



Centre for Research
on Children & Families



CONTACT AFTER ADOPTION: A FOLLOW UP IN LATE ADOLESCENCE

December 2013

Elsbeth Neil

Mary Beek

Emma Ward

Acknowledgements

We would like to acknowledge the help of the many people who made this study possible, some of whom cannot be named individually for reasons of confidentiality. The research was funded by The Nuffield Foundation and was carried out in 2012 and 2013.

Firstly we would like to thank all the adopted young people, adoptive parents and birth relatives who took part in the study. Their willingness to share their personal experiences and to take time to fill in questionnaires was vital to the success of the project. We would also like to thank the social workers and administrative staff from the participating adoption agencies who assisted us in tracing participants whose contact details were out of date.

We are grateful to the help of After Adoption who assisted us in recruiting a group of adopted young people to advise us on the early stages of the study, and of course to the young people themselves who made many valuable suggestions which informed our data collection strategy.

Thanks are due to members of our advisory group: Prof Julie Selwyn (University of Bristol), Julia Feast (BAAF), Pauline Wedderburn (London Borough of Southwark), Celia Beckett (Institute of Psychiatry), Nina (birth parent), Jonathan (adoptive parent), Julie Stolland (adopted person and After Adoption adoption social worker) and Lynn Charlton (After Adoption). Our willing and highly knowledgeable group members provided valuable assistance in determining the direction of the study, and were helpful in answering individual queries we had about particular issues.

We were helped by many academic and administrative colleagues at the University of East Anglia. In particular we are grateful for the rigorous attention given to this report by our internal peer reviewers Prof Gillian Schofield and Prof June Thoburn and to Eve Slaymaker and Sue Bailey for her help with references and formatting. We are also much indebted to our external peer reviewers Dr Lynn von Korff (University of Minnesota) and Dr Celia Beckett (Institute of Psychiatry) for the detailed scrutiny of our research. Their in-depth expertise provided invaluable feedback for the improvement of the report.

Elsbeth Neil, Mary Beek, Emma Ward. December 2013

Published by the Centre for Research on Children and Families, University of East Anglia.

© Elsbeth Neil, Mary Beek, Emma Ward 2013

Contents

	Page No
Chapter 1: Introduction and background to the research	5
Chapter 2: Findings from the previous two stages of the Contact after Adoption research study	13
Chapter 3: Design, sample, methods of the study at Time 3	21
Chapter 4: The adopted young people: how were they getting on in adolescence?	52
Chapter 5: The adoptive families: a snapshot of current contact	76
Chapter 6: The adoptive families: contact pathways over time and evaluations of contact by adoptive parents and young people	87
Chapter 7: The satisfaction of young people with their contact arrangements	115
Chapter 8: The adoptive families: Adoption Communication Openness	133
Chapter 9: Being adopted: young people's construction of an adoptive identity	156
Chapter 10: Birth relatives: wellbeing and adjustment to the adoption, 16 years on	190
Chapter 11: The birth relatives: contact pathways and experiences	208
Chapter 12: Social networking: new challenges for adoptive parents, birth relatives and adopted young people	227
Chapter 13: Suggestions relating to contact planning and support made by adopted young people, adoptive parents and birth relatives	246
Chapter 14: Conclusions and discussion	273
References	294
Appendix 1: Contact after Adoption study, children's workbook	304

Tables and Figures

Tables

- 3.1 The age of the young people in years at Time 3
- 3.2 Relationship to adopted child of participating birth relatives
- 3.3 Birth relatives who were present at each interview
- 3.4 The number of participants completing each aspect of data collection
- 3.5 Comparison of participating young people to non-participating young people: gender, reason for adoption and overall adjustment at T3
- 4.1 Descriptive data for the emotional and behavioural development variables
- 4.2 Descriptive data for young people's psychological wellbeing variables
- 4.3 Descriptive data for IPPA variables
- 4.4 Descriptive data for the 3 outcome groups
- 5.1 Young people's contact with birth relatives: birth relatives having contact and type of contact (n=65)
- 5.2 The frequency of contact events according to type of contact
- 5.3 Young people's contact arrangements by overall outcome group
- 7.1 The cross tabulation of young people's contact satisfaction with externalising scores on the CBCL/CBCL
- 7.2 The cross tabulation of young people's contact satisfaction with internalising scores on the CBCL/ABCL
- 8.1 Descriptive data for the adoptive parents' Total Communication Openness score
- 8.2 Contact and adoptive parents' ACO Scores
- 9.1 Scores on the Brodzinsky scale
- 9.2 Composition of identity groups by age and gender
- 9.3 Identity groups and overall adoption outcomes
- 9.4 Researcher ratings of adoptive parents ACO by identity group of young person
- 9.5 Young people's ratings of adoptive mothers ACO comparing those in the cohesive identity group to those in the fragmented group
- 9.6 Young people's ratings of adoptive fathers ACO Comparing those in the cohesive identity group to those in the fragmented group
- 9.7 Young people's contact arrangements for the four identity groups

- 10.1 Descriptive data for each BSI Dimension T Score and the overall GSI T score
- 10.2 Birth relatives' acceptance at Time 3
 - 11.1 Frequency of contacts by direct and indirect contact types
 - 11.2 Contact satisfaction of birth relatives at Time 3 related to type of contact
 - 11.3 How birth relatives' contact at Time 3 relates to "Caseness" on the BSI

Figures

- 3.1 The overlap between adoptive and birth families in the study
- 3.2 Data sources for the 65 adopted young people
- 5.1 An overview of young people's contact at Time 3
- 6.1 Direct contact pathways from Time 1 to Time 3
- 6.2 Two-way indirect contact pathways from T1 to T3
- 6.3 One-way indirect contact pathways from T1 to T3
- 9.1 The links between contact, openness and identity
- 11.1 The main type of contact experienced by birth relatives at T3
- 14.1 Ways in which contact could act as a resource for adopted young people, adoptive parents and birth relatives
- 14.2 Planning and supporting contact after adoption

Chapter 1 Introduction and background to the research

The United Nations Convention on the Rights of the Child (article 21) emphasises that adoption practices must be guided by the best interests of the child. Every year around the world hundreds of thousands of children join new families through adoption, and for every such child, adoption will alter drastically their relationship with their birth family. It is vital to consider the lifelong impact of adoption on children, and also on their birth and adoptive families. The issue of what, if any, contact these two families should have as the child grows up is a pressing consideration in adoption practices in the UK and abroad. These complex legal and ethical debates need to be informed by evidence about experiences of post adoption contact from those concerned. This study contributes to this evidence base through a prospective longitudinal examination of post adoption contact in a sample of children domestically adopted in their preschool years in the United Kingdom.

1.1. Changes in adoption and openness

Over the last 30 years adoption practices in the UK have changed considerably, moving from the voluntary placement of infants in closed adoptions to the placement of children from the care system, most of whom have a plan to retain some level of contact with one or more members of their birth family. Changes in the types of children adopted have followed from broader social changes such as the increased availability of family planning services and support for single parents and the reduction of stigma in relation to non-marital birth; very few babies are now relinquished for adoption. Alongside this reduction in voluntary adoptions, an understanding of the need for permanency for children in care has grown. In the UK and other countries such as the US and Canada the use of compulsory adoption involving the termination of parental rights has developed as a means of securing legal and psychological security for children in care (Rowe & Lambert, 1973; Maluccio & Fein, 1983).

The promotion of adoption as a route out of the care system began in the 1970s and has been very actively promoted under the previous Labour government (PIU, 2000) and the current coalition government (DfE 2012a, 2013b). Currently around 4,000 children a year are adopted from the care system in England; further increases in this figure are hoped for. The changes in openness and the changes in type of adoption have gone hand in hand; greater openness in adoption has followed from concerns about the negative impact of closed adoptions, most of this learning coming from research on voluntary baby adoptions in the 30 year post-war period. In these adoptions, the need for confidentiality followed from

stigma relating to both illegitimacy and infertility and was seen as a means of protecting all three parties in adoption.

Research however has highlighted that closed adoptions, although they may have managed some issues such as protecting all parties from stigma and providing secure and loving placements, created problems of their own. In particular, the difficulties for the adopted person in understanding their background and the reasons for their adoption in order to make sense of their own identity have been highlighted (Triseliotis, 1973). Closed models of adoption do not appear to have been always effective in helping adoptive parents deal with anxieties about the child's birth family, as many adoptive parents in such arrangements have been unable to test out the reality of their fears (Raynor, 1980). In such families, sometimes adoptive parents' anxieties have led to low levels of communication between adopted children and their parents, exacerbating the child's identity issues (Raynor, 1980). The difficulties for birth parents in coming to terms with the loss of the child have also been identified (e.g. Howe et al, 1992), as in a closed adoption birth parents' grief can be both ambiguous and disenfranchised.

Closed adoption practices were relatively easy to instigate when children were placed as small babies with no existing attachment to, or memories of, their birth family. For older children with memories of a life before adoption, and in some cases with attachments to birth relatives, the model of closed adoption did not fit as well. Concerns about the impact on children in care of the loss of birth family contact were highlighted in research studies carried out in the 1980s (Department of Health and Social Security, 1985), and the Children Act (1989) introduced new requirements aimed at maintaining and promoting birth family links. No such duty to promote contact was introduced into adoption legislation, but undoubtedly the Children Act (1989) led to a rethink of practices around children's relationships with their birth relatives (Cleaver, 2000).

The children followed up in this current study were placed for adoption in the mid to late 1990s. This is a time period where agencies were a few years into a period of experimentation with more open adoption arrangements; the potential drawbacks of closed adoptions were known, and the possible benefits of open arrangements were being considered. The families living with these more open adoption arrangements, such as those who have taken part in this study, are to some extent pioneers as they have attempted more open arrangements in the absence of a strong body of evidence about the impact of open adoption on adopted children, adoptive parents and birth relatives, especially in relation to children adopted from the care system.

The UK policy context in relation to adoption, and contact after adoption, has also changed since this study was begun in 1996, and policy and guidance in relation to this field is currently under further development. At the time when children in this study were placed for adoption, the Adoption Act 1976 was the guiding legislation. This Act gave English and Welsh adopted people the right to information linking the record of their adoption to their original birth certificate on reaching the age of 18, thus effectively making it possible for adopted adults to seek out their birth family. It also introduced the Adoption Contact Register (s.51A(1)), a means by which adopted people and birth relatives can indicate willingness to make contact with each other, although this service was not formally set up until 1991. The Adoption Act 1976 contained no duty for courts to consider or promote a child's contact with birth relatives after adoption. An adoption order could be made subject to 'such terms and conditions as the court sees fit' (Adoption Act 1976, s 12(6)) and this could include conditions regarding the child's contact with the birth family, as confirmed in case law: *Re C. (A minor) (Adoption Order: Conditions)* [1989] AC1. However, this provision was rarely used and only very exceptionally without the consent of the adoptive parents (Cretney and Masson, 1997).

Once the Children Act (1989) became law it was also possible for a contact order under s 8 of that Act to be made with the freeing or the adoption order, or for such an order to be applied for subsequently. However, once a child had been freed or adopted the birth parents were no longer parents within the meaning of the Children Act (s10). They therefore required the leave of the court before applying for any such order and various procedures then had to be followed before the application could be heard. The case of *Re T (Adoption: Contact)* [1995] 2FLR 251, [1995] 2FCR 537, CA, established that where adoptive parents were in agreement with the level of contact proposed by the court, then it was not appropriate to make a contact order; arrangements should work by trust.

New adoption legislation was passed with the Adoption and Children Act 2002, fully implemented in 2005. This introduced a demand that the arrangements for contact with birth family members must be considered and set out in the child's placement plan (s 46.6), though there is no duty to promote birth family contact. In coming to a decision about contact arrangements, the wishes and feelings of the child and the birth parents should be taken into account, and the advice of the adoption panel should be heard. The child's welfare throughout their life should be given paramount consideration (s 1 (2)) and the court or adoption agency must have regard to the child's relationship with birth relatives and other relevant people, considering the value of this relationship continuing. Adoption agencies are

obliged to offer support in relation to contact with the adopted child, birth relatives and adoptive parents, and support for contact should be part of the adoption support plan (DfE, 2013b).

In spite of increases in knowledge about the outcomes of contact and changes in legislation, practice in relation to contact after adoption remains a controversial issue. For example, in July 2012 the Department for Education published a discussion paper on contact issues for children in which Martin Narey, the government adviser on adoption, expressed his view that "although it is invariably well intentioned, contact harms children too often" (DfE, 2012b, p 2). This paper went on to argue that:

It is time to review practice and the law relating to contact to make sure that arrangements are always driven by a thorough assessment of what is in the child's best interests. There is growing concern that contact arrangements are being made that are inappropriate for the child, badly planned and badly monitored. These are being driven by the view that contact should take place, rather than on the basis of the individual needs, circumstances, views and wishes of the child. As the number of children in care rises, so the burden and negative impact of poor contact becomes more pressing. (DfE, 2012b, p 3.)

This discussion paper made a number of proposals in relation to adoption to address such concerns about contact. These generally suggested more restrictive policies in relation to contact in adoption, including introducing a presumption of no contact at the point a placement order is made for children, the requirement for birth parents to have to seek permission to apply for a contact order at the placement order stage, a presumption of no contact when an adoption order is made, the possibility of making a specific 'no contact' order when an adoption order is made - even when contact is planned, and the introduction of barriers additional to those already in place to prevent birth parents from applying for contact orders after adoption. Responses to these proposals were invited, and in January 2013 a further paper was published (DfE, 2013a). This second paper reported that respondents to the consultation offered little support for the proposal to introduce a presumption of no contact, and this suggestion was dropped. Other proposals did receive more support and the government announced their intention to introduce legislative changes aimed at tightening practices in relation to contact to ensure a clearer focus on the needs of the child.

As the government's recent consultation indicates, the advisability of contact between adopted children and their birth relatives (especially face-to-face contact) continues to be a very live issue amongst the relevant practice communities in social work and the family justice system. Decisions about contact should consider the child's welfare throughout his or her life, yet the long-term impact of contact for children adopted from the care system has not yet been empirically established (Quinton & Selwyn, 2006).

1.2. Existing research evidence about contact after adoption

The longitudinal research of Grotevant & McRoy in the United States (the Minnesota Texas Adoption Research Project MTARP) has explored the comparative effects (through to young adulthood) of different forms of openness on adoptees, adoptive parents and birth mothers. This has indicated that contact arrangements have little effect on adoptees' levels of adjustment, but adopted young people who had experienced contact were more satisfied with their openness level than those who had no contact (Grotevant et al, 2013).

Satisfaction with contact was an important predictor of overall adjustment in adopted young people. Similarly birth mothers who were satisfied with their contact had lower levels of unresolved grief following the adoption. The authors argue therefore that it is important to consider how adoptive parents, adopted young people and birth parents make meaning of their contact arrangements. More frequent and direct forms of contact were found to promote more open communication between adoptive parents and children, resulting in young adult adoptees achieving more coherent narratives about their adoptive identity (Von Korff and Grotevant, 2011). This research has made an important contribution to highlighting the nature of post-adoption contact as a relational process within the interconnected networks of the adoptive and birth family, the adoption kinship network.

The research discussed above has focused on children voluntarily relinquished by their birth mothers and adopted in early infancy. It is important to explore whether such findings hold true for children adopted beyond infancy, for those who have experienced neglect or abuse in early childhood, where the adoption has not been with parental agreement, and where birth relatives have high levels of problems. Cross-sectional studies including such cases (such as those by Macaskill, 2002; Smith & Logan, 2004; Fratter, 1996; Neil et al, 2011; Thoburn, 2004 and the previous stages of this research), have all indicated that the impact and quality of contact can vary widely. In some cases contact has appeared to benefit adoptees in terms of satisfying their need to continue important relationships and feel reassured about the wellbeing of birth relatives, enabling them to understand the reasons why they were adopted and helping them to gain a sense of their history and identity. In other cases contact has been reported to disturb or unsettle children or even lead to further

abusive experiences (Head and Elgar, 1999; Selwyn, 2004; Howe & Steele, 2004). In some cases the quality of interactions between children and their birth relatives during contact meetings can be difficult: it may be hard to establish a comfortable rapport, and unresolved problems in relationships can play out in contact meetings.

Research into the views of adopted children generally indicate the importance to them of maintaining contact with their birth family members, although it is clear that children are less comfortable with, or even opposed to, contact with hostile or abusive relatives, or those they feel they have no connection with (Neil 2004a and b; Thomas et al, 1999; Morgan, 2006; Adoption Policy Review Group, 2005). Few studies have incorporated the views of teenagers or young adults. What is needed to inform case-sensitive decision-making for the thousands of children who are adopted from care every year in England and Wales (and those similarly adopted in other countries - for example the 55,000 children adopted from care in the USA annually) is research that explores longer term outcomes for adopted people, which distinguishes between different forms of openness in adoption, and which can elucidate the factors associated with differential outcomes. This research reported here addresses these needs.

1.3. The Contact after Adoption study: earlier stages and current research questions

This monograph reports on the third stage (Time 3) of a study that began in 1996. The three stages are as follows:

- 1) At Time 1 case information was collected via social worker completed questionnaires (N=168) on a complete cohort of children (under age 4) adopted or placed for adoption in 10 agencies from mid-1996 to mid-1997 (Neil, 2000). Adoptive parents (n=35) and birth relatives (n=15) in face-to-face adult birth relative contact arrangements were interviewed (Neil, 2003a, b and c).
- 2) The second stage (Time 2), funded by the Nuffield Foundation, took place when the children were on average 7 years post placement. The interview sample was expanded to include families where the plan was for indirect adult birth relative contact in order to enable comparison of the two types of contact. Data were collected from 62 adoptive parents (mostly mothers) in relation to 87 adopted children, 43 adopted children and 73 birth relatives (two-thirds were parents, one third grandparents, one adult sibling). Outputs from the research have explored

children's, birth relatives', and adopters' perceptions of contact arrangements (Neil 2004a and b; Young & Neil, 2004); the impact of structural and communicative openness on children's emotional and behavioural development (Neil 2007a); children's feelings about adoption (Neil 2012); birth relatives' acceptance of adoption and the relationship of this to openness (Neil 2007b); and the relationship dynamics of contact (Neil 2009). The key findings from the first two stages of this study will be summarised briefly in the following chapter.

- 3) The key aim of this third stage was to provide a longitudinal follow up of a cohort of 87 adopted young people (aged 14-21, mean age 18) as they transition into adulthood, exploring the comparative impact of different contact arrangements on young people and their adoptive parents and birth relatives. Drawing on the findings of Stage 2 of the study, Neil & Howe (2004) outlined a model of contact for practitioners. They argued that contact is a dynamic and transactional relationship-based process, and the characteristics of adoptive parents, birth relatives and adopted children which are likely to impact on the quality of the contact experience (especially for the child) were outlined. The study reported here draws on Neil and Howe's model as a theoretical framework and has examined relationships between the nature of structural openness itself; various factors indicative of outcomes for all three parties; and the characteristics of children, adoptive parents and birth relatives. Seven key research questions which the research has addressed at stage 3 are:
 1. How were the adopted young people getting on in adolescence in terms of their emotional and behavioural development, perceived wellbeing, and relationships with adoptive parents? (Chapter 4)
 2. What types of openness have adopted young people, adoptive parents and birth relatives experienced since the last follow up at Time 2? (Chapters, 5, 6, 11 and 13).
 3. What are the views of adopted young people, adoptive parents and birth relatives about the contact plans they have experienced? (Chapters 6,7 and 11).
 4. How were the adopted young people making sense of their adoptive identity? (Chapter 9)
 5. How open were adoptive parents in talking and thinking about adoption with their child? (Chapter 8)
 6. How well were birth relatives doing in terms of their mental health and their acceptance of adoption? (Chapters 10 and 12)
 7. What are the implications for practice that can be drawn from this longitudinal study? (Chapters 14 and 15).

It is hoped that the research will inform policy and practice in relation to care planning and supporting contact, and supporting adoptive parents, birth relatives, and adopted teenagers and young adults. The research will provide guidance for practitioners and the courts in making case sensitive decisions. Although the primary focus of study has been contact after adoption, it is essential to reach a conclusion about the welfare of the adopted young people and their satisfaction with their growing up experience. This study is well placed to make a major contribution to our knowledge about outcomes for children adopted at young ages (the majority of whom were adopted from the care system), as participating families have been drawn from a non-selected complete cohort of adopted children who have been followed up over time. The research will therefore also offer an important picture of the long-term outcomes of adoption for this group of children, informing current debates about the place of adoption amongst a range of permanency options and the need for adoption support services (DfE, 2013b). The study can also contribute to an understanding of relationship processes in complex family forms.

Chapter 2 Findings from the previous two stages of the contact after adoption research study

This chapter will briefly summarise the key findings from the previous two stages of this study.

2.1 Stage 1 of the 'Contact after Adoption' research: Key findings

Stage 1 of the "Contact after Adoption" study involved two strands:

- A questionnaire survey of current practice in relation to contact after adoption.
- Interviews with adoptive parents and birth relatives involved in face-to-face post-adoption contact arrangements.

The study focused on young children placed for adoption or adopted through ten adoption agencies in 1996-1997. The aims of the research were to find out what arrangements were being made with regard to post-adoption contact (examined in the questionnaire study), and to look at how face-to-face contact arrangements were working out in the early stages of placement (explored in the interview study). All the children were less than four years old at the time of placement.

2.1.1 The survey findings

Detailed information about the case histories of 168 children was collected through a postal questionnaire to social workers. The questionnaire also asked for details of the post adoption contact that was planned between the child and their birth family. Information about a complete cohort of children adopted or placed for adoption in a one-year period was collected from the participating agencies, and a questionnaire was sent to the social worker of each of these children (n=186). The response rate to the survey was 90%. Key findings from the survey have been published by Neil (2000). The survey found:

- The most common form of contact planned for children was agency mediated letterbox contact. Such contact (with an adult birth relative) was planned for 81% of children, and usually this contact was to happen once or twice a year.

- Only 11% of children had a “closed” adoption where no on-going contact was planned.
- The backgrounds of most of the children in the research were highly complex and many birth parents had personal difficulties such as learning difficulties, mental health problems, drug and alcohol problems, and housing problems (Neil, 2000). These difficulties could have brought about challenges for children, adoptive parents and birth relatives both writing and receiving letters or having contact meetings.
- Of all the types of contact described the majority only involved birthmothers and/or maternal grandparents. Less than 30% of children had a plan for any contact with their birth father or his relatives. This exclusion of fathers and their families was part of a wider pattern of non-involvement of (and a lack of information about) birthfathers, possibly reflecting negative views of birthfathers by social workers and by birthmothers and/or birth fathers’ lack of engagement.
- Face-to-face contact with adult birth relatives was planned much less frequently (only 17% of cases) than letter contact. Less than one in 10 children (9%) had a plan for face-to-face birth parent contact.
- When face-to-face contact was planned this was usually in cases where children were adopted from care. Children relinquished as babies were highly unlikely to have this kind of open adoption, even though their birthparents had fewer personal difficulties than the parents of children placed from care.
- Of the children who had birth siblings outside of their adoptive family, 44% had contact plans (or the potential for contact via the contact they had with the parent(s) or carer(s) of such siblings) with all of their siblings, 25% had contact with only some of their siblings, and 31% had no contact with any of their siblings.
- Children were more likely to have a plan for face-to-face contact with siblings who were also looked after or adopted, compared to siblings remaining in the birth family.

- With regard to all forms of post-adoption contact, wide variations in practice between different agencies were noted, suggesting that decisions were often being made according to agency values or culture rather than a consideration of each case.

2.1.2 Adoptive parents' and birth relatives' views of face-to-face contact

- This interview study focused on children with plans for face-to-face contact with adult birth relatives after adoption. Interviews were carried out with 49 adoptive parents (30 mothers and 19 fathers) and 19 birth relatives (9 mothers, 3 fathers, 5 grandparents, 2 other relatives), and the contact arrangements of 36 children were explored. For 14 children adoptive parents and birth relatives were interviewed; for 16 just the adoptive parents took part; in 1 case just the birth relative took part. About half of the children having face-to-face contact were seeing a birth parent and the other half another relative, in most cases a grandparent. The child's experience of contact, at this point in the research, was looked at through the reports of adoptive parents; the children were (on average) only four years old at the time of interview.
- Contact arrangements were in some cases very frequent, friendly and informal and took place at the home of the adoptive parents or the birth relatives. In other cases contact meetings were as infrequent as once a year and could be quite brief and supervised by a social worker in a neutral setting. Many variations between these two ends of the spectrum were found.
- On average, interviews with adoptive parents and birth relatives took place about two and a half years into the child's placement. Even at this early stage 42% of all contact arrangements had already altered from the original plan. As many arrangements had increased in openness or frequency as had decreased or stopped. These findings indicate that although a starting point for thinking about contact must be found, contact arrangements cannot be set in stone and will need to adapt to changing circumstances.
- Generally families were happiest with contact when they could move to an arrangement that more closely suited the particular circumstances of their lives.

