

# Supporting Face-to-Face Birth Family Contact after Adoption from Care: Learning for Trauma-Sensitive Practice

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## Abstract

There are recent calls to consider face-to-face birth family contact for more children adopted from care. Given that the threshold for this authoritative intervention is significant harm, post-adoption contact should be sensitive to the possible impact of early childhood trauma, and be adequately supported. This article draws on adopters' reports of face-to-face contact with birth relatives, and their evaluation of social work support to suggest an approach to practice informed by principles of trauma-informed care. Twenty-six adoptive parents participated in focus groups, and seventy-three completed a web-based questionnaire, all from Northern Ireland where face-to-face post-adoption contact is expected. Findings are structured thematically around principles of trauma-informed care: trusting relationships; physical and emotional safety; choice and control; and narrative coherence. Most families had a social worker attending contact, and help with practical arrangements. Less common but important practices included: deliberate consideration of children's perspectives; safeguarding their emotional well-being; and facilitating communication outside of visits. Findings suggest that visits are a context in which trauma-effects may surface, and social workers supporting contact should be sensitive to this possibility. This article suggests a systemic approach to helping all parties prepare for, manage and de-brief after contact, attending to both adult-to-adult and adult-child interactions.

**Keywords:** Adoption, contact, trauma-informed care, practice framework

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## Introduction

There is a strong emphasis in the UK on adoption to secure permanence for children in care whose return home is deemed unsafe or untenable (Smith, 2018). This authoritative state intervention severs the child's legal relationship with their birth parents and, across most of the UK, few will meet again after the adoption is finalised. There are calls, however, to rethink the current, somewhat closed approach to adoption, and give greater consideration to ongoing face-to-face contact, which may potentially help children understand their life narrative, make sense of birth and adoptive family relationships (McFarlane, 2018; Neil, 2018), and safeguard the human rights of all involved (Featherstone *et al.*, 2018). Northern Ireland (NI) differs from other UK regions in that face-to-face contact after adoption is already commonplace, and resourced by social services, giving the views of stakeholders there a particular experiential value for informing the development of effective supports (Featherstone *et al.*, 2018).

Birth family contact after adoption from care is an emotionally and socially complex phenomenon (MacDonald, 2016). Most children will have experienced, or been at risk of, abuse or neglect prior to entering care (Adoption Leadership Board, 2017), with lasting effect on their subsequent relational experiences. As trauma awareness is rolled-out across child-welfare systems (Bunting *et al.*, 2019), social workers tasked with supporting post-adoption contact especially need to understand how a legacy of adversity, for both child and birth parent, might manifest in and around the contact meeting, and how these effects might be mitigated. This article draws on learning from adoptive parents in NI to suggest an approach to social work support for face-to-face contact, informed by principles of trauma-informed care and recognition that children's well-being is influenced by transactional relationship dynamics with and between emotionally significant adults (Goldenberg and Goldenberg, 2013).

## Open adoption practice

Although the characteristics of adopted children are similar across the UK, there is significant variation in the approach to contact between jurisdictions (Featherstone *et al.*, 2018). In England, letter exchange is the usual means of contact, and only a small proportion of adoptees meet birth relatives directly, this mostly with siblings (Neil, 2018). In a recent survey of English adopters, just 3 per cent had face-to-face contact with a birth parent, 25 per cent with a birth sibling (Neil *et al.*, 2018). In the Welsh adoption cohort study (Meakings *et al.*, 2018), none had a plan for face-to-face contact with birth parents. NI is somewhat

different: face-to-face contact is the perceived norm in all but exceptional cases, recommended for more children and at higher levels than elsewhere (Featherstone *et al.*, 2018). The current study lends evidence to this. The ninety-three children whose contact was reported on represented almost one-fifth of children adopted from care in NI in the preceding five years—all had contact with birth relatives and for most (81 per cent;  $n=73$ ) this was in the form of regular face-to-face meetings. This apparent uniformity within regions and variation across regions suggests a range of default approaches, rather than tailoring of contact to children's needs (Neil, 2018).

