	○	○	○	○
16. It is important for the supervisor to have some knowledge of the family before contact to help support the visit.	○	○	○	○	○	○

EXPERIENCES OF CONTACT

"It was more upsetting when I was younger, then as I got older… maybe cos you come to terms with it"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly agree
17. Contact is more difficult emotionally for younger children and they have less understanding of the situation.	○	○	○	○	○	○
18. Contact is difficult when the child is worried about the wellbeing of the parent and whether contact might be stopped as a result of this.	○	○	○	○	○	○
19. Older children are more able to make their own choices around contact arrangements and whether they want to continue with contact.	○	○	○	○	○	○
20. It is helpful for supervisors to provide parents with an explanation or reassurance when their child attends contact with marks or bruises or presents as unkempt.	○	○	○	○	○	○
21. It is important for the supervisor to help the family to feel at ease during contact so that the family do not feel as though their every move is being watched and judged.	○	○	○	○	○	○

PRACTICALITIES OF CONTACT

"They say like just act slightly normal but you can't can you when somebody's just sat in the corner of the room writing everything down, writing all your conversations down, what's being said, what we're eating, if she's got suitable food for us, if we're eating too many sweets and things like that, it's just a bit intrusive"

"It's just not thought out, and you talk about replicating their past time. Like when you go into this cold, depleted room that yeah, perfectly resembles probably the house or room that they were brought up in, it's just… and they're seeing their family"

22. Having a planned activity or focus for the visit helps the contact to go well.

- ○ Strongly Disagree
- ○ Moderately Disagree
- ○ Mildly Disagree
- ○ Mildly Agree
- ○ Moderately Agree
- ○ Strongly Agree

23. Contact without a planned activity is helpful as it provides an opportunity for some of those more difficult conversations to take place between the parent and child.

24. It is helpful for the supervisor to write notes up after the visit rather than during as this can feel intrusive for the family.

25. Well documented notes with pictures, are helpful for other professionals to view and also for the child to look back on and provide a sense of belonging.

26. A natural environment for contact such as a house setting helps the contact to feel less forced and more relaxed.

27. It is important for contact centres to be well-facilitated with age appropriate, working toys, in a well decorated and clean environment.

28. It is important to keep contact visits frequent otherwise the relationship between parent and child becomes distant and awkward.

29. Social workers should be flexible with the length of visits and base this on the individual family's needs.

30. It is important to consider the location of contact as it could be somewhere that the child associates with difficult past experiences.

31. During contact in the community, it is important for the supervisor to blend in with the family and join in with activities to help the family feel more relaxed.

32. There should be an adequate amount of time between individual visits with the child and each parent to allow the child time to settle.

33. It is important for supervisors to provide parents with as much forward notice as possible if contact is cancelled or rearranged and support parents to get that time back quickly.

34. It is important for the parent and supervisor to agree on what the parent can discuss with the child during contact with regards to the child returning home in the future.

CHILD/FAMILY INTERACTIONS IN CONTACT

"When she went into foster care I gave her clothes, I gave her toys, teddies, to make her feel more like she had her own things and she could smell her own scent and stuff. It was difficult letting her have those things"

"As soon as I walked in I could feel like her aura, it sounds weird but like the atmosphere from her, I automatically knew if she was going to be in a good mood or a bad mood"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildy Agree	Moderately Agree	Strongly Agree
35. Contact is positive when the parent is putting the chiid's needs first and fully engaging with them.	○	○	○	○	○	○
36. It can be helpful for supervisors/professionals to support parents to keep to contact schedules as their lives may be quite chaotic.	○	○	○	○	○	○
37. In difficult contacts, the parent is less able to respond appropriately to the child, particularly if the child is expressing negative feelings and/or behaviours.	○	○	○	○	○	○
38. In positive contact the parent has a level of awareness and can tune in to the child and how they are feeling.	○	○	○	○	○	○
39. It is comforting for the child when parents bring familiar items/food/pictures from home to the contact visit.	○	○	○	○	○	○
40. Parents frequently bringing presents to contact can detract from meaningful visits with the child and can silence the child from expressing negative feelings	○	○	○	○	○	○
41. It is helpful for the supervisor to hold in mind that the child is often hyper aware of the parent's mood during contact and should support the child with this where possible.	○	○	○	○	○	○
42. It is important for the child to be able to express negative feelings during contact as well as positive feelings. This may be directly communicated verbally or through behaviours that can be understood and talked about.	○	○	○	○	○	○
43. Family contact with siblings present can help the child to feel less isolated and provides a sense of belonging and identity.	○	○	○	○	○	○
44. Contact where extended family also attend can help to replicate normal family life and also provides extra support for the parent and child.	○	○	○	○	○	○
45. Contact can be tricky for parents when they are having to manage the emotions of different siblings all at once.	○	○	○	○	○	○
46. It is important for the supervisor to support the parent and child with goodbyes at the end of contact as this can be very difficult.	○	○	○	○	○	○
47. In positive contact the child is expressing their excitement and happiness to see the parent and engage with them.	○	○	○	○	○	○
48. A parent expressing negative feelings or concerns to the supervisor/professionals does not always mean it is a difficult contact, these interactions could often be perceived as positive.	○	○	○	○	○	○
49. A difficult contact can look like it's going well on the surface but is not authentic. The parent and child may be glossing over difficult feelings.	○	○	○	○	○	○
50. It is important for supervisors to give parents the chance to lead on the contact and support them when needed.	○	○	○	○	○	○
51. The parent may not always get it right in contact but if they are showing enthusiasm and trying then this is positive.	○	○	○	○	○	○
52. It can be helpful for the child to gain a realistic picture of their parents during contact, such as the parent's grip on the situation and their limitations.	○	○	○	○	○	○