- The most helpful approach by agencies seemed to be one that supported and empowered participants to find an arrangement that worked for them, rather than dictating a standard approach.
- Face-to-face contact, even at high levels, was not found to get in the way of the development of the relationship between adoptive parents and their child.
- Because this group of children had been placed early and had often not lived at home for very long, they generally did not have close relationships with birth relatives at the time of placement. Furthermore, most children, because of their age, had only a very limited understanding of adoption. This meant that for children contact meetings were not emotionally charged and were generally accepted easily and often enjoyed by them.
- In some cases where contact was quite frequent, a relatively close relationship with the birth relative could develop. For example, some children had regular visits with their grandparents and became very fond of them.
- More often however, children were said to enjoy visits (especially when friendly attention and presents were involved) but their adoptive parents felt they were too young to fully understand the significance of the meetings. For example, one adoptive mother said, *“He is fairly excited because he knows he is going to get a present and he is going to play in the sandpit... not necessarily because it is his birthmother but because of the whole event”*.
- Most adoptive parents showed very high levels of empathy for the child and empathy for birth relatives. This could mean that adoptive parents who have such qualities are more likely to agree to open adoption arrangements. Whilst this may be true, there was also evidence that contact itself helped adoptive parents to empathise with children and birth relatives.
- There were a number of ways in which contact seemed to help adoptive parents develop empathy. For example negative fantasies about the birth family could be reduced by actually getting to know them. Contact could eliminate adopter’s fears that birth relatives could threaten their relationship with the child, and so free them up to feel empathy for the birth family.

- In some cases contact reassured adoptive parents that it was the right thing that they had adopted the child; the contact allowed adoptive parents to understand the challenges faced by birth parents. Although some adoptive parents were initially quite fearful of the idea of contact with birth relatives, when contact happened most felt there were immediate benefits for themselves, as well as the possibility of benefits for the child in the longer term.
- An open and empathic attitude on the part of adoptive parents was the factor most closely related to whether or not contact continued or increased and the satisfaction of all parties with the arrangements.
- Almost all birth relatives really valued being able to see the child.
- Three-quarters of birth relatives showed acceptance and realism in their view of their relationship to the child post-adoption. This was possible when birth relatives had not agreed with or wanted the adoption. The remaining 25% of birth relatives did not fully understand or accept how their role differed from the adoptive parents' role, and this group included some parents with learning difficulties.
- This position of acceptance and support for the adoptive parents was frequently one that developed over time as birth relatives felt reassured that the child was OK and that the adoptive parents were nice people.

2.2 The Contact after Adoption study: Stage 2

This stage of the project set out to find out how the post adoption contact plans between adopted children, adoptive parents, and the adult birth relatives of these children were working now that the children were in middle childhood. This follow up was carried out from 2002-2004, on average 7 years post placement. We wanted to explore what all three parties felt about any contact that was taking place between the birth family and the adoptive family. We also wanted to find out whether this post adoption contact was having any effect on children's development. The study followed up the families included at Stage 1, but brought in new families (most from the original cohort of 168) who had a plan for indirect contact – where letters and sometimes photos or cards are exchanged between adopted parents and birth relatives, via the

adoption agency. We interviewed 62 adoptive parents, 72 birth relatives and 43 adopted children. We also asked our participants to fill in some psychological questionnaires. The research was funded by the Nuffield Foundation. Findings have been published in range of book chapters and journal articles: Neil, 2004a and b; Neil, 2007a and b; Neil, 2009; Neil, 2012; Young & Neil, 2004; Young & Neil, 2009). Key findings are as follows.

- Almost all children felt they were loved and that they belonged in their adoptive family. This was true regardless of the contact arrangements with birth relatives.
- Some children experienced problems outside the family (usually at school) related to teasing from other people about being adopted.
- Children in this study did not yet have a full understanding of adoption. Many children were curious about their birth family. A wide range of feelings (both positive and negative) were expressed.
- Children generally accepted whatever contact they had as normal and ordinary. Children involved in on-going contact arrangements generally valued the contact. If they expressed any dissatisfaction this was usually related to contact that was not happening.
- About three-quarters of children were doing well in terms of their emotional and behavioural development. Children who had problems in these areas tended to be those who were older at placement and had more difficult backgrounds in terms of experiencing maltreatment and/or changes in their main caregiver.
- No differences were found between children who had face-to-face contact and those who did not in terms of their emotional and behavioural development. Neither did the openness of adoptive parents relate to children's emotional and behavioural development.
- Adoptive parent satisfaction with face-to-face contact was generally high, with adoptive parents usually reporting that this contact was either positive or neutral/unproblematic for their child. They often described meetings as being low-key and like seeing a distant relative.

- Adoptive parent satisfaction with indirect contact was more mixed, with many adoptive parents finding letters hard to write and finding the response (or lack of response) from birth relatives disappointing. Children were not necessarily being included in letter contact.
- Adoptive parents varied in terms of how open they were to talking and thinking about adoption, and understanding other parties' perspectives on adoption. Adoptive parents involved in face-to-face contact tended to be more open than those involved in indirect contact.
- About half of birth relatives had accepted the adoption and supported the adoptive parents. The remaining birth relatives were either resigned or angry. Grandparents were more likely to show positive acceptance than birth parents, and birth relatives involved in face-to-face contact were also more likely to show positive acceptance compared to those who had no face-to-face contact.
- Almost all birth relatives felt that having any form of contact was better than having no contact. Contact could be a very mixed experience for birth relatives however. Some birth relatives did not keep up meetings or respond to letters for both practical and emotional reasons.
- Contact plans made at the time of placement had often changed in the years following adoption and both increases and decreases in contact were found.
- Both face-to-face and indirect contact worked best where both the adoptive parents and birth relatives could empathise with each other, think about the child's needs, and relate to each other in a constructive and collaborative way.
- Where indirect contact was planned, a one-off meeting between the adoptive parents and birth relatives was usually highly valued by both parties, and increased the chance that indirect contact would be sustained over the years.

2.3 Chapter summary

The two earlier stages of this longitudinal study have highlighted the variation between families in terms of how well contact works out. The adoption communication openness of adoptive parents and the acceptance of adoption by birth relatives have emerged as key factors that help understand when contact does, or does not, work. For these children placed at a young age, contact seemed to be accepted as a relatively normal part of their lives; the generally low frequency events were mostly viewed positively and did not appear to disturb adoptive family relationships or children's emotional and behavioural development.

Although at this stage the study produced important insights, it also had some limitations. It included only children adopted under the age of four most of whom were adopted from the care system; the results do not necessarily apply to all adopted children such as those placed at older ages, babies relinquished for adoption, children in inter-country adoptions, and children adopted by relatives. The sample of birth parents and adoptive parents involved in indirect contact arrangements may not reflect the views of all people where indirect contact was the plan; the sample was biased towards people who had attempted to sustain some contact overtime. The study did not include large enough numbers in order to look at the impact of contact taking account of all the other factors that can affect how well children get on in life. The study followed up children in middle childhood and was important to find out what longer term impact having contact might have, especially when the children become teenagers and young adults.

Chapter 3 Design, sample, methods of the study at Time 3

Introduction

This chapter will set out the research questions and the methods used to answer them. It will describe the sample and will explore whether there has been selective attrition since Time 2 of the study. Ethical issues will be outlined.

3.1 The Research Questions

The third stage of the study aimed to investigate the following research questions:

- (1) How were the adopted young people getting on in adolescence in terms of their emotional and behavioural development, perceived wellbeing, and relationships with adoptive parents?
 - Was young people's adjustment related to their birth family contact and/or to the adoption communication openness of their parents?
 - How did the adjustment of adopted young people relate to the pre-placement risks they had experienced?
 - What other factors appear to have a bearing on adopted young people's adjustment in adolescence?

- (2) What types of openness have adoptees, adoptive parents and birth relatives experienced since the last follow up?
 - Have contact arrangements changed, and if so how and why?
 - Do patterns of contact over time vary according to the type of contact?
 - What influences have adopted young people had over their contact arrangements, including decisions about searching for birth relatives?
 - What role has the growth of social media played in relation to birth family contact?

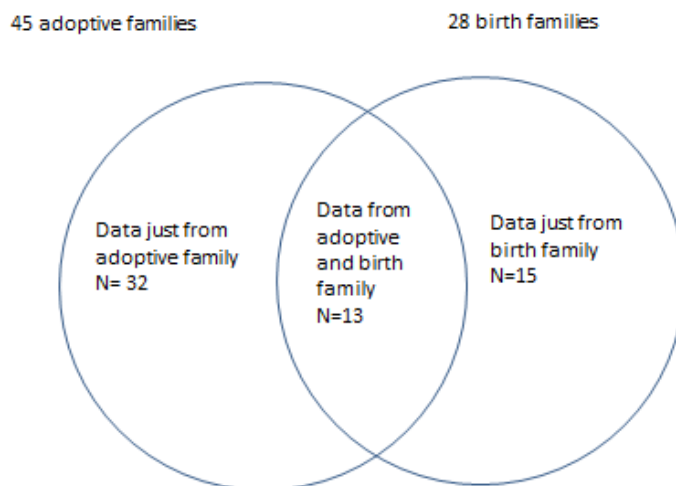
- (3) What are the views of adopted young people, adoptive parents and birth relatives about the contact plans they have experienced?
 - What benefits and challenges have people experienced in relation to contact?
 - What is people's overall satisfaction with the contact they have experienced?
 - Does satisfaction with contact vary according to contact type?

- Is the satisfaction of young people with their contact associated with differences in the adjustment of young people in adolescence?
- (4) How were adopted young people making sense of their adoptive identity?
- What factors appear to influence adoptive identity formation?
 - How does the adoption communication openness of adoptive parents contribute to adopted young people's identity formation?
 - What role does birth family contact have in helping young people make sense of their adoptive identity?
- (5) How open were adoptive parents in talking and thinking about adoption with their child?
- Had adoptive parents' adoption communication openness changed since Time 2?
 - How open did adopted young people report their parents to be?
 - Was the openness of adoptive parents associated with birth family contact?
- (6) How well were birth relatives doing in terms of their mental health and their acceptance of adoption?
- Was the level of mental distress experienced by birth relatives related to the contact they were having with the adopted young person?
 - Had birth relatives' acceptance of the adoption altered since Time 2?
 - How had birth relatives' feelings about the adoption been affected by their experiences of contact?
- (7) What are the implications for practice that can be drawn from this study?
- Implications for adoption planning and post-adoption support.
 - Implications for contact planning.
 - Implications for the recruitment, training and support of adoptive parents.
 - Implications for contact support for adopted children, adoptive parents and birth relatives.

3.2 Participants

Data were collected between July 2012 and July 2013. Of the 62 adoptive families who took part at Time 2 of this study, 45 families (with at least one adoptive family member) participated at Time 3 (73%). Thirty-seven birth relatives from 28 different birth families also took part; these represent 52% of those who took part at Time 2 (n=72). Because of the focus of the study on post-adoption contact, in all our interviews we explored the connections between the birth and adoptive families, or what could be described as the adoption kinship network. Ideally our aim was to gather multiple perspectives from within adoption kinship networks. In figure 3.1 the nature of our data is presented at a family level. We had data from at least one member of the adoptive family for 45 families, and at least one member of the birth family in 28 birth families; in 13 cases we had a corresponding data from the birth and adoptive family. Taking account of this overlap, we have therefore collected data from 60 different adoption kinship networks. Even where we had only adoptive family or birth family data we frequently had multiple perspectives from within the family; these overlaps will be explained further as the sample is described below.

Figure 3.1 The overlap between adoptive and birth families in the study



3.2.1 Participating adoptive families

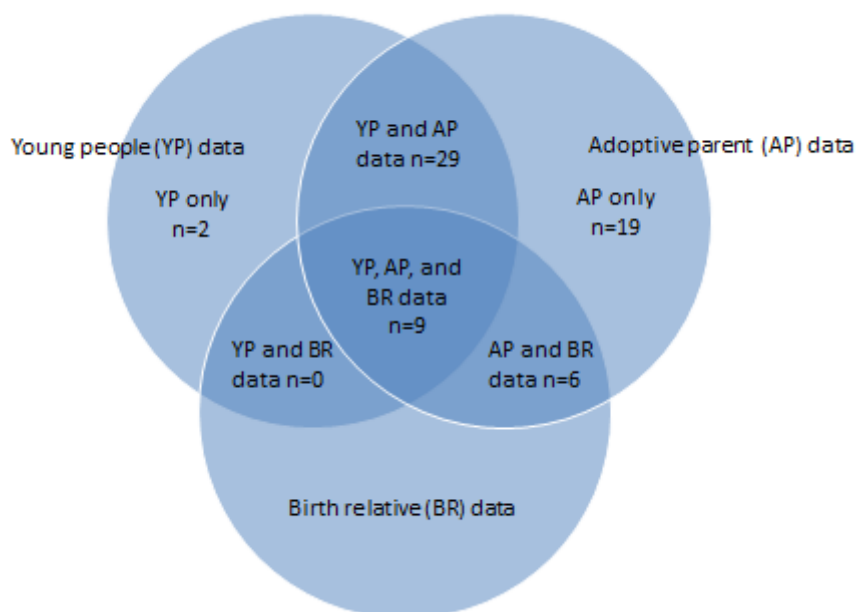
Of the 45 adoptive families who took part in the study; adoptive parents from 43 families participated. In the two remaining families, the adopted young person took part but their adoptive parents did not.

Adoptive parents in forty-two adoptive families took part in an interview. In 33 of the adoptive parent interviews we interviewed just the adoptive mother; in three families we interviewed just the adoptive father; and in six families the interview took place with the adoptive mother and father jointly. One adoptive mother completed the measures and sent a brief update on the progress of her children and their birth family contact, but she did not want to be interviewed.

Four of the adoptive parents were single and there was no one in this sample who identified themselves as gay or lesbian. In the 39 families where the adoptive parents were married, 29 couples had remained intact by Time 3; seven had divorced and in three cases, one parent had died. All the adoptive parents were of White British ethnic origin.

Among the 45 adoptive families who participated at Time 3, 19 families had more than one adopted child (two biologically related siblings, $n = 7$; two non-biologically related siblings, $n = 11$; and three biologically related siblings, $n = 1$). Twenty-six adoptive families had one child. Thus in total there were 65 adopted young people in the study; 40 of these young people contributed their own data to study. Figure 3.2 below gives an outline of the informants who provided data about each of these 65 adopted adolescents. This shows that for most of the adopted young people (44 of 65) we have more than one source of data about the person.

Figure 3.2 Data sources for the 65 adopted young people



The characteristics of the 65 young people are described below.

Age, gender and ethnicity of the adopted young people. As was the case at Time 2, males were overrepresented in the sample: 38 of the young people were male (59%) and 27 were female (41%). Sixty four of the young people were aged between 13 and 22, with an average age of 18 years and 7 months ($SD=2.01$). The spread of ages of young people in the study is shown in Table 3.1. This shows that only three young people were under the age of 15; three-quarters (67.7%) of young people were in the 17-20 age range. Three young people were of dual heritage; two were white/African Caribbean, one was white/Indian; the remainder were white British/European.

Table 3.1 The age of the young people in years at Time 3

Age in years at Time 3	n	%
13-14	3	4.6
15-16	9	13.8
17-18	25	38.5
19-20	19	29.2
21-22	8	12.3
26	1	1.6
Total	65	100

Young people's experiences before adoption. The young people ranged from being aged less than one month old at placement to 52 months old (4y 4m), with an average age of 21 months (SD=15.5, median=22). At Time 1 of the study three groups were identified in terms of the reasons why children were placed for adoption (Neil, 2000). These three groups are described below and the numbers and percentages of children in the current study are given.

- Children adopted from care – the adoption of these children was instigated by the social services, not the parents, and all the children were subject to a full care order; parents may or may not have consented to or contested the adoption (n=45, 69.2%).
- Children placed by their parents in complex cases – the adoption of these children was instigated by their parent(s) who consented to the adoption, but these were not typical "relinquished baby" cases. Parents decided upon adoption when their children were at various ages. Examples included disabled children, preferentially rejected children (Rushton & Dance, 2003), children whose parents were struggling to cope, including children looked after by the local authority (n=14, 21.5%).
- Relinquished babies – these were children relinquished at birth by their by parent(s) because the parent(s) were not in a position to care for any baby at that time (n=6, 9.2%).

The large majority of children had complex histories and were born into families where there were concerns about the quality of care the children were receiving or were likely to receive; only a minority were relinquished babies. At Time 2 of the study we devised a system for scoring the pre-placement risks children were exposed to (Neil, 2007a). This coding was largely based on the information provided by social workers in the questionnaires completed at Time 1. The coding system was informed by the developmental literature exploring early adversity, and by the spread of the data for the children in the sample. This coding took account of age at placement, the number of caregivers who had full time care of the child, the number of different types of maltreatment experienced, and the duration of maltreatment experienced. Obviously in many cases these four factors were closely related to each other, but they could also be independent. For example a child might have been severely abused in early infancy removed from home and swiftly placed for adoption. Other children may have had a late placement, but experienced few disruptions in their care. Children were scored from 0 to 10 according to the schedule outlined below with high scores indicating greater exposure to risk factors.

- Age at placement (<6m = 0, 6-12m = 1, 13-24m = 2, >25m = 3)
- Number of changes of caregiver before placement (0-2 = 0, 3 or more = 1)
- Number of types of maltreatment experienced (0=0, 1-2 = 1, >2 = 2)
- Duration of maltreatment (0 = 0, <4m = 1, 4-11m = 2, 12-23 = 3, >23 = 4)

The mean pre-placement risk score for the young people in the study (n=62, data missing in 3 cases) was 4.6 (SD=3.4). Fifteen young people scored zero or one, and 12 young people scored nine or 10. Scores were not normally distributed; they tended to be either high or low with few young people scoring in the middle of the range. We classified children as having a "low risk" pre-placement adversity score if they scored two or less on this measure and 24 young people (38.7%) were in this group. The majority of young people in the sample therefore had experienced adverse early environments which put them at risk of future developmental issues.

Young people who participated directly in the study. Forty of the 65 young people contributed to the project themselves through interviews, and/or completing psychological measures. Of the 40 young people, 32 took part in interviews; this included two young people who wrote down some or all of their answers to the interview questions (the actual numbers completing each measure is detailed in Table 3.4 later in this chapter). The sample of young people who participated directly included three people who had not been in the study at earlier stages, but who were the siblings of Time 2 participants. These young people were keen to have their voice heard and broadly met the inclusion criteria, thus they were included in the analysis¹.

Of the young people who provided data directly, 22 were male (55%) and 18 were female (45%). Their ages ranged from 14 to 22; two were aged 14, four were aged 15 or 16, 12 were 17 or 18, 16 were aged 19 or 20, 5 young people were 21 or 22 years old, and one young person was 26. Their average age was 18 years and 11 months (SD= 2). Two young people were of dual heritage; the remainder were white British/European.

¹ However one of these young people was aged 26 and therefore considerably outside of the desired age range. This young person did not complete measures and was not included in any statistical analysis, but his qualitative account was included in the qualitative analysis.

3.2.2 Participating birth relatives

Thirty-seven birth relatives took part in the study. The relationship of these birth relatives to the adopted child is indicated in table 3.2 below. Almost half of the birth relatives interviewed were grandparents (48.7%, 18), a third were birth mothers (32.4%, 12) and 5 (13.5%) were birth fathers. There was also representation from an aunt and a sibling who was an adult when her sibling was adopted.

Table 3.2 Relationship to adopted child of participating birth relatives

Birth relative participants	N	%
Birth mother	12	32.4
Birth father	5	13.5
Grandparent	18	48.7
Aunt	1	2.7
Adult sibling	1	2.7
Total	37	100

Eleven birth relatives were male (29.7%) and 26 were female (70.3%). The age of the birth relatives was known for 31 participants and ranged from 31 to 78, with a mean of 53 ($SD=13.8$) and a median of 50. Thirty four birth relatives were of white British ethnicity and 3 were of mixed ethnicity.

The 37 birth relatives interviewed were connected to 32 children who had been adopted by 24 adoptive families. As mentioned above, birth relatives from 13 birth families were biologically related to 15 adopted young people included in the study.

Some people chose to be interviewed jointly with their spouse or parent (see table 3.3 below), thus 30 interviews took place. Table 3.3 shows which birth relatives were present at each interview. Two-thirds of birth relatives (25 of 37, 67.6%) were from the maternal side of the birth family.

Table 3.3 Birth relatives who were present at each interview

Birth relative interviews	N	%
Birth mother	10	33.4
Birth father	4	13.4
Birth parents	1	3.3
Birth mother and grandmother	1	3.3
Maternal grandmother	3	10
Maternal grandfather	1	3.3
Maternal grandparents	4	13.4
Paternal grandmother	3	10
Paternal grandparents	1	3.3
Paternal aunt	1	3.3
Adult sibling (paternal)	1	3.3
Total	30	100

3.3 Procedures

3.3.1 Locating the sample

In the adoptive family sample the Time 2 addresses were checked against current records, using 'Tracemart' (an online database search tool). For those who could not be easily located, agencies who had placed the children for adoption were asked for help. Through these methods, all the adoptive families who had taken part at Time 2 were located.

Locating the birth relatives proved not to be as straightforward. Tracemart was also used to check addresses and search out birth relatives using names, age and known locations and, when this failed, adoption agencies were asked to help. This was successful in many cases, however 16 birth relatives could not be located by these means. On an advisory group recommendation, a person with significant experience of adoption tracing was recruited to assist with specialised tracing of the remaining missing relatives, which resulted in a further 7 birth relatives being located. Of the 72 birth relatives interviewed at Time 2, five people could not be located and seven people were known to be deceased.

3.3.2 Approaching the Sample

A professional designer was used to develop the project branding and recruitment materials; this work was informed by the contribution of an advisory group of adopted

young people (see section 3.3.3 below). The project website was set up using the project branding. This website was aimed at giving potential participants more information about the study to enable them to make up their minds about participating again. The website had sections for adoptive parents, adopted young people and birth relatives. These described what being in the study would involve; as well as written information, links were provided to short videos on YouTube (one for each participant group) to broaden people's access to information about the study. These were directed specifically at each participant group and explained the background and aims and the study and a message of encouragement to take part.

Once the website was ready we began contacting potential participants. For the adoptive parents, the envelopes sent at this stage contained a covering letter, a project leaflet and an information sheet detailing what would be involved for the young people taking part. Also enclosed was a separate envelope for the young person(s); the adoptive parents were asked to pass this on to them. We did not attempt to contact any adopted young people directly; ethically we considered this important as we had not previously sought the permission of adopted young people to be contacted in the future. Furthermore we could not guarantee that the young person knew about the study, or about any birth family contact taking place, or even in a small number of cases about the fact that they were adopted. Adoptive families were asked to contact the research team and state whether or not they wanted to participate, either by the enclosed response slip and freepost envelope, phone, text, or email. A separate reply slip was included for adopted young people; they were encouraged to either reply directly (using the same range of methods as offered to parents) or to reply via their adoptive parents. All groups of participants were offered a small payment to compensate them for their contribution to the study. This was in the form of a £20 "Love to Shop" voucher which could be spent in a wide range of high street stores.

The same methods were used to contact birth relatives in cases where we were sure we had an accurate address for the person. Where we had any doubts about whether the birth relative's address was current we sent an exploratory letter which made no reference to the nature of the study; instead it referred more generally to their past involvement in a UEA research project. Although this may have been less effective than an explicit description of the research, we felt it was necessary to safeguard birth relatives who may have kept the child's adoption confidential.

If adoptive families or birth relatives did not respond to the information pack, reminder letters were sent and follow up phone calls using the phone numbers provided at Time 2 were made. In addition, a newsletter was sent to adoptive parents a few weeks before interviews were scheduled to finish giving people one last opportunity to take part. We told people about the online survey (see below) in this newsletter and included the relevant link. We also included some positive feedback from people who had already taken part in the study in order to encourage other people to consider participating. This newsletter was successful in generating a few more responses, particularly from adopted young people who completed the online questionnaires.

Interested adoptive families and birth relatives were contacted by a member of the research team and a time was arranged to conduct the interview. As adoptive parents were the gatekeepers to the young people, often adoptive parent and young person interviews were arranged for the same day with a different researcher interviewing each party where possible. Sometimes adoptive parents were interviewed on the phone first and then arrangements for interviewing the young person were made, and in a handful of cases young people contacted the research team directly to organise an interview.

