Support services for the birth relatives of adopted children have received far less research scrutiny than those for adopters and the children themselves. Clive Sellick reports the first stage ‘mapping’ survey of a government-commissioned study into birth relative support services and services supporting contact following changes in policy and legislation. The type, range and delivery of such services, commissioned or provided by local authority and voluntary adoption agencies and adoption support agencies in England and Wales, are examined. The survey found that good opportunities exist for linking birth relative and contact support services. However, real challenges remain in promoting support services and reaching birth relatives and in funding and commissioning such services, particularly from the non-governmental sector.

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Background

The National Adoption Standards for England (Department of Health, 2001) accompanying the Adoption and Children Act 2002 outlined an entitlement of birth parents in England and Wales to a support worker, independent of the child’s social worker, from the point at which it is identified that adoption is the plan for the child. The Standards also stated that birth parents and birth families (including siblings) should have access to a range of support services both before and after adoption. These services should include counselling, advice and information. The Standards further stated that:

Birth parents and birth families (including grandparents, brothers, sisters and others who are significant to the child) are entitled to services that recognise the lifelong implications of adoption. They will be treated fairly, openly and with respect throughout the adoption process. (Department of Health, 2001, p 23)

Most adopted children will have a plan for indirect or direct post-adoption contact with one or more birth relatives. The National Adoption Standards (Department of Health, 2001) require agencies to identify contact arrangements in a child’s adoption plan and to consider the post-adoption support needs of all parties. The Adoption Support Services Regulations for England (Statutory Instrument, 2003) and Wales (National Assembly for Wales, 2004, 2005) give adopters, adopted children and birth relatives the right to request an assessment of need regarding contact arrangements and require agencies to maintain services to assist such contact arrangements.

The Adoption Support Services Regulations for England and Wales also require local authorities to appoint an adoption support services adviser (the ASSA) who will be responsible for the provision of advice and information to all persons affected by the adoption or proposed adoption of the child. Guidance issued in May 2003 envisaged that the role could be formally vested in the second tier of council management, such as the Head of Children’s Services or Assistant Director for Children and Families (with day-to-day delegation as appropriate), thus giving the necessary direct access to senior management in social work and through this, other agencies.

Related research

Support services for adopted children and their new parents have received considerable research scrutiny in the past decade (Triseliotis et al, 1997; Rushton, 2003). A number of applied and largely edited publications have brought wide-ranging research evidence and practice accounts to a practitioner readership. Among these, studies have explored types of support models and examined their effectiveness (Argent, 2003), considered the therapeutic and educational support needs of adopted children, including those of black
and minority ethnicity (Phillips and McWilliam, 1996), looked at the particular support needs for adoptive families in difficulty (Rushton and Dance, 2002), considered the role of support for adults engaged in search and reunion (Triseliotis et al, 2005) and provided practice details of intermediary support services nationally (Feast and Hundleby, 2005).

The potential of the role of the ASSA has been explored in one recent publication (Hart and Luckock, 2004). The authors offer five ‘ideal type support models’ which they term ‘broker’, ‘systems healer’, ‘social supporter’, ‘therapeutic-broker’ and ‘educator’ (p 80). The functions of each, for example the broker’s role as manager and mediator or the educator’s responsibilities for training staff and family members, will be considered further below.

With very few exceptions, studies have focused on the support needs of adoptive parents and adopted children and adults. Indeed, the authors of a major government-commissioned study of adoption support write ‘it was not deemed possible to include in this research a special study of the perspectives of birth parents themselves’ (Lowe et al, 1999, p 19). However, some key texts have included consideration of the needs of birth relatives. One, for example, suggested a range of services for birth parents at different stages. These included self-help groups, counselling and advice on obtaining specialist legal representation (Triseliotis et al, 1997, p 112). Other texts look in moving detail both at the experiences and needs of birth mothers who relinquished their children to adoption (Howe et al, 1992) and at birth parents whose children were adopted against their wishes (Charlton et al, 1998). This latter study identified the value to birth parents of the provision of services independent of the agency which removed their children and placed them for adoption. This area will also be considered further below.

