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Interventions to improve supervised contact visits between children in out of home care and their parents: a systematic review

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ABSTRACT

Although the importance of contact between children in care and their parents, when safe, is accepted, there is limited research about supervised face-to-face contact. There is no literature that has systematically critiqued how supervised contact can be best delivered. The aim of this systematic review was to evaluate the evidence for interventions aimed at improving the quality of contact visits between parents and their children who are in out-of-home care. Twelve studies were included in this review. Each study was graded and assigned scores according to the presence or absence of each of seven criteria. The studies demonstrated key similarities in the types of interventions provided, although delivery varied across group, individual and educational interventions. Parents reported improved capacity to manage their emotions and parents' satisfaction with the programmes was high. Although there was a lack of large scale, methodologically rigorous studies with long-term follow-up, some promising findings were identified: the literature indicates individual family support and group programmes have the potential to improve parent–child relationships and the quality of contact visits. This review suggests that future studies build on current evidence by addressing their methodological limitations and evaluating interventions that can be tailored to meet the needs of individual families.

INTRODUCTION

The importance of continued contact between parents and their children in care has long been recognized and is enshrined in the UN Convention on the Rights of the Child (UNCRC), Article 9 (UN General Assembly 1989). Children in care may have direct (or indirect) contact with family members and other people who have important roles in their lives.

Reviews of the research literature have provided some guidance about the impacts of contact on children and families. Good quality contact in conjunction with other positive professional interventions has been found to promote positive outcomes for children (Sen & Broadhurst 2011), and contributes to improvements in placement stability and wellbeing (Moyers *et al.* 2006). Conversely, contact can be disruptive and prevent children developing a sense of permanence, particularly if negative attitudes between foster carers and parents are communicated to children (Morrison *et al.* 2011). Carers highlight the negative experiences of children and young people from unreliable, disinterested or outwardly rejecting parents (Neil *et al.* 2003; Moyers *et al.* 2006; Kiraly & Humphreys 2014). It has been suggested that poorly planned, poor quality and unsupervised contact may even be harmful, particularly where there is a history of maltreatment (Sinclair *et al.* 2005; Sen & Broadhurst 2011). Guidance on delivering and managing contact is generally lacking.

The research on contact to date has been largely descriptive and focused primarily on the type, nature, frequency, location and supervision of contact between children in care and their parents (Sen & McCormack 2011; Fernandez & Atwool 2013; Taplin & Mattick

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2014). Some research has investigated the experiences of participants to help tailor supervised contact services. This research has led to recommendations such as minimizing the frequent transport of young children by strangers, which can disrupt routines, cause distress and send conflicting messages to children (Humphreys & Kiraly 2011; Morrison *et al.* 2011). Reviews continue to highlight a lack of research evidence about when contact is beneficial or not and how to manage contact (Quinton *et al.* 1997; Triseliotis 2010; Sen & Broadhurst 2011; Bullen *et al.* 2015). The preferred mode of decision making has become case-by-case planning based on the parent–child relationship, parental responsiveness to their children's needs, and children's age and development, emotional and physical safety (Taplin 2005; Prasad 2011; Atwool 2013).

In most cases, supervised contact aims to promote child safety and family reunification, with service delivery adapting over time (Saini *et al.* 2012). However, challenges remain in the management of supervised contact. When overly intrusive, it can be distressing for both children and parents, and may act as a deterrent for parents to see their children (Bullen *et al.* 2015). Parents also report challenges engaging with their children when there are restrictions placed upon conversation topics (Höjer 2009). High frequency contact may affect parents' consistent attendance, when they may be experiencing the issues that led to their children being placed into care (Kenrick 2009; Humphreys & Kiraly 2011). The quality of visits or the parents' behaviour towards children also influences whether contact is beneficial or detrimental for children (Moyers *et al.* 2006; Morrison *et al.* 2011; Sen & Broadhurst 2011). However, the 'quality of visits' is not clearly defined and rarely relies on objective criteria (Triseliotis 2010).

As there has been no systematic critique of the supervised contact literature and how it can be best delivered, this review aims to identify interventions, assess the current evidence about supervised contact and make recommendations about good practice. In this review, contact refers to face-to-face visits with parents, when parents are no longer providing primary care to the child or young person. It focuses on supervised contact whereby a third person supervises the contact visit between the parent and child. Supervised contact between parents and children is relatively common, estimated at between 47% and 67% of their contact (Farmer & Moyers 2008; Hunt *et al.* 2010; Taplin & Mattick 2014). The high proportion of supervised visits, the potential for visits to impact substantially on children and their families and the high financial cost of supervision highlight the importance of research evidence to inform policy and practice developments.