The recent calls to re-evaluate normative practice (Featherstone *et al.*, 2018; McFarlane, 2018; Neil, 2018) reflect the direction of travel internationally. For example, in New South Wales, Australia, adoption applications must include a plan for contact (Luu *et al.*, 2018) usually specifying four face-to-face visits a year (Del Pozo de Bolger *et al.*, 2018). Adopters may also be receptive, as more would consider face-to-face contact than are currently involved in it (Adoption UK, 2019). However, contact can be a stressful social and emotional situation for children (MacDonald, 2016), and meetings with previously maltreating parents can be inherently risky (Chateaufneuf *et al.*, 2018; Neil *et al.*, 2018), and are unlikely to be sustained in any meaningful way without assistance (MacDonald and McLoughlin, 2016; Luu *et al.*, 2018). Social work support for contact, therefore, should be well-resourced to ensure children's safety and welfare (Featherstone *et al.*, 2018).

Among adoptive families who do have contact, many report that this is not well managed (Adoption UK, 2019). Social workers themselves express professional disquiet, uncertain how to uphold children's right to contact without compromising their well-being (MacDonald and McLoughlin, 2016; Featherstone *et al.*, 2018). Interventions to support contact in long-term foster-care (e.g. Taplin *et al.*, 2015) may have relevance, but need to be tested in situations where there is no plan to return children to parental care (Bullen *et al.*, 2017), and with the role ambiguity of open adoptive kinship (Grotevant, 2000; Neil and Howe, 2004; MacDonald, 2016). There remains a need, therefore, for practice models to guide social work support for face-to-face contact after adoption.

## The need for trauma-sensitive practice in adoption

Increased awareness of the long-term impact of childhood adversity has led to various initiatives for equipping a trauma-competent workforce across child-welfare systems (Bunting *et al.*, 2019). Trauma has been critiqued as 'a new hot topic' for social work, emphasised in policy while structural issues are down-played (Beddoe *et al.*, 2019, p. 14). Recent

study of childhood adversity, however, expands individualised definitions, taking account of adverse environments and the impact of wider social conditions, such as poverty or discrimination (e.g. [Bush, 2018](#)). Since the threshold for adoption from care in the UK is exposure to significant harm, it is likely that most adopted children will have experienced considerable adversity in their early lives, often within adverse community environments and, for some, this may result in lasting trauma effects.

It is important not to conflate adversity with trauma, or to presume that all children adopted from care will have trauma symptoms. Here the '3E's' definition of trauma proposed by the US Substance Misuse and Mental Health Services Administration ([SAMHSA, 2014](#)) is helpful:

Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically and emotionally harmful or life-threatening and that has lasting adverse *effects* on the individual's functioning and mental, physical, social, emotional or spiritual well-being ([SAMHSA, 2014](#), p. 7).

While not all children who have experienced adverse events will display trauma effects, families who adopt children from care, especially those with a history of maltreatment, are more likely to need supports that are sensitive to this possibility ([Wind et al., 2007](#)). Mental health difficulties are more prevalent among children adopted from care than community samples or children in care generally, and more severe than other children referred to mental health services ([DeJong et al., 2016](#); [Tarren-Sweeney, 2016](#)). Support for post-adoption contact should reflect this reality and be sensitive to the impact of early traumatic experiences on children and their relationships ([Pennington, 2012](#)). Trauma-sensitive practice goes beyond specific interventions targeted to those displaying trauma effects; it informs all interactions with service users ([Bryson et al., 2017](#)). Contact support that is aligned to principles of trauma-informed care should deliver a more empowering experience for all involved, but be particularly helpful for children who do experience ongoing trauma symptoms, without running the risk, highlighted by [Beddoe et al. \(2019\)](#) of labelling them as traumatised children.

The core principles of trauma-informed practice include safety, both physical and emotional, choice and control ([Harris and FalLOT, 2001](#)), and comfortable connections with parents and other caring adults, which help children to self-regulate emotions ([Bath, 2008](#)). [Coman et al. \(2016\)](#) additionally highlight the importance of children having a coherent life narrative to promote their sense of psychological safety. A key tenet is that trauma recovery is promoted in the context of trusting relationships and day-to-day care-giving outside of, or in conjunction with, specialised services ([Purvis et al., 2015](#)). However, relational security can be difficult to achieve if children's externalising problems lead to increased parental

stress and strained parent/child relationships which, in turn, can hinder recovery (Wind *et al.*, 2007; Hodgdon *et al.*, 2016). Children's experiences of pre-adoptive maltreatment can amplify their sensitivity to these transactional relationship difficulties leaving them 'primed for insecurity' (Tarren-Sweeney, 2016, p. 503). Building children's relationships with caring adults is, therefore, central to trauma-informed practice. Social work support for contact should do likewise, enabling adoptive parents and birth relatives to give congruent messages and meet children's need for safety, choice and self-regulation.