3.3.3 Adopted young persons advisory group

An adopted young persons advisory group was identified and organised with assistance from After Adoption (a voluntary adoption agency). Six members of the young person's advisory group met with two facilitators and one of the researchers in May 2012. This was an established group of adopted young people who had previous experience of being consulted by After Adoption. The purpose of consulting with adopted young people at this stage was to understand better how to recruit adopted young people into the study, and how to communicate most effectively with adopted young people participating in the study. As such, this is an example of a consultation model of user involvement in research (Hanley et al, 2003). Members of After Adoption's group of adopted young people were approached via their group leader. The research team provided written information about the research study and the consultancy role for young people and (for those under the age of 18) for their adoptive parents for After Adoption to pass on. We were able to capitalise on the good working relationships that these young people and their parents had already established; workers at After Adoption were able to help us ensure that young people understood

the nature of their involvement in the project, and that they (and where appropriate their parents) were giving informed consent. They also assisted us with practical arrangements for the meeting such as arranging the venue and refreshments and ensuring appropriate travel arrangements were in place for young people

The consultation meeting was carefully planned in advance with the research team working in collaboration with the After Adoption workers. We built here on our experience of consulting with birth relatives and adoptive parents in two previous studies (Cossar & Neil, 2013) where we had learnt that it was important to be clear about people's role, to break down the consultation work into concrete and manageable tasks, and to ensure that consultants were treated respectfully and valued.

The focus of this consultation meeting was particularly on the recruitment stage of the study. We sought the insights of the group as to the possible motivations of adopted young people to take part in the study, and the range of feelings that a young person might consider when asked to be in a research project. This proved very fruitful with the young people providing insights which would not otherwise have been apparent to the researchers. For instance, that 'being researched' positions adopted people as a 'separate group' and that this can be stigmatising. They provided ideas for adjusting our language and approach in order to reduce this effect (for instance, to use words such as 'find out more' or 'understand more' rather than 'research' 'investigate' and so on).

We also brought along samples of leaflets and information sheets about the study for young people to comment on. These were prepared in a range of formats and designs given to us by our professional designer. This design most favoured by the young people was attractive and colourful but avoided images of people or cartoon figures as the young people felt that images involving people were too specific (i.e. they could never represent all adopted people) and cartoon characters could be offensive to some people. Group members were consulted about how we could reward young people for taking part in the research, without inducing young people to take part who would otherwise not wish to do so. The group suggested that our original plan to offer participants £50 would constitute an inducement and that a figure of £20 was more reasonable; they suggested that this amount would make a young person feel valued for their contribution but that if they did not want to take part in the research it would not persuade them to do so.

At this meeting we also asked young people if they would be willing to help pilot the young person's interview either by undertaking the interviews themselves and giving us feedback, or looking through the interview schedule and materials and talking us through their thoughts and feelings about these. Several members of the group agreed to do this; interviews were piloted in July 2012 and adjustments were made before data collection began. For example, we asked young people about whether we should ask directly if young people had considered contacting their family using social media. Members of the group advised us against doing this, in some cases drawing on personal experience. Their argument was that people of their age could sometimes be impulsive, and that our questioning could trigger some young people to take immediate action without thinking it through. On the basis of this we changed our interview schedule so we did not ask this specific question. We did however use a general question whether there were any other ways that they had been in contact with their birth relatives. Adopted young people consultants also helped us to think about some of the prompts and tools we were using in our interview, suggesting on the whole that these were a good idea but that we should be sensitive to the different ages and ability levels amongst our samples giving people a choice about exactly how they participated during the interview.

3.4 Measures

The research design centred on the research questions outlined at the beginning of this chapter. Separate interview formats were designed to be used with adopted young people, adoptive parents and birth relatives. These included a qualitative semi-structured interview and quantitative questionnaires and psychological measures. In order to maximise response, participants were invited to complete an interview face-to-face or on the telephone. We also indicated our willingness to discuss other ways of participating. For example one young person who liked writing said he would prefer to fill in a written version of the interview. We therefore prepared and sent him a written version of the interview materials; this was also useful for another young person who began a face-to-face interview but was unable to complete it on that day. Towards the end of the data collection period, in order to encourage more adopted young people to take part, we set up an online survey in which young people could complete all the psychological measures. This survey also included two open questions where the adopted young person could add more information about their feelings about adoption, and about their experiences of birth family contact. We told people about the online survey in a newsletter and included the relevant link.

We encouraged adopted young people and birth relatives to have a face-to-face interview as our previous experience and the views of our advisory group suggested this would yield the best data. However if people preferred to take part by telephone or other means we respected their decision. With the adoptive parents, our previous experience suggested that good data could be obtained through telephone interviews (Neil et al, 2011) and so we left the choice of interview format up to adoptive parents – we did not encourage them in either direction.

Interviews and measures were piloted with all three groups. For birth parent interviews, we recruited pilot interviewees from a group of birth parents we had worked with on a previous study (Neil et al, 2010). For adoptive parents, we drew on our contacts with the local adoption team to recruit adoptive parents to pilot the interview.

3.4.1 Adopted young people measures

3.4.1(i) Adopted young people interviews

Young people were asked to participate in a qualitative semi-structured interview which incorporated 'workbook' style brief activities to help engage the young people (see Appendix 1). The advice of our adopted young people consultant group and our research advisory group was particularly helpful here; the key advice we received was that we should not expect all adopted young people to be able to just sit and talk for an hour or so. Hence we worked on various ways that we could break the interview down into separate sections moving between brief activities, talking and filling in questionnaires. For example, brief activities included asking people to indicate on a line (this line was drawn from the "curly wire" included in our logo) how much they knew about their own adoption.

Another activity had a range of pictures indicating different ways that people could keep in contact with their birth relatives. The young people drew lines from the list of birth relatives to the different forms of contact. The main purpose of these activities was to prompt further discussion. So for example after the young person had marked on the picture how much they knew about their own adoption we asked them to talk about this some more. These techniques worked particularly well with those at the younger end of the age range and those who had learning needs or were shy. The

interview was flexible enough however to not use the worksheets if the researchers felt that they were inappropriate or not needed. The interview asked young people what they knew of the reasons why they were adopted, how they felt about being adopted and what adoption meant to them. Contact and the young people's feelings towards their birth family were also explored, along with their ideas for improving contact and adoption.

The qualitative interview enabled us to address research questions 1-5 looking at the types of contact young people had had, their experiences of contact, and their experiences of adoption and adoptive identity formation. Young people's ideas about improving contact in contact planning also contributed to answering research question 7 (implications for practice). In particular from the qualitative data we explored the following:

- **The benefits and challenges young people had experienced in relation to their birth family contact** over the years (discussed in Chapter 6). We carried out a thematic analysis of interview data to identify key benefits and challenges as they related to different contact pathways.
- **Young people's satisfaction with contact** (discussed in Chapter 7). Researchers rated young people's satisfaction with contact as high, moderate or low. Looking within each of these three groups, key themes relating to satisfaction with contact were identified.
- **Young people's views on adoptive family communication.** Young people's experiences of talking about adoption within their adoptive family were explored qualitatively to supplement the measure that young people completed about adoptive family communication. This analysis is presented in Chapter 9.
- **Adoptive identity.** Adoptive identity formation was explored qualitatively and four patterns of identity formation were identified: a cohesive identity; a developing identity; an unexplored identity; and a fragmented identity. A detailed discussion of how this analysis was undertaken and of the four identity groups is given in Chapter 9.
- **Young people's ideas about improving contact practice.** These data were analysed thematically; the results are presented in Chapter 14.

3.4.1(ii) Adopted Young People Questionnaires

In addition to the semi-structured interview, young people were asked to complete five psychological measures. One measure (Brodzinsky's Adoption Communication Scale) addressed research question 5 relating to adoptive family communication. The other measures related to research question 1 in particular as they investigated psychological wellbeing and family relationships. The measures were as follows:

- ***The General Health Questionnaire (Goldberg, 1972, Goldberg & Williams, 1988)***: a very widely used measure of current psychiatric ill health which focuses on the inability to carry out everyday functions, and on new and distressing experiences. The 12 item version of the measure was used. This asks people to rate on a 4 point scale how much more than usual they had been experiencing a range of wellbeing related items, such as 'lost much sleep over worry', 'been able to enjoy normal day-to-day activities' and 'felt capable of making decisions about things'. Validity of the measure has been established from the outset, and it has been validated on a sample of 17 year olds living in the community (Banks, 1983) through comparison to the Present State Examination.
- ***The Revised Self-Liking/Self-Competence Scale (SLSC-R) (Tafarodi & Swann, 2001)***. This 16 item self-completion measure looks at two dimensions of self-esteem, with eight items relating to each. The measure is an adapted version of 20 item SLSC scale (Tafarodi & Swann, 1995). The first dimension is self-liking: "*the evaluative description of oneself as a social object, good or bad person*" (Tafarodi & Swann, 2001 p. 655) – example items include '*I feel great about who I am*', '*I do not have enough respect for myself*'. The second dimension is self-competence, defined by Tafarodi & Swann (2001) as "*the overall positive or negative orientation towards oneself as a source of power or efficacy*" (p. 654). Example items for self-competence include '*I am highly effective at the things I do*', '*sometimes I fail to fulfil my goals*'. The two-dimensional structure of self-esteem used in this measure has been confirmed against global concepts of self-esteem, and the convergent and discriminant validity of the measure has been established in a study using multiple informants (Tafarodi & Swann, 2001).
- ***Cantril's Ladder (Cantril, 1965)***: a measure of overall current life satisfaction. Young people were asked to rate their current life satisfaction by circling a number on a rung of a ladder, where each rung is numbered from 0 to 10. The bottom rung, (0) represents 'the worst possible life for me' and the top rung (10)

represents 'the best possible life for me'. Cantril's ladder has been very widely used around the world as a measure of life satisfaction in different samples, including in Gallup polls in 150 countries (Gallup website, accessed 2013). This is an easy-to-use measure which generally has a high response rate among adolescents (Sweeting, 2011). It has recently been validated on an adolescent community sample (Levin & Currie, 2013).

- ***The Inventory of Parent and Peer Attachment, Revised (Armsden & Greenberg, 1987; Gullone & Robinson, 2005)***: a measure of adolescents' perceptions of their relationships with their parents and peers, in particular how well these figures serve as sources of psychological security. It examines three dimensions: degree of mutual trust; quality of communication; and extent of anger and alienation. Only the parent part of this measure was used. Young people used a 5 point Likert scale to rate on how true a set of statements were (never true to always true). Although the original version of the IPPA asks questions in relation to parents, in line with the latest revision by Armsden & Greenberg (2009) we had two separate scales-one for the adoptive mother and one for the adoptive father. The items were positively and negatively phrased and included statements such as '*My mother accepts me as I am*' (trust item), '*My father supports me to talk about my worries*' (communication item) and '*I get upset a lot more than my mother knows about*' (alienation item). For the wording of the 28 items, we used the revised version of the IPPA developed by Gullone & Robinson. The items have the same meaning as the original version, but the wording is slightly easier for use with children and adolescents.
- ***The Adoption Communication Scale (Brodzinsky, 2006)***: a measure of satisfaction with parental communication about adoption. The scale consists of 14 items adapted from the Parent-Adolescent Communication Scale developed by Barnes and Olson (1984). A five-point Likert scale is used for young people to rate the extent to which they agree (really disagree to really agree) with a set of statements. Mothers and fathers are rated separately (hence there are 28 items in total). The items are positively and negatively phrased and include statements such as: 'If I have problems or concerns relating to being adopted, I find it easy to discuss them with my parents', 'I feel very uncomfortable discussing my birth parents with my parents', 'If there is something I need to know about my adoption, my parents are always there for me, trying to answer my questions'. Young people's mean scores across 14 items indicate their views of the adoption communication openness of their mother and father, as well as how comfortable

they themselves felt discussing adoption. The lowest possible mean score is one and the highest five.

Young people were invited to complete the measures during the interview. Unless the young person needed help with completing the measures (for example if they had literacy difficulties) we gave young people a clipboard so that they could fill in the measures confidentially. They then put the completed questionnaires in an envelope and returned them to us. We did not ask young people to discuss their responses to these questionnaires.

3.4.2 Adoptive parent measures

3.4.2(i) The Adoptive parent interview

Adoptive parents were invited to participate in a semi-structured qualitative interview. They were asked to give an update on changes within their family and any significant events since the second stage of the study. They were also asked to describe their child's development and progress and describe any support their family/child had received. The interview included questions about how parents managed discussion of adoption related issues and sharing difficult information about the child's background. The type and amount of contact that had taken place over the past 10 years was explored, as were the reasons behind any changes in contact. Adoptive parents were asked to discuss the benefits and challenges of contact they had experienced, and to make suggestions for improving practice. The qualitative interview addressed research questions 1, 2, 3, 5 and 7. Adoptive parents' qualitative data were coded as follows:

- **Contact pathways.** Using adoptive parent reports about the contact that had been experienced over the years, and any reasons for change we mapped out the *pathways* of contact over time. The pathways were simply the contact that was happening at Time 3 compared to the original contact plan at Time 1. These were analysed separately according to the original contact plan (i.e. direct contact, two way indirect contact, one way indirect contact). We also carried out a thematic analysis to identify the key benefits and challenges experienced by adoptive parents in relation to different contact pathways. The contact pathways are outlined and discussed in Chapter 6.

- **Contact variables.** Consideration was given to ‘measuring’ the levels of contact that each of the young people had experienced. We explored the possibility of assessing who had had more or less contact, either in quantity or intensity. However, contact is a highly complex and multi-faceted construct. In any single case, it can take place with one or many different birth relatives, it may be direct or indirect, mediated or not and, most importantly, it is likely to change over time. In order to deal with this wide variation, two ways of measuring contact were discussed and trialled by the researchers.

Firstly, an attempt was made to develop a numeric measure. It was suggested that each contact experience would be counted, with a ‘weighting’ for direct contact experiences. A total number for each young person would be recorded. However, this was felt to be too blunt an instrument to reflect the individual complexity of each case. For example, direct contact meetings varied considerably in terms of duration, formality, level of involvement of adoptive parents and/or professionals, and number of birth relatives involved in the meeting and all these factors could vary across time. We tried several methods to define and capture all the possible variables but consistently found that the ratings assigned to young people did not appear to accurately reflect our knowledge (from the qualitative data) of the differences and nuances in young people’s contact arrangements.

Secondly, a more descriptive approach was tried. A ‘hierarchy’ of contact intensity was devised. Six groups were identified inductively, based on the young people’s contact experiences throughout their childhood. The research team then arranged these groups in a hierarchy of what we considered to be the most contact through to the least. We presented our six groups to our advisory group and asked people to rank the groups from most to least. This revealed problems with the validity of our ranking, as there was no general consensus among group members as to how these groups should be ranked.

Finally, therefore, it was decided that a single measure or scale of contact could not adequately reflect the experience of contact for the adopted young people throughout their childhood and adolescence. Hence in addition to exploring the contact pathways as discussed above, we coded four quantitative variables to examine the contact the young person had experienced over time. Three of these were dichotomous variables:

- direct contact versus no direct contact;

- any contact since age 11 versus no contact
- any contact with a birth relative who might pose a risk to the child (defined as a birth relative who had been involved in the abuse or neglect of the child).

The fourth variable (which also drew on information provided by young people themselves where available) counted the number of birth relatives the young person had been in touch with in the last 12 months. These contact variables are reported in Chapter 5.

- **Adoption communication openness.** Using the whole of the adoptive parent interview, researchers rated adoptive parent communication openness looking at five dimensions: communication with the young person about adoption; comfort with and promotion of dual connection; empathy with the adopted young person; communication with the birth family; empathy with the birth family. We used the codebook developed in collaboration with Hal Grotevant that was devised at Time 2 of the study (Neil, Young and Grotevant, 2006). For further discussion of this coding see Chapter 8.
- **Adopted young people's overall adjustment.** Drawing heavily on the adoptive parent interview, but also using data from the young person interview and questionnaires and the measure of the young people's emotional and behavioural development filled in by adoptive parents (see below) we examined different patterns of young people's overall adjustment. Three groups were identified and researcher ratings developed to allow coding of these. The three groups identified young people as thriving, surviving, or struggling.

3.4.2(ii) Adoptive parent instruments

Adoptive parents were also asked to complete a measure about their young person's emotional and behavioural development. This was helpful in addressing research question 1 about the young people's development in late adolescence. Adoptive parents completed either the Child Behaviour Checklist (CBCL) (Achenbach and Rescorla, 2001), for young people aged 18 years and below, or the Adult Behaviour Checklist (ABCL) (Achenbach and Rescorla, 2003), for young people aged over 18.

The problem scales of the CBCL include 113 items measuring internalising problems (using anxiety, depression, and somatic complaints sub scales) and externalising behaviours (using aggression and rule-breaking subscales). The ABCL has 123 items in the problem scales; internalising and externalising problems can also be measured using the same sub-scales as in the CBCL. For each measure the adoptive parents rated how true various statements were for the young person (not true, sometimes true, and often true). Examples of statements include; 'talks too much', 'likes to try new things' and 'cries a lot'.

The reliability and validity of the CBCL and ABCL have been well established and the measures are widely used in research and clinical practice.

On the advice of the checklists licensed developers (ASEBA) we created just one outcome measure for internalising behaviour, and one for externalising behaviour by using the mean scores on the subscales from which ever version of the checklist adoptive parents completed.

Adoptive parents usually completed the measure at the end of the qualitative interview if it was done in person, with some preferring to return it by post afterwards, or they were sent it after being interviewed on the phone.

3.4.3 Birth relative measures

3.4.3(i) Birth relative interviews

The interview asked birth relatives to describe how they had been getting on and if they had experienced any significant changes since Time 2. They were asked about any contact they had experienced with their adopted child and their views about how this had worked out. The interview also covered the birth relative's feelings about adoption and messages for practice. The qualitative interview addressed research questions 2,3, 6 and 7. Data were coded as follows:

- **Contact pathways.** Using the same method described above in relation to adoptive parent interviews, we coded the contact pathways that birth relatives had experienced and identified the key themes relating to the benefits and challenges they had experienced in relation to contact.

- **Satisfaction with contact.** Researcher ratings were made of birth relative satisfaction with contact. This was rated as high or mixed. Key themes relating to satisfaction with contact were drawn out inductively from the data.
- **Acceptance of adoption.** At Time 2 of the study, three different patterns relating to birth relatives acceptance of the adoption were identified inductively from the data (Neil, Young and Grotevant, 2006). These three patterns were: positive acceptance; resignation; anger and resistance. Birth relative interviews were used to code these three patterns at Time 3. These categories describe the experiences and issues that impacted on birth relatives' acceptance of the adoption over the last 10 years.

3.4.3(ii) Birth relative instruments

The psychological wellbeing of the birth relatives was measured through the Brief Symptom Inventory (BSI), a self-report measure of psychological problems. The internal consistency and test–retest reliability and the validity of the BSI have been extensively tested (Derogatis 1993) and the measure is widely used both in clinical settings and in research studies. Respondents are asked to consider their symptoms in the last 7 days and to say how distressed they have been by each symptom using a five-point Likert scale ranging from zero 'not at all' to four 'extremely'. The inventory yields scores in relation to nine primary symptom dimensions (somatisation, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism). Additionally the Global Severity Index (GSI) takes account of the number of symptoms experienced, and the intensity of distress in relation to these.

T Scores on the BSI can be used to identify 'positive cases' – people with symptoms at a clinically significant level. The operational rules for 'caseness' provided in the BSI manual define an individual as 'case positive' if he/she has a GSI score greater than or equal to a T score of 63, or if any two primary dimension scores are greater than or equal to a T score of 63. T scores at this level indicate that the person is scoring in the highest 10% of the range (based on US adult non-patient normative samples, Derogatis 1993). A study of a UK community sample (Francis et al, 1990) found that scores on the BSI were significantly higher than the US norms; 20% of people had scores in the clinical range on the GSI.

This measure was also completed by birth relatives at Time 2 of the study allowing for mental distress over time to be investigated. Birth relatives usually completed the measure at the end of the qualitative interview if it was done in person, with some preferring to return by post afterwards, or they were sent it after being interviewed on the phone. The measure addressed research question 6.

3.5 Data Collection

Although every effort was taken by the researchers to collect full sets of data, inevitably some participants did not complete every aspect. Table 3.6 outlines the number of participants for the qualitative data and each quantitative measure. Where young people did not complete measures this was usually because the young person's learning needs or attention span meant that the measures were not suitable for them.

Due to there being 19 adoptive families with siblings in the sample, some adoptive parents completed more than one A/CBCL. Nine adoptive parents who took part in the qualitative interview did not complete the A/CBCL measure. Despite several reminders by the research team, sometimes adoptive parents failed to return measures after being left or sent them at the end of an interview. In a few cases young people's severe learning disabilities meant that the A/CBCL was unsuitable.

Twenty four out of the 37 birth relatives returned usable BSI measures. Unfortunately some did not want to complete the measure, some failed to return the measure despite reminders, and some completed the measure but with a significant amount of missing values to make it ineligible for analysis.

Table 3.4 The number of participants completing each aspect of data collection

Interview materials	Data collected
Young person qualitative data	32 young people
Cantril's ladder	39 young people
General Health Questionnaire	36 young people
Self-liking/self-competency scale	36 young people
Inventory of Parent and Peer Attachment	36 young people
Communicative Openness Scale	33 young people
Adoptive parent qualitative data	42 interviews with adoptive parents
Adult/Child Behaviour Checklist	33 adoptive parents completed about 46 young people
Birth relative qualitative data	30 interviews with 37 birth relatives
Brief Symptom Inventory	24 birth relatives

3.6 Ethics

Ethical approval for the study was obtained from the School of Social Work Research Ethics Committee. Because the Principal Investigator of the study was the Chair of this Committee, she stood down for this review which was managed by the Committee's Deputy Chair. Key ethical issues we considered are summarised below:

- **Informed consent to participate.** We used our website, participant information sheets, and direct conversations with potential participants to provide more information to enable people to decide about participation. Whilst we wished to encourage people to take part, we were careful to emphasise that we would respect their choice whatever that may be. In all cases we sought the consent of young people independent of their adoptive parents. However where young people were under the age of 16 we also asked their adoptive parents to consent to the young person's participation in the project.

If we met with participants in person we asked them to record their consent on a form. If they did not wish to do, or if the interview was carried out over the telephone, we asked them to confirm their consent on the interview recording. With regards to adopted young people and birth relatives we were mindful of the possibility that offering payment for participation could act as an inducement such that people might take part even though they did not really want to. In order to minimise the chances of this happening we set the level of payment at a relatively low level. We had consulted with birth relatives on a previous project about what this level might be (see Cossar & Neil, 2013), and so set payment at this level. Interestingly this was the same level of payment suggested by the adopted young people whom we consulted in this project.

- **Protecting participants from harm.** We recognised it was possible that the sensitive nature of questions we were asking could upset some people. We felt it was important therefore to make sure that people were fully informed about the nature of the interview (see previous paragraph), and also that they had a sense of control about the level of disclosure they made during interviews. From our extensive previous experience of interviewing with vulnerable groups of people, we were aware that although some people may become emotional during the interview this is not the same as causing people harm. In fact feedback from our previous

projects has suggested that for many people the research interview is a welcome opportunity to explore some of their more difficult feelings about adoption. We endeavoured to carry out interviews sensitively; all members of the research team had experience of interviewing about sensitive topics across a range of age groups. In addition, two members of the research team were qualified and registered social workers. If any participants did become upset during the interviews, we asked them if they would like to stop or take a break. We asked people how they were feeling at the end of the interview and provided people with a sheet detailing organisations they could contact for support.

- **Confidentiality and anonymity.** We explained to participants that anything they told us would remain confidential unless they disclosed issues of serious and immediate harm to themselves or another person. No such situations arose during the course of the study. All data were stored securely on a password protected shared drive on the University's server. Members of the research team did not store data on personal computers, laptops or remote devices. All the interviews were transcribed by the project secretary and were anonymised during the transcription process. In this report and in further dissemination we have not used any real names. Where necessary to protect people's confidentiality we have omitted or changed potentially identifying details.
- **Protection of researchers.** A risk assessment was submitted to the ethics committee detailing how lone researchers would ensure their safety when interviewing in the community. This drew on the guidelines published by the Social Research Association.

3.7 Approaches to data analysis.

3.7.1 Qualitative data.

As several of our research questions were exploring the subjective experiences of participants of adoption and of contact, and because we wanted to understand intra and interpersonal processes that relate to adoption and contact, qualitative research methods were indicated. We used methods and techniques of thematic analysis (Braun & Clark, 2008; Boyatzis, 1998). Thematic analysis allows for the identifying, analysis, interpretation and reporting of key themes from the data. It is a flexible approach that in contrast to other qualitative methods (for example Interpretive Phenomenological Analysis) need not be

wedded to one epistemological position (Braun & Clark, 2008). Thematic analysis allows both for inductive analysis of data, and the incorporation of ideas from theory. The stages of qualitative data analysis are described in outline below.