METHODOLOGY

Because of the limited number of quantitative studies about supervised contact for children in out-of-home care (OOHC), a systematic review of the literature was completed, rather than a meta-analysis reliant on large datasets (Higgins & Green 2011).

The aim of this review was to comprehensively evaluate the evidence on interventions focused on improving parent–child interactions at contact visits for parents and their children in care. The specific questions were:

1. What interventions and models exist for parents visiting their children in care?
2. What is the quality of the evidence for these interventions?

The methodological principles for conducting systematic reviews were followed; the inclusion criteria and the procedures to assess the quality of studies are outlined below (Centre for Reviews and Dissemination 2009; Maniglio 2009).

Inclusion/exclusion criteria

All papers published up to and including October 2015 were eligible for inclusion. Literature searches were limited to English language papers focusing on parental contact with their children in care. The initial appraisal included previous literature reviews, exploratory studies and papers that described intervention studies or proposed models designed to support children, parents and/or carers in relation to contact or access visits.[1] Studies describing the perspectives of children in care or their parents, studies in the reunification literature and family law, existing guidelines and 'grey literature' on contact were also appraised. This systematic review is limited to evidence provided in intervention studies about contact in the OOHC context.

Search strategy

Following the development of search terms in consultation with the chief investigators of the study (experts in child protection research), two authors independently conducted the wider search of electronic bibliographic databases, and interventions were identified through consultation with colleagues in the field. A supplemen-

[1] This term is used in family law and child protection.

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tary internet search was performed to identify grey literature and dissertations. This search strategy occurred between February and September 2014, and was repeated in October 2015, at which point no additional intervention studies were identified. The searches were conducted in APAIS-Health, Applied Social Sciences Index and Abstracts (ASSIA), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Education Resources Information Center (ERIC), Embase and Embase Classic Social Work Abstracts, FAMILY, Family & Society Studies Worldwide, MEDLINE, PsycINFO, PubMed, Social Sciences Citation Index Web of Science, Social Services Abstracts, Social Work Abstracts Plus, SocINDEX, Sociological Abstracts, Scopus (Health Sciences & Social Sciences) and Cochrane Library. The supplementary search was conducted using Google Scholar.

A range of terms were used with keyword searches, including titles, abstracts and subject headings. Search terms were adapted to meet the individual requirements of each electronic bibliographic database, and included combinations of suitable synonyms of *foster care, looked after child*, contact, birth parent*, intervention or trial, and efficacy*.

Quality appraisal

Initially, the review used the Australian National Health and Medical Research Council guidelines (NHMRC 2009), which recommends a hierarchy or 'levels of evidence' for intervention studies. The NHMRC grading system was, however, not suitable for use in a field in which practice innovation is stronger than the evidence base, leaving the child protection field with very little research to guide practice (Schorr & Farrow 2011). As demonstrated in this review, studies were primarily descriptive and/or quasi-experimental service evaluations without comparison groups. The decision was made, therefore, to adapt a model used in a systematic review by Hudson *et al.* (2010) where there is a paucity of intervention studies. The evidence was graded according to the rigour of the study design and analysis as shown in Table 1. In order to increase the number of studies reviewed, this systematic review also considered single site studies without comparison groups, service evaluations published as research reports and qualitative studies.

Study quality was further assessed using a critical quality assurance approach from the mental health field, which generated probity scores to grade papers against methodological criteria (Andrews *et al.* 1982). The papers were scored by assigning them one point for each of seven criteria, with higher scores indicating greater methodological rigour (see Table 2). Following this scoring procedure and in-depth review, similar interventions based on the method of delivery were grouped together. Scores, findings and the descriptions of the research design were used to make judgements about the strength of the evidence on groups of interventions.

Two reviewers screened the abstracts for relevance. Of the papers assessed as eligible, all were scored by one reviewer and a quarter of the papers were randomly selected and reviewed independently by a second reviewer. There was 100% agreement between reviewers in assessing the grade of evidence. Where there was disagreement between reviewers in the probity scores they assigned, this was resolved via consensus with a third reviewer.