## Method

This study explored the challenges and benefits of birth relative contact for adoptive families, and elicited adopters' evaluations of existing supports. Twenty-six adoptive parents participated in one of four focus groups, and ninety-three completed a web-based questionnaire. Respondents were instructed to complete the questionnaire only if their adopted child had birth family contact, and to answer in relation their most recently adopted child having contact. The survey asked about all forms of contact, including communication via letter/email, and this aggregate data and fuller methodology is reported in MacDonald (2017). The current article reports specifically on data from the focus groups and the sub-set of 73 (81 per cent) survey respondents whose child had face-to-face contact.

Participants were all adoptive parents and members of Adoption UK (AUK), a charity providing support for adoptive families. Membership of AUK is a component of commissioned post-adoption support in NI and includes most adopters in the region. Email invitations were sent to 468 NI members. This included a link to the web-based questionnaire that could be used only once from any device. Responses were anonymous with email and IP address tracking disabled. Ethical approval was granted by Queens University Belfast, and all participants gave informed consent.

Focus groups discussed the challenges and benefits of contact and evaluation of support provision. Discussions were digitally recorded, transcribed and input to Maxqda software to facilitate an inductive approach to thematic analysis (Braun and Clarke, 2006) of group-level data (Onwuegbuzie *et al.*, 2009). We identified themes emanating from each group and compared themes across groups to identify the predominant ideas emerging from the data as a whole.

The survey questionnaire comprised a range of quantitative, evaluative and open-ended qualitative questions divided into five sections: background information on the adoption; face-to-face contact arrangements; contact via post, phone or internet; the experience of contact;

and evaluation of support for contact. It included an adaptation of the Adoptive Parents' Views of Contact scale (Neil *et al.*, 2011) containing twenty-five positively and negatively worded statements to which respondents rated their level of agreement on a six-point scale (strongly agree; mainly agree; slightly agree; slightly disagree; mainly disagree; strongly disagree) with averages calculated for each, sixteen of which were taken from the original measure, and a further nine written for this study. The statements are given below in quotation marks and distinguished from participants' comments which are given in italics. We collated responses to open-ended questions and used Maxqda software to manage thematic content analysis (Krippendorff, 2013).

While all members of AUK NI were invited, participants were self-selecting. We cannot know to what extent their views and experiences are the same or different to other adopters. It is possible that the study appealed to those with particularly favourable views or especially difficult experiences of contact, but this does not seem to have been the case. Participants expressed diverse contact experiences, some positive and some negative. The content analysis of open-ended questions quantifies the numbers of survey respondents who communicated any particular theme.

This paper does not elicit the views of adopted children but gives some insight into their experiences of contact via their adoptive parents. Nor does it engage birth parents, whose voices are under-represented in adoption research, and whose experiences of trauma might manifest in the intensely emotional context of post-adoption contact, itself a reminder of loss and loss of control.

## Findings

### The practicalities of face-to-face contact

Altogether the 73 survey respondents had 136 arrangements for contact visits with birth mothers ( $n=44$ ), birth fathers ( $n=16$ ), grandparents ( $n=14$ ), adult siblings ( $n=5$ ), other adult relative ( $n=8$ ) and child birth siblings ( $n=49$ ). Children were more likely to have contact with brothers and sisters fostered or adopted elsewhere ( $n=30$ ) than with siblings living with birth parents ( $n=8$ ) or other birth relatives ( $n=11$ ). Most families had contact visits twice a year ( $n=42$ ), a third ( $n=26$ ) met three or four times a year and a few ( $n=5$ ) had more frequent meetings, up to 12 times a year. All but two adopters accompanied their child to contact meetings, most of which were held in a public place, e.g. a park or restaurant ( $n=50$ ) or in a formal venue, e.g. a contact centre ( $n=23$ ). Arrangements among focus group participants were broadly similar.