INVOLVING ALL IN CONTACT PROCESS

"I think maybe if they just treated us with a bit more respect and a bit more courtesy, and be a little bit more sensitive to the fact that you know, we are parents that have lost our children"

"I didn't really know any of the reasons while I was in care, so it made it really, a struggle to me to see my dad, who everyone got on with, who was a very soft and gentle man and yet why can't I just live with him?"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
53. It is important to sit down with the child prior to contact and ask them who they do and don't want contact with.	○	○	○	○	○	○
54. It is important the contact is centred around the child.	○	○	○	○	○	○
55. It is important for the child to feel like they have some control over the direction of contact.	○	○	○	○	○	○
56. It is important for the supervisor to listen to the parent's concerns and to treat them respectfully.	○	○	○	○	○	○
57. It is important for the child to be given an age appropriate explanation as to why they are in care to help them make sense of contact.	○	○	○	○	○	○
58. Parents would benefit from being able to plan contact visits such as timings and activities, rather than those decisions being made by professionals.	○	○	○	○	○	○
59. Over time the child has a much better understanding of their situation and are more emotionally prepared to question their parents more and make their own decisions regarding contact.	○	○	○	○	○	○

EXTERNAL FACTORS INFLUENCING CONTACT

"I think is that that word itself is just so it's also a divisive word. It doesn't… it holds something for children if you say, oh you're gonna see your sister, it's much more relaxed than oh contact, you know it just feels clinical"

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
60. Using the word "contact" feels divisive and unnatural for all involved in contact.	○	○	○	○	○	○
61. Contact is often difficult when it takes place in the midst of allegations of abuse or neglect made against the parents.	○	○	○	○	○	○
62. It is helpful for professionals in the child's network to communicate any know difficulties or triggers for the child and parent.	○	○	○	○	○	○

Appendix Y: R3 Anonymous Online Survey Example of a Parent Participant

RELATIONSHIPS

BIRTH PARENT/RELATIVES

"Consistency is key when it comes to building good, strong, positive relationships between families, children, young people, kinship guardians, foster carers etc. Everyone's feelings, hopes and expectations should be encouraged & accepted to ensure positive contact visits."

CONTACT SUPERVISORS

"It's important to have a good relationship between birth parents and foster carers and for foster carers to encourage the child's relationship with birth parent. I would use the word supporting rather than encouraging the relationship, as it is down to the child if they want a relationship or not."

"I feel the relationship shown by a care giver can influence the child strongly."

FOSTER CARERS

"It is a difficult area to fit nicely into one box or another. Each individual differs and there is a temptation to try to have a one size fits all solution."

"If the carer and parent can build good working relationships this helps the child not only settle within the foster home, but also to rebuild/build relations with family."

SOCIAL WORKERS

"The best contacts are when family, foster carers and social workers remember that the contact is for the child, and work together to make it a success, regardless of their emotions. Children pick up on the foster carers and social workers views of their parents. I think contact works best when foster carers are involved in positively promoting it, either in practical ways such as transport or if not possible, preparing activities etc."

One to one visits can be too intense for the child.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
7%.	8%	20%	33%	26%	7%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
20%	10%	10%	0%	50%	10%

It's good to have a shared interest between the parent and child during the visit.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
1%.	2%	2%	13%	39%	42%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%	0%	0%	10%	30%	60%

The supervisor being open, honest and direct with parents during visits is important

All participants:

0%.	0%	1%	7%	30%	62%

Birth parents:

0%	0%	0%	0%	20%	80%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It's important to have a good relationship between birth parents and foster carers and for foster carers to encourage the child's relationship with the birth parent.