RESULTS

From the papers identified in the search, 291 met the inclusion criteria but only 103 papers were directly on the review topic. Of these, 12 papers were identified as being intervention studies and were included in this

Table 1 Grades of evidence used for review of contact interventions

Grade of evidence	Criteria
Grade I	Strong evidence: includes randomized control trials (RCTs) where sample size is calculated and outcome variables are clearly defined and appropriate.
Grade II	Fairly strong evidence: includes prospective studies with comparison groups (non-randomized control trials, good observational studies, retrospective studies where confounding variables are controlled for in analysis).
Grade III	Weaker evidence: includes retrospective or observational studies with comparison groups.
Grade IV	Very weak evidence: includes cross-sectional studies, Delphi methodology and expert opinion.

[Adapted from Hudson *et al.* (2010)].

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Table 2 Grading and scoring of 12 contact intervention studies

	Individual family support interventions							Group programmes				Education interventions
	Beyer (2008)	Milani (2014)	Simms & Bolden (1991)	Smith *et al.* (2014)	Gerring *et al.* (2008)	Haight *et al.* (2005)	Rella (2010); Cheung *et al.* (2012)	Salveron *et al.* (2009)	Kennett & Chislett (2012)	Gibson & Parkinson (2013)	Rabuka (2013)	Nesmith (2013)
	Grades of evidence (Grades I – IV: see Table 1)											
Grade	IV	IV	IV	IV	III	II	IV	IV	III	IV	IV	III
Criteria used for scoring research design quality	Probity scores (Maximum score = 7; Yes = 1; No = 0)											
Random assignment of groups	0	0	0	0	0	1	0	0	0	0	0	0
Blind assessment of outcome	0	0	0	0	0	1	0	0	0	0	0	0
Good internal validity, i.e. intervention and control participants assessed with the same or similar method	0	0	0	0	0	1	1	0	1	0	0	1
Clear description of the method	1	1	0	1	1	1	1	1	1	1	1	1
Low participant attrition (<15% between baseline and follow-up)	0	0	1	0	0	0	0	0	0	0	0	1
Use of reliable measures	0	0	0	1	1	1	0	1	1	0	0	0
A treatment to assessment interval at least 3 months	0	0	0	0	1	0	0	1	1	1	0	1
Total score	1	1	1	2	3	5	2	3	4	2	1	4

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review. All 12 studies were from the USA, Canada and Australia. Although the aim of this systematic review was to identify intervention studies that focused on contact between children in long term OOHC and their parents, 7 of the studies reported on interventions where the goal of visits was reunification.

Firstly, the grade of evidence was assessed for the 12 studies (see Tables 1 and 2). Eight of the studies had their grade of evidence assessed as being Grade IV, the weakest, and three studies were assessed at Grade III. One study (Haight *et al.* 2005), although described as an RCT, was graded at Grade II, rather than Grade I, as measurement of outcomes only occurred retrospectively (Haight *et al.* 2005).

Secondly, studies were scored on seven different criteria. Table 2 shows the scores assigned to the 12 studies were generally low, ranging from 1 to 5 with a median score of 2 out of a possible 7. The frequencies of scores varied, with three studies (Haight *et al.* 2005; Kennett & Chislett 2012; Nesmith 2013) scoring comparatively well, obtaining scores above 3 out of 7. It is important to emphasize the scores relate to the research methodology for the interventions and may not reflect the value of the practice.

The 12 studies identified as meeting the review's criteria are summarized in Table 3.

Based upon the content and type of intervention, the 12 included studies were classified into three categories: (i) individual family support; (ii) group programmes; and (iii) carer or parent education interventions.

Individual family support ($n = 7$)

Family support interventions are provided to individual families, but may include interventions working with both carers and parents. The seven intervention models identified scored between 1 and 5 out of a possible score of 7. Three of these studies described the intervention in various levels of detail but failed to provide information either about how they were evaluated, their findings or child outcomes.

Beyer's *Visit Coaching* model (Beyer 2004; Beyer 2008) is designed to enhance parents' capacity to guide visits and better respond to children's needs. In this model, the coach or visit supervisor is an active participant during visits to support parents indirectly with their skills. It involves pre-visit planning, which is hypothesized to maintain change in parenting behaviours, and outlines a post-visit follow-up to debrief about visits and support parents with their emotions. Visit coaching has been implemented in pilot trials across several programmes, but with no evaluations of its efficacy. One qualitative study found visit coaching helped to strengthen the parent child bond; however, parents found it challenging to be attuned to children's needs and clear communication between coaches and parents was critical for success (Cutshaw *et al.* 2012) (Score = 1). Despite the limited evidence for the Visit Coaching model, several other individual family support interventions discussed below are based directly on this model.