Children's birth family networks were complex, with siblings separated across several households, and estranged birth parents having new blended families. Some adopters had complicated schedules of contact meetings, either because their child had separate visits with various birth relatives ( $n=18$ ) or met siblings separately from parents ( $n=13$ ). Bringing together '*multiple siblings in multiple placements*' presented logistical difficulties, especially trying to suit children of varying ages. Over a third of families ( $n=26$ ) had two or more adopted children, each with their own contact plan. The challenges of multiple contact visits included: the expense of paying for activities and refreshments; taking time off work or annual leave; fitting visits into busy lives; and coordinating with so many individuals:

*my two children, who are siblings, and then their other two older siblings and then birth mum and dad as well as post adoption worker, myself, another adoptive father and a foster mum all have to arrange a suitable date and venue! This is very hard... We also do sibling contact 4-6 times a year above this.*

Given the tricky logistics of contact it is unsurprising that forty-four of the seventy-three survey respondents agreed that 'having contact puts more pressure on my family than not having contact'. The statement with the strongest level of agreement was 'it is difficult when birth relatives do not turn up for contact or change plans at the last minute'. The majority of respondents ( $n=58$ ) agreed with this statement, with 36/73 strongly agreeing. This was reflected in open-ended question responses which related to birth relatives' unpredictable attendance and visits being re-arranged at short notice (twenty-five separate comments). Notwithstanding these difficulties, two-thirds ( $n=48$ ) agreed that 'I am happy with how often contact takes place', and a similar number ( $n=47$ ) indicated that they did not regret having visits, with thirty-nine/seventy-three agreeing that they would not wish to stop contact.

### Supporting narrative coherence

The main benefit of contact for adoptive parents was the opportunity it presented for family communication about adoption. Two-thirds ( $n=48$ ) agreed with the statement 'having contact with his/her birth family encourages us to talk about them more often'. Contact, when managed well, could be an important source of information that answered children's queries (eight comments), helped '*nurture their identity*', make sense of complex family networks and understand their own story (five comments). Contact gave children a chance to ask important questions like '*why they were put for adoption; what were they like as small*

children, and what were they like as babies'. This information could help children accept and feel less responsible for their situation:

*Helps children to stop blaming themselves and feel less shame about their story.*

Some participants, however, disputed this, commenting that contact did not give children a better understanding of their own history or birth family circumstances. Indeed, they felt that visits based around fun activities, gifts and treats led to unrealistic ideas of what life with birth parents would be like:

*Creates an illusion that the birth father would be capable of looking after them. Contact visits are made up of fun, treats and presents, what child doesn't want these. But creates illusions of birth family life.*

Three respondents felt that social workers contributed to this illusion, minimising the history of maltreatment or avoiding ongoing difficulties. Keeping the mood of the visit light, however, meant that the child's difficulties were minimised and their needs overlooked:

*Pretending nothing bad ever happened is not helpful to the child.*

The most beneficial contacts were reported as those that allowed the children to see their birth relatives 'warts and all'.

## Managing relationships

A dominant theme in focus groups and survey comments related to the quality of interactions during contact visits. Fewer than half of the adoptive parents ( $n = 31$ ) agreed with the statement 'I find birth relatives easy to relate to', and some commented on the awkwardness of visits:

*Trying to make conversation with people I didn't know and had very little in common with.*

For some, ambiguity of roles generated discord during visits: twenty-seven/seventy-three disagreed with the statement 'the birth relative respects my role as mum/dad', and thirty-two/seventy-three disagreed that 'my child's birth relatives have accepted the adoption', making for difficult interactions during the visit (four comments). Adoptive parents were keen to give birth relatives 'their place', but felt that at times their own position was undermined. Adopters described difficulties maintaining appropriate boundaries, for example, when birth relatives encouraged children to use their original surname. When they tried to manage their child's behaviour they felt 'like the big bad wolf, horrible parents coming in, telling him off'.

A theme for focus groups was their inability to manage the boundaries of social media use (echoed in five survey comments). Adopters were concerned by birth parents taking photographs of the children on mobile

phones during visits, sometimes without consent and surreptitiously, and posting them on social media. This was usually in breach of explicit contact agreements, which they found difficult to enforce. They worried about the lack of privacy settings on birth parent's accounts and the extent to which children's images could be re-shared:

*Our children are all over the internet (with a statement saying) they have been forced into adoption.*

*It's the child's right whether her photographs should be online or not and it's nearly a violation of her rights.*

Adopters expressed particular concern about joint visits during which birth parents treated some siblings more favourably than others (seven comments). They worried about the negative impact of this differential treatment and perceived rejection by birth parents on individual children, and that it might create tension or division between siblings. Where differences were reported, birth parents tended to interact more with the children who had spent longer in their care, usually older siblings, and who they were, therefore, more familiar with. They were noted to engage less with shy or quieter children, or showed a gender bias towards sons or daughters:

*Our children have the same birth mother but different birth fathers and they have both had two very different experiences of birth mother. Our son was more or less rejected from when he was born, but our daughter was put on a pedestal and very much given anything she wanted. (At contact) the birth mother was all over our daughter and the son he just... said he never wanted to see her again.*

*He (birth father) would do things like hand money visibly to her brother in front of her.*

Most comments about the quality of contact focused on birth relatives' apparently superficial interaction with the child (twenty-six comments), either because they seemed disinterested in the child (twelve comments), or were unable to interact in a meaningful way, even with encouragement (fourteen comments):

*Birth parent was happy to just watch our child rather than initiate play, despite our best efforts.*

Some expressed frustration that birth relatives focused attention on their mobile phones or on the other adults, and talked about their own situation rather than the child. Focus groups discussed strategies for more engaging visits. Meetings that took place in a soft-play centre or playground were described as 'natural' and 'relaxed'. Children enjoyed the freedom of these venues because they could happily go off and play, but this limited their interaction with adult relatives. Moving contact to a venue with 'less distractions', for example a child-friendly restaurant, where 'the interaction has to be between parent and child' helped resolve

this problem, but meant that adopters had to work harder to facilitate conversation. While many adoptive parents described contact visits as 'superficial' or 'meaningless', some attributed the success of contact to the fact that it was brief and did not involve very intense interactions:

*Generally the children are happy to check birth parents... are ok and happy to leave again.*

## Ensuring emotional safety

All contact visits were supervised by the adoptive parent and/or a social worker, and this ensured the children's physical safety. However, participants indicated that more should be done to safeguard their emotional well-being. Almost two-thirds agreed that 'my child feels comfortable with this contact' ( $n=42$ ), and that 'my child enjoys this contact' ( $n=40$ ). This left a sizeable proportion who indicated that their child was not comfortable with the contact ( $n=31$ ) and/or did not find it enjoyable ( $n=33$ ).

The majority of adoptive parents indicated that visits unsettled the child: forty-three/seventy-three agreed that 'seeing/hearing from his/her birth family upsets or confuses my child', and forty-three/seventy-three that 'it takes my child a long time to settle after having contact'. Less than half ( $n=33$ ) agreed with the statement 'seeing/hearing from his/her birth family comforts my child', and twenty-five/seventy-three agreed that 'having contact with his/her birth family causes my child to worry more about them'. Over a third of survey respondents commented that contact visits had a negative effect on their child emotionally. Some used intense language describing contact as 'traumatic', 'destructive', 'emotional harm' or 'turmoil'. Children were described as being over-excited, agitated, anxious or confused by contact visits and being withdrawn or tearful and displaying upset, bed wetting or needing comforted at night. These emotional and behavioural changes were noted in the days preceding contact and for a period of weeks following the visit. Several commented that the emotional consequences of contact strained family relationships:

*Our daughter gets so very over-excited before it and so very anxious and insecure afterwards, it takes a huge toll on the whole family.*

Focus groups also described how children's reactions to contact dominated family life. They described their children displaying 'insecurity', 'fear', 'explosive' behaviour and stress-related illnesses:

*My child has been so undermined in his progress in becoming secure and becoming part of our family due to the contact with his birth mother... everytime we bring him to see his birth mother he becomes incredibly confused - it has taken four months to regain his trust after the last*

*contact and in this time his whole life has been in turmoil with lots of regression.*

Almost two-thirds ( $n=46$ ) of survey respondents agreed with the statement 'I worry that this contact may be doing my child more harm than good'. However, just as many ( $n=46$ ) agreed with the statement 'I think my child is better off because he/she has this contact with birth family' although agreement with this statement was not strong with twenty-six/seventy-three only slightly agreeing. The inherent tension in these statements was illuminated by focus group discussions where adoptive parents expected contact to be broadly beneficial in the longer term, but needed to be managed better to make visits a more comfortable experience:

*We view it as necessary and important; but not always easy.*

In their open-ended comments, adopters suggested that adoption agencies were prepared to tolerate too much discomfort for the child:

*Things have to get desperately bad before it can be stopped.*

They urged social workers involved in supervising and reviewing contact to prioritise the children's needs and more assertively safeguard their comfort and well-being:

*The social worker should be more directive in making sure the child is protected at the meeting from emotional harm.*

Some commented that the supervising social worker lacked knowledge of the child's adverse history, or of how trauma symptoms might manifest in the visit (five comments). For example, behaviour that was understood by the adoptive parent as '*faux socialbility*' emanating from a '*highly anxious state*' was misinterpreted by the social worker as positive interaction with the birth relative.