All participants:

0%.	2%	2%	8%	30%	58%

Birth parents:

0%	0%	0%	0%	10%	90%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Foster carers can be important in helping create a good contact visit for the child.

All participants:

0%.	1%	0%	3%	29%	67%

Birth parents:

0%	0%	0%	0%	30%	70%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Contact is difficult when the child shows a better relationship to the contact worker than the parent

All participants:

0%.	6%	9%	18%	43%	24%

Birth parents:

0%	0%	0%	10%	50%	40%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Contact is difficult when the child has a poor relationship with the social worker.

All participants:

2%.	8%	14%	14%	37%	24%

Birth parents:

0%	10%	10%	0%	40%	40%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

If you would like to add any further comments regarding your answer please do so in the box below.

SCAFFOLDING CONTACT

CARE LEAVERS

“There were a number of contacts when I would become distressed and ask to leave only to be told that the contact had to be a certain length of time.”

BIRTH PARENTS/RELATIVES

“Working in partnership with all parties is a must to give the best possible chance of positive engagement."

CONTACT SUPERVISORS

“Depending on how far the family are in the court process can often dictate how much I would become involved and whether I would support/intervene or allow parents to problem solve themselves.”

FOSTER CARERS

“Contacts always seemed to go ahead regardless of the state of the child or the parent. Sometimes children experienced distress especially if parents were late, unfocused, or broke their promises. I really appreciated it when supervisors supported young inexperienced mums as it meant infants came back to me fed, clean and settled.”

SOCIAL WORKERS

“Ideally, contact supervisors would fade into the background during positive contacts. However, it is important to be realistic that some birth parents really struggle to manage behaviour, plan activities and make it a positive experience for the child. The most important thing is that this is a positive experience for the child.”

It can be helpful for the supervisor to support the parent to put in boundaries or respond appropriately to their child during the visit if needed.

All participants:

0%.	1%	0%	13%	44%	41%

Birth parents:

0%	10%	0%	10%	60%	20%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the supervisor to stand back and allow the parent and child space during the contact.

All participants:

0%.	2%	1%	10%	40%	47%

Birth parents:

0%	0%	0%	0%	20%	80%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is useful for the supervisor to find ways to create helpful conversations between parent and child during contact.

All participants:

0%.	2%	4%	21%	42%	30%

Birth parents:

0%	0%	0%	30%	50%	20%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the supervisor to talk to the child before contact to discuss any worried they may have.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%.	0%	4%	18%	27%	51%

Birth parents

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%	0%	10%	20%	20%	50%

It is helpful for the supervisor to plan with the parent what they will do with the child during the contact.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
2%.	4%	11%	22%	24%	36%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
10%	0%	10%	30%	10%	40%

It is important for the supervisor to have some knowledge of the family before contact to help support the visit.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%.	0%	1%	4%	28%	67%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%	0%	0%	0%	60%	40%

If you would like to add any further comments regarding your answer please do so in the box below.

EXPERIENCES OF CONTACT

CARE LEAVERS

"It should be the child's decision if they want contact or not. I was physically restrained and forced into a car to go to contact when I did not want to right up until the age of 12."

"I feel that contact can be emotionally difficult at any age."

BIRTH PARENTS/RELATIVES

"I think time spent together is difficult at any age. Age doesn't always bring understanding and even if the basic understanding is there, it may not bring peace or comfort."

"It's awful when you feel like every little move is being written down and you're scared of doing something wrong."

CONTACT SUPERVISORS

"I think children of any age are good at finding ways to let those around them know if they want to have contact or not."

"I think assuring parents you're not there to judge but to support them and what is right for their child cannot be underestimated."

FOSTER CARERS

"It is important that the contact worker has experience with the age group of the child they are with. Baby experience for example, being able to support birth parents as they navigate small babies and their needs."

Contact is more difficult emotionally for younger children and they have less understanding of the situation.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
6%.	9%	22%	24%	24%	14%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
20%	10%	10%	0%	20%	40%

Contact is difficult when the child is worried about the wellbeing of the parent and whether contact might be stopped as a result of this.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
1%.	1%	4%	14%	41%	38%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%	0%	0%	20%	50%	30%

Older children are more able to make their own choices around contact arrangements and whether they want to continue with contact.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
6%.	3%	4%	26%	32%	29%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
10%	0%	10%	10%	50%	20%

It is helpful for supervisors to provide parents with an explanation or reassurance when their child attends contact with marks or bruises or presents as unkempt

All participants:

0%.	2%	2%	16%	28%	52%

Birth parents:

0%	0%	0%	20%	30%	50%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the supervisor to help the family to feel at ease during contact so that the family do not feel as though their every move is being watched and judged.