More recently, some examples of practice have been brought to a wider readership, such as the provision of mutual support for birth mothers in one English city (Jackson, 2003). However, very few accounts exist of research into the support needs and related service delivery for the birth relatives of children who are either in the process of or who have been adopted. This situation resonates closely with that of birth relatives of fostered children and young people. In a national review of good practice fostering in 2003 (Sellick and Howell, 2003), the researchers ‘found almost no evidence of the parents and other relatives of fostered children being brought into the participation and evaluation systems’ of fostering agencies (Sellick and Howell, 2004, p 492). Whether this gap in the published accounts of birth relative support services in adoption also reflects practice realities will be explored in this article.

Contact between children who are looked after by local authorities and their parents and other birth relatives has been studied extensively for many years (Borland et al, 1991; Wedge and Mantle, 1991; Cleaver, 2000; Beek and Schofield, 2004). Early research into adoption with contact is less available although there are notable exceptions, such as that of Fratter (1996) and Lowe et al, 1999. This work has developed considerably in recent years, both in this country (Logan and Smith, 2004; Young and Neil, 2004) and elsewhere (Neil and Howe, 2004). This more recent research has captured the impact of changing practice and, most importantly, the relevance of contact between children and their birth relatives where children have been adopted from care following experiences of maltreatment or neglect after contested care proceedings (rather than the more common relinquishment route of the past). Services supporting birth relatives and those supporting contact will be explored here in the context of a recent study that examined support services in these two overlapping areas in all adoption agencies in England and Wales.

**Methodology**

This is an account of the first stage, ‘mapping’ report of a Department for Education and Skills (DfES, now Department for Children, Schools and Families) funded study of services supporting birth
relatives and contact. Further research is currently being conducted, which is both evaluating the impact and outcomes of these support services and examining their costs. The mapping survey aimed to identify and describe the range and type of birth relative and contact services provided by local authorities, voluntary adoption agencies (VAA) and adoption support agencies across England and Wales.

Three data collection methods were used: questionnaires, telephone interviews and focus groups. Questionnaires were sent to all adoption and adoption support agencies in England and Wales. These explored the availability and development of birth relative and contact support services and, for local authorities, the role and responsibilities of the ASSA. In total, 135 completed questionnaires were returned, giving a response rate of 63 per cent. Of these, 60 per cent of local authorities, 67 per cent of VAAs and all of the eight adoption support agencies responded.

The agency questionnaires were examined and 60 were selected for follow-up telephone interviews with ASSAs or other dedicated adoption support staff. At our request, adoption agencies identified the names and contact details of these staff with lead responsibilities for adoption support services before the questionnaires were sent. Each interview was guided by a semi-structured schedule, tailored individually from each returned questionnaire, so that the researchers could probe, develop and clarify areas of particular interest. Ten of these had a particular focus on issues of economic costings and contractual arrangements in the purchase and provision of services. Two focus groups were held (each one focusing on birth relative or contact support services) with adoption staff. These included people from a range of agencies across sectors, of varying sizes and in different parts of England and Wales, including inner-city and other urban areas with significant black and minority ethnic populations. These meetings provided further opportunities for information gathering and for group participants to share and exchange views on the range and effectiveness of service provision and delivery.

Findings

Introduction

In view of the new legal and regulatory requirements upon adoption agencies, and some emerging themes in the relevant literature, the first part of the study reported here was a scoping exercise of service development. It aimed to map this across agencies and to explore some conceptual areas associated with these. For example, how important is it that services are experienced as genuinely independent? How are these promoted to birth relatives? Who are the ASSAs and what are their principal tasks and responsibilities?

This article considers these and other questions emerging from the mapping stage of the study. Survey respondents to the questionnaires, interviews and focus groups were all adoption staff of local authorities, VAAs and adoption support agencies. Their accounts of the developing systems and arrangements for supporting birth relatives and contact in their particular agencies allow us to view how this map is forming across England and Wales. What follows is therefore necessarily descriptive, although three key areas are considered in greater depth in the concluding section. The other two stages of the study will cost and evaluate these support services. Birth relatives will play a crucial role in evaluating the services they have received and in determining how this evaluation is constructed by the researchers. At the time of going to press, other members of the research team are analysing the data of service costs and effectiveness and will aim to publish their findings in subsequent publications. For now, this article will look at the three major areas explored in the mapping survey: the role and responsibilities of the ASSA, birth relative support services and services supporting contact.