## Issues of choice and control

Group discussions highlighted a concern that children's perspectives had little influence on contact plans, and open-ended comments ( $n=13$ ) specifically urged all involved to more actively seek out and pay attention to children's views. Some adoptive parents ( $n=14$ ) expressed frustration that when their children did express a preference, their choices were not heeded. Others reported that social workers had '*insisted*' that contact should take place even if children were reluctant to attend, indeed, one adoptive parent wrote:

*She (child) used to remark when contact was due 'I wish I had a broken leg and didn't have to go.*

Not all adoptive parents were convinced that their child would be assertive or articulate enough to clearly express their wishes and feelings about contact:

*Birth mum smothers my son in affection... she follows him around telling him she loves him and trying to kiss him constantly, he is so uncomfortable with it but much too nice a child to tell her to stop.*

Some adoptive parents also commented that their own concerns or preferences were disregarded, and seventeen/seventy-three commented that they felt pressurised to facilitate contact, with twenty-nine/seventy-three disagreeing with the statement 'I feel I have the right amount of control over decisions about contact'. One respondent commented that '*we have been almost 'harassed' to maintain contact*', and most commented that they felt constrained to continue with contact that seemed to offer little benefit:

*I am unsure whether or not my child benefits from contact at all, but feel pressurised to continue.*

In some of these comments ( $n = 7$ ), it was clear that adopters were concerned about the impact of contact on their child but felt powerless to change arrangements. Focus groups queried their right to alter arrangements negotiated during court proceedings. They described differences of opinion with social workers over what was in their child's best interests, feeling that their own assessment held little sway, and deferring to professional expertise:

*We always maintained that our child was upset by contact but were told that the birth mother could go to court and insist on having contact. We were advised that contact was highly recommended and would be best for our child.*

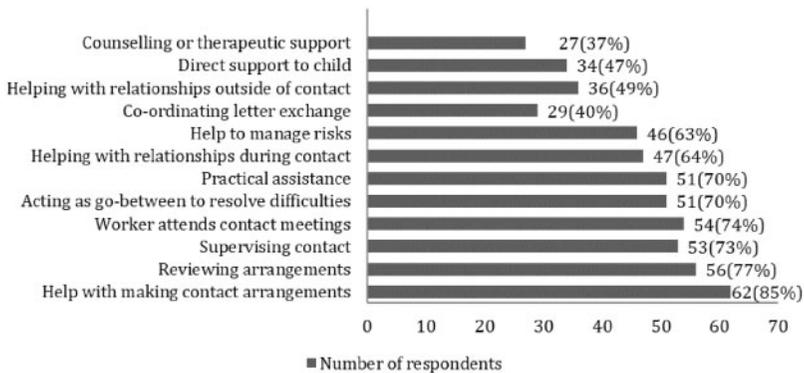
Participants suggested that adopters should be equipped with clearer information about their rights and options, should have their parental expertise recognised, and be trusted to promote their child's welfare. They wanted the challenges of contact acknowledged:

*Don't force it on families. Social workers get to go home after contact, we get to take a disturbed child home and deal with their nightmares... but the SW gets a good night sleep!!*

## Social work support

Most ( $n = 62$ ; 85 per cent) survey respondents received social work support for face-to-face contact, mainly provided by the agency that placed their child for adoption. [Figure 1](#) shows the types of support accessed.

All of the families receiving social work support for contact had help to arrange visits, and this was rated by most as either very helpful



**Figure 1:** Number of survey respondents receiving various types of support

( $n = 31$ ) or mainly helpful ( $n = 25$ ). For over two-thirds ( $n = 51$ ), this included practical assistance with booking venues and providing transport for birth relatives, which was rated as very ( $n = 22$ ) or mainly ( $n = 23$ ) helpful. Most ( $n = 56$ ) also had help with reviewing arrangements and rated this support as very ( $n = 22$ ) or mainly ( $n = 26$ ) helpful. A third of survey respondents ( $n = 24$ ), however, commented on difficulties with social work management of contact, mostly due to poor communication, for example, not confirming plans with birth relatives or forgetting to arrange transport and emphasised the importance of seemingly small and very practical aspects of the social work role:

*We have sometimes turned up for sibling contact and one or no siblings have arrived due to no taxis being booked or birth family/foster carers not knowing about contact.*

Three quarters of families had a worker attending contact whose role was to supervise the visit ( $n = 53$ ), rated by most as very ( $n = 29$ ) or mainly ( $n = 19$ ) helpful. Two-thirds ( $n = 47$ ) received help with interactions during contact meetings (e.g. encouraging communication or play) and half ( $n = 36$ ) received help with relationships outside of contact meetings (e.g. through preparation and debriefing). While most people who received relationship support either during or outside of contact meetings found this helpful, only around a quarter rated it as very helpful ( $n = 11$  and  $n = 9$  respectively). Most of the forty-three separate suggestions for improving support centred on helping all parties before, during and after meetings, especially to anticipate children's needs and manage their own emotional responses to contact. Adopters suggested that contact might be re-traumatising for birth parents, but they also wanted acknowledgement of their own emotional needs:

*I just sometimes wish I could talk to somebody about how it makes me feel.*

Comments urged social workers to take an active role to help birth relatives engage with the child, and to be ‘*a strong presence*’ to reinforce agreed boundaries:

*Not just sitting there but actively doing the things that the others can't do, taking responsibility for the trickier conversations.*

In summary, adopters appreciated social workers who were accessible, knowledgeable and empathic, who prioritised the needs of the children, and could intervene to enforce agreed boundaries. However, many felt that more support could be offered between scheduled contacts to help resolve issues that were difficult to address during visits, and that this might lead to more meaningful interaction in subsequent meetings.

## Discussion

Contact visits have the potential to promote a more coherent life narrative for adopted children (Coman *et al.*, 2016), but can be emotionally challenging. Repeatedly exposing children to stressful visits, enforcing plans irrespective of children’s responses and diminishing adopter’s sense of control were all experiences expressed in this study and are likely to provoke a strong apprehension towards contact (Del Pozo de Bolger *et al.*, 2018), undermining its very purpose. Worrying also were adopters’ reports that the emotional impact of contact exacerbated some children’s trauma-related difficulties, placing strain on family life. Perpetuating this transactional cycle of stress between children and their parents may diminish the recovery potential of family relationships, thereby risking increased vulnerability to long-term trauma effects (Hodgdon *et al.*, 2016). While most families received helpful support for contact, the reports here suggest that practice could be more sensitive to children’s early adverse experiences and the ways that trauma effects might manifest around and in the context of the contact visit.

Most of the families in this study had a social worker attending visits and this, along with parental supervision, ensured children’s physical safety, but trauma-sensitive practice should enable children to also *feel* safe during contact. It appears crucial from these reports that social workers supporting contact have some basic trauma-awareness training to recognise trauma-related disorders and the potential impact of early adversity (Tarren-Sweeney, 2016). There is also further scope for social workers to engage in honest, sensitive discussion of adoption-related issues, important for children’s well-being (Brodzinsky, 2006), and to help birth and adoptive families formulate a coherent narrative from disparate perspectives.

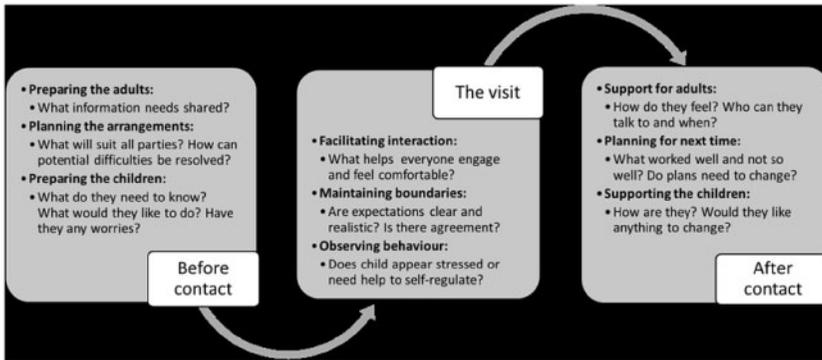
Reinforcing the child’s network of caring adults is a crucial component of trauma-informed care (Bath, 2008). A systemic approach recognises

that children's emotional well-being is affected not only by their individual psychology, but also by their one-to-one relationship with adoptive parent and birth relative, and by the relationship between these adults. Adopters in this study were uneasy about the quality of both adult-to-adult and adult-to-child interactions during contact meetings, and only half had help with problem resolution outside of visits, a practice that could be extended and developed. Interactions that may help children cope with stress and recover from trauma should be encouraged, including open communication that promotes mutual trust; clear, consistent boundaries; and shared decision-making that respects differences in preference and need (Goldenberg and Goldenberg, 2013).