All participants:

0%.	0%	1%	7%	26%	67%

Birth parents:

0%	0%	0%	0%	20%	80%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

If you would like to add any further comments regarding your answer please do so in the box below.

PRACTICALITIES OF CONTACT

CARE LEAVERS

"My mum would also ask too many questions, and no one said anything so she would usually always cry about what had happened which wasn't helpful."

BIRTH PARENTS/RELATIVES

"Notes need to be agreed by the parent also as they may not be accurate - the parent likely knows the child best and whilst notes may be required, they must give a balanced view."

CONTACT SUPERVISORS

"I took my link child to contact centres and these were very horrible places for contact and very unnatural, we moved these out in the community and was a much nicer environment for the child and parent."

FOSTER CARERS

"It is also important to give the foster carer and child notice if contact is cancelled or disrupted, too often I drove a child to a contact that never happened."

"I strongly believe social workers and contact workers should hide their ID badges when out in the community. It can cause embarrassment to both child and parent."

SOCIAL WORKERS

"I think that early contacts need to be more closely managed and also recorded. Trust needs to be built up so that the goal of contact being more naturalistic and can be worked towards over time."

Having a planned activity or focus for the visit helps the contact to go well.

All participants:

1%.	1%	2%	20%	40%	36%

Birth parents:

10%	0%	0%	30%	40%	20%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Contact without a planned activity is helpful as it provides an opportunity for some of those more difficult conversations to take place between the parent and child.

All participants:

1%.	8%	9%	38%	37%	8%

Birth parents:

0%	0%	0%	0%	50%	50%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is helpful for the supervisor to write notes up after the visit rather than during as this can feel intrusive for the family.

All participants:

2%.	1%	10%	11%	36%	40%

Birth parents:

10%	0%	10%	0%	30%	50%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Well documented notes with pictures, are helpful for other professionals to view and also for the child to look back on and provide a sense of belonging.

All participants:

0%.	1%	4%	14%	29%	51%

Birth parents:

0%	0%	0%	0%	50%	50%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

A natural environment for contact such as a house setting helps the contact feel less forced and more relaxed.

All participants:

0%.	2%	3%	24%	21%	49%

Birth parents:

0%	0%	0%	10%	10%	80%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important to keep contact visits frequent otherwise the relationship between the parent and child becomes distant and awkward.

All participants:

1%.	12%	12%	18%	29%	28%

Birth parents:

0%	20%	0%	10%	20%	50%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Social workers should be flexible with the length of visits and base this on the individual family's needs.

All participants:

1%.	7%	10%	12%	26%	44%

Birth parents:

0%	20%	0%	10%	10%	60%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important to consider the location of contact as it could be somewhere that the child associates with difficult past experiences.

All participants:

0%.	0%	1%	2%	22%	74%

Birth parents:

0%	0%	0%	0%	20%	80%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

During contact in the community, it is important for the supervisor to blend in with the family and join in with activities to help the family feel more relaxed.

All participants:

1%.	0%	7%	26%	32%	34%

Birth parents:

0%	0%	10%	20%	20%	50%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

There should be adequate amount of time between individual visits with the child and each parent to allow the child time to settle.

All participants:

0%.	1%	3%	12%	40%	43%

Birth parents:

0%	10%	0%	10%	30%	50%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for supervisors to provide parents with as much forward notice as possible if contact is cancelled or rearranged and support parents to get that time back quickly.

All participants:

0%.	0%	4%	8%	17%	71%

Birth parents:

0%	0%	0%	0%	10%	90%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the parent and supervisor to agree on what the parent can discuss with the child during contact with regards to the child returning home in the future.

All participants:

3%.	1%	2%	7%	14%	72%

Birth parents:

20%	0%	0%	20%	20%	40%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

If you would like to add any further comments regarding your answer please do so in the box below.

CHILD/FAMILY INTERACTIONS IN CONTACT

BIRTH PARENT/RELATIVES

"Contact under difficult circumstances needs really good planning and knowledge of the child. A supervisor who does not know or understand the child may struggle to facilitate it appropriately if it is unplanned."

FOSTER CARERS

"Success of contact should not only be down to how everyone reacted during the actual contact. Sometimes the impact positive or negative only becomes apparent over time."

SOCIAL WORKERS

"When children are in long term foster care, with very little prospect of returning to their parent's care, contact is still very important for their identity. While it is important that they are encouraged to have a positive relationship, it is helpful for older children especially, to get a realistic view of their parents so that they do not put them on a pedestal and gain an unrealistic view of what it is like to be in their care, risking

destabilising their placements."