1. The interviews were fully transcribed by the project secretary. This allowed for consistent approach across transcripts. Interviews were uploaded into Nvivo software. Within each interview, Nvivo nodes were used to gather together data relating to relevant research questions for example satisfaction with contact or adoption communication openness. This process is facilitated the first stage of thematic analysis, immersion in the data (Braun & Clark, 2008)
2. For each interview, a case summary was written with reference to the Nvivo coding. These case summaries gathered together factual information, and were the first stage in identifying emerging themes in relation to different topics such as satisfaction with contact. When emerging themes were identified in case studies, relevant data supporting these were included in the case summary.
3. Across the case studies and also using the initial coding in Nvivo, topics were examined and emerging themes within each topic compared and contrasted.
4. Although different members of the research team took the lead on progressing qualitative analysis in relation to different topics, the use of case studies and Nvivo coding enabled cross checking of analysis by other members of the team.
5. For some topics, we combined the qualitative thematic analysis of data with qualitative approach to grouping individuals, as described by Boyatzis (1998). For example, young people's satisfaction with contact was coded as high, mixed or low. Themes determining the satisfaction with contact within these three groups were analysed qualitatively.
6. The writing up stage is considered a key part of the analytical process (Braun & Clark, 2008), enabling not just the description of themes but an analysis of the meaning of the data.

3.7.2 Quantitative data analysis.

Before attempting any quantitative analysis of data, we considered whether our data met the assumptions of the test in question in terms of the distribution of the data, and independence of observation. The latter requirement was a particular issue because we had 19 sets of siblings in the study and 37 birth relatives from 28 birth families. This meant that for certain analyses we could only use one participant per family because to include more than one would violate the assumption of independence of observation. This, in combination with the

fact that we did not achieve the participant rates we hoped (especially with young people and birth relatives), meant that for many analyses we did not have the statistical power to detect even large effects (Cohen, 1992). There was a danger that with insufficient statistical power, we may have reported a range of non-significant results some of which may have been Type 2 errors (false negatives). We have therefore relied mainly on descriptive statistics for our quantitative variables. Where we have used inferential statistics we have reported the effect size.

3.7.3 Missing data analysis

In any longitudinal study is important to consider if the participants who drop out of study differ from those who remain in the study. We examined the nature of attrition from our sample in three ways.

- Using data collected at Time 2 we compared adopted families who dropped out of the study after Time 2 to those who stayed in the study.
- We compared the families who dropped out of the study after Time 2 with birth families who stayed in the study (again using Time 2 data).
- In our sample of adoptive families who took part at Time 3, we looked at whether adopted young people who participated directly in the study differed from adopted young people whose parents took part in the study but who did not participate directly themselves.

Comparison of participating adoptive families with non-participating adoptive families. Almost all adoptive families could be located and contacted. The majority of adoptive parents who chose not to take part gave us an indication of why not. Reasons included current stresses such as divorce, family or work difficulties, illness and the young person not wanting the parents to participate. Young people from families who took part at Time 3 were compared to those who dropped out. Using Time 2 data we found no statistically significant differences for pre-placement risk, child age of placement, or Time 2 child internalising or externalizing behaviour between young people from adoptive families who participated at Time 3 and those who dropped out at Time 2.

Fifty per cent of adoptive families who were in direct contact with birth family members at Time 2 participated in Time 3 as compared to only 28% of adoptive families who had no contact or letter box contact with birth family members at Time 2. Adoptive

parents who participated at Time 3 had higher mean Adoption Communication Openness scores (ACO) ($M=20$, $SD=5.4$) compared to adoptive parents who dropped out ($M=16$, $SD=6$) ($t(54)=-2.02$, $p=.049$, $r=-.3$). This suggests that the sample at Time 3 is biased towards more communicatively open families with higher levels of birth family contact.

A comparison of birth relatives who took part at Time 3 to birth relatives who took part at Time 2 but did not take part at Time 3. Firstly we looked at whether the birth relative was a parent or grandparent/extended family member. A smaller proportion of birth parents had stayed in the study (29 of 45, 35.6%) compared to grandparents and other relatives (15 of 27, 55.6%). Anecdotally this seemed to relate to the fact that birth parents had more unstable lives compared to other relatives and were therefore harder to both locate and engage in the study. Furthermore, five birth parents were known to have died since the last follow-up. The gender of birth relatives did not appear to be associated with whether or not people dropped out of the study (54.5% of males, 12 of 22 versus 58% of females, 29 of 50). A slightly higher proportion of birth relatives who had experienced face-to-face contact (12 of 26, 46%) stayed in the study compared to those who had not had face-to-face contact (19 of 46, 41%).

Next we looked at whether there was any association with participation at Time 3 and whether the birth relative had shown positive acceptance of the adoption at Time 2. Of those who showed positive acceptance of the adoption at Time 2, 57% stayed in the study (20 of 35); this compares to only 30% (11 of 37) of those who were not positively accepting. Finally, we looked at whether there was an association between the mental health of birth relatives and whether they stayed in the study and we used whether or not the birth relative was "case positive" on the Brief Symptom Inventory at Time 2 to examine this. Of those who had high levels of mental distress (case positive) only eight of 27 (30%) stayed in the study compared to 20 of 35 (57%) of those whose levels of mental distress were within the normal range. At Time 2 we found that birth parents had higher levels of mental distress than grandparents; also birth parents were less likely to show positive acceptance of the adoption than grandparents. It is difficult for us to say therefore whether the biases in our sample attrition mainly relate to the fact that we retained more grandparents compared to parents in the study or whether it is the psychological attributes of birth relatives that is more relevant; either way our sample is unlikely to fully represent all birth relatives in adoption especially those of parents with poor mental health who remain opposed to the adoption.

Did participating young people differ from those who did not participate?

Adopted young people were invited into the study via their adoptive parents. A few young people declined themselves either because they were too busy with other things, or simply because they were not interested. Most young people who did not take part however were not given the information by parents either because they had significant learning disabilities, or parents had concerns that the interview would trigger difficult emotions. The following data show how the directly participating young people compared to young people who did not participate directly, but whose adoptive parents took part at Time 3.

Table 3.5 explores characteristics of the young people themselves and compares the two groups in relation to age, gender, reason for adoption, and the researcher rating of the young person's adjustment at Time 3 (as reported in Chapter 5). The participating young people were on average a year older than the non-participating young people; this may reflect greater protectiveness by adoptive parents in relation to younger adolescents and/or a greater reluctance of younger people to take part. There were more males in the non-participating group, suggesting females were more willing to be part of the study. In terms of reason for adoption groupings, there is a larger proportion of children in the "complex request" group amongst the non-participating young people; the numbers here are probably elevated because this group includes children with moderate or severe disabilities placed for adoption by their parents; because of these disabilities several adoptive parents felt their young person would not be able to participate. Of the relatively small number of relinquished infants across the sample as a whole, most chose to take part. These young people had the most benign backgrounds, and were almost all doing well in life at Time 3 which may explain why their parents were willing to pass on the invitation, and why young people themselves may have chosen to take part.

Looking now at how well the young people were doing at Time 3, amongst the participating young people 58% were thriving compared to only 40% of the non-participating young people. This fits with the feedback we had from adoptive parents who often explained that the young person who was not participating was going through a difficult time at the moment.

Table 3.5 Comparison of participating young people to non-participating young people: gender, reason for adoption and overall adjustment at T3

	Participating YP	Non-participating YP
Age	<i>m=19, SD=2.01, mdn=19*</i>	<i>m=18, SD=2.03, mdn=18</i>
Gender	55% male (22)	64% male (16)
Reason for Adoption grouping		
Care adoption	71.8% (28)	64% (16)
Complex adoption	15.4% (6)	32% (8)
Relinquished Infant	12.8% (5)	4% (1)
Researcher rating of young people's overall adjustment at Time 3		
Thriving	57.9% (22)	40% (10)
Surviving	18.4% (7)	44% (11)
Struggling	23.7% (9)	16% (4)

***This figure excludes the 26 year old 'outlier'.**

Next we considered whether the contact arrangements or family communication about adoption might have varied between the two groups. The two groups were virtually identical in terms of whether or not they had had direct contact with an adult birth relative (55% for the participating group; 52% of the non-participating group). The Adoption Communication Openness scores of the adoptive parents (based on researcher ratings at Time 3) were somewhat higher for the parents of the participating young people ($m=20$, $SD=4.19$, $mdn=21$) compared to the non-participating young people ($m=18$, $SD=6.12$, $mdn=19$). This makes sense because adoptive parents who themselves communicate less about adoption may be more wary of a research team talking with their son or daughter about adoption, or less likely to perceive it as important.

3.8 Chapter summary

- This study used a combination of quantitative and qualitative methods to explore seven different research questions.

- 45 adoptive families (with 65 adopted young people) and 28 birth families took part in the study.
- Data were collected directly from 40 adopted young people, 32 of whom participated in interviews.
- 30 interviews were carried out with 37 birth relatives.
- There appeared to be some selective attrition from the sample in relation to all three groups, meaning that the samples are biased towards adoptive parents with high levels of adoption communication openness, adopted young people whose parents are more communicatively open, and birth relatives who are more accepting of adoption.

Chapter 4 The adopted young people: how were they getting on in adolescence?

We have seen that the large majority of the young people had experienced some early adversity which may have exposed them to developmental risk (Chapter 3). In this chapter we examine the young people's emotional and behavioural development and their psychological wellbeing. Firstly we will look at the young people's emotional and behavioural development as rated by their parents. Secondly we will review the results from the measures the young people completed themselves about their wellbeing, and about their relationships with their parents. We will then discuss how we rated young people's development overall, categorising young people as either "thriving", "surviving", or "struggling", and will outline the factors that seemed relevant in understanding their unique developmental pathways. Finally the experiences of families of finding (or not finding) support for young peoples' difficulties will be discussed.

4.1 Emotional and behavioural development

The young people's emotional and behavioural development was measured at Time 3 by adoptive parents completing either the Child Behaviour Checklist (CBCL) (Achenbach and Rescorla, 2001), for young people aged 18 years and below, or the Adult Behaviour Checklist (ABCL) (Achenbach and Rescorla, 2003), for young people aged over 18. Thirty three adoptive parents completed the measures on 46 young people; mean scores on the internalising and externalising subscales of these measures are reported in table 4.1 below.

Table 4.1 Descriptive data for the emotional and behavioural development variables

Measure	Scoring	N	Range	Mean	SD	% in normal range
A/CBCL Internalising mean score	0 (low probs) – 2 (high probs)	46	0-1.47	.39	.33	52.2% (24)
A/CBCL Externalising mean score	0 (low probs) – 2 (high probs)	46	0-1.94	.51	.52	56.5% (24)

On the ABCL/CBCL scores are considered to be in the normal range if T scores are under 60. Where scores are ≥ 60 they are considered to be in the borderline or clinical range. As shown in Table 4.1 above, just over half the sample were in the normal adolescent range for internalising behaviour (52.2%, n=24) and externalising

behaviours (56.5%, $n=26$); the remainder had difficulties at a borderline or clinically significant level (internalising: 5 were in borderline range and 17 in clinical range; externalising: 5 were in borderline range and 15 in clinical range). These figures show an increase in emotional and behavioural difficulties since middle childhood where 76.2% ($n=32$) of these young people scored in the normal range for internalising problems, and 64.3% ($n=27$) were in the normal range for externalising. These figures are similar to the rates of mental health issues identified in an epidemiological study of looked after young people (Meltzer et al, 2003) where around 40% of 16-17 years old had a mental disorder.

Pre-placement risk was positively correlated with externalising behaviour ($r=.39$, $n=33$, $p=.01$) indicating that the early adversity may have negatively influenced externalising behaviour. However, pre-placement risk was not significantly correlated with internalising behaviour ($r=.22$, $n=33$, $p=.11$), although there was a small effect detected in this sample.

Unlike at Time 2 where boys has significantly higher problem scores than girls (Neil, 2007a), there were no significant differences ($t(31)=-.26$, $p=.80$, $n=33$, $r=-.05$) between adolescent males and females on scores for internalising behaviour (male $m = .37$, $SD=.26$, female $m=.40$, $SD=.42$). There were also no significant differences ($t(31)=.15$, $p=.88$, $n=33$, $r=.03$) between genders for scores for internalising behaviour at Time 3 (male $m = .48$, $SD=.46$, female $m=.46$, $SD=.54$).

4.2 Psychological wellbeing

In addition to gaining a picture of the young people's emotional and behavioural development in adolescence, it is also important to investigate how the young people felt about themselves, their lives and their mental and physical health. Data were collected directly from the young people about these three aspects of psychological wellbeing using three established measures: Cantrils Ladder (Cantril, 1965), the Revised Self-Liking/Self Competency Scale (Tafarodi and Swann, 2001), and the General Health Questionnaire (Goldberg and Williams, 1988). The descriptive data for these measures is presented in Table 4.2. and young people's scores on these measures are discussed in greater detail below.

Table 4.2 Descriptive data for young people’s psychological wellbeing variables

Measure	Possible range	N	Range	Mean	Mdn	SD	α
Cantril’s Ladder (life satisfaction)	0 (low LS) – 10 (high LS)	39	2-10	8	8	2.05	n/a
Self-Liking	8 (low SL) – 40 (high SL)	36	11-40	28	31	8.3	.91
Self-competency	8 (low SC) – 40 (high SC)	36	12-40	27	30	6.8	.85
General Health Questionnaire	0 (low health probs) – 36 (high health probs)	36	2-33	11	9	6.9	.91

4.2.1 Cantril’s Ladder measures overall life satisfaction on a scale of 0-10. Thirty-nine young people completed the ladder. Life satisfaction measures in general tend to yield negatively skewed results with most respondents scoring themselves well above the midpoint (Cummins, 1995). The young people in the study were no exception to this; the average score young people gave was 8 (sd=2.05) which is in line with averages found in other Western countries (Gallup website, accessed 2013).

Based on international research with Cantril’s ladder, the polling organisation Gallup (2013) have identified three distinct wellbeing groups. People scoring themselves 7 or above can be considered to have ‘thriving’ wellbeing, those scoring themselves 5 to 6 have ‘struggling’ wellbeing, and those scoring 4 or below have ‘suffering’ wellbeing which is considered to be high risk. It is encouraging that over three quarters of the young people in the sample scored themselves in the ‘thriving’ range (76.9%, 23). However, 6 (15.4%) young people scored themselves in the ‘struggling’ range and 3 (7.7%) scored themselves in the ‘suffering’ range. These data suggests that whilst the majority were happy enough with their lives overall, some of the young people were not feeling satisfied.

4.2.2 The General Health Questionnaire (GHQ) assesses people’s current general mental wellbeing in relation to their perceived normal mental health. Thirty six young people in this study completed the measure.

Half of the sample (18) did not answer that they felt any worse than usual on any of the items, indicating stable emotional wellbeing. The threshold of 3 items scoring ‘worse than usual’ is used as a marker of *caseness*, or emotional instability, with the 12 item scale. Ten young people (26.8%) met this criteria indicating that these young people’s mental wellbeing was of concern.

4.2.3 The self-liking and self-competency scale. Thirty six young people completed this measure. The mean scores reported in Table 4.1 are similar to those found in a large sample of Canadian undergraduates (mean self-liking score: women 28.3, men 30.4; mean self-competence score: women 25.6, men 27.2) (Tafarodi & Swann, 2001). The scores were positively skewed with only 6 (16.7%) scoring in the bottom half of the self-liking scale and 7 in the bottom half of the self-competency scale (19.4%). In order to create a dichotomous variable to identify young people reporting very high levels of self-liking and self-competence we calculated the mean item score for each subscale (sum of item scores divided by number of items). We then coded mean scores of 4 or over as 'high' self-liking or self-competence. Of the 36 young people who completed the measure 15 scored in this very high range for self-liking (42%) and 7 (19%) for self-competence.

4.2.4 Summary: young people's self-reported wellbeing

Young people's reports of their own wellbeing on the three measures discussed above indicate that about three quarters of young people reported quite high levels of wellbeing. This is interesting when looked at alongside the parent report CBCL/ABCL data which indicated that just under half of young people had emotional or behavioural problems at a clinically significant level. Some young people therefore may have been experiencing emotional or behavioural problems but nevertheless were feeling positive about their life overall, positive about themselves, and were considering their emotional state to be at least stable. As will be shown in the rest of this chapter, generally young people had positive relationships with their adoptive parents; this may be important consideration in understanding young people's self-reported wellbeing. It might also be the case that some young people responded defensively to these measures. In some cases, young people's reports of very high wellbeing seemed quite at odds with the other information about their life and progress.

4.3 Relationships with adoptive parents: young people's perspectives

Children adopted after their first birthday are less likely to be securely attached to their adoptive parents compared to non-adopted children, although many children adopted after poor early care will nevertheless form attachments to adoptive parents (van den

Dries et al, 2009). In this study we looked at parent- child attachments using the IPPA completed by the young people.

Table 4.3 shows the descriptive data for the IPPA scale. Thirty six young people completed the scale about their mothers and 33 young people completed it about their fathers². The total attachment score for each parent is reported. Distributions were negatively skewed meaning that the large majority of young people scored their perceived attachment to their parents as being generally positive. In order to provide a snapshot of which young people had a very good relationship with their parents we separated out those scoring in the top 25% of the available range. The overwhelming majority of young people were rating their relationship with their parents within this very high range, with a slight indication that young people experience more positive relationships with their mothers than their fathers (94.4%, n=34 on the mother scale; 87.9%, n=29 on the father scale).

Table 4.3 Descriptive data for IPPA variables

Measure	Scoring	N	Range	Mean	Mdn	SD	α
IPPA Mother total attachment score	28 (weak attachment) – 140 (strong attachment)	36	57-140	116	120	18.37	.94
IPPA Father total attachment score	28 (weak attachment) – 140 (strong attachment)	33	37-140	108	113	22.68	.96

It is encouraging that young people generally felt so positive about their relationships with their parents; it indicates, as supported in other studies (van den Dries, 2009) the role of adoption in providing children who cannot live in their birth families with secure relationships with new parents. In many cases the young person's report of positive relationships with their adoptive parents was in spite of the young person having significant emotional or behavioural problems. As we will see when we look at young people's overall outcomes below, these positive adoptive parent-child relationships were also described from the parent's point of view where most adoptive parents showed high levels of love and commitment for their children regardless of the issues and challenges the young people may have been experiencing.

² The IPPA for father was not applicable to 3 young people's situation; 1 young person's adoptive father was deceased and 2 young people were adopted by a single female adopter.

4.4 Overall ratings of young people's progress

Information about how well the young people were getting on at the time of this third follow-up came from many different sources. Firstly we had interview data from the adoptive parents for 63 of the 65 young people. The adoptive parents were asked to tell us about the young person's progress from the Time 2 interview until the present date and all were willing to talk in detail about the joys and challenges they had encountered in bringing up their children over the years. We also met and interviewed 32 young people. We asked young people to tell us about their work and educational progress and their hobbies and interests at the current time. The young person's interview was focused in the present, unlike the adoptive parent interview which sought a retrospective account. We did not ask young people specifically about their developmental progress or challenges, but nevertheless meeting and talking with the young people gave us supplementary information about how they were getting on. In addition to our interview data we had the results of all the measures already discussed above. Because we were interested in how young people had arrived at the position they were in today, we also found it helpful in many cases to refer back to the Time 2 or even Time 1 interviews to get a full understanding of the young person's development over time.

It was apparent that looking in isolation at any one of our many sources of information did not give a complete picture of the young people now. Hence we decided to develop a global researcher rating drawing on all the sources outlined above to explore and categorise young people's development at Time 3. In doing so what we tried to hold in mind was what an adoptive parent, a birth parent, or indeed a child's social worker might hope for in the future when placing a young child for adoption. We worked as a team on our development of a researcher rating, starting with looking in detail at young people who it was apparent were at the extremes in terms of progress and development (i.e. those obviously doing very well or less well). We noted what it was about these young people that we felt indicated their good or limited progress, building up descriptions for each category. We then broadened out this examination to further cases; this identified a third group of young people who were dissimilar in certain respects from those doing very well and from those who had many difficulties. As we worked through all the young people, we adjusted and refined the criteria for each group, paying particular attention to how we should draw the boundaries between the three categories. The final three groups are as follows: firstly the young people who

were "thriving"; secondly the young people who were "surviving"; and thirdly the young people who were "struggling". We were able to categorise 63 of the 65 young people into these groups (without the adoptive parent interview for two of the young people, we felt we had insufficient information to make a decision).

Just over half of the young people were categorised as "thriving" (N=32, 50.8%). Eighteen young people (28.6%) were rated as "surviving", and 13 young people (20.6%) were rated as "struggling". Table 4.4 below summarises information about the young people in each of these three groups and a more detailed discussion is given below.

Table 4.4 Descriptive data for the 3 outcome groups

	Gender	Age	Reason for Adoption	Risk	Internalising	Externalising	Life Satisfaction	GHQ	Self-Liking	Self-Competency	IPPA
Thriving (n=32)	50% male	14-22 years <i>m</i> =18 <i>SD</i> =24.9	16% Relinquished infant 23% Complex 61% Care 1 missing	43% (13) lower risk* (2 missing)	91% (20) normal range (10 missing)	100% (22) normal range (10 missing)	91% (19) high life satisfaction scoring 7+ (11 missing)	94% (17) non- case** (14 missing)	61% (11) high self- liking*** (14 missing)	28% (5) high self-comp.*** (14 missing)	72% (13) scoring in fourth quartile of score range (14 missing)
Surviving (n=18)	61% male	13-21 years <i>m</i> =18 <i>SD</i> =26.3	5% Relinquished infant 17% Complex 78% Care	41% (7) lower risk (1 missing)	31% (4) normal range (5 missing)	31% (4) normal range (5 missing)	57% (4) high life satisfaction (11 missing)	71% (5) non- case (11 missing)	29% (2) high (11 missing)	14% (1) high(11 missing)	57% (4) (11 missing)
Struggling (n=13)	69% male	17-21 years <i>m</i> =21 <i>SD</i> =1.4	23% Complex 77% Care	23% (3) lower risk	0% normal range (2 missing)	0% normal range (2 missing)	56% (5) high life satisfaction (4 missing)	33% (3) non- case (4 missing)	22% (2) high (4 missing)	11% (1) high (4 missing)	56% (5) (4 missing)

*Score of 2 or less on risk score 0-10, **2 or less items worse than usual on GHQ, *** mean score of self-liking/self-competence items ≥ 4

4.4.1 Young people who were “Thriving”

The young people in this group were equally divided between males and females. They spanned the full age range for young people in the study, with an average age of 18 years. The scores from the measures completed by adoptive parents and young people strongly reflected interview data suggesting positive development. As is shown in table 4.4 almost all young people in this group had scores on the CBCL/ABCL in the normal range. The vast majority reported very high life satisfaction and stable emotional health on the GHQ. Over 60% had very high self-esteem and over one quarter had very high self-competency scores. Three quarters of young people reported had very high scores on the IPPA indicating very good relationships with adoptive parents. This group had the lowest proportion of young people adopted from the care system (61%) compared to the other two groups and 43% had very low risk scores (≤ 2).

The young people in this group all had good relationships within their adoptive families. Parents commonly expressed love, pride and commitment about their sons and daughters, and they felt loved and appreciated in return. Where we had data from the young people themselves, this confirmed a positive picture of adoptive family relationships. In terms of adoption providing “a family for life”, clearly it had done this for the young people in this group. They were all engaged positively either in education, employment, training or voluntary work and many had a range of interests or hobbies they enjoyed pursuing. Young people’s achievements varied according to their abilities, and this group contained young people with moderate or severe learning or physical disabilities through to those who were academic high achievers and on pathways to promising careers. Looking at their recent (i.e. in the last 12 months) development, these young people were not showing any emotional behavioural or mental health difficulties of significant concern, as evidenced both by the adoptive parent interview and the other measures where available. Although a small number of young people may have had a score indicating some level of difficulty on one or more of the measures, when the whole picture was taken into account their overall progress was good. For example one young woman had scores in the clinical range on the parent completed ABCL. In her interview, this young person described how she still had some on-going difficult feelings related to her abusive past, but these feelings were not

affecting her health or progress in life. She had good family relationships, a circle of close friends, and was enjoying a successful university degree programme. As this case shows, in considering who we should include in this group, we decided that young people need not be “perfect” in every respect. So whilst for some young people, everything in their lives seemed to be progressing really well, other young people may have had low-level issues that could be considered normal at the adolescent stage. For example, Karl (age 18) lived at home with his parents and was attending college. His relationship with his adoptive parents was generally positive, but his mum said that as a teenager she found him “*quite lazy*” and reluctant to “*put any effort in*” at college. She was unhappy with the amount of time he spent hanging out with his friends, but he argued with her saying “*I’m 18, I can do what I like*”. Because such issues were not accompanied by any evidence of serious concern (for example, Karl had not dropped out of college, he was not getting into any trouble with his friends, his position in the adoptive family was secure, and he had no evident emotional or behavioural problems) such young people were still included in our “thriving” category.