The role and responsibilities of the ASSA

The survey found that the management level at which the ASSA post was held varied across agencies. In line with the
early guidance, 58 per cent of ASSAs were senior, usually second-tier managers. Of the others, 27 per cent were adoption or post-adoption team managers, 11 per cent were senior practitioners or social workers and, in two local authorities, the ASSA post was split between staff of different levels of management.

The practice responsibilities of the ASSA appear to be discharged in three ways and in order of seniority between adoption staff. Firstly, senior managers discharge certain strategic responsibilities: planning and development of adoption support services; policy lead; provision of operational oversight and management; responsibility for intra- and inter-agency liaison; and negotiation and commissioning. They are also the ‘first port of call’ for advice, information and signposting adoption support services and decision-making. One ASSA referred to himself as ‘the public face of adoption in this local authority’. Secondly, frontline or middle managers discharge the following management responsibilities: service co-ordination; allocation and promotion; supervision; budgeting; and the writing of procedures. One ASSA wrote of the importance of ensuring ‘that the adoption service is sufficiently staffed to operate effectively’. Another noted that she is ‘the first point of contact for clients’. Thirdly, practitioners discharge service delivery responsibilities, namely assessment of need and practice provision through casework, group work, counselling and training. As one ASSA wrote: ‘in reality, the duties of the ASSA fall on the adoption social worker’.

The delegated flow of adoption support services from manager to manager and from manager to practitioner is clear. In line with the relevant guidance, most shire and urban authorities have established the ASSA role at senior management level. This officer then delegates most of these responsibilities to middle managers and practitioners. Other, generally smaller and more rural authorities have established ASSAs at middle management or occasionally practitioner level. These officers also delegate and share their adoption support services responsibilities with practitioner colleagues.

**Birth relative support services**

Questionnaire respondents were asked to complete a matrix indicating whether they had provided the following services to birth relatives over the previous 12 months: assessment, information and advice, support groups, therapy, counselling, intra/inter-agency liaison, assistance with direct contact, assistance with indirect contact, casework and advocacy.

Every local authority provided (or commissioned from VAAs or support agencies) some form of birth relative support service. Focusing just on the types of services provided to birth relatives, it was found that 25 local authorities provided these ten services as detailed in the questionnaire, while 59 (60%) provided between seven and nine of the services, ten (10%) between four and six of the services and four local authorities provided less than four of the ten. Support for direct or indirect contact was most likely to be available (95%), although of course this was aimed at children and adopters as well as birth relatives, and the provision of advocacy (62%) and therapy for birth relatives (58%) was the least likely.

There were substantial differences in the availability and type of support service provision across England and Wales. Even where these were available, take-up by birth relatives was very low. Four, often overlapping, reasons seemed to explain this. Two were related to the attitudes and experiences of birth relatives and two concerned difficulties in promoting support services. Firstly, the anger and distrust that birth relatives feel after having their children removed against their wishes was cited by several agencies as a reason why service use was so low. Interestingly, the replies of two agencies suggested that the frustration that some birth relatives may feel can be a reason why people will engage with support services, either because they are relieved to find someone who will listen to their feelings or because they hope that independent support services staff may advocate on their behalf.

Secondly, and connected to this, only services delivered by an agency completely separate from the local authority
were felt by many birth relatives to be truly independent. Some independent agency providers suggested various ways they used to emphasise their independence from local authorities, for example, calling their workers ‘project workers’ as opposed to ‘social workers’. One agency even said they believed it helpful not to use ‘adoption’ in their title, as this may put off birth parents who are at the stage of actively resisting the idea that their child will ever be adopted. One manager conducted a study as part of a management course which explored which VAAs or support agencies were most likely to offer her local authority the best service for birth relatives. She concluded that, in respect of take-up of services, ‘anything with adoption in the [agency] title is unlikely to be successful.’