The *Enhanced Therapeutic Contact* model (Milani 2014), also based upon the Visit Coaching model, is primarily for parents working towards reunification, but can be provided to parents whose children will remain in care. It uses opportunities during and between contact visits to build on strengths, and empower parents to respond positively to children's needs. The limited available case study data shows some promising findings in relation to the improvements in the quality of contact visits: parents in one case example demonstrated increasing engagement in reciprocal play with their child and actively sought time out when required. Parents also found the intervention to be a supportive and positive learning experience (Milani 2014). (Score = 1).

Smith *et al.* (2014) use a model based on *Visit Coaching*, in which visit activities are designed to build children's resilience and enhance their existing strengths as determined by a comprehensive assessment with parents. Preliminary results of children's outcomes suggest the majority of pre-school and school-age children improved on their strengths assessments and there is some evidence of parental improvement in resilience, attitudes and skills, following 20 visits using this model (Smith & Sims 2014). It is too early to report on other impacts as this is an ongoing trial and comparison studies have not been conducted (Score = 2).

Gerring *et al.* (2008) report on a family based intervention designed to support foster carers and parents to attend visits together, also informed by Visit Coaching. Although rates of reunification did not improve with this model, observations of parents showed improvements at the end of visits and an increased focus on their children. The findings suggest that using a relationship-based framework can be effective as the foundation for change in relationships between parents and their children, but more research is needed as insufficient data on outcomes was reported (Score = 3).

A study by Simms & Bolden (1991), the *Family Reunification* model, also used parent coaching to enhance the parent–child relationship via individual and group sessions (Score = 1). Qualitative feedback

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Table 3 Summary of included studies

Study	Sample	Objective	Design	Measures and outcomes
Individual family support interventions				
Beyer (2008) USA	Targeted at non-custodial parents and children in OOHC. Not evaluated to date. One trial. (n = 27 parents)	Describe the *Visit Coaching* model designed to improve parents' capacity to keep their children safe during contact visits.	Single site pilot trials. Descriptive study.	Qualitative interviews.
Milani (2014) Australia	Parents whose children are in OOHC where reunification is the goal. (n = not specified)	Describe the basis and the implementation of the *Enhanced Therapeutic Contact* model in a contact centre setting. Report impact using case studies.	Currently being implemented. Evaluation methodology unavailable.Service evaluation.	Case study.Qualitative feedback from a limited number of parents.
Smith *et al.* (2014) USA	Parents attending supervised contact with their children aged 0–14 years in OOHC. (n = not specified)	Describe the development of a strengths based intervention for supervised contact visits and its implementation. Report difficulties with implementation and feedback on staff training.	Description of a 3 site pilot trial currently being piloted. Action research evaluation.Descriptive study.	Focus groups with staff. Field notes.Satisfaction surveys.Standardized assessment of resilience using the age specific Devereaux strengths-based assessment tool.
Gerring *et al.* (2008) USA	Parents, foster carers and children aged 0 – 6 years. (n = 41 parents)	Describe the framework for the *Connections Project.* Evaluate the outcomes of the relational programme with parents and foster carers.	Single group design across four sites. Pre post assessment with 6-month and 12-month follow-up. Descriptive study.	Mixed method approach using interviews, focus groups, visit attendance, permanency outcomes and results of developmental assessments of the children. Standardized measures were used but not reported.
Simms & Bolden (1991) USA	Parent and foster carers of children aged 0–12 years. (n = 8)	Describe the development and implementation of a pilot programme *The Family Reunification Project.* Report parent perceptions of the programme.	Description of a single site pilot trial.Descriptive study.	None reported. Qualitative feedback from support groups.
Haight *et al.* (2005) USA	Mothers of children aged 2–6 yrs, recently placed in OOHC, where reunification is the goal. Mothers	Evaluate the effects of the intervention on mothers' support of children during	Randomized control trial. Prospective randomized comparison group study. Randomized control trial.	Intervention interview.Post visit clinical interview discussing family history, child history and significant relationships. Video

(*Continues*)

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Table 3 (Continued)