Although all the young people in this group were doing well at the time of our follow-up, young people’s developmental histories were varied. For some young people, their progress in their adoptive family had been good from the start. Adoptive parents reported that their child had settled in easily, and close parent-child relationships were quickly established. Some children progressed through primary and secondary school (and beyond for the older young people) without encountering any major difficulties in their development or education; their lives since adoption had been happily settled and problem free. Many of these young people were from relatively low-risk backgrounds; as table 4.4 shows 43% scored two or less on our 0-10 rating of pre-placement risk. This group included five children relinquished at birth for adoption by young birth mothers. Some of the children coming to adoption through the care system had been removed from home at an early stage, and were placed for adoption quickly without encountering adversity or instability within the care system, in some cases being adopted by foster carers who had looked after them since birth. For young people such as these, positive outcomes made sense in terms of relatively low-risk backgrounds.

But other young people had arrived at a point in their lives where they were thriving after having come through some earlier difficulties, and these young people tended to have more risks in their background. This shows importantly that the three groups we identified are not static; for all three groups there were several young people who, if our follow-up had been at a different stage, would have been in a different group.

Case example

Jacob was placed for adoption when he was 3½. He found the transition from his foster carers very difficult, often in the early days asking to go “home”. His adoptive mother described how she was “determined” to build a relationship with him; even so she felt it took at least a year for her to feel that they had achieved this. At the second stage of the study Jacob had experienced some difficulties in school with peer relationships and in relation to his behaviour, and help from a play therapist had been sought. On the child behaviour checklist he had relatively high scores on items relating to anxiety, depression and attention problems. By the third stage of the study, however, Jacob’s development was clearly established on a positive pathway. He flourished at secondary school where he had good support from his teachers. His confidence grew and he built friendships with his peers. His academic results were excellent and, at the time of the follow-up, he was living at home and studying at university. He had a range of friends, and interests and hobbies which he shared with family and friends.

As the example of Jacob shows, some young people who were thriving at Time 3 were evidencing resilient outcomes in the face of early adversity. The processes, experiences and relationships through which young people move towards resilient outcomes were described by adoptive parents. The stability, love and commitment experienced in their adoptive families (not just adoptive parents, but often broadening out to grandparents, siblings, cousins etc.) had clearly helped some young people to overcome difficulties. Some young people had benefited from professional help from outside of the family, from social workers, therapists or teachers. Adoptive parents had acted as advocates for the children, arguing for therapeutic support or appropriate educational provision where needed. They tried to understand and support

their children, talking through difficult feelings and experiences or guiding children and young people in their behaviours. Adoptive parents had tried to provide a range of positive experiences and activities for the children, working hard to find something the young person would be interested in, enjoy and be good at. Although resilience is not a fixed quality or magical trait of young people (Masten, 2001) at the point we studied them the young adopted people in this group were moving towards or entering adulthood ready to face the future challenges in good shape.

4.4.2 Young people who were “Surviving”

The young people in this group were all surviving in terms of making satisfactory progress in at least some areas of their lives. But all the young people in this group had on-going difficulties causing some concern in at least one area of their lives. Their difficulties, however, were not completely dominating their lives, and were not at an intensity currently causing extreme concern. Many young people in this group were showing evidence of improvement in relation to their difficulties, though problems were insufficiently stable in their resolution for the young person to be described as "thriving". In a few cases the young person's difficulties had introduced an element of strain or tension in the parent-child relationship. However relationships between adoptive parents and young people had survived over time, and it was striking how for most young people these relationships were really positive, in spite of on-going difficulties, as the case example below illustrates.

Case example

Daisy was placed for adoption from care at age 2. Despite a history of neglect, emotional abuse, and several changes of caregiver Daisy's mother said *“she was presented as this fine little girl with no problems and she was going to be okay”*. Daisy seemed to settle well in her adoptive family; her mum felt a *“very strong bond”* to Daisy from the beginning and her dad *“fell in love with her from the moment he first saw her”*. There were signs early on however that Daisy did not find the transition so easy. She was attached to her foster carer, and found it difficult to open up to new people; as her mother described *“she would only let us give her hugs when she wanted them”*. Nevertheless, in early

childhood, Daisy's parents were happy with her progress within their family life. Daisy started to show signs of emotional difficulties in middle childhood when a number of family stresses occurring around the same time had a detrimental effect on her. Her behaviour became angry and she pushed her adoptive parents away. In her teenage years she seemed to find it hard to get on with her peers and at times she was depressed and self-harmed. When she was 18 she decided to move out of the family home and into a flat nearby. At the time of our follow-up Daisy was 20. She had kept up a close relationship with her adoptive parents, often staying at their house one or two nights a week. She had gained some qualifications at college and was currently employed in a job she enjoyed. She had a group of friends and a boyfriend. Although her parents still saw her as "*fragile*", they felt that in the past two years she had "*massively turned a corner*". It was clear that her parents' love and support had not wavered despite her difficulties, her mother describing her as "*Beautiful. Absolutely beautiful. Amazing. Really insightful, thoughtful. Fab kid.*"

Of the 18 young people in this group, parents completed the CBCL/ABCL for 13 young people. As table 4.4 above shows, about two thirds of young people had scores in the borderline or clinical range on these measures. Three young people were scoring in the normal range on both dimensions at Time 3, but in each case parents had described a worrying history of difficulties that were not yet fully resolved.

For example Luke had experienced a lot of difficulties in middle childhood. He found it hard to get on with other children at school; he was bullied and his behaviour was difficult. At home he showed signs of both anger and separation anxiety in his relationship with his parents. The family had used a number of therapeutic services over the years. At Time 3 Luke was 19 years old. His mother described how he had made a lot of progress in learning how to get on with other people. He had an easier time in secondary school than in primary and had gained some qualifications, was in part-time work, and was pursuing a small business venture of his own. His on-going problems were primarily in the field of relationships. His mother described how "*as soon as I say anything that he doesn't want to hear, he gets really angry*". With other people she felt he was "*functioning*" but could still get "*hold of the wrong end of the stick and it affects his relationships ...he doesn't quite understand... I know*

there's something not quite right". She felt he related to people in a *"learned"* manner rather than *"from the heart"*.

Difficulties with peers and in the school context as experienced by Daisy and Luke were very common themes amongst the young people in this group. Feelings of anger impacting on the parent-child relationship were also commonly mentioned. Adoptive parents however had stuck with their young people through the difficult teenage years. Although adoptive parents did not minimise the stresses they had experienced in their relationships with the young people, their love and commitment throughout was evident. In many cases there was evidence of more positive relationships emerging as young people moved into adulthood.

For example Stella had been diagnosed with an attachment disorder and in middle childhood, although committed to her daughter, her mother did not feel they had a strong emotional connection. As a young teen Stella's behaviour was very difficult to manage and worrying for her parents. She frequently ran away from home, and often self-harmed. At age 14 she spent some time in care. This proved to be *"a massive turning point in our relationship"*, according to Stella's mother, not least because it seemed to focus Stella's desire to return home and be part of the family. The family received therapeutic help with relationship building, and at the time of our follow-up (when Stella was 18), her mum felt they now had a *"mother-daughter relationship... It's really nice now to see her having blossomed."*

Like Stella, several young people in this group had been diagnosed with developmental disorders which were related to their emotional and behavioural problems. For example one young man had been diagnosed with auditory processing disorder which caused him great problems in the school context and had possibly contributed to a psychotic episode as a young adult. Three young people had been diagnosed with autism or Asperger's. Whilst the *"thriving"* group also included some young people on the autistic spectrum, what differentiated these young people was the presence of other difficulties alongside this diagnosis. For example one young man also had ADHD; another was on medication for anxiety. Cameron (aged 17) had learning difficulties and very limited speech. He could become quite frustrated when his parents did not understand him, leading him to become angry and sometimes

bite himself. He had quite high scores on the internalising problems scale of the CBCL. Although his parents loved him and were committed to him, they were feeling the strain of looking after him and were anxious about what the future might hold for him.

In terms of understanding the reasons behind the difficulties that young people had experienced over the years, table 4.4 shows that a slightly higher proportion of young people in this group had been adopted from the care system. It is interesting however that despite this, a very similar (compared to the *thriving* group) proportion of young people were in our "low risk" group with a score of two or less on our risk measure. In looking more closely at the situations of young people who, on the basis of these scores, we might have expected to do better, it was apparent that a number of other relevant factors need to be taken into account.

The pre-placement risk score essentially focuses on what happened to the child between birth and placement for adoption. Even with regard to this time period, our measure is at best crude; social workers (our informants about this time period) cannot always know exactly what a child is experiencing at home or in placement, and certain risk and protective factors that existed may not have been accounted for. The risk measure also does not take account of harm the young person may have experienced in utero, and indeed in some cases it seemed likely that exposure to drugs (including prescribed medication) or alcohol in the womb might have impacted on some young people's development. Neither does the risk measure account for inherited conditions; several young people in this group (and in the struggling group) had over the years developed developmental difficulties which they shared with members of their birth family. Genetic factors may affect the development of psychopathology directly but also indirectly for example through increased vulnerability to environmental stress or because genetic dispositions elicit negative reactions from others (Rutter, 2000). Finally, young people varied in terms of the challenges they had encountered after their placement for adoption. As already mentioned, puberty and moving to high school were difficult for many young people in the study. But other young people experienced adversities above and beyond these normal transitions. For example some experienced bereavement of a close family member in their adoptive family or their birth family. Other significant changes in the adoptive

family could include the parents' divorce, the arrival or departure of siblings, or the stress of having another child in the family experiencing serious difficulties. Several young people were exposed to significant bullying in school. For young people who had already experienced early adversity, difficult life events such as these could have quite a destabilising effect.

It is important to remember that for this group of young people who were “surviving” there were also signs of positive developmental progress alongside the difficulties. So, as mentioned already, most young people enjoyed positive relationships within their adoptive family. Most were engaged in a range of purposeful activities, these allowing them a sense of esteem and achievement. For example, Keira experienced a turbulent adolescence, her mother highlighting particularly her angry feelings. But something that had really helped her find focus and enjoyment in life was her interest in animals. She was pursuing this at college and in the workplace, and in her spare time with her own pets. Adoptive parents had often been instrumental in helping young people find this focus in their lives. For example despite being academically very able, Noah dropped out of sixth form, spending most of his time alone in his bedroom playing on the computer. His adoptive parents tried many strategies to engage him in positive activities including helping him apply to go to college on a sports scholarship, driving him around various places dropping off his CV, and paying for him to go abroad on an outdoor skills course. For several years nothing seemed to work, but at the time of our follow-up (aged 22) he had been in stable employment for about a year, drawing on his skills and training in outdoor pursuits.

4.4.3. Young people who were “Struggling”

What characterised all the young people in this third group was that they were currently experiencing problems of very significant concern in terms of their immediate health or welfare. This group contained the highest proportion of males, suggesting (as has been found in other adoption research, Howe, 1998) that boys are more vulnerable to psychosocial risks than girls (at least before puberty). The young people also had the highest risk backgrounds, and this group contained no relinquished infants. Ten of the 13 young people had been adopted from care. The other three young people were placed for adoption at the request of their birth parent, one at birth but the other two after spending

some time at home but with a parent struggling to cope. The backgrounds of these two young people was very similar to those adopted by compulsory means, as they had experienced poor quality care and changes in caregiving before being placed for adoption. Adoptive parents filled in the CBCL/ABCL for 10 of the 13 young people, and in all cases the young person had scores in the borderline or clinical range on both internalising and externalising problems. In this group there were three pairs of siblings, so altogether the 13 children came from 10 adoptive families.

The range of difficulties experienced by young people in this group was diverse, but certain themes kept repeating. For the majority of these young people, their parents described how the young person had persistently shown extremely angry oppositional behaviour towards them. In several cases this included physical violence with young people causing damage in the house and/or physically attacking their parents. One young person had been convicted of assaulting their mother. In many cases these types of behaviours marked a sudden and dramatic change in the earlier parent-child relationship, things generally deteriorating in the early teens. For example, the adoptive mother of Jay (aged 17) reflected that *“we loved him so much and he loved us so much, we knew that. That’s gone. ... He’s very anti-us. Especially me.”* Some parents discussed these problems in terms of the young person’s attachment difficulties, and in several cases the young person had been identified as having an attachment problem by clinicians. Although no young person in this group was completely estranged from their adoptive parents, some young people currently had a poor relationship with at least one (if not both) of their parents. One mother said her 17-year-old was still living with them but that *“his dad has told him that at 18 he’s gone because we can’t put up with it any more”*. Three young people in this group had experienced the divorce of their adoptive parents, in all cases parents felt this had exacerbated the young person’s difficulties and these three young people all struggled to maintain a close relationship with the parent they no longer lived with. Although all the young people in this group had to some extent at least one adoptive parent “hanging in” trying to help and support them, the toll that the young person’s difficulties had taken on the relationship was often apparent. For example, one mother described *“I think I’ve become a bit despondent about things and I’m very tired. It is quite challenging energy wise to keep that level up, and work, and keep everything else going.”* She described herself as

currently *“running out of”* motivation. Where difficulties in the parent-child relationship were apparent, in most cases these problems appeared to follow from the child's developmental difficulties. There were only a couple of cases where an early and on-going problem with the adoptive parents' bond with the child seemed relevant in understanding the origins of young people's difficulties.

The majority of young people in this group had spent time living outside of the adoptive family in a range of settings including residential care, boarding school, specialist mental health provision, or living independently (often at an early age). One young person was currently detained under the mental health act in a secure unit. As is suggested by this range of settings, the breakdown of the parent and child relationship was often not the reason for out of home care, it was more the interaction of the young person's difficulties or special needs with family strains.

The young people in this group evidenced emotional and behavioural difficulties of a very worrying intensity, these sometimes including mental health diagnoses. At least two young people had been sectioned under the Mental Health Act. Some young people had been diagnosed with specific disorders such as autism or Asperger's, ADHD, depression, bipolar disorder, Tourette's syndrome or bulimia. Other young people had not acquired a psychiatric diagnosis or label as such, but they had a range of difficult feelings and behaviours indicating high levels of mental distress. Parents commonly referred to the young people as being impulsive and risk taking. For example Eleanor, age 19, frequently ran away from home and from residential care. She had relationships with older men, and had on several occasions reported being sexually assaulted. One young man was described as having grandiose ideas. Other young people appeared highly anxious; one young man, who had been diagnosed with ADHD and autism, could not be left alone and needed professional carers to help look after him in his parents' house. Several of the young people in this group had turned their emotional distress upon themselves, self-harming and in four cases making suicide attempts.

About half of the young people in this group (seven of the 13) had experienced a severely disrupted education because of their emotional and behavioural difficulties. Some young people had refused to attend school and could not be contained in an educational environment even with significant levels of extra

support. Several young people were reported by their parents to have great difficulties getting on with other young people of their own age, and some reported that the young person had been bullied. About half of the young people had run into trouble with the police. Often this was connected with drug and alcohol misuse. One young man had a history of stealing, including from his adoptive parents. Although living at home, his parents would not allow him access to the house unsupervised.

The onset of these distressed and distressing behaviours of the young people varied from case to case. In the case of five young people worrying problems were evident at an early stage. At the time of the second interview in middle childhood, adoptive parents described difficulties in the parent-child relationship, and emotional and behavioural problems were apparent. The pattern of serious problems in adolescence was a continuation and exacerbation of these previous issues. Some parents who did not report difficulties in their children at Time 2, did reflect that with hindsight some issues were apparent even in early childhood. These issues were manageable, however, and parents optimistic that things would improve. Deterioration in the young person's functioning was often described by adoptive parents as related to specific transitions or life events, as was described above in relation to the "surviving" group". In some cases the switch in the young person's behaviour could be very sudden. For example, one adoptive mother said "*she was a perfectly normal kid and all of a sudden she was running away from the police helicopter*".

It is interesting that of the nine young people who filled in the measures in this group, in spite of the difficulties slightly over half (56%) reported high life satisfaction and positive feelings about their relationship with their parents. This could indicate that young people wanted to put across a positive view of their life and family relationships, and maybe didn't answer questionnaires honestly. Or it could be that despite their difficulties young people genuinely felt their adoptive parents had been there for them and on their side, and that this feeling might have contributed to their high life satisfaction.

4.5 Experiences of adoption support

Due to the difficulties that many young people had experienced, adoption support was an issue which was very much on the minds of many of the adoptive parents in the sample. The adoptive parent interview included questions about any adoption support services that had been needed or used, and their experiences of these. In this section some key issues that emerged in relation to the issue of support will be summarised. It is important to note that the sample children were placed for adoption prior to the implementation of the Adoption and Children Act (2002), which underlined the importance of adoption support and made the provision of an assessment of need for support as a statutory duty for adoption agencies. For the study sample, therefore, adoption support services would have been less developed than for current new adoptive parents.

Support was available to some families, although (as reported by the adoptive parents) this seemed to vary in type and effectiveness between and even within adoption agencies. At best, support was easily accessed, responsive to specific needs and provided without stigma or suggestion that the adoptive parents were causing or exacerbating the problems. One mother of two children with different needs had received helpful support from her local adoption agency (who had not placed the children) for different issues over the years. The agency had provided a referral to the Tavistock clinic in London, individual counselling to one of the children, a parenting group and legal advice and support regarding birth parent issues, all of which had been very helpful. The adoptive mother felt lucky that the agency had 'always been there for us to turn to' and confident that it would continue to be responsive to the young people's on-going needs in adulthood.

At the other end of the spectrum were families who had sought support for many years but had not been offered anything that met their needs. A common complaint was that professionals (even, sometimes, adoption professionals) did not understand adoption issues. In some cases, parents reported that professionals had been dismissive of the problems (stating that they were 'normal' for a child of this age etc.) or dismissive of the parents (suggesting that they were over-reacting). Others felt that the impact of early harm was not fully acknowledged or understood by professionals and, instead, the adoptive

parents were 'pathologised' and seen as the cause of the problems, rather than as the recipients of them.

There were reports of inappropriate services offered (for example, a parenting course for the adoptive parents whose concern was that their child was experiencing significant mental health problems) or sometimes no services at all (for example, the adoption agency stating that the family should seek child and adolescent mental health services, but CAHMS stating that the child's needs were not severe enough for them to become involved).

Financial issues were coming to the fore for some families who had found that services such as counselling were only available if privately funded. One couple had not had a holiday for several years because of this. Another single adopter pointed out that, although the adoption allowances for her three children had been essential in paying for services for them, their additional needs had meant that she had been unable to work outside the home and so had no occupational pension available to her in the future.

Most concerning of all, perhaps, was the strong sense of personal failure that many adoptive parents felt if their children had had difficulties and the barrier that this could create to them asking for help, as expressed by this mother:

I know so many people with children that are adopted and they've had exactly the same problems and nobody talks about it because you don't want to think you've failed. You don't want to be damning to your child so you tend to not say anything.

Some young people in the sample were resistant to professional support and had refused to engage with support services. However, several felt differently and spoke of support services that they had received and, usually, found helpful. It could be a relief for them to have someone outside the family to talk to, and feel understood by. Several young people spoke positively of having a social worker to guide them through the process of discovering more information about their birth family or the circumstances around the adoption. When this was done gradually and sensitively, in the context of a trusting relationship, it had clearly had great therapeutic value for young people.

Ed, for example, had had uncontrollable anger as a child and early teenager, but this had become more manageable in his later teens. When asked what had helped him with this, he stated:

Because my social worker has been coming over and we found out, every week I found out new bits of information and letters from my birth Dad from prison. ...We didn't find as much about him because he did a disappearing act but we found quite a bit of information based around my mother. It was basically after my contact with my social worker I started controlling it (the anger).

Paige, for whom there were particularly distressing birth family events to come to terms with, had had involvement with two social workers. One had been extremely helpful, the other less so. Paige described very clearly the differences in approach:

That was (social worker), yeah. She was absolutely fantastic. She was really down to earth and she just sort of talked to me like a human being rather than just like a child. She had it all sort of written up, she'd go through what she'd typed up and then we'd go through it together and talk about it. She did me another book... that was more like in detail and didn't have any pictures and that sort of thing, which was really helpful for me.

In comparison, the approach of the second social worker felt more suited to a younger child, and, from Paige's perspective, less helpful:

I felt like the other lady sort of really spoke down to me and was very much 'here you go, here's a crayon' and I was like 16. She had like a piece of paper and she wanted me to, in crayon, draw my house of how I felt my house looked. I was 16, nearly 17.

4.6 Chapter summary

- A large minority (around 45%) of young people were displaying significant emotional and behavioural difficulties, as assessed by the adoptive parents.

Young people themselves perceived their psychological wellbeing more positively, with around three quarters presenting as satisfied with their lives, emotionally stable and with good self-esteem. Almost all young people perceived their relationship with their adoptive parents to be strong and positive, although there was variation within this.

- Researcher ratings identified half of the young people as "thriving", whilst the remainder were either "surviving" or "struggling"; almost all young people were loved and supported by their adoptive parents.
- The adolescent years for many young people had brought about challenges over and above those experienced at earlier ages and stages, and increases in emotional and behavioural difficulties from middle childhood to adolescence were apparent. Puberty, and moving to high school, were common stressors for young people.
- How well the young people were getting on appeared to relate to a number of factors. The risks that young people had encountered in their lives before adoption were relevant, but did not account for all variations in young people's developmental pathways. Other factors that emerged from the qualitative data as important in understanding poor outcomes included pre-birth risk factors, inherited/genetic risk factors or vulnerabilities, and adverse life events after adoption such as bereavement, family disruption and bullying.
- The main factor influencing resilient pathways was the quality of adoptive family life; adoptive parents evidenced high levels of commitment and support for young people, seeking ways to ameliorate difficulties and looking for positive opportunities to allow young people to succeed. For a minority of young people, even high levels of commitment from adoptive parents was not enough to prevent a poor outcome.
- Support provided from health, education, and adoption support professionals also had a positive impact in helping some young people overcome difficulties. A large majority of the adoptive parents stated that they had needed support at some stage of the adoption, and/or felt it would

be needed in the future. For some, support had been available and appropriate. For too many others this had not been the case.

Chapter 5 The adoptive families: a snapshot of current contact

Introduction

In this chapter we will outline the nature of contact that young people were having with their birth relatives at this third stage of the study. Remembering that almost all the young people in the study were planned to have some contact with their adult birth relatives, this chapter will show that, by the time the young people were emerging into adulthood, a substantial minority of contact arrangements had stopped. In the following chapter we will discuss in more detail the pathways over time that had led to these current positions, and the benefits and challenges that had been experienced along the way. Using the current snapshot of contact, data will be presented to show the contact arrangements according to whether the young people were thriving, surviving or struggling.

5.1 An overview of contact arrangements at Time 3

We identified four broad ways that young people were (or were not) in touch with their birth relatives at Time 3 and these are defined below:

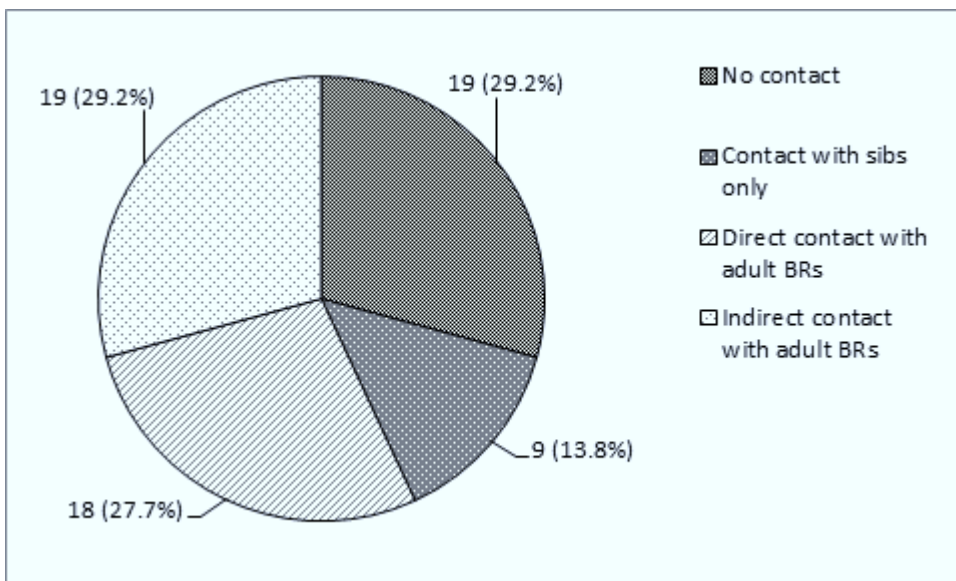
- **No contact:** there are no meetings and information is not exchanged.
- **One-way indirect contact:** information is sent from one party but is not reciprocated by the other e.g. adoptive parents send a letter but birth relatives do not reply or vice versa. Correspondence is sent via the adoption agency (often referred to as the 'letterbox') and mediated by the agency in order to censor inappropriate information and preserve the confidentiality of the adoptive parents.
- **Two-way indirect contact:** information is exchanged between the adoptive family and the birth relatives. This can include letters, cards, and photographs (mediated by the agency, as above) but also emails and social networking (use of social networking in relation to birth family contact is discussed in more detail in chapter 13). Several young people who had direct contact with birth relatives also corresponded in these indirect ways.