Thirdly, respondents spoke often about the importance of promoting services for what all considered to be a ‘hard-to-reach’ group of service users. Two major factors had to be overcome in order to reach birth relatives. Firstly, as mentioned above, respondents commonly acknowledged that relatives who contested the local authority’s application for care and adoption were often hostile while others, because of their difficulties in overcoming illness or addiction or in managing their disabilities, were often unresponsive or unavailable. Two of the interviewed local authority managers illustrated this. The first talked of her team’s commitment and challenges:

There’s a real passion in our team about getting it right for birth parents. How can they be receptive to services when this same authority is in the middle of removing their children? Who can they trust? Who can they talk to? How can they be best represented? All these issues are so important.

The second manager said:

Birth parents’ lives continue to be chaotic. This is a hard group to reach. They move a lot, they’re transient, in temporary housing; they don’t get letters, they don’t reply to letters. They are very reluctant to have anything to do with social services.

Fourthly, many respondents in local authority adoption teams or VAAs and support agencies commented on the problems they experienced in reliably receiving referrals from child and family social workers. As one commented, ‘Where agencies leave it down to the child’s social worker and rely on their commitment to refer’, difficulties arise particularly because of their caseload priorities, lack of adoption work experience and the high staff turnover in many local authority departments.

Services supporting contact
In the same way as we sought information about the type and range of birth relative support services, questionnaire respondents were also asked to identify their provision of adoption contact services over the previous 12 months. On average, agencies were supporting 15 indirect arrangements for every one direct, face-to-face arrangement. As a result, most adoption agencies have developed complex and systematic arrangements for indirect, largely letterbox, contact between adopted children and their birth relatives. By contrast, direct, face-to-face contact arrangements are less well developed, largely because of the small numbers involved. However, another explanation may be found in the expression of professional attitudes in the questionnaires. One local authority manager said, ‘We are there if they need us but if they can manage alone that’s much better.’ Another respondent commented that ‘until very recently our local authority said “no” to any direct contact which the families can’t run between themselves’.

Another expressed strong views about current contact practice:

The child needs to see the birth parent for a reason. It’s not about information exchange or the birth parent needing to see the child. It’s about the child needing something from that parent. It has to be about an established relationship. That child has to have an established relationship with that parent.

Elsewhere, practice differed and perhaps this reflected different management and
practitioner attitudes. For instance, in one local authority all direct contact arrangements are managed by the post-adoption team; in another, the respondent manager said she was seeking additional resources to assume these responsibilities. Examples did emerge of models for practice in some local authorities for direct contact support services:

- In one, the family placement worker stays responsible for 12 months post-adoption order ‘as they have a really good idea what they are taking on’ in respect of the past, the parties and reasons for direct contact.
- A manager elsewhere writes annually to all parties where there are face-to-face contact arrangements to see whether these are satisfactory. Where they are not, she meets with the parties to discuss, mediate and, where necessary, revise the contact arrangements.
- One council has created a new post of Contact Manager combining a hands-on and policy role.
- In another, all face-to-face contact arrangements are reviewed annually by the responsible post-adoption social worker, who meets with the adopters, birth relatives and, where appropriate, the child.

Systems for monitoring and reviewing direct contact arrangements are beginning to be established in a small number of local authorities and more generally in VAAs and adoption support agencies. Staff respondents across agencies gave details of innovative contact support services. For example, one local authority has secured a dedicated social worker post for oversight and intervention in complex face-to-face contact cases; another has established a dedicated contact centre staffed by specialist staff on site and which is used for all contact arrangements, including face-to-face contact between adopted children and their birth relatives. One VAA obtained funding from the BBC Children in Need appeal and a regional charitable foundation for a Connected for Life project that brought together the adopters and birth parents of 16 adopted children for a day to improve the quality of both the stock and flow of information concerning the child. One support agency has created a Contact Mediation Team staffed by a child advocate, a social worker for the adopters and a social worker for the birth parents. Another local authority has introduced two types of contact workshops. The first is for birth relatives and assists in preparing them for both direct and indirect contact, for example, in helping them to write letters. The second is for social workers. Both aim to establish practice consistency regarding the purpose and operation of contact across this local authority. Written tools and a contact pack containing procedures, written agreements and relevant literature have been developed.