It can be helpful for supervisors/professionals to support parents to keep to contact schedules as their lives may be quite chaotic.

All participants:

0%.	1%	1%	12%	32%	53%

Birth parents:

0%	0%	0%	0%	20%	80%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

In difficult contacts, the parent is less able to respond appropriately to the child, particularly if the child is expressing negative feelings and/or behaviours.

All participants:

1%.	1%	19%	6%	47%	27%

Birth parents:

0%	0%	10%	30%	20%	40%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

In positive contact the parent has a level of awareness and can tune in to the child and how they are feeling.

All participants:

0%.	1%	2%	24%	27%	46%

Birth parents:

0%	0%	0%	0%	20%	80%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is comforting for the child when the parents bring familiar items/food/pictures from home to the contact visit.

All participants:

0%.	4%	11%	41%	27%	17%

Birth parents:

0%	0%	0%	10%	40%	50%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Parents frequently bringing presents to contact can detract from meaningful visits with the child and can silence the child from expressing negative feelings.

All participants:

1%.	3%	8%	16%	30%	42%

Birth parents:

0%	20%	10%	10%	40%	20%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is helpful for the supervisor to hold in mind that the child is often hyper aware of the parent's mood during contact and should support the child with this where possible.

All participants:

0%.	2%	1%	8%	29%	60%

Birth parents:

0%	10%	10%	10%	20%	50%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the child to be able to express negative feelings during contact as well as positive feelings. This may be directly communicated verbally or through behaviours that can be understood and talked about.

All participants:

0%.	0%	1%	4%	29%	66%

Birth parents:

0%	0%	0%	10%	30%	60%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Family contact with siblings present can help the child to feel less isolated and provides a sense of belonging and identity.

All participants:

1%.	2%	1%	14%	38%	43%

Birth parents:

0%	0%	10%	0%	40%	50%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Contact where extended family also attend can help to replicate normal family life and also provides extra support for the parent and child.

All participants:

1%.	4%	2%	24%	33%	34%

Birth parents:

0%	0%	0%	10%	10%	80%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Contact can be tricky for parents when they are having to manage the emotions of different siblings all at once.

All participants:

1%.	0%	2%	17%	33%	47%

Birth parents:

10%	0%	0%	50%	30%	10%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the supervisor to support the parent and child with goodbyes at the end of contact as this can be very difficult.

All participants:

0%.	0%	0%	6%	27%	68%

Birth parents:

0%	0%	0%	0%	10%	90%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

In positive contact the child is expressing their excitement and happiness to see the parent and engage with them.

All participants:

1%.	2%	11%	19%	37%	30%

Birth parents:

0%	0%	0%	10%	30%	60%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

A parent expressing negative feelings or concerns to the supervisor/professionals does not always mean it is a difficult contact, these interactions could often be perceived as positive.

All participants:

3%.	2%	10%	26%	36%	23%

Birth parents:

20%	0%	0%	20%	40%	20%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

A difficult contact can look like it's going well on the surface but is not authentic. The parent and child may be glossing over difficult feelings.

All participants:

0%.	0%	2%	12%	40%	46%

Birth parents:

0%	0%	0%	10%	70%	20%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for supervisors to give parents the chance to lead on the contact and support them when needed.

All participants:

0%.	1%	0%	7%	30%	62%

Birth parents:

0%	0%	0%	10%	20%	70%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

The parent may not always get it right in contact but if they are showing enthusiasm and trying then this is positive.

All participants:

0%.	1%	1%	12%	43%	42%

Birth parents:

0%	0%	0%	0%	20%	80%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It can be helpful for the child to gain a realistic picture of their parents during contact, such as the parent's grip on the situation and their limitations.

All participants:

0%.	0%	13%	18%	34%	34%

Birth parents:

0%	0%	10%	10%	50%	30%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

If you would like to add any further comments regarding your answer please do so in the box below.

INVOLVING ALL IN CONTACT PROCESS

BIRTH PARENTS/RELATIVES

"For me the planning and decisions about contact should all have the child's needs at the centre first and foremost, purely because it's important for least disruption to their daily routine as possible."

"The child cannot feel as though they hold all the control, it needs to be agreed collectively."

CONTACT SUPERVISORS

"Family time is often governed by resource, this is not ideal but having the capacity to meet the growing demands does impact when, how often, where etc."

FOSTER CARERS

"Contact should also take into account the needs of the child and the fostering family. It is not always convenient for the parent to be seen as the one making those decisions. It should, where possible be mutually beneficial for all parties but where possible the child's needs should be prioritised."