However for the purposes of this analysis, two-way indirect contact arrangements are defined here as those which do not include direct contact.

- **Direct contact:** birth relatives and young people (nearly always accompanied by adoptive parents) meet each other face-to-face. This can be with or without adoption agency supervision. Meetings can be in the homes of the parties, or on neutral ground (parks, restaurants etc.), or in official settings such as family centres. The adoptive parents' confidentiality may or may not be preserved. Often, direct contact was accompanied by an indirect exchange (such as cards sent at Christmas, telephone calls, or contact via social media); if the direct contact was unmediated by the adoption agency, the indirect exchanges tended to follow this pattern.

Figure 5.1 below provides a snapshot of the types of contact the 65 young people were having in late adolescence. These categories are mutually exclusive, except (as explained above) young people in direct contact with adult birth relatives may also have been having other forms of contact. The figures are based on contact arrangements still considered to be active; because the majority of contact arrangements were very low-frequency restricting our "snapshot" too rigidly (for example to the last year) would have underestimated the extent of on-going contact.

Figure 5.1 An overview of young people's contact at Time 3



Overall, 46 of the 65 young people (70.8%) were in touch with at least one person in their birth family, but just 37 young people (56.9%) remained in contact with an adult birth relative. As adult birth relative contact was planned for almost all of the 65 young people, this demonstrates the extent to which such contact had fallen off over the years (the numbers of the 65 young people having no contact at each stage were as follows: 2 at Time 1, 8 at Time 2, 19 at Time 3); the reasons for this are discussed in chapter 6. Nine young people (13.8%) were in contact with a birth sibling even though they were not in contact with an adult birth relative, and seven of these young people had direct contact with their sibling(s). Nineteen young people (29.2%) were having only indirect contact with an adult birth relative. In most of these cases (12 of 19) the adoptive family were both sending and receiving letters; in five cases letters were sent to birth relatives with no reply, and in two cases letters were received from birth relatives but none were sent. Finally, 18 young people were in direct contact with an adult birth relative (27.7%).

5.2 Which birth relatives were young people in touch with?

We looked at what type of contact the 65 young people were having with their birth mother, birth father, maternal grandparents, paternal grandparents, aunts or uncles, siblings living within the birth family, and siblings outside of the birth family (for example adopted or in foster care). The results are presented in Table 1 below. These figures do not correspond entirely with those given in Figure 5.1 above, because here we are looking separately at contact with each type of birth relative, rather than combining birth relatives within categories.

Birth mothers were the main person young people were in touch with, with 38.5%, n=25, of the young people receiving some form of birth mother contact (this figure does not include the seven young people whose adoptive parents were sending information to the birth mother without any reply). In comparison, only 15.4%, n=10, of the young people had reciprocal contact with their birth father. Only two young people (3%) had contact with paternal grandparents; in contrast four times as many (n=12, 18.5%) were in contact with maternal grandparents. These disparities highlight the potential difficulties for young people in building a picture of their paternal birth family identity – an issue that arose frequently in the young people's interviews.

Regarding birth siblings, it is not known how many young people in the sample had birth siblings by Time 3 of the study. However an analysis of 124 cases in the Time 1 questionnaire sample showed that at the time of placement 68% of the adopted children had birth siblings (Neil, 1999). By Time 3 of the study, this figure will almost certainly have risen as more children are likely to have been born to birth parents, and a figure of 80-90% as suggested by Kosonen (1996) in her review of the literature may be more realistic. In our snapshot of contact at Time 3, one third (n=22, 33.9%) were in touch with at least one birth sibling, either with siblings who had remained with the birth family (18.5%, n=12) or siblings who had been adopted or fostered (15.4%, n=10). It also needs to be remembered that some young people in the sample were living with a birth sibling.

Some interesting patterns regarding contact type emerged from the data which suggest a different approach with birth mothers (and to some extent fathers) compared to extended family members. For example, one-way indirect contact was only occurring with birth parents, not extended family or siblings. Contact with extended family members tended to be direct, suggesting maybe that fewer risks (compared to birth parent contact) were perceived. Generally, however, most young people were not in touch with members of their extended family and indirect contact was rarely used with these birth relatives.

Table 5.1 Young people's contact with birth relatives: birth relatives having contact and type of contact (n=65)

	BM	BF	MGP(s)	PGP(s)	Aunt/ Uncle	Sibs living with BRs	Adopted birth sibs
No contact	50.8% (33)	80% (52)	81.5% (53)	96.9% (63)	90.8% (59)	81.5% (53)	84.6% (55)
One-way indirect (AP/YP to BR)	10.8% (7)	4.6% (3)	0	0	0	0	0
One-way indirect (BR to AP/YP)	6.2% (4)	1.5% (1)	0	0	0	0	0
Two way indirect	16.9% (11)	4.6% (3)	6.2% (4)	3.1% (2)	0	4.6% (3)	4.6% (3)
Direct	15.4% (10)	9.2% (6)	12.3% (8)	0	9.2% (6)	13.8% (9)	10.8% (7)
Total	100% (65)	100% (65)	100% (65)	100% (65)	100% (65)	100% (65)	100% (65)

5.3 Frequency of contact

Table 5.2 below indicates the frequency of contact broken down by the type of contact. The figures in this table are based on all the contact events of each type that the young people in the study were having, and where the frequency of contact was known. The figures relate to the frequency of contact in the last 12 months. The data show that for most young people contact events with birth relatives took place quite infrequently, usually just once or twice a year. Almost all contact arrangements had been set up at this type of frequency in the beginning. However over time a number of the enduring direct contact arrangements had increased in frequency, and some young people were having quite a lot of direct contact with birth relatives. In contrast, of the indirect contact arrangements that had lasted, most had stayed static in terms of frequency.

Table 5.2 The frequency of contact events according to type of contact

	Number of Contact Events				Range
	1	2	3-5	6+	
Type of contact					
Direct (n=26)	12	3	4	7	1-10+
Two way indirect (n=18)	12	4	1	1	1-6
One-way indirect (n=6)	6	0	0	0	1

5.4 The four contact variables.

As explained in chapter 3, to capture contact arrangements over time we coded 4 variables for each young person. The variations in contact we focused on were:

- direct contact versus no direct contact;
- any contact since age 11 versus no contact;
- contact involving a "risky" birth relative;
- the extent of contact in the last 12 months (looked at in terms of the number of birth relatives the young people had been in contact with).

These variables, and the rationale behind them, are explained in more detail below.

Direct contact (n=35) versus no direct contact (n=30). This seemed an important variable to focus on, because the original survey of 168 cases (Neil, 2000) had revealed that direct contact with adult birth relatives was not frequently set up for children within this preschool age group. Social workers provided information about the thinking behind contact planning. This revealed that direct contact was not often considered relevant for this age group because many children did not have established relationships with birth relatives. Some social workers were also reluctant to plan direct contact because they considered it to be “more risky” in a number of ways, for example interfering in adoptive parent-child relationships, confusing the child about family membership, or exposing the child to the possibility of on-going abuse. From our connections with the world of practice we are aware that these concerns about direct contact remain widespread; it therefore seemed important to examine whether there may be any differences between young people who had ever experienced direct contact and those who had not. Our analysis revealed that 35 of the 65 young people (53.8%) had at some point in childhood had contact with an adult birth relative. This included a small number of young people whose contact with their birth relatives had stopped in early middle childhood. But the majority of these young people (31 of 35) had experienced direct contact with an adult birth relative since the age of 11. Of these, the majority had been having direct contact throughout their childhood and into adolescence, but this group also includes seven young people who had only started (almost always at the young person's instigation) to have direct contact with an adult birth relative as a teenager or young adult.

Any contact since age 11 (yes, n=44; no, n=21) As the study originally sought only to include cases where some contact was planned with adult birth relatives, there were very few young people in the study who had never experienced any adult birth relative contact. A comparison of young people who had never had contact, with those who had some contact was not therefore feasible or useful in our sample. However, because a lot of young people had lost contact with their birth relatives over time, we decided to differentiate those young people who had some sustained contact compared to those whose contact plans had not endured. In deciding where to draw the cut-off in terms of how long contact had continued for, we thought that contact during the adolescent period might have a particular meaning for young people compared to contact that had taken place when they were younger; we

therefore focused on contact since age 11. Forty four of the 65 young people (67.7%) had experienced some form of contact with an adult birth relative since age 11, whilst 21 young people (32.3%) had experienced no contact in this time period. This latter group of young people varied in terms of how long, if ever, they had experienced birth family contact for; in most cases contact with birth relatives had either stopped in the first few years after placement, or had never been properly established. Small numbers of children in this group however may have had some meaningful memories of contact during their primary school years.

Any contact with a birth relative who had posed a risk to the child (yes, n=28, no, n=37) We wanted to be able to identify children in the study who were having contact with potentially more risky people. The young people in our study had been adopted from a range of backgrounds, and they were having contact with a broad range of birth relatives. Contact with an adult birth relative with whom the young person had a history of an abusive or neglecting relationship is potentially more risky for a number of reasons. Where children had lived with an abusive or neglecting birth parent, an insecure or disorganised attachment may have been established. Contact with such birth parents may evoke difficult feelings and memories for the child (Macaskill, 2002), having the potential to emotionally dysregulate the child (Howe & Steele, 2004), and could be more difficult for adoptive parents to cope with (Neil et al, 2011). Clinical case examples have also been reported where contact has allowed children to retain unrealistic fantasies about their abusive birth parents (Loxtercamp, 2010). In a study of direct contact by Neil et al (2011), contact was found to be significantly less likely to be working well (based on adoptive parents' reports) when the contact meeting included a birth relative who had been involved in the abuse or neglect of the child. Although this study focused on face-to-face meetings, difficult feelings might also potentially be aroused where contact is indirect.

Although the majority of the young people in our study had been adopted from a care background, this did not automatically mean that their birth family contact was high risk. For example some young people were having contact with a grandparent, extended family member or non-resident parent who had always cared for and supported the child, and who had been in support of the adoption plan. Or a young person might have been removed at birth; in such a

case although the birth parent(s) will have been deemed at risk of significantly harming the child, the child would not have been exposed to this harm, or developed an attachment relationship with the parent except in a small number of cases where a high level of contact took place. We defined a young person's contact as being with a "risky" person where the birth relative involved in the contact had previously lived with the child (or had a high level of poor quality contact with the child), and the child had been removed from that person's care because of concerns about abuse or neglect. The contact had to be either direct, or two-way indirect; cases where the adoptive family wrote to the birth relative but there was no reply were not included.

Twenty eight young people (43%) had experienced contact with a risky birth relative, in all cases a birth parent (we recognise that some adopted children may experience abuse or neglect within the care of extended birth family members, but this was not the case for any young person in our sample). The majority of these (17 of 28) had at some point had direct contact with the birth parent, and 11 had just had indirect contact.

The number of birth relatives that young people had been in contact with in the last 12 months. This variable was used to capture the extent of current contact that young people were experiencing. A birth relative was considered to be in contact with the young person if they had met with the young person or contacted them in any other way, for example through letter, phone or via social media. A birth relative was not considered to have had contact with the young person if the young person or the adoptive parents had contacted the birth relative but they had not replied. Using these definitions, we found that over 30 young people (n=24, 36.9%) had not been in touch with anyone in their birth family in the last year. One in five young people (n=13, 20%) had been in touch with just one person, and just under one third (n=20, 30.8%) had been in touch with two people. Only eight young people (12.3%) had been in touch with four or more birth relatives (the maximum number was 11). Overall, this suggests that birth family contact had remained fairly limited for most young people with just a small subgroup developing more extensive networks with birth relatives. These data were used to create a continuous variable. The mean was 1.52, SD= 1.9. The median was 1 and the range was from 0-11.

5.5 How young people's contact arrangements varied according to their overall adjustment at Time 3

At Time 2 of the study we found that the children's contact arrangements (in terms of whether or not they had had direct contact with an adult birth relative) were not related to their emotional and behavioural development as measured on the child behaviour checklist. We proposed that other factors such as pre-placement risks were likely to be much more influential on these outcomes, and in Chapter 4 we have discussed a range of factors that appeared to influence adolescent adjustment.

In general there is little evidence that young people's overall adjustment is influenced by post adoption contact. For example in the Texas Minnesota adoption research project no significant differences in externalising behaviour were found between adolescents who had never had contact with birth relatives and those who had experienced on-going contact throughout their childhood (Von Korff, Grotevant & McRoy, 2006). This project however focused on voluntarily relinquished infants. For our sample which included many adopted children from high risk backgrounds, fears about the negative impact of contact on children need to be re-examined. Table 5.3 below sets out the four contact variables according to whether overall young people were thriving, surviving or struggling.

Table 5.3 Young people's contact arrangements by overall outcome group

	Have had direct contact?	Have had any contact since age 11	Contact with 'risky' birth relative	Number of birth relatives in contact with in last 12m
Thriving (n=32)	n=19, 59.4%	n=21, 65.6%	n=13, 40.6%	M=1.8, sd=2.3 Median = 1
Surviving (n=18)	n=9, 50%	n=12, 66.7%	n=6, 33%	M=1.2, sd=1.2 Median = 1
Struggling (n=13)	n=6, 46.2%	n=10, 76.9%	n=7, 53.8%	M=1.5, sd=1.6 Median = 1

There are no indications from the data in Table 5.3 that birth family contact was related to problems in young people's overall adjustment. Young people who were thriving had the highest levels of direct contact, and were in contact with

more birth relatives in the last 12 months; we did not have the statistical power to examine whether these differences were statistically significant. Young people in the struggling group had the highest levels of contact with risky birth relatives, although much of this contact was indirect. These young people were the most likely to come from a high-risk background, and this group contained no relinquished infants; a range of factors are likely to have affected outcomes. To explore the role of contact alongside these factors would require a much larger sample and a genetically informed research design.

It also needs to be remembered that considerations about risk in relation to contact will have been made by social workers at the time of placement, and on an on-going basis by adoptive parents (as illustrated in Chapter 6); the data therefore do not suggest that contact will necessarily be beneficial for all adopted children. A case-by-case consideration of young people's contact arrangements is obviously important. Although contact appears to have little particular impact on overall adjustment, in chapter 9 we will explore how young people's contact arrangements contributed, either positively or negatively, to their development of an adoptive identity.

It is also important to consider the value that individuals placed upon contact; if contact does no harm to young people, then if it is valued by young people and their birth and adoptive relatives this provides a good reason to have contact. We will explore satisfaction with contact in later chapters.

5.5 Chapter summary

- By late adolescence, just over two thirds of the young people were still in contact with at least one birth relative and about one third were no longer in contact with anyone.
- Although almost all young people in this study were planned to have on-going contact with an adult birth relative, by late adolescence only 57% were still in touch with these birth relatives.
- Young people were most likely to be in contact with their birth mother or maternal grandparents; few children had contact with members of their paternal birth family.

- Although for a few young people contact had broadened out to involve a range of birth relatives and with quite a high frequency of contact (in some cases facilitated by social networking - see also chapter 13), for the majority of young people contact events remained (at least temporally) a small part of their lives, happening just once or twice a year with one or two people.
- Even in situations where young people were having more extensive birth family contact, these relationships did not replace adoptive family relationships, but ran alongside them. In most cases, birth family contact and relationships were a relatively contained part of many young people's lives rather than a dominating feature.
- This sample of adopted young people differs significantly from those of other studies (in particular the Texas Minnesota study) in that a substantial minority were having contact with a birth relative with whom they had a troubled history, a birth parent who they had lived with, and in whose care they had been abused and neglected. This was not true for all children in the sample however, allowing us the opportunity to explore the impact of this variation.
- When young people's contact arrangements are looked at alongside their overall adjustment (whether they were thriving, surviving or struggling) there was no discernible evidence of birth family contact being related to these outcomes.

Chapter 6 The adoptive families: contact pathways over time and evaluations of contact by adoptive parents and young people

Introduction

This longitudinal study provides an opportunity to look at how contact arrangements have unfolded over a period of time. In this chapter we will outline the extent to which contact arrangements had been sustained or changed, and the reasons behind these changes will be explored. Because the contact arrangements for the young people in this study were in almost all cases voluntary agreements, adoptive parents had a central role in shaping the nature and extent of contact. They could sustain or increase contact when they experienced it as beneficial; they could restrict or stop contact when they felt the challenges or risks outweighed any benefits; changes could also be made simply in relation to people's personal preferences. In the 10 years since we had last followed up these families, the young people themselves had also begun to shape contact arrangements, opening up or restricting arrangements according to their needs and experiences, often in conjunction with their adoptive parents but sometimes on their own initiative. Thus in this chapter we will explore the benefits and challenges of contact as perceived by both the adoptive parents and the young people, showing how these experiences had affected fluctuations in contact over time.

6.1 Examining the pathways of contact over time

The longitudinal nature of the Contact after Adoption study allows the contact pathways of the young people to be traced over a 16 year timespan. Contact arrangements were recorded at Time 1 (placement), Time 2 (middle childhood) and Time 3 (late adolescence). Because the young people in the study often had more than one contact arrangement, the analysis that follows is undertaken at the level of the contact arrangements, rather than the young person or the birth relative. So for example if a young person had direct contact with their mother once a year, plus indirect letter contact, these were treated as two separate arrangements. Some contact arrangements involved more than one birth relative, for example if the young person met with their mother and their grandmother on the same occasion, this was counted as one contact arrangement; but if they saw their mother and their grandmother

separately this was counted as two contact arrangements. In our analysis of contact pathways we have included sibling contact as well as adult birth relative contact.

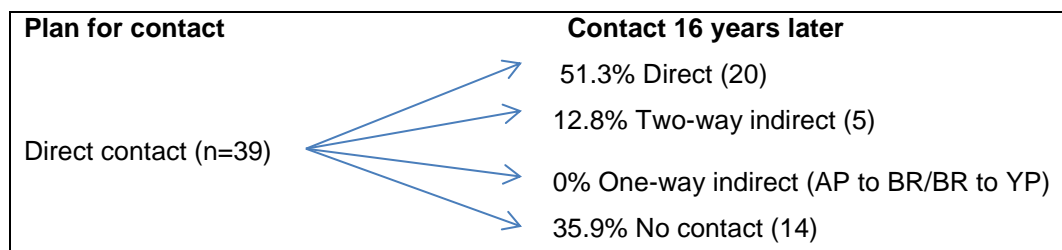
All the young people in the study at Time 3 (N=65) were included in this analysis. We looked at the contact arrangements that were set up at the time of placement and followed these forward over time. The contact pathways outlined below explore how different types of contact (direct contact, two-way indirect contact, one-way indirect contact, no contact) worked out over time. They do not indicate what contact young people ended up with, but show the different pathways of the different types of contact.

In broad terms, the large majority of the contact plans which were made at the beginning of the placements had changed in some way, and the general trend was to decrease. Of the 98 contact arrangements made at Time 1, less than a third (30.6%, 30) remained the same at Time 3. Over half (54.1%, 53) had reduced in intensity (e.g. two-way indirect changed to one-way indirect), and less than a sixth (15.3%, 15) had seen an increase in intensity (e.g. two-way indirect changed to direct).

The various pathways that the contact arrangements took will now be outlined, followed by an exploration of the reported benefits and challenges associated with the different contact arrangements. Case examples are included in order to illustrate some of the benefits and challenges of different contact types and the ways in which the contact pathways were shaped accordingly.

6.2 Direct contact pathways

Figure 6.1 Direct contact pathways from Time 1 to Time 3



Over half (51.3%, 20) of the original, direct contact arrangements endured over time. However, a large proportion (35.9%, 14) had stopped completely with a few having changed to a two-way indirect arrangement (12.8%, 5). When we considered which birth relatives were involved in contact meetings, it appeared that direct contact with extended family members had been more enduring compared to contact with birth parents. Over half (53.3%, 8) of the direct contact arrangements with extended family continued, as did 100% (7) of those with siblings adopted elsewhere. This was in contrast with birth parent arrangements, of which less than a third (29.4%, 3) continued to Time 3. Twelve direct contact arrangements changed or stopped between Time 2 and Time 3, with 7 arrangements reduced between Time 1 and Time 2.

6.2.1 Direct contact: benefits

When direct contact had endured over time, adoptive parents tended to view it as having been a generally positive experience for them and for their children. This is to be expected, since if the contact had been perceived as harmful, almost certainly the adoptive parents would have ended it. As one adoptive mother put it:

You've always got the upper hand in a sense because in this relationship you've got the power to say yes or no. It's a bit of a leap of faith bringing them to the house ... so that has to be a degree of trust. But at the end of the day with our families they've always wanted to see the child and knew that if they did anything to compromise that then that would be the end of it.

Not all contact arrangements which had stopped were of poor quality however; e.g. in some cases contact had ceased because of the death of the birth relative, but adoptive parents and young people never the less valued the contact that had taken place. Benefits of direct contact reported by adoptive parents and the young people are outlined below.

6.2.1(i) Benefits identified by adoptive parents

(a) Enhancing adoptive family relationships

For some parents, the direct contact had created a good feeling of honesty and closeness in the adoptive family. Adoptive parents described a sense of trust which had grown from young people's realisation that nothing had been withheld from them, that adoption related discussion could be more open and meaningful because it was drawn from an actual relationship. Even when, for some young people, direct contact brought to the fore the more painful elements of their adoption, the process of being alongside the young person before, during and after the meetings allowed sensitive adoptive parents to empathise with difficult feelings in ways that built closeness and trust.

Although many adoptive parents expressed some mixed emotions about the meetings (see below), others wished to emphasise that they had found the meetings to be relaxed and positive occasions which were fondly remembered. In such situations contact was not just about the adopted child and their birth family, but was a shared family experience for the adoptive family.

Because we'd meet at the zoo or the beach and it's just like people, families or friends just getting together and spending time together and then, you know, saying goodbye. I'm sure if you told people what was going on they would probably be very surprised.

Three of these cases had, sadly, been overshadowed by the unexpected deaths of birth parents. Adoptive parents were grateful to have been able to support their child through these painful experiences. They were relieved that at least there had been an opportunity for their child to know the birth parent and have some positive memories to look back on; they were also glad to have avoided the possibility that their child might be angry or disappointed with them for not facilitating the contact sooner:

And we had frequent enough contact that she built a relationship and we've got loads of photographs and this sort of thing and she remembers them, so I'd never have forgiven myself if at 12 or 13 I'd have told her 'oh by the way you're adopted and your parents died three years ago'. How would you ever get over that rift with your child?

(b) Support to children and young people

Several adoptive parents were appreciative, on their child's behalf, of the love, care and interest that birth relatives had shown them. They felt that this had been invaluable in reducing the child's sense of rejection and loss.

Most importantly, direct contact was often seen as enhancing the child's sense of identity, sense of 'wholeness':

Well I hope mostly just Abbie will be growing up with a clear sense of who she is and where she's come from.

The optimal situation was felt to be where the child could see both sets of parents supporting her, as the following adoptive mother explains:

And for Kirsty as well, to know that she had everyone important to her thinking about her, because Mum and Dad were always thinking about her, absolutely doted on her, thought she was fantastic. And she knew that I felt the same way. To have all these people giving you that extra special attention, all together, and all accepting the situation and actually enjoying the situation, I just felt it added to her sense of wellbeing so much in a way that couldn't happen if you didn't have contact.

Some young people had remained in contact with birth parents who had considerable mental health problems. In these situations, adoptive parents felt that the birth parents had been able to convey their genuine love and interest in their child, as described here:

I would say the positive is he's grown up with the knowledge that he lives with us because he was loved but his parents were both ill. Unlike some adopted people who feel unloved, I think [birth father] has shown him real affection.