Study	Sample	Objective	Design	Measures and outcomes
	attending a minimum of weekly visits. ($n = 20$)	leave taking at the end of supervised visits.		recorded visits coded for maternal affect and interaction with the child.
Rella (2010) Cheung *et al.* (2012) Canada	Parents of children who have been in short term foster care for less than two years. ($n = 35$)	Evaluate the effect of the *Therapeutic Access Programme* (TAP) upon child safety and reunification rates. Evaluate parent perceptions of the parent child relationship.	Pilot single site evaluation comparing three different access programmes.Case series.Service evaluation.	Retrospective file audit. Questionnaires and interviews about contact; a shortened version of the Strengths and Difficulties Questionnaire. Worker interviews exploring factors impacting on outcomes and placement success.
Group programmes				
Salveron *et al.* (2009) Australia	Parents of children in OOHC aged five months to nine years. ($n = 17$)	Evaluate the facilitators and barriers to parents' involvement in group programmes. Evaluate the effects of the *Parenting Plus Programme* upon satisfaction, parenting competence, shame and guilt and social support.	Action research post-intervention evaluation with a three-month follow-up following changes to intervention. Prospective design Descriptive study.	Observation of playgroups. Focus groups with parents.Parental Satisfaction survey.Standardized measures assessing perceived parental competence, social support and shame and guilt.
Kennett & Chislett (2012) Canada	Custodial and non-custodial parents of children aged 0 – 5 years involved with the child welfare system who were mandated to attend a parenting programme. (total $n = 73$, NC = 32)	Evaluate the effect of the enhanced *Nobody's Perfect* programme upon perceptions of the parent child relationship, parent resourcefulness, competence, parental efficacy and self-control.	Un-blinded pilot trial. Pre post evaluation with a 5 month follow-up from baseline. Descriptive study.	Parental attendance. Standardized measures of parenting behaviour, resourcefulness, knowledge of services, competence, efficacy and self-control.
Gibson & Parkinson (2013) Australia	Parents of children in OOHC children aged 0 – 16 years. Parents must be assessed as being ready to attend a group. ($n = 38$)	Evaluate the effects of the *My Kids and Me Programme* on programme satisfaction, parental confidence, knowledge, behaviour and attitudes.	Single site pre post evaluations with a 6-month follow-up.Case series. Service evaluation.	Post intervention focus groups. Qualitative interviews, pre and post course assessment of motivation, attitudes and parental confidence, post course evaluation questionnaires, facilitator focus groups, and clinical data such as de-identified worksheets and attendance rates.
Rabuka (2013) Australia	Parents of children in OOHC where reunification may not be the goal. ($n = 15$)	Evaluate the effects of the *Strengthening Contact Programme* upon satisfaction and the impact upon parent–child relationships at contact.	Single site pilot trial pre post design. Case series study Service evaluation.	Pre post competency evaluation by Contact supervisors evaluating the parent child interaction during visits. Pre post parent evaluation of

(*Continues*)

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Table 3 (Continued)

Study	Sample	Objective	Design	Measures and outcomes
				change.Post group satisfaction survey.Qualitative feedback.
Education interventions				
Nesmith (2013) USA	Reunification is the goal. Foster carers, parents and children aged 4–14. ($n = 133$)	Evaluate the *Family Connect* project and discuss practice implications.	Single site comparison group. Descriptive study.	Post intervention questionnaire and qualitative interview. Assessed satisfaction with the resource.

from support group sessions reported the programme as supportive and helpful. However, there is limited evidence of efficacy because of lack of reported outcomes.

One RCT met the inclusion criteria for the review, a single session visit-specific intervention with mothers of children in care (Haight *et al.* 2005). During observation of visits, mothers in the intervention group displayed more behavioural strategies to support their children, than mothers in the comparison group. However, during the leave taking sequence of the visit, intervention group mothers were reported to be less engaged with their children than mothers in the comparison group. The majority of children experienced distress at the end of visits irrespective of group allocation. These findings suggest that a single intervention session of this nature may be ineffective (Score = 5).

Two final articles were identified and coded together: the first outlining the model (Rella 2010), and the second reporting the evaluation findings (Cheung *et al.* 2012) on the *Therapeutic Access Programme* (TAP). TAP aims to reduce rejecting and inconsistent parenting behaviours such as ignoring a child's distress or failing to provide comfort (Rella 2010; Cheung *et al.* 2012). TAP is aimed at parents whose children may be restored to their care. The majority of parents reported positive impacts from TAP on their relationship with their child. Child risk scores or risks to safety decreased over time with this intervention. Reports suggest good collaboration between parties. However, limited conclusions can be drawn about the impact of this intervention on child outcomes as initial assessments of child wellbeing outcomes and post intervention assessments were not reported (Score = 2).