Discussion
This research reflects practices in 2005 when many agencies were planning, developing or occasionally reviewing services. Hence the research can only give a ‘snapshot’ of what was happening during the study time period. Many agencies could not respond with great detail to some of our questions (especially about how many people were using various services), as, frequently, detailed records were not kept or were not easily accessible to those completing the questionnaires. Therefore, the research can only provide broad impressions about levels of service take-up. This mapping exercise broadly describes service provision but does not evaluate the quality of services. The later stages of this project will do so. However, a number of critical factors did emerge. Three in particular stand out: the opportunities for linking birth relative and contact support services; the practice of commissioning and its impact on the voluntary sector; and the importance of social work values in respect of promoting support services. Each will now be examined in turn.

**Linking birth relative and contact support services**
It was apparent from the questionnaire returns, telephone interviews and focus
groups that many agencies have made use of opportunities for linking birth relative and contact support services. There is room for more ‘joined up thinking’ about contact support and birth relative support. For example, while specialist support workers have a role to play in helping birth relatives successfully maintain contact with their child, offering help with keeping in touch is also one way of encouraging birth relatives to use specialist support services. Adoption staff from across sectors suggested that birth relatives were more willing to take up support services if these were connected to the contact they were having with their adopted child. Support staff across sectors offered to help birth relatives write contact letters, and used the forwarding of these to remind birth relatives that support services were available. They encouraged those using a letterbox service to meet support service staff or others using support services and publicised support services via workers supervising direct contact.

**Commissioning**

Many local authorities commissioned independent agencies to discharge their duties in respect of support service provision. In particular, some did so as a direct response to the requirement to provide a support worker independent of the child’s social worker. Contracting or service level agreements were often made with VAAs and, occasionally, support agencies whose work was already known to the local authority. No evidence emerged during the mapping survey that independent adoption or support agencies were selected by local authorities in ways which were either systematic or ideological. Sometimes this was done in haste and often in the absence of formal processes. By the time of this survey, several local authorities were beginning to review the services they were commissioning. Consequently, some adoption managers commented that commissioned birth relative support services were being under-utilised. As a result of this and the fact that resources for birth relative and contact support stopped being ‘ring fenced’ from 2006, many local authority managers reported that they were not getting value for money. Two responses have emerged. Firstly, some local authorities are beginning to provide support services in-house and are using the fees paid to independent providers to fund instead the salary of a half-time or full-time social worker. Secondly, others are continuing to commission independent providers but under different commissioning or contracting arrangements. One local authority manager described this as an ‘à la carte’ approach compared to the current ‘set menu’ method. As part of this renegotiation and re-evaluation of contracts, many local authorities are applying more formal and competitive tendering processes.

Both approaches, in-house provision and more business-like contract negotiations, have consequences for voluntary providers. The former raises issues regarding their ultimate existence in the adoption market. Many voluntary agencies that provide adoption (and fostering) services are also involved in other areas of child welfare and one VAA manager suggested that if the fostering and adoption section of their organisation was found to be making a loss, it would be closed. The latter approach and the movement towards tendered contracts could also affect their survival or change the way these agencies operate. Open tendering and the introduction of competition may perhaps allow for a more efficient market. However, this may come at the expense of expertise or even the identity of the non-governmental adoption sector. A former Director of BAAF in Scotland sets out the dangers which voluntary providers have faced:

*While the larger agencies within the sector, such as Barnardo’s and NCH, have the strength, financial power and wisdom to retain adequate space for innovative projects, smaller agencies are becoming increasingly preoccupied with meeting their contract specifications, with little room for manoeuvre. For these agencies, the barriers to entry into the welfare market have been removed, but the option of exit from the market has also been removed from their control. The result*
may be stifled growth and lack of innovation. (Giltinan, 2002, p 55)