There were also some examples of situations where birth relatives had been uniquely positioned to provide emotional support to the child at difficult times. For example, birth grandparents or aunts who were sensitive and respectful of the role of the adoptive parents could provide emotional support that was

attuned to, and yet one stage removed from, troubling issues in the birth family, as was the case for this young person:

I know Keri had been getting quite upset, but she wouldn't talk to me about it. And one day (birth aunt) came over and she just burst into tears and I left her talking to (birth aunt) and that was really nice that she could have that link and she talked about different things. I know if there was anything (birth aunt) would have told me, but they just talked about family and what happened as well and what happened with Keri as a baby.

(c) Support to adoptive parents

Some adoptive parents described a sense of personal relief that there were no anxieties about birth parents appearing or being traced, or concerns about what kind of relationships might develop with birth parents later on, for example:

And I suppose for me as well, um, a mother popping up out of the blue would feel very threatening so I don't have that threat because we already have that relationship with her. So that it's not going to open up a whole series of questions as to what does this mean, what's (child) going to want, and is she going to want her more than me, because we've come on a journey with them.

In a small number of families, birth relatives had provided emotional support to the adoptive parents. Some grandparents were able to empathise if the adoptive parents were finding it hard to manage particular behaviours in the child because they were similar to those that they had experienced with their own child. Adoptive parents were grateful to have access to someone who really understood their situation and who did not judge their parenting. Practical support was also offered in some cases. For example, a birth grandmother had provided day and overnight care to her grandson who had autism.

Even in situations where birth relatives were extremely limited by their own difficulties, some adoptive parents felt that realistic understandings of this, gained through contact, were supportive to them as parents. Some young people were already showing traits similar to their birth relatives. Adoptive

parents were able to use this knowledge to provide additional support in certain areas or to encourage the young person to avoid certain stressors, as this adoptive father describes:

It's got benefits from the point of view of now we've met his mother and also talking to [maternal grandmother] over the years it is, it's made us understand Sean's potential weaknesses and strengths genetically. There's no doubt about it, he's got a lot of the way his mother is and it helped us to sort of maybe steer him away from certain situations.

Direct contact was also frequently seen as a helpful source of information. This might be information about the birth family history, information about the child prior to adoption, or about birth family medical history.

6.2.1(i) Benefits identified by young people

(a) Help with understanding why they were adopted

Several young people had found it helpful to talk with birth relatives (usually grandparents or aunts) about their birth parents' needs and difficulties and the circumstances surrounding the adoption. Although they clearly had family loyalties, these birth relatives were able to give fairly objective accounts of the people and events involved - one might presume that it was this capacity that had enabled them to have the direct contact at the outset – and young people valued this.

Emily, for instance, had a very close relationship with her birth maternal grandmother. Through this, she had learned a lot about her mother's mental health problems, and had some real examples of what this meant:

I don't know if I know everything but I speak to my nan like once a week on the phone and we've had long chats and she's told me everything... Well she (birth mother) is always ringing up my nan, like trying to get out of problems and stuff, and she's really unorganised and stuff so nan still has to do loads of stuff for her.

Others had built their understanding by meeting the birth parent and seeing their difficulties at first hand. From this it was often obvious that the birth parent could not have managed to parent a child, as one young person describes:

And what's good about having the contact?

It's nice to be able to see her and have a complete picture of her and know exactly what they are and know, because it makes you think 'well they are quite ill sometimes' when you see her on a bad day. And that makes you understand 'well actually, I understand why now'.

(b) Building identity

The issue of 'who do I look like?' was an important one for many of the young people in the whole study sample. Direct contact provided opportunities to answer this question. This was made all the more valuable by relaxed and open communication about likenesses within the adoptive family, a situation unconsciously alluded to by the following young person, as she recalls her adoptive mother's comments:

Do you look like your birth mother?

Yeah, my mum always says after a visit 'you're like two peas in a pod' [laughs]. Yeah I do.

And how is that for you?

I think it's a bit strange. Seeing people who look like me. It's quite nice in a way because, like, my best friend she really looks like her mum.

For some, their genetic heritage had become more important as they approached adulthood. The following young person had recently re-connected with her maternal grandparents after a break in contact and she described how this meeting had been of value to her sense of identity:

Some of the information I learned and photos I saw made me feel like I was learning about myself. Where my nose came from, why I enjoy art so much.

(c) Close relationships

A highly significant positive aspect of direct contact for some of these young people was the close relationships that they enjoyed with their birth relatives. In all cases, this applied to birth grandparents and aunts, rather than birth parents.

Several young people saw their birth grandparents regularly (or had done until their death) and loving relationships had developed. Just as in non-adoptive families, grandparents were valued for remembering Christmases and birthdays, for providing child centred activities and outings, time and one-to-one attention. As a young adult, Emily saw her Nan as 'a friend', someone to share the highs and lows of her life and a source of wisdom and advice.

Could you say in a few sentences, sum up why the contact with your nan is so important to you?

I don't know, I see her more as a friend now, like I can talk to her about anything. Like not even bothered if it isn't about my past. Just like talking to her in general really.

One young man had autism and found it hard to express his feelings. However, he was determined to find a word to describe how he felt about having contact with his much loved birth grandparents. After some thought, he said that he felt 'lucky' to have them in his life.

It seemed, then, that in these cases the 'social script' of grandparent/grandchild relationships could readily be transferred into the adoptive family. The birth grandparents could take on an affectionate, interested and supportive role and be seen by the young person as 'family' in a way that was not so achievable in birth parent relationships:

Do you see your nan as part of your family?

Oh yes, definitely. I just feel like, I feel like they're all the same, like all my family. I forget that she's like, that my family here ain't my birth family and I just feel like they're the same kind of family, although she's not close with my family.

Benefits of direct contact: case example

It was planned from the outset that there would be annual direct contact between Abbie and her adoptive parents and her birth mother and grandmother. Initially the meetings were on neutral ground but by Time 2, trust had built and the meetings were held at the birth mother's home, or neutral ground. At Time 3, meetings were occurring once or twice a year and had become more informal. Cards and e-mails were exchanged regularly and there was Facebook communication. Abbie's adoptive parents felt that the meetings had been helpful in that they had promoted important adoption-related discussions within the adoptive family and this, in turn, had strengthened adoptive family relationships. Abbie felt pleased to have known her birth relatives through the contact meetings and particularly to have gained a relationship with her half-sibling who had been born after the adoption.

6.2.2 Direct contact: challenges

6.2.2(i) Adoptive parents

There were several accounts of finding the contact meetings difficult in the early stages of the adoption. There were practicalities to be ironed out. For instance, early meetings tended to be held in official settings which were uncomfortable and ill equipped. Roles and boundaries were ill defined – for example, who should pick up the child when he fell over, and so on. Some people found it hard to find things to talk about that were 'safe' and appropriate, and felt on edge in case the children unwittingly revealed identifying information.

In some cases, these practical issues were sorted out during the early years of the adoption. When trusting relationships developed, the venue problems could be solved by the adoptive parents inviting the birth relative to their homes. Some preferred to continue to use neutral venues, but found places that were suited to the occasion, often changing them to meet different preferences as the children got older. For a small number of especially vulnerable birth relatives, a formal, supervised setting continued to be the safest option and adoptive parents accepted this as part of the reality of the situation.

In some cases, however, these early challenges led to the adoptive parents feeling that they wished to end the contact, or to change the arrangements to indirect. In others, the birth relatives themselves withdrew or requested a change in the arrangements.

For some adoptive parents, the decision to end the meetings was connected to a low level of motivation from the outset. Looking back to the original contact planning, some adoptive parents were honest in stating that they were not fully committed to the meetings but felt that, if they refused, they would not have been allowed to have the child (Neil, 2002). Some felt that early relationships with the child had been undermined by having been pressurised to agree to the contact:

And so what were the difficult things looking back for you?

Well I felt that at the very beginning that we was just looking after this child, sort of 'this is not my child because I'm having to do this (contact)'.

In some cases, these doubts never went away. Adoptive parents found the reality of the meetings to be stressful and unhelpful and the arrangements were short lived. In one case, for example, the birth relative's tearfulness at the end of the meetings was felt by the adoptive parents to be inappropriate and unhelpful to the child and the contact was ended as a result.

It is important to note, however, that even in the most positive of arrangements a degree of emotional strain could persist, albeit at a fairly minor level, throughout childhood and adolescence:

Even now I would say there's a touch of agitation...I suppose there's two things. One is you're spending time with people that you don't really know all that well. You have this odd link with them that's not based on friendship or family or background or anything... And then there's also, it's just another reminder that she's not 100% yours. So, I have to cope with that... There's always that bit of relief when we get home that it went alright.

A further challenge which was occurring for on-going and positive direct contact arrangements was that of the new roles and boundaries that had to be considered as the young people went through adolescence and reached adulthood. With each stage of the child's development, new issues had to be tackled. For example - what might be the positives and difficulties of inviting a birth parent to the young adult's wedding? Or even, sadly, having to consider roles and relationships in the event of the serious illness or death of a very disabled young person?

Occasionally, birth relatives were reported as 'stepping over the line'. For instance, a new birth family member was introduced, unexpectedly, to the young person without the consequences having been thought through. Adoptive parents then had to make a decision about whether to let it go or set about re-establishing boundaries. In one case, the contact was ended by the adoptive parents as a result of this sort of misunderstanding regarding roles and boundaries. Birth relatives were felt to be behaving in ways that were pressurising to the young person. In others cases, however, the adoptive parents' strong relationship with the young person and basic trust in the birth relative allowed the issue to be discussed openly and the boundaries re-established.

As was reported in the previous chapter, there were several young people having contact with birth parents with whom the young person had a troubled history; there were further young people who had never been abused or neglected by their parents, but their parents had high levels of difficulties in their lives such as mental health issues. In such situations, adoptive parents (often in collaboration with social workers) had, over the years, adjusted contact arrangements to ensure that the young person was protected from risks, and this is illustrated in the two case examples below.

Challenges of direct contact: case example 1

It was planned for one child to have direct contact, once a year, with his birth mother who had severe mental illness. It was agreed that this would be on neutral ground, supervised by a social worker and with the adoptive parents present. Each year, the social worker contacted the adoptive parents to gain

an update on their situation and the young person's wishes. Then they visited the birth mother to ensure that she was well enough for the meeting and to prepare her for it. The social worker accompanied the birth mother to the meeting (held in a park, play area, café – suited to the child's development), stayed throughout it, took her back to her accommodation and did a follow up phone call to each party afterwards. These meetings continued until the young person was 18, when the young person decided to stop them for a time, although he stated that he was pleased to have had them.

Challenges of direct contact: case example 2

It was planned for one child to have direct contact with her birth parents, one of whom had abused her. This occurred immediately post placement but was clearly distressing to the child and it was ceased. Indirect contact, twice a year was planned instead. However, the birth parents indirectly conveyed a message, in their letters and gifts, that they wished the child was still living with them. This too, was disturbing to the child and the adoptive parents. Adjustments were made to the contact agreement and clear boundaries were set around the nature and purpose of the exchanges. The child made her own contributions to the letters as she grew older. The indirect exchanges continued until the young person was 18 when she stated that she wished them to cease. On reflection, this young person said that she was glad to have had the indirect contact and that, despite her abuse, it gave her 'peace of mind' to know that her birth parents were alright.

6.2.2(ii) Challenges identified by young people

Some young people reported that direct contact could carry an element of emotional strain for them. This applied in all cases where there was direct contact with birth parents, but rarely with grandparents. It is important to note that this did not mean that the young people regretted the contact or could not see any positives in it. They were, however, giving an honest appraisal of the mixed emotions that they commonly felt (in varying degrees) around and during their meetings with birth parents.

Sometimes this strain was present because of the birth parents' mental health, communication or social difficulties. In these situations, young people valued the presence of their adoptive parents to 'smooth things over'. In late adolescence, young people reported that they were more conscious of differences than they had been when they were younger.

For young people who were meeting with birth parents who were seriously mentally ill, there was the painful awareness that they might have inherited a vulnerability to some of these problems. Additionally, 'odd' behaviour in the birth relative could be stressful and the young people grappled, in their interviews, with the mixed feelings that the contact raised. They spoke of wanting the contact – because of compassion for their birth parents and needing to know the reality, while at the same time not wanting it, because of the accompanying sadness and anxiety. The following young person wrestled with these complexities:

How do you find chatting with him?

It's quite difficult, very difficult.

Is that because you feel awkward or cos he's not very chatty?

A bit of both really, but it's not really his fault.

Does he ask you about yourself?

Not really.

What are those meetings like for you?

Quite upsetting to see him how he is, but I like to see that he's okay and that he's safe.

Other young people felt that the gulf between them and their birth parents and the challenges of connecting with them were insurmountable, and some had already decided to withdraw from contact, for the time being.

In some cases, the strain was due to the emotional content of the meetings, both for the young people themselves and for their adoptive and birth relatives. They commented on the 'weirdness' of being with someone who 'is your mum but not your mum' and the lack of social script to guide and benchmark the

relationship. Again, they reflected that this element of stress had increased for them as they became older and more aware of what it was that they were doing:

As you've got older, have your feelings about contact changed at all?

I think it's got, not so much *harder* but I think more about it. Obviously when you're younger you haven't got all the thoughts there, you just go along thinking you're just meeting up with some people. But when you get older you start thinking more about it. But I wouldn't say it was hard. It's just not very easy. It's not hard but it's just not easy.

A final, but important issue here is that of dealing with the serious illness or death of birth relatives who were known and loved. Several of the young people had experienced this and, although they had been well supported by their adoptive parents, it was not a shared family experience in the usual way of things. Just as there was no familiar social script for the relationship with birth parents when they are alive, there was, equally, no script or set of expectations about feelings and behaviour around serious illness and death. Young people did not always feel able to share their confusion with their adoptive parents and, as a result, felt rather isolated and alone in their grief.

Challenges of direct contact: case example 3

Sian's birth mother had many physical and psychological problems. After the breakdown of her marriage, she placed Sian in care. She was fostered and then placed for adoption, at 2 years old, with her birth mother's consent. The original plan was for direct contact, twice a year. This was unsupervised by social workers, after the first meeting. Contacts were strained, as her birth mother's own needs came to the fore and it was hard for the adoptive parents to set comfortable boundaries. After about two years Sian's birth mother withdrew, saying that it was too painful for her to continue seeing Sian. Indirect contact continued with the adoptive parents sending a letter each year and her birth mother sending birthday and Christmas cards to Sian, until she was 18 years.

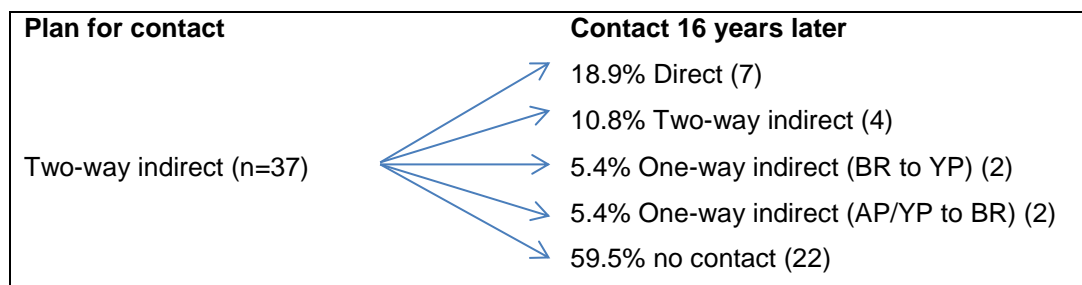
6.3 Two-way indirect contact pathways

Two-way indirect contact was normally planned, at the time of the placement, as an exchange of photographs and/or updating information between the adoptive parents and the birth relative. Correspondence was normally sent through the adoption agency, where it was looked at to ensure that inappropriate information was not being sent on to the adoptive parents and that the adoptive parents' confidentiality was not being breached in any way (the 'letterbox' system).

The nature of the exchanges varied between the adoptive families. Some kept it to an 'adults only' arrangement, others had involved the children from an early stage and encouraged them to draw pictures, send notes, cards etc. to their birth relatives. Some spoke of detailed 'newsy' letters, others sent just a few lines to reassure the birth relative that all was well.

Overall, two-way indirect contact arrangements proved highly susceptible to change, with a variety of pathways experienced, as shown in the diagram below.

Figure 6.2 Two-way indirect contact pathways from Time 1 to Time 3



Of all two-way indirect contact plans, (n=37) only 10.8% (4) had endured in their original form to adolescence. In some cases (n=7, 18.9%) the contact had evolved into direct meetings by Time 3. But over two thirds of arrangements had decreased in intensity. Four had become one-way, either from the adoptive family to the birth relative (5.4%, 2) or from a birth relative to the young person (5.4%, 2). Over half (59.5%, 22) of all two-way contact arrangements had stopped completely at Time 3.

Even at the second stage of our study this fall off in indirect contact was noticeable and in most cases where indirect contact had stopped or changed to one-way this had occurred between Time 1 and Time 2. Most indirect arrangements are made with birth parents, and one explanation for their high rate of ceasing might be that the high level of personal and social problems faced by birth parents made it harder for them to manage the practical and emotional challenges of sending letters through a letterbox system (Young & Neil, 2002). Creating a dialogue through indirect contact was also challenging for adoptive parents (Neil, 2004b).

Where indirect contact had changed to direct contact this had almost always (6/7 cases) happened between Time 2 and Time 3. This appeared to be largely a reflection of the growing young people contributing their wishes and feelings to the contact plans, wanting to take the next step of meeting their birth relatives.

Adoptive parents varied in whether or not they had shared the letters with their children. Some had decided not to do this at all or not until the teenage years. Where the parents had taken the decision to do this, they usually argued this on the grounds of their child's high levels of additional need or emotional and behavioural difficulties. Holding on to the letters and sharing them in the teens was not reported by adoptive parents to have created particular problems; some, but not all, young people agreed with this evaluation. In a few cases, once aware of the contact, the young people had continued the correspondence themselves.

6.3.1 Two-way indirect contact: benefits

6.3.1(i) Benefits identified by adoptive parents

When two-way indirect contact was sustained, adoptive parents reported a range of benefits. When letters had been shared with the children and young people, adoptive parents usually expressed high levels of satisfaction. They felt that the letters had served a number of purposes, including keeping the birth family 'alive' in the adoptive family, reducing the young person's sense of rejection and answering specific questions raised by the young person. The

letters to the birth parents had not felt difficult to compose as a two way flow of questions and responses and information about each other's lives had developed.

There was also a feeling that, if young people chose to meet their birth relatives later on, the contact would help to make that meeting more comfortable since they were familiar with each other at some level. For one family, this had proved to be the case and a very satisfactory 'reunion' had occurred when the young person was 18 years.

6.3.1(ii) Benefits identified by young people

Young people who had experienced two way indirect contacts felt, on the whole, positive about it. For them, it was an indication that they had not been forgotten, that their birth relative was still thinking and caring about them and they had not been rejected or unwanted. It could also be a welcome indication of 'normal', positive elements in the birth family - a counterbalance, perhaps, to more difficult elements of the birth family background. For example, one young woman valued the vouchers that her grandmother sent every Christmas as this was the sort of thing that other children's grandparents did.

Young people were also pleased to have information about other birth family members. Sometimes younger children had been born to birth parents and it was good to know of half or even full siblings. Sometimes the contact created a valuable link to a birth relative who had died. For example, one young person was very pleased that her grandmother had written down and sent some positive memories of her son, the young person's birth father, who had died.

Finally, two way exchanges could answer questions about the birth family or the adoption that arose for the young people. For example, one teenager wondered if her birth mother had considered having an abortion when she was pregnant with her. Her adoptive mother phrased this question in a letter and her birth mother responded sensitively.

Benefits of two-way indirect contact: case example

Lily's birth mother relinquished her as a baby. Lily's adoptive parents met with her birth mother and an annual exchange of letters and photographs was planned. This arrangement endured and all parties found it helpful and positive. As Lily got older, she became involved in deciding what should be sent and occasionally asked her adoptive mother to request specific information, which her birth mother always provided. From her mid-teens, Lily was determined to meet her birth mother and she did this, with her adoptive mother, when she was 18 years old. This reunion has proved positive for all concerned. Lily and her adoptive mother felt that the indirect contact had helped them to feel familiar with the birth mother and her subsequent family over the years, and this was highly beneficial when it came to the reunion.

6.3.2 Two-way indirect contact: challenges

6.3.2(i) Challenges identified by adoptive parents

A common challenge for indirect contact arrangements was that the birth parent(s) ceased to respond, often after the first year or two of the adoption. Adoptive parents then faced a decision as to whether or not they would continue with the contact. In many cases, they were willing to continue sending their updates, via the agency. Some knew that their letters were being picked up by the birth relatives; others knew that they were not. Some did not know whether they were or not.

The adoptive parents' reasons for continuing the contact were varied (see below). These motivations were closely linked to the criteria used for assessing Adoption Communication Openness.

- A sense of wishing to honour a commitment.
- Feeling that their child would wish them to do everything that had been asked of them – and would, later on, feel that the adoptive parents had done their best to keep the link alive.
- Feeling that being part of the contact process – signing a card, sending a drawing etc. was a positive means of acknowledging the child's connection

to the birth family, and could provide an opening to helpful adoption related discussions, if the child wished for them.

- Empathy for the birth relatives who had lost a child to adoption.
- Sensitivity to the various practical, physical and emotional barriers that birth relatives might face in maintaining contact.
- The hope that receiving information about the young person will prepare a birth relative if any future contact occurs.

The following quote from an adoptive mother illustrates many of the complex feelings and motivations around maintaining one-way contact:

We've had no information since he was two years old... There's a lot I can write. It's not difficult, it doesn't take me long to write it. It's just sad because they're not reading it... And I feel really upset for Sam ... I sort of try and say to him 'maybe they got married and they just want you to get on with your life and they're getting on with their life and it's not because they don't love you, that's just the way they are'.

What motivates you to continue with the writing?

Because I'm sure that one day, and I wonder if it's maybe when he's 18, they will go back to the social services and letterbox and get all the letters and I hope that they will read all those letters before they arrange to meet him... That's really I suppose what motivates me, the hope that they will get to know him before they arrange to meet him.

Most adoptive parents who had chosen to continue with the contact were positive and upbeat about the situation. They tended to keep their letters fairly brief and they may or may not have continued to send photographs, but they remained hopeful that ultimately, something positive would come from it.

However, one way contact of this nature was not always easy to maintain. It could be difficult to think of what to say in each letter when there was nothing to 'key in' to or respond to and no sense of a relationship developing. As children got older there seemed to be fewer milestones to record and the young people themselves became more sensitive about what was shared. Adoptive parents found it hard to know whether or not to mention things like holidays, hobbies or life advantages that the birth relative and their subsequent children would not

have. They wanted to give reassurance that the child was having a happy life, but they did not want to appear to be emphasising differences in income or lifestyle.

It was also hard not to know about the highs and lows of the birth relative's lives and some adoptive parents were anxious that their letters might seem insensitive if the birth relative was in difficult times. Equally, it was hard to know if the communication was really wanted and whether, for some birth relatives, it was too painful to receive.

Finally, many adoptive parents were uncertain about when to end the contact. In most cases this had not been discussed at the beginning of the adoption and there was uncertainty about whether to stop the letters when the young person was 16 or 18, or whether to continue beyond this point.

In some cases where the birth relatives had ceased contact, however, the adoptive parents took the decision to do the same. There were a range of reasons given for this – the difficulties associated with writing into a 'vacuum', not knowing whether or not the communication was wanted or valued and in some cases the children themselves stating that they did not want their information shared with birth relatives. Above all was a feeling that if there was nothing received from the birth relative, there was no benefit for the young person in having the contact. This, in itself, was a sufficient reason for some people to feel that the arrangements should be terminated.

6.3.2(ii) Challenges identified by young people

As with all forms of contact, indirect contact exchanges were not without difficulties for some young people. Several mentioned, for instance, that it could be hurtful when birth parents wrote about the pleasures of caring for their family pets or of caring for other children, as this young person described:

But then she like, one of her friends had a son and she was telling me about how she used to look after him, and I think she put that 'it's nice to see someone like that grow', and stuff like that, which really annoyed me. It was just like, he was like two or three'ish so it was the kind of age

where I was adopted, and so she couldn't look after me then, but then it just annoyed me how she could look after this other child.

For some, also, there was a strong sense of the distance between them and their birth family and the indirect contact had done nothing to reduce this. It could feel strange, for instance, to hear news of people they had never met, especially wider family such as cousins. And one young person had always found it unsettling to see the word 'Mummy' written on a card when she had no memories of her birth mother.

When indirect contact from the birth relatives had ceased early in the adoption, there was a range of reactions from the young people. Some were 'untouched' by adoption issues generally and had no interest in whether or not there was any sort of contact occurring. Some supported their adoptive parents' decision to cease writing (or asked for this to happen) after a number of years, feeling that there was nothing to be gained from a one way flow of information.