In isolation, the evidence for these intervention studies using individual support is low. However, as a group, given the similarities in the models, they indicate promising practices that support individualized visit-focused interventions. The small sample sizes, limited methodological rigour and limited reporting on outcomes for children or parents demonstrate the need for more rigorous trials to determine the effect on child and/or parent outcomes.

Group programmes ($n = 4$)

Four group programmes designed to support contact visits for parents whose children may not be restored were identified. These four studies scored somewhat higher than those in the individual support interventions, because of the incorporation of post-intervention follow-up, good internal validity and reliable measures.

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Whilst these studies assessed outcomes in different ways, all measured the impact of the intervention upon parent–child relationships.

Salveron *et al.* (2009) built on a structured therapeutic playgroup model for parents having supervised visits with their children in care. The intervention comprises pre-visit education, a supervised structured playgroup and a parent debriefing session. The playgroup session is designed to give parents an opportunity to practice skills learnt during the education component, with a facilitator. Satisfaction with the programme remained high and parental satisfaction significantly increased between assessment points. Parental confidence and parental guilt did not change over time; however, shame decreased significantly between assessment points one and two. Findings suggest a structured group programme targeted at parents whose children are in care has the potential to help parents contain their emotions and assist them to focus on their children during visits. A key limitation of the findings was the lack of a comparison group (Score = 3).

Kennett & Chislett (2012) evaluated the *Nobody's Perfect* parenting programme with non-custodial parents, covering issues such as child behaviour, nutrition and anger management, using group discussion and activities to practice skills and encourage self-reflection. It does not focus on contact visits but aims to give parents a safe place to think about their lives, their children and role as parents. This study found improvements in non-custodial parents' parenting resourcefulness and positive parent child interactions compared with custodial parents. There were non-significant improvements in parenting self-efficacy. Participants reported parents benefit from the group dynamics. These findings suggest benefits for supervised contact although the evidence is stronger for custodial at-risk parents (Score = 4).

The *My Kids and Me Programme* provides parents with a reflective space to express emotions and to improve their relationships with their children and foster carers, rather than focusing on parenting skills (Gibson & Parkinson 2013). It is a discussion-based group covering topics such as talking and listening, understanding the child perspective, self-care, and processing grief and loss. The majority of parents reported that their relationships with their children had improved and their capacity to manage their emotions had increased. Facilitators reported parents became more respectful of the group and regularly provided feedback about their learning. Qualitative interviews and the pre-post assessment indicated an increased understanding of the effects of parental behaviour upon children and improvements in attitudes towards foster carers, commitment to the course by parents and improved insight and recognition of the need for support to change. However, outcome data for children and data on the impact upon contact of this intervention were not reported (Score = 2).

Similarly, the *Strengthening Contact* programme is a discussion-based intervention provided by psychologists and child protection counsellors to address issues arising in contact, through psycho-education, modelling and coaching (Rabuka 2013). This programme draws from the parent education module of *Visit Coaching* (Beyer 2008). This single site study reported some improvements in parent–child interactions at visits and high levels of satisfaction following the programme. Improvements were observed in contact visits following the programme compared to prior evaluations. Parents reported increasingly viewing contact from the child's perspective, improved contact visit planning, learning strategies to stay positive and address emotions outside of contact visits (Score = 1).

All the group work programmes use structured discussion to cover topics and provide parents with opportunities to share experiences with other parents in a non-judgemental environment. However, only two studies specifically included contact visits with parents and children, thereby providing an opportunity to apply the skills and knowledge discussed in the groups to visits and visit planning (Salveron *et al.* 2009; Rabuka 2013). The studies were limited by small sample sizes and lacked comparison groups, and for two of the studies, the impact upon visits is unknown. However, these findings provide preliminary evidence that group programmes tailored to parents whose children are in care may lead to improvement in the quality of parent–child interactions at visits. Further assessment of outcomes for children, reunification rates and experiences of contact over a longer follow-up period would provide stronger evidence of the effectiveness of such interventions.