The policy drive towards commissioning foster care placements and related services from independent fostering providers (IFPs) has had a dramatic effect upon the status and practices of these agencies. Information now available from the Commission for Social Care Inspection (CSCI) in England exposes a striking difference in the status of IFPs between the ‘old’ and ‘new’ agencies. In July 2006, 253 agencies were registered as IFPs in England. Thirty-three were old IFPs, including branches of Barnardo’s and the NCH, and 28 of these had registered as voluntary, not-for-profit, organisations. The majority (220) IFPs were new and, of these, 206 were registered as private, for-profit organisations (CSCI, 2006). The implications are clear. There is now a substantial internal market of private sector fostering agencies, particularly in England, competing with one another for local authority placement contracts. A recent foster care study found that commissioning arrangements are both commonplace and varied (Sellick, 2006a, b). There is no reason to suppose that those for adoption support services will be any different, except perhaps one. Commissioning IFP placements and services has been, at least to begin with, a largely pragmatic response to foster carer recruitment and retention difficulties. But finding placements for looked after children is likely to feature considerably higher on a senior manager’s priority list than supporting the birth relatives of children who have been adopted. Attitudes towards birth relatives appear instrumental as the following section illustrates.

Promoting contact and support services to birth relatives

At the start of this article, reference was made to the statement in the National Adoption Standards (Department of Health, 2001) that birth relatives ‘will be treated fairly, openly and with respect throughout the adoption process’. Social work practitioners and managers, including the ASSA, are in the front line of support service delivery and a small number of agencies cited the importance of social work skills in engaging birth relatives. For example, the importance of responding quickly to requests for help and offering an honest, trustworthy relationship were mentioned. The following response from an ASSA aptly summarises what is required:

It is my view that the skills of the project worker are vital in engaging birth relatives and ensuring that they are treated with respect, honesty and openness. The project worker has excellent communication skills, is empathetic, clear about boundaries and is able to remain calm, even in confrontational situations.

A common theme to emerge across the questionnaires, interviews and focus groups was the role of professional social work delivered by trained and experienced workers. Respondents regularly referred to the social casework mix of emotional and material assistance provided through a trusted working relationship. The following three comments made by post-adoption support workers across sectors best make this point.

The first worker brings together the two aspects of casework by talking about the importance for birth parents of ‘having somebody on their side who can interpret information, help them write letters and provide another place where they can express their feelings’.

A second adoption support social worker illustrates the importance of acting early in the process:

You need to get your foot in the door. They open up once I help them with the letterbox arrangements. If we don’t make any contact with birth parents before the child is adopted then it might be difficult for them at a later date to realise that there is a service for them. If we can get involved when there’s something practical to do, that’s helpful as it’s a good point for the start of a relationship.

This third comment acknowledges the ongoing nature of this relationship:
Many of these families are going to need ongoing support for years and access to services that they can dip into and dip out of. They come to us, go away, come back and go away again.

Comments such as these in relation to supporting birth relatives illustrate a fundamental social work premise. This is well expressed by Howe (1998, p 5) in his seminal introduction to social work theory. He writes that in order to be effective social workers must do two things:

They must create those personal conditions which establish a relationship of trust, caring and acceptance thereby increasing the client’s amenability to therapeutic influence. It appears, therefore, that the quality of the relationship is important in social work practice. Social workers should be ‘responsive’.

They must employ careful and explicit procedures. The purpose of the worker’s involvement must be understood by the worker and the client. Good practitioners make deliberate use of well articulated theories and methods which organise, order and direct practice in a way that is recognised by both worker and client. Social workers should be ‘systematic’.

These two factors do help us to make sense of the provision, promotion and effectiveness of services for birth relatives and for supporting contact. We know from the mapping stage of this study about the importance both of responsiveness, for example to birth relatives experiencing considerable social and psychological difficulties, and of being systematic, for example in developing face-to-face contact arrangements. The second stage of this study will develop further this aspect of the research.

Concluding remarks
There are significant challenges in engaging birth relatives in support services, including those for contact. Services need to be perceived as independent, be available at different points in time across the adoption process and well beyond, and be delivered by willing, efficient, informed, flexible and non-judgemental practitioners able to take full account of the often special needs of mentally ill, addicted or learning disabled birth relatives, as well as those of minority ethnicity descent. These challenges are difficult enough, but adoption staff in both public and voluntary agencies acknowledged the clear links between support services and positive outcomes for all those engaged in the adoption process. However, this study indicates that social work experience and practice wisdom are vulnerable to an organisational context of funding constraints and limited choices, where investment in placement stability and associated outcomes is likely to take priority when funding is no longer ring-fenced. The impact for birth relatives, and for the future of independent adoption providers may, I fear, be more worrying than we are willing to acknowledge.

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