Guidance for supporting parents of children who have experienced trauma (Child Welfare Information Gateway, 2018) could be extrapolated to all adults in the context of contact to enable them to develop protective capacities in three domains: mental—having accurate expectations of the child; emotional—having empathy and showing sensitivity to the child; and behavioural—managing their own needs and feelings. Helping the adults to understand the child's behaviours and manage their own feelings would enable them to respond sensitively to children's needs during visits. Since empathy promotes more beneficial contact (Grotevant, 2000), the adults should also be helped to understand one another's point of view. Adoptive and birth family approaches to contact are often out of synchrony (Neil and Howe, 2004): what suits one person at any point in time may not suit the others involved. Enabling everyone to express their needs and expectations for contact and have these acknowledged may ease interaction between the adults, as well as between adult and child.

Promoting choice and a sense of control, further core components of trauma-informed care (Harris and Fallot, 2001) readily chime with social work aspirations. From the adopters' accounts, some children lacked the language or skills to describe their feelings and needs. They also seemed to lack a space in which to form and express their views, an audience to listen to them and the influence to effect change (Lundy, 2007). While social work engagement with adopted children must be un-intrusive, there seems a need for a more deliberate and effective means of enabling children to formulate and communicate their perspectives on contact, and for these to be heard and acted upon. Children's views are likely to change with age as their understanding of adoption deepens (Brodzinsky, 2006). Routine communication with children about every visit may encourage families to adapt flexibly to developmental transitions regarding contact.

Trauma-sensitive support for contact should promote relationship, safety and choice by empowering each individual, including children, to have their views heard, preferences considered and needs met. The framework presented in Figure 2 suggests that social workers might



**Figure 2:** A framework for social work support of face-to-face contact

achieve this by engaging with children, adoptive parents and birth relatives to prepare and share information before the visit; remain sensitive to interactions and reactions during the visit; debrief and share their feelings after the visit; and resolve difficulties as they emerge. It draws on the experiences of adopters in this study to suggest key considerations at each stage.

This suggested approach targets support at both individual and interpersonal levels, attending to the transactions between individuals as well as to the individuals themselves (Neil and Howe, 2004; Goldenberg and Goldenberg, 2013), and working with all participants outside of contact meetings to increase the likelihood of more positive interaction during meetings. It is intended to promote empathy through perspective taking, facilitate adult-to-adult and adult-child communication, elicit children's views and balance the needs of all parties for a sense of choice and control.

## Conclusion

Adoptive parents in this study considered contact to be important, but often challenging—practically and emotionally—exceptionally so for some children. Most families had a social worker helping with practical arrangements, reviewing plans and attending contact meetings. This support was helpful and could be replicated. However, more could be done, both during and outside of visits, to make the experience more beneficial.

In contact decisions, the child's best interest must be prioritised, taking account of what children consider best for themselves. The United Nations Convention on the Rights of the Child requires social workers to give children's views proper regard (Article 12), but also specifies

their right to information (Article 17) and adult guidance (Article 5) to help formulate and express those views (Lundy, 2007). The approach to practice proposed here aims to facilitate this through deliberate consideration of children's wishes and experiences before, during and after each contact, opening the possibility of adapting plans, or suspending visits, as their needs or preferences change. Further work to develop effective alternatives to face-to-face contact, perhaps harnessing digital technology, would also be useful.

When a child's plan includes face-to-face contact after adoption from care, there is an onus on social workers to safeguard children's well-being during visits, especially if meeting with individuals in whose care they were maltreated. The adopters' reports suggest that for children who have experienced physically or emotionally harmful events, especially those who have lasting adverse effects, face-to-face contact presents a context in which trauma symptoms may become particularly acute. Social workers supporting contact should be alert to this possibility, equipped with knowledge of how trauma might manifest for children (and birth parents), and ensure appropriate responses. Learning from the adoptive parents' experiences, I have suggested a trauma-sensitive approach to assist adopted children, their birth relatives and adoptive parents prepare for, manage and de-brief after contact visits. By enabling all parties to express their views, understand one-another's perspective and establish clear boundaries, this may enhance the complex transactional relationships involved, improve the quality of contact and help families adapt to children's developing needs and wishes.

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