Education interventions ($n = 1$)

General training programmes have been developed for foster carers, but only one programme identified in this review specifically focused upon contact between children and their parents. This study trialled an educational intervention using child-friendly resource books as the foundation for training sessions with parents, foster carers and children (Nesmith 2013). These guidebooks provide strategies and activities to assist carers and parents to work together to facilitate

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positive contact and easier transitions into and out of contact visits (Nesmith 2013). Parents reported increased understanding of the perspectives of others and increased preparation for visits and transitions to and from visits. However, children reported feeling less able to discuss visits with others at follow-up. This study had a comparison group which reviewed the material but were not permitted to use the resources. These findings show that providing educational resources may have the potential to improve contact visits for children and their parents. However, the lack of validated measures or reported outcomes regarding placement outcomes or visit attendance limits conclusions about its efficacy (Score = 4).

DISCUSSION

This systematic review identified 12 interventions that aim to improve the quality of contact visits between parents and their children in OOHC. Because of the variations in and limited evaluative methodology, the small scale of the studies, the short follow-up periods used and a lack of outcome data, conclusions about their efficacy and effectiveness are limited. However, the findings from this systematic review show that the majority of these interventions show promise.

One significant limitation was that only one study asked children about their experiences of contact, a significant gap in the evidence base.

Most of the individual family support interventions used pre-visit planning and coaching strategies with parents during visits. Despite the limited findings from these studies, the evidence indicates that structured tailored parental support may improve interactions between parents and their children at visits. However, further research is required with parents whose children are unlikely to be restored to their care. Implementing interventions with parents whose children are not residing with them presents a number of difficulties: many parenting interventions rely on the practice of skills at home with their children, rather than focusing on improving contact visits between children and their parents.

The group programmes tended to focus on parents who were less likely to be reunified with their children. These studies offer stronger evidence that these types of programmes might be effective in improving parenting knowledge and behaviours. However, the lack of comparison groups and explicit assessment of the impact of the intervention on the quality of visits across studies needs to be addressed in future research, to draw firmer conclusions about their impact upon parent child relationships at contact. Similarly, the one education programme suggests more evidence is needed to understand the potential impact of this intervention (Nesmith 2013).

Implications for practice

The results of this review suggest both individual family support and group programmes have the potential to improve parent–child relationships and the quality of contact visits. The promising results of studies where carers and parents jointly receive interventions are encouraging and address the needs of both parents and carers to manage visits (Gerring *et al.* 2008). Agencies are encouraged to consider providing programmes or resources that promote collaborative parenting approaches as these programmes can assist in meeting the needs of both parents and carers (Simms & Bolden 1991; Gerring *et al.* 2008) whilst facilitating this relationship. The results from the one educational intervention study indicate that specialized resources focusing on issues that affect the quality of contact visits have the potential to influence attitudes of foster carers and parents about each other and about contact. This supports the findings from qualitative research with carers and parents who have reported a need for specialized training or information that could assist them at contact visits (Sanchirico & Jablonka 2000; Höjer 2009; Nesmith *et al.* 2015).

Most of the parent-focused interventions, whether they are individual or group programmes, utilize coaching and encourage parents to reflect on their own experiences and those of their children. Both types have provided preliminary evidence that they are effective in improving the parent–child relationship and/or the quality of interactions at visits. Practitioners need to consider how these different components can be integrated into current practice when working with parents about contact. However, the limited nature of the evidence means careful consideration of the individual needs of children and families is required when implementing these approaches.

Short-term, small scale pilot studies are the predominant intervention types identified in this review. These findings suggest that long-term, ongoing support of families is needed to facilitate positive changes, particularly because some single session interventions were found to have negative effects for children (Haight *et al.* 2005; Nesmith 2013). Given the large financial costs, emotional energy and time commitments devoted to supervised contact for children in OOHC; more

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rigorous, large-scale, long term intervention studies are needed in order to ensure contact visits meet the needs of all participants and improve outcomes for children.

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LIMITATIONS

Whilst attempts were made to capture interventions from service evaluation reports, there may have been other research reports available that were not identified through the search terms used. As some of the interventions identified were currently in the data collection phase of pilot trials, outcome data was unavailable to draw conclusions about the intervention's efficacy. Similarly, the few RCTs limit the conclusions that can be drawn about the effectiveness of these interventions. In addition, as these studies were from different countries and different child welfare systems the ability to generalize these findings to other jurisdictions is limited.

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