SOCIAL WORKERS

"Parents should be encouraged to make suggestions for contact, and plans should be made collaboratively with the parent and children. That said, some parents need a lot of support choosing appropriate activities for their children and this should be provided without judgement."

It is important to sit down with the child prior to contact and ask them who they do and don't want contact with.

All participants:

1%.	1%	1%	16%	28%	53%

Birth parents:

0%	0%	0%	20%	10%	70%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

It is important for the child to feel like they have some control over the direction of contact.

All participants:

0%.	1%	1%	7%	26%	66%

Birth parents:

0%	0%	0%	10%	50%	40%
Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Parent would benefit from being able to plan contact visits such as timings and activities rather than those decisions being made by professionals.

All participants:

2%.	4%	14%	23%	26%	30%

Birth parents:

0%	10%	10%	10%	30%	40%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

Over time the child has a much better understanding of their situation and are more emotionally prepared to question their parents more and make their own decisions regarding contact.

All participants:

1%.	3%	3%	14%	40%	38%

Birth parents:

0%	0%	10%	20%	10%	60%

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree

If you would like to add any further comments regarding your answer please do so in the box below.

EXTERNAL FACTORS INFLUENCING CONTACT

BIRTH PARENT/RELATIVES

"There was no abuse in our case, parents who have had those allegations need really strict supervision with their children."

CONTACT SUPERVISORS

"In our service it's now called "family time" and "contact" has been phased out."

FOSTER CARERS

"It is often deemed by many carer's that the needs of the birth parent are prioritised at times and not the child. There needs to be a better acknowledgement of the role foster carers play in the lives of children in care."

"Greater attention to detail and observations are required during contact and to do that in an unobtrusive manner is a very skilled and complex role to undertake."

Using the word "contact" feels divisive and unnatural for all involved in contact.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
2%.	3%	11%	21%	23%	39%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%	10%	10%	0%	20%	60%

Contact is often difficult when it takes place in the midst of allegations of abuse or neglect made against the parents.

All participants:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
1%.	0%	2%	9%	34%	53%

Birth parents:

Strongly disagree	Moderately disagree	Mildly disagree	Mildly agree	Moderately agree	Strongly agree
0%	0%	0%	10%	10%	80%

If you would like to add any further comments regarding your answer please do so in the box below.

Appendix Z: End of Study Notification Letter for Institute of Integrated Systemic Therapy

To whom it may concern,

I am writing to briefly summarise a research project that I recently conducted for the partial fulfilment of my doctorate in clinical psychology. This research was sponsored by Canterbury Christ Church University and received ethical approval from the Institute of Integrated Systemic Therapy, which was also in line with ethical requirements for Canterbury Christ Church University. A summary of the research and the results are detailed below.

Title: Reaching consensus: A Delphi study exploring the different views of care leavers, birth families and professionals on how to create positive contact visits between looked after children and their birth families.

Background: The importance of continuity of contact between looked after children and their birth families has been highlighted within the literature and families are supported to maintain contact wherever possible. Contact is important for family reunification and when positive, the child is more likely to have better outcomes and improved general wellbeing. However, defining good quality contact is difficult and there appears to be no standardised assessment framework for measuring contact.

Research aims: This study aimed to identify the views and experiences of care leavers, birth parents, contact supervisors, social workers, and foster carers, to understand which factors define good quality contact. It also aimed to gain a level of consensus across the various roles, in order to inform a collective understanding of the most important factors influencing the quality of contact visits. The research questions for this study therefore were:

- What are the views of all those involved in contact visits about the factors that create good quality contact?
- What are the views of all those involved in contact visits about the factors that are detrimental to good quality contact?
- What are the factors for good quality contact that are agreed across stakeholders?

Method: A three-round Delphi method was employed to explore the experiences and views of care leavers, parents, contact supervisors, foster carers, and social workers. Thematic analysis of a first-round focus group with contact supervisors (n=7) and interviews with parents (n=4) and care leavers (n=3) informed a second-round online survey. A third-round survey completed by care leavers (n=8), parents (n=10), foster carers (n=20), supervisors (n=16) and social workers (n=15) finalised group consensus.

Results: There was strong agreement between groups of the importance of children having an age-appropriate explanation as to why they were in care to help them make sense of

their situation within foster families/placements. This understanding can also be reinforced by the child gaining a realistic picture of the parent during contact. However, there was moderate consensus between groups around the helpfulness of these 'realistic' experiences despite care leavers and supervisors reaching strong agreement. All groups agreed that contact with siblings was important for helping the child to obtain a sense of belonging and identity.

There was strong consensus between groups around the importance of positive parent interactions, such as fully engaging with children during visits. The importance of supervisor support for the parent to help initiate boundaries and respond appropriately to the child was highlighted, as well as providing parents with the opportunity to lead, but offering support where needed. There was agreement around supervisors listening to parent concerns and treating them respectfully, providing parents with notice of cancelled contact and offering flexibility around timing and length of visits. In addition, all groups strongly agreed that supervisors should be open, honest, and direct with parents during visits. Writing up notes up after the visit may also feel less intrusive for the family. The importance of the parent and supervisor agreeing on what parents can discuss with the child during contact was also highlighted.

It was agreed that the supervisor should be able to pick up cues that the child is distressed and notice when contact isn't going well despite it appearing to be going well at a surface level, and good knowledge of the family was seen as vital for managing difficult dynamics. There was strong consensus among parents and care leavers about the importance of frequent contact to maintain the bond between parent and child. The importance of foster carer input and a positive relationship with the parent was highlighted for good quality contact. Strong consensus was achieved across all groups relating to the importance of considering children's views around contact. All groups strongly agreed that it was important to ask the child who they wanted contact with and for children to feel that they had some control in decisions.

Conclusions: The findings of this study highlight the need for increased parent support and collaboration both around and during contact through joint working with external services and professionals to provide a holistic approach to supporting contact. The need for clear and transparent communication across all stakeholders may help to allow for improved working relationships and subsequent positive contact. Children would also benefit from age-appropriate input into decision making and information sharing throughout the contact process. Further research is needed to deepen our understandings of the working dynamics of contact between all parties involved in contact which may help with developing positive parent-child attachment relationships and positive outcomes.

A summary of the research findings has been disseminated to all participants who opted in to receive a summary. This research will be submitted to a relevant journal, which is yet to be decided. If you have any questions or would like to discuss the research, please contact me using the details provided below.

Yours sincerely,

Katie McDonnell

Trainee Clinical Psychologist
Salomons Centre for Applied Psychology Canterbury Christ Church University
1 Meadow Road, Tunbridge Wells, Kent TN1 2YG Email: km733@canterbury.ac.uk

Appendix AA: End of Study Report for Participants

Dear participant,

I would like to thank you for taking part in the research on the different views of care leavers, birth families and professionals on how to create positive contact visits between looked after children and their birth families. Your interest and contribution to the study has been very much appreciated. Now that the study is complete, I am pleased to be able to provide you with a summary of the findings.

The aims of this research were to:

1. Understand the views of all those involved in contact visits around what helps contact visits to be of good quality.

2. Understand the views of all those involved in contact visits around what the barriers are to achieving good quality contact

3. Understand what are the factors for good quality contact that are agreed among all those involved in contact visits?

Overall, 8 care leavers, 10 parents, 20 foster carers, 16 contact supervisors, and 15 social workers took part across the study's three stages (first-round focus group and interviews followed by two online surveys). The findings are summarised below.

Summary of findings:

1. All groups agreed that it was important for children to have an age-appropriate explanation as to why they were in care to help them make sense of their situation within foster families/placements.

2. There was moderate agreement among all groups around the helpfulness of the child gaining a realistic picture of the parent during contact. Care leavers and supervisors strongly agreed with this.

3. All groups agreed that contact with siblings was important for helping the child to obtain a sense of belonging and identity.

4. There was strong agreement among groups around the importance of positive parent interactions, such as fully engaging with children during visits.

5. There was strong agreement between groups regarding the importance of supervisor support for the parent to help agree boundaries and respond appropriately to the child, as well as providing parents with the opportunity to lead, but offering support where needed.

6. There was agreement among groups around supervisors listening to parent concerns and treating them respectfully, providing parents with notice of cancelled contact and offering flexibility around timing and length of visits.

7. All groups strongly agreed that supervisors should be open, honest, and direct with parents during visits. Writing up notes up after the visit may also feel less intrusive for the family. The importance of the parent and supervisor agreeing on what parents can discuss with the child during contact was also highlighted.

8. It was agreed by all groups that the supervisor should be able to pick up when the child is distressed and notice when contact isn't going well despite it appearing to be going well at a surface level, and good knowledge of the family was seen as vital for managing difficult dynamics.

9. There was strong agreement among parents and care leavers about the importance of frequent contact to maintain the bond between parent and child. The importance of foster carer input and a positive relationship with the parent was highlighted for good quality contact.

10. All groups agreed that it was importance to consider children's views around contact and to ask the child who they wanted contact with and for children to feel that they had some control in decisions

Conclusions

Further dissemination

The findings of this study highlight the need for increased parent support and collaboration with other professionals and services to provide the parent and child with full support in all areas of their lives. The need for clear, open, and honest communication across all those involved in contact may help to improve working relationships and support positive contact. More support is also needed for foster carers to be able to support the child and where possible the parent with the contact process.

Children would benefit from being involved in decision making where possible, and appropriate information sharing with children is also important. Further research is needed to continue to understand the working dynamics of contact between all those involved, which may help to improve the relationship between the parent and child and support the child to return home where possible.

As stated in the study information that you consented to before taking part, this research may be published in a journal, and your anonymous responses may be quoted to illustrate important points. If you would like to withdraw consent to this, or you would like to discuss this further, please contact me before October 2021.

Thank you very much for your participation in this study. Your contribution has been valuable. I hope that these findings will inform service changes that could improve the quality of contact visits.

Kind regards,

Katie McDonnell

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Appendix AB: R3 Tables of Statements Reaching Weak and Lack of Consensus

1. R3 Consensus for statements that did not reach strong consensus relating to quality of relationships.

Relationships: Lack of consensus overall			
1. One to one visits can be too intense for the child.	Care leavers	0	25
	Birth parents	33	**56**
	Supervisors	6	31
	Foster carers	10	50
	Social workers	20	13
	Overall	13	31

2. R3 Consensus for statements that did not reach strong consensus relating to scaffolding contact.

Scaffolding contact: Weak consensus overall			
15. It is helpful for the supervisor to plan with the parent what they will do with the child during the contact.	Care leavers	0	**75**
	Birth parents	11	**44**
	Supervisors	6	**69**
	Foster carers	5	55
	Social workers	7	60
	Overall	7	59

3. R3 Consensus for statements that did not reach strong consensus relating to experiences of contact.

Experiences of Contact: Lack of consensus overall			
17. Contact is more difficult emotionally for younger children and they have less understanding of the situation.	Care leavers	25	25
	Birth parents	33	**56**
	Supervisors	0	31
	Foster carers	5	**60**
	Social workers	27	33
	Overall	15	41

4. R3 Consensus for statements that did not reach strong consensus relating to practicalities of contact.

Practicalities of Contact: Weak consensus overall			
28. It is important to keep contact visits frequent otherwise the relationship between parent and child becomes distant and awkward.	Care leavers	13	**75**
	Birth parents	0	**78**
	Supervisors	6	**63**
	Foster carers	15	**40**
	Social workers	7	**67**
	Overall	12	57
Practicalities of Contact: Lack of consensus overall			
23. Contact without a planned activity is helpful as it provides an opportunity for some of those more difficult conversations to take place between the parent and child.	Care leavers	25	38
	Birth parents	0	44
	Supervisors	6	**56**

	Foster carers	10	40
	Social workers	7	27
	Overall	9	41

5. R3 Consensus for statements that did not reach strong consensus relating to child/family interactions in contact.

Child/Family Interactions in Contact: Weak consensus overall			
48. A parent expressing negative feelings or concerns to the supervisor/professionals does not always mean it is a difficult contact, these	Care leavers	0	**88**
	Birth parents	22	56
	Supervisors	0	63
	Foster carers	5	**45**
	Social workers	0	**87**
	Overall	7	62
Child/Family Interactions in Contact: Lack of consensus overall			
39. It is comforting for the child when parents bring familiar items/food/pictures from home to the contact visit.	Care leavers	13	**50**
	Birth parents	11	**78**
	Supervisors	0	**63**
	Foster carers	5	10
	Social workers	0	27
	Overall	1	44

6. R3 Consensus for statements that did not reach strong consensus relating to involving all in the contact process.

Involving all in Contact Process: Weak consensus overall			
58. Parents would benefit from being able to plan contact visits such as timings and activities, rather than those decisions being made by professionals.	Care leavers	13	50
	Birth parents	11	**67**
	Supervisors	0	**63**
	Foster carers	0	**40**
	Social workers	0	**87**
	Overall	3	59

7. R3 Consensus for statements that did not reach strong consensus relating to external factors influencing contact.

External Factors Influencing Contact: Lack of consensus overall			
60. Using the word "contact" feels divisive and unnatural for all involved in contact.	Care leavers	13	**75**
	Birth parents	11	**78**
	Supervisors	0	**75**
	Foster carers	0	25
	Social workers	13	**53**
	Overall	26	37

Appendix AC: Author Guidelines for Child and Family Social Work Journal

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5. Final Submission Requirements
6. Editorial Policies and Ethical Considerations
7. Author Licensing
8. Publication Process After Acceptance
9. Post Publication
10. Editorial Office Contact Details

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