Some, however, found it deeply hurtful that their birth relative had failed to respond. They saw this as a further rejection and it reinforced feelings of abandonment, of being unwanted or forgotten. For these young people, there were often unanswered questions that could become almost intolerable to manage. Reece described upset and anger about his adoption, especially during his mid-teens when he felt strongly that he needed some communication from his birth parents.

So that was particularly in your mid-teens?

Yeah, I blame myself a lot. As I say, when you're just sitting there thinking about it, you're thinking 'was it something I done, is it something to do with me, why me out of everyone?' and that's why you've just got to try and put it out your mind and not think about it.

So have you come through that or does that still come into your mind?

It still does a little bit. I still think 'why me, why did it happen, is there something about me, am I not meant to be happy?' I also blame my real mum a lot because I know she was like, a lot of it was her fault. But you got to get on with it, that's life.

Challenges of two-way indirect contact: case example 1

Laurie's birth mother had many difficulties and tried, unsuccessfully, to care for her children. Laurie was placed for adoption at 22 months and an arrangement for twice yearly indirect contact with her birth mother was made. After a couple of responses in the early days, no further contact was received from his birth mother. Laurie's adoptive parents decided to continue sending their twice yearly updates and photographs and have done so throughout his childhood. They have been happy to continue on this basis as Laurie does not object in any way, and they feel that it is what his birth mother would have wanted and appreciated.

Challenges of two-way indirect contact: case example 2

Toby was placed for adoption when he was 4 months old. His adoptive parents met his birth mother and agreed an annual indirect exchange of letters and photographs. Toby's birth mother responded once or twice and then stopped. When Toby was about 7 years, he said that he did not want his adoptive parents to send information about him to his birth mother as it made him feel 'different'. The adoptive parents felt that the contact did not benefit Toby in any way and did not send any further information.

6.4 One-way indirect contact pathways

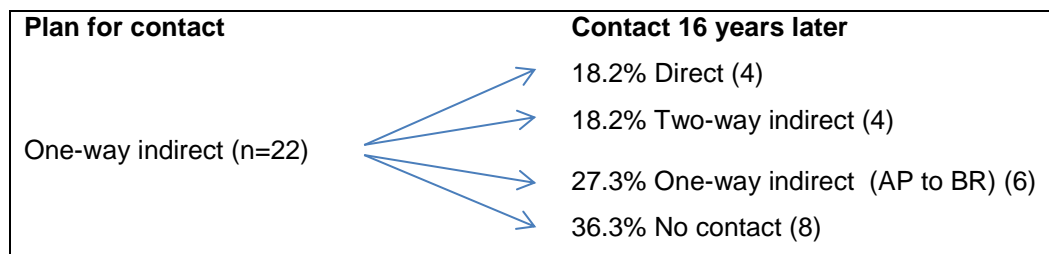
In the case of the adoptive family sample, all of the planned one way indirect contact arrangements concerned the sending of photographs and/or information from the adoptive parents to the birth relatives, rather than vice versa (however, as previously discussed, other contact arrangements developed into one-way contact sent from the birth relatives later on in the placement).

These arrangements had been made for various reasons. Sometimes the birth relative had stated from the outset that they knew they would not be able to respond, but they would value the reassurance of knowing how their child was doing. In a few cases, it was stated by the social workers at the time that the birth parent would be unable to respond and the possibility was not pursued. In

further cases, the possibility of responding had been open at the time of placement, but the birth relative had never done so (and the adoptive parents had thought it unlikely that they would).

Of the 22 arrangements of planned one-way contact, 6 (27.3%) had continued but 8 (36.3%) had ceased altogether. Interestingly, eight one-way arrangements had evolved to include a more reciprocal exchange (in four cases birth parents began to write back; in another four cases the contact became direct). All changes to one-way contact occurred between Time 2 and Time 3, apart from 1 arrangement ceasing between Time 1 and Time 2.

Figure 6.3: One-way indirect contact pathways from Time 1 to Time 3



6.4.1 One-way indirect contact: benefits and challenges

6.4.1(i) Benefits and challenges identified by adoptive parents

Adoptive parents who were motivated to continue with one way indirect contact did so for the same reasons as those who continued with two-way arrangements (see section 6.3.2 above). Some felt that the honouring of an undertaking was, in itself, a sufficient reason to continue. For many, it was a case of believing that the information would be wanted and valued by the birth relative and a high level of empathy was required to sustain this belief over the years. Some valued the annual letter as a means of opening up discussion with the young person - whereas others chose not to mention the letters to the young person, or not to reveal that they were being sent, feeling that this would be difficult information to take on board. Once again, a high level of sensitivity and empathy were required to sustain a one-way link.

The fact that there had been clarity, from the outset, that the birth relative would not respond was helpful for some adoptive parents and may explain the

fact that these arrangements tended to endure more successfully – there was no sense of disappointment or having been let down, as was often the case for adoptive parents who had been expecting a response but did not receive one.

In cases where one-way contact had evolved into two-way or direct contact, this could be because the adoptive parent became aware that the birth relative did in fact wish to reply. The following case study illustrates this.

One-way indirect contact that became direct: case example

Martha's birth mother had some learning difficulties and could not care safely for Martha, who was placed for adoption at 2 years. The original plan was for Martha's adoptive mother to send annual news of her progress and it was accepted that Martha's birth mother would not be able to reply. However, when visiting Martha's former foster carers, there was a chance meeting with the birth mother in a local supermarket. This revealed that Martha's birth mother's had really appreciated the updates and continued to care greatly about her. After this meeting, the adoptive mother decided to offer direct contact. Successful meetings occurred every summer until the birth mother's unexpected death. Martha's adoptive mother was very grateful that these contacts occurred as they have left happy memories for her to share with Martha.

Challenges were also similar to those of two way contact which had become one way. Thinking of appropriate information to include in the updates and uncertainty about whether or not they were still valued or even received was an on-going issue.

Challenges of one-way indirect contact: case example

The birth mother of Joseph, Aaron and Stella had mental health problems and it was felt unlikely that she would manage to respond to indirect contact. The adoptive parents sent annual updates of the children's progress for some years but found it increasingly hard to know what to say, or whether the letters were disturbing to the birth mother. As the children grew older, the adoptive parents asked them if they would like to be involved in writing letters etc. Stella was

willing and did this for a few years. However, in time, no one in the adoptive family felt motivated to continue the contact and it was ceased.

6.4.1(ii) Benefits and challenges identified by young people

Some young people were unaware or untouched by the contact letters that their adoptive parents were sending. Amongst the others, two extremes of reaction were reported. On the one hand, some young people felt that the contact had an intrinsic value; as one young person said:

I'd rather that they get some sort of update because I still feel some attachment ... I'd rather that I keep that by them knowing about me, regardless of whether they send anything back.

On the other hand, the absence of response could be troubling and give rise to a series of questions and uncertainties which could not be resolved as the following young person expresses:

I don't know how any of [my birth family] feel, that's the horrible thing ... This picture I've seen of [birth mother], my mind can pretty much animate that and picture her in a thought or like dreams of her getting on with life not thinking about me, just knuckling down - which is probably pretty realistic. But it's quite upsetting and not knowing what she thinks, and if she regrets it at all.

6.5 Understanding continuity and change in contact over time

This examination of contact pathways over time illustrates a number of points. The most obvious point is about the fluidity of contact; it was a minority of contact arrangements that were static or stable over time. Generally speaking the contact plans for the young people in this study were originally made by their social workers and the ability of both adoptive parents and birth relatives to influence these arrangements was somewhat limited in the pre-adoption period. Once the children were legally adopted, control over contact planning passed to the adoptive parents, although adoptive parents varied in the extent to which they felt they could or should make changes to contact. Contact plans are made at a time where both adoptive parents and birth relatives are likely to

be highly anxious, and where children are too young to have any real say. It is unsurprising therefore that contact arrangements change and evolve as the legal situation changes, as people's psychological situation and needs change, as life brings its ups and downs, and as children find their own voice.

Maintaining contact requires both adoptive families and birth families to undertake relationship work where issues of emotional closeness and distance and family boundaries are worked through (Grotevant, 2009). The young people in the current study were adopted prior to the Adoption and Children Act 2002 which introduced a requirement to offer support for post adoption contact arrangements. Often families in this study received little active support to help them manage the dynamics of contact, and to think through if and how contact should change. When problems occurred, therefore, contact arrangements tended to wither away. Where contact increased this was usually because confident adoptive parents felt able to initiate and manage the change themselves. A more active review of contact arrangements may enable a broader range of families to negotiate positive changes to contact.

As we have previously found at earlier stages of this study, the complexities of maintaining a long-term correspondence between adoptive parents and birth relatives by letter are extensive. The letter contact arrangements that worked well were generally with birth parents (and very occasionally with other relatives) who had a number of positive resources in their lives. Such birth relatives tended to be in a stable position in their life (both practically in terms of not moving around too much, and emotionally), to be literate, and to be in a psychological place where they could accept and support their child's adoption. Maintaining letter contact also required a lot of effort from adoptive parents, and considerations about if when and how to involve the child needed to be made. When planning indirect contact therefore these challenges need to be realistically assessed at the outset as where arrangements failed this was often accompanied by disappointment for the adoptive parents and young people. For the families in this current study, although indirect contact arrangements were managed by the agency, this management rarely included any active review. A more active support and review of indirect contact arrangements may allow more to succeed or to evolve in ways that will be valued by those involved.

The importance of having realistic expectations about contact is illustrated in this chapter. As we have seen, adoptive parents and young people were often more positive about one-way contact when this had always been the plan, as opposed to where they hoped for a reply but did not see receive one.

As was shown in the previous chapter, indirect contact is generally set up with birthparents and not with extended family members. We have little evidence therefore as to how indirect contact might work with extended family members. However we have seen that face-to-face contact arrangements with extended family members were generally more enduring and easier to manage than contact with birth parents, and a further consideration of the contribution that grandparents or other birth relatives could make to indirect contact warrants wider consideration.

6.6 Chapter summary

- The trajectories of young people's contact arrangements over time were traced across the 16 years of the study; the majority of contact arrangements had altered in some way with over half of arrangements reducing in intensity or stopping altogether.
- A higher proportion of direct contact arrangements continued compared to indirect contact arrangements, and direct contact with extended family members was more enduring than direct contact with birth parents.
- Examples of positive enduring two-way indirect contact were few. Several adoptive families ended up writing to birth relatives but receiving no reply. This was appraised more positively by adoptive parents and young people where they had a clear expectation that this was the plan.
- Changes in contact both resulted from, and brought about, a range of benefits and challenges experienced by adoptive parents and young people.
- The importance of on-going support and review of contact is recommended.

Chapter 7 The satisfaction of young people with their contact arrangements

One of our central research questions in this study is to find out about young people's views of the contact they had experienced. Chapter 6 has already explored the benefits and challenges that young people and their adoptive parents have experienced in relation to contact. In this chapter we set out how young people evaluated their contact arrangements overall. Researcher ratings of young people's satisfaction with contact will be presented, and the links between young people's contact pathways and their satisfaction with contact will be examined qualitatively. The ratings of young people's satisfaction with contact will be presented in relation to their adjustment. The chapter will end with a summary of the factors that appeared to influence whether or not young people were satisfied with their contact.

7.1 Young people's satisfaction with contact

In this study, the young people's interview data were used to code three contact satisfaction categories; high, medium/mixed, and low. As most of the contact arrangements changed over time, many early on in the placement, contact satisfaction was coded in relation to how the young people felt contact had worked out overall over the course of their childhood. Where contact had resulted in a recent reunion with birth relatives, it was the satisfaction with the contact that was experienced before the reunion that was coded, rather than satisfaction with the reunion itself. The contact they had prior to that was by and large chosen for them firstly by their social workers, then over the years by the adoptive parents. Reunions in adolescence or adulthood, in contrast, were primarily a form of contact chosen by the young people themselves, and therefore were crucially related to their feelings about earlier contact arrangements.

Young people were asked about how satisfied they were overall with their contact and whether or not there was anything they would change about it. The contact satisfaction categories were developed by coding the young people's responses to these questions. In addition, the researchers considered it was useful to explore the *balance* of the benefits and challenges of contact identified by the young people (discussed in Chapter 6). This was also included in the contact satisfaction coding, resulting in the three groups:

- **High satisfaction:** Although these young people may have experienced some challenges with contact, they highlighted more benefits and were happy overall with the contact they had experienced.
- **Moderate/mixed satisfaction:** These young people experienced benefits and challenges of contact in roughly equal measure, and would have liked to have changed some aspects of their contact.
- **Low satisfaction:** These young people experienced more challenges than benefits of contact and they would have preferred a different type of contact.

7.1.1 High satisfaction

Over half of the young people interviewed were satisfied with the contact they had experienced (53%, n=17). In this group (and indeed in the other two groups) contact arrangements were diverse: five young people had had regular direct contact with an adult birth relative from the early days of their placement through to the present day. Six young people had had very minimal contact, usually one-way contact to their birth parents. Six young people had experienced two-way indirect contact over the years; four of these young people had chosen to meet adult birth relatives in late adolescence. Despite this variety in the contact young people had experienced, what was quite striking is that almost all had experienced contact arrangements which had remained consistent from either the start of the adoption or from early on; contact did not change substantially, except if young people initiated a reunion with their birth relatives as young adults. These young people who had experienced stable contact pathways endorsed their own contact arrangement whatever the level. This stability in contact over the years appeared to contribute to young people's satisfaction; their contact was familiar to them and seemed normal, it was all they had ever known. But it was also the case that contact had remained stable because young people were happy with it.

The young people in this group who had direct contact expressed all the benefits previously discussed, such as the contact being an immediate way of understanding their background, and, in some cases, the contact being a foundation for a relationship that had grown over the years. That is not to say

these young people did not experience the awkwardness and strangeness of not having a social script that sometimes came with the meetings, but they were able to manage these feelings of anxiety and placed more emphasis on the positives they took from the interaction.

Case example

Direct contact was planned with Henry's birth father who had significant mental health problems. The contact had been sustained over the years, but varied in frequency according to his birth father's state of mental health. Henry, now aged 20, did find aspects of the contact challenging, but he was clear in expressing his view that this level of contact had been right thing for him.

Is there anything you like about it, about those meetings, about seeing him?

I like to see that he's okay and that he's safe... I think it's better to see them, even if they're not okay.

Do you think you do it for your own sake in some ways?

I do it for my own sake as well. My mum and dad don't force me to go and see him. I just say when I want to meet up and they'll discuss it with the social worker.

Overall what would be the things that you want to say about that contact? Is it good or not good?

I think it's good. I think it is good.

Is there anything about it that um could be done differently to make it better?

The state he is at the moment, I don't think there is any way that it could be done better.

Young people who had experienced two-way indirect contact highlighted benefits previously discussed such as being reassured that their relatives were okay and that their relatives still cared about them. These young people had not faced the challenges of a parent not responding. Those who had gone on to have a positive reunion credited this in part to the information they had

received from their birth parent over the years in helping them prepare; *'if you've got the letters you know a bit about each other and it's not like meeting a complete stranger'* (Lily, 20).

Some young people commented that, for them, two way indirect contact was preferable over direct contact because it felt safer and would have less emotional impact. For example, Blake, aged 17, valued the two-way contact with his birth mother as it showed him that she was okay and he also found it interesting seeing a likeness in her photograph, but he did not want to take it any further:

If you could wave a magic wand would you change anything about contact?

No, not really. I think that, well it's better than having, I think having one or two letters and photos a year is better than not having any contact but I think too much contact would be, that would make it worse.

Okay, why do you think it would make it worse?

Just that, because, it's just how I'd feel that I would feel... I think that the contact that I've had is enough, if you know what I mean. I'm fine with the amount of contact that I've had because it's not too little but it's not lots of contact.

Young people who were happy with only sending letters or were having no contact generally expressed the view that to have any more contact would be too much for them to manage emotionally. They had always experienced limited contact, so increasing this would be a big step that they did not feel they needed or were ready to take at the current time. One young person who was sending letters was satisfied with this because he liked the thought that he would not be a complete stranger to his birth parents if he did try and search for them in the future. It was not, however, the right time for them to enter his life through contact:

At the moment I'm living a very happy life here... I wouldn't change anything about the contact because I think it's just been right. We've sent the letters, we have the photos and I feel that's just about enough. Again,

when I'm older, maybe meeting up would be very nice because I'd rather have the face-to-face to sustain that relationship perhaps for life, to have that image in my head... So I think I'd keep the contact the same.

What seemed important to this young person, and others in this group who had only one way contact, is that there was no expectation of a reply from the birth parent. The young person above did not question why his birth parent did not respond; he just assumed that this was for good reason.

Three young people were not receiving any contact and were happy for it to remain that way. They had some knowledge of their birth family and the reasons for coming into care and this had put them off wanting to know any more information about them. For example, 14 year old Ashley said:

My dad abused someone ten years before I was born so I'm like I don't really want to meet him, and my mum's a drug addict now, so I don't want to meet her either.

And how do you feel about not having had any contact with them?

I'm fine with it.

In addition, these young people felt that all their identity needs could be met through their adoptive family who they considered their only family. Jacob, now aged 19, was satisfied with not having any contact because he felt that even if he had received regular letters this would not necessarily give an accurate picture of his birth family, and he would rather focus on his adoptive family who he considered met all his needs:

A letter and a photo is never going to give you a true idea of who someone really is... And I personally see my parents as the mum and dad that I have grown up with. I am a completely different person to who I would have been had I stayed with my birth parents and as far as I'm concerned I have one family and one mum and dad. I personally don't feel there is any need to stay in contact with my birth family and feel in many ways it could do more harm than good... I am happy to not have contact with my birth family, and for now that is the way I want it to be.

7.1.2 Moderate or mixed satisfaction

Just under a third (31%, n=10) of young people interviewed had middling satisfaction; that is they highlighted both advantages and disadvantages of the contact they had experienced, or they experienced one contact arrangement as being satisfactory, but another as being unsatisfactory. A wide range of contact had been experienced. At one extreme, one young person had never had any contact with her birth family. What is striking is that this young person was the only person in this group whose contact had been consistent over time. Another young person had not been aware of having any birth family contact, but as a teenager he was told by his parents that they had kept in touch with his birth mother; he then became involved in this contact. Another young person had two-way indirect contact which had been erratic and then had stopped. Of the remaining eight young people, all had at some point had both direct and indirect contact with their birth relatives; these arrangements had tended to fluctuate over the years. Some arrangements had stopped completely, others had stopped and restarted. It was mostly the case, therefore, that these young people who had mixed views of contact had experienced unstable contact pathways.

Whilst none of the young people wanted to change the contact they had completely, there were aspects of the contact they wished were different. A number of themes were apparent.

Firstly, some young people had previously had contact that they were basically happy with but which had stopped or fluctuated for reasons outside of their control; and it was the reduction or cessation of contact that they were unhappy with. For example one 14-year-old girl had enjoyed hearing from her birth mother; she felt the letters helped her feel that her mother still cared. Her birth mother's responses were erratic however, and a decision was taken by the adoptive parents to stop contact. She also had direct contact with her brother who was quite a bit older than her. As he grew up, he decided to stop contact. She talked about being "sad", "disappointed" and "confused" at these contact arrangements stopping. When we asked her if there was anything she would change about her contact arrangements she said:

If I could get my mum to write to me I would do that. And my dad as well. Not so much my aunt because I didn't really live with her but my mum and dad and brother, because he was like part of me.

Some young people's contact had ceased because their birth relative died. They discussed how they were pleased to have had the chance to know the person. At the same time they also wished they had asked more questions about their background before their relative had died. In addition to dealing with the loss of their relative, these young people also had to come to terms with the fact that some information about their early years may never now be available to them.

Some young people had experienced contact that they found difficult in some respects (or difficult at a certain stage of their life); their issue was with the quality of contact and their ability to cope with it at that point in time. For these young people the fluctuations in contact were largely brought about through decisions that they had made in collaboration with their adoptive parents. However many of the breaks or changes in contact were temporary, with the young person often restarting contact when they felt more able to handle it.

The benefits that young people identified in relation to contact were much the same as those already outlined in the high satisfaction group. Several young people commented on how it was helpful in terms of understanding their adoption story and providing reassurance that their relative was safe and well. However, a couple of young people felt that their birth relative got more out of the contact than they did and that they felt an obligation to continue. A couple of people found that the contact could be uncomfortable and awkward, but unlike the previous group, these young people found that the awkwardness of the interaction dominated their feelings about the contact.

Case example

Sarah's contact initially was just letters from her adoptive parents to her grandparents. After a couple of years her adoptive parents requested two-way indirect contact with her grandparents as this had been a positive experience with their other child. Once this contact had been working successfully for a

few years Sarah's adoptive parents instigated direct contact when she was aged around 8 years. This happened on and off for a few years and then stopped in her early teens, at her own request, due to some emotional difficulties she was experiencing (neither Sarah nor her parents linked these directly to the contact). Sarah had recently resumed having the direct contact with her grandparents and had visited them with her boyfriend. The complexity of managing her relationship with her grandparents is illustrated in her words below.

[It's] good to know I was being thought of but at the same time I still feel like they think they know me and I don't feel like I know them. I felt a lot of pressure when meeting them, as I do with meeting new people. I do want a relationship with my grandparents, I'm just not sure how to build one or even why I want one.

Is there anything you'd like to be different about the contact?

Maybe get all the awkward 'getting to know each other' stuff out of the way.

Some young people were dissatisfied with the quality of their letter contact with birth parents. Receiving letters didn't necessarily mean that questions about their background were answered, with one young person feeling that the letters were superficial in tone; he was left longing for a meeting to find out the 'truth'. Some young people found that letters could trigger difficult feelings of loss and rejection, especially if the birth relative was unreliable in providing a response. Ed (aged 18), who had experienced some emotional difficulties, decided that although he liked hearing that his birth mother was doing well, writing the letters was impacting negatively on him. Instead his adoptive father had taken over the contact as a way of continuing it without the pressure on Ed:

And how often would you write back, if you do write back to your birth mother?

I used to write quite a lot but I don't write them any more, my dad writes it and then I read over them. He's currently working on one now to send back. I haven't written one for ages.

And was that your decision to not write it as such but just...

I just wanted to leave it and my dad said 'is it alright if I write it and let you read over it?' and I said 'okay'.

And why did you decide you wanted to back off and leave it for a bit?

Because I just wanted to get on with my life, because I was in such a state.

And did you feel that the contact was holding you back a bit or having an impact on you?

Yeah.

As this quote shows, young people in this group often needed the support of their adoptive parents to help them deal with the mixed emotions that contact (or no contact) could bring up. It was important that the young people could talk through their feelings without fear of upsetting either their birth relative or adoptive parents.

One young person in this group had expressed frustration at having no contact throughout most of her childhood, although she commented that it was the lack of information about her background that she longed for rather than an actual interaction with a birth relative. To her, contact sounded quite intimidating and she felt that having no contact was easier to manage emotionally.

For some young people, having direct contact with one birth relative served to highlight the contact (or information) they did not have with other people. For example, Keira (aged 17) had experienced positive direct contact with her mother, but this caused her to long for the same experience with her birth father whom she had never had contact with:

I just want to see him. I want to see him, I want to meet him, and if he's a horrible person then I'll deal with that then. I'd rather think positive about him because he hasn't done nothing wrong yet, not personally that I've experienced...

If I could wave a magic wand and change anything about your contact, what would you change?

I'd say to have contact with birth dad.

7.1.3 Low satisfaction

Five young people (16%) were not at all satisfied with their contact arrangements. One of these young people had experienced direct contact with members of his extended birth family, and indirect contact with his birth mother. The other four people had had indirect contact with birth relatives; one of these had never received a reply. Three of these young people had instigated a meeting with one or both of their parents in late adolescence.

Young people in this group had very little positive to say about the contact they had experienced during their childhood and all of them would have preferred to have had a different type of contact arrangement. In this group young people felt that their contact arrangements had not met their needs over the years.

In one case (the young man who had experienced quite a lot of direct and indirect birth family contact over the years) contact posed difficulties in the context of the broader issues he was facing. He was a young person who felt sensitive about adoption issues, who had emotional problems in life generally, and who was struggling in his relationship with his adoptive parents. He found that the letters from his birth mother brought out his sensitive feelings about being adopted, and he found it "weird" (a word he repeated often in the interview) to receive letters from a parent he could not remember. His meetings with extended birth family members went smoothly as these relatives supported the adoption. But having decided to stop indirect contact with his mother, he then felt uncomfortable with the direct contact. Finally, because of the difficulties he was experiencing within his adoptive family, he felt unable to deal simultaneously with his feelings about his birth family.

Why did you decide to stop [contact]?

Because at the time it was like very, I was very emotional and things like that so I just wanted to focus on one family rather than two. And it was difficult enough with this family, let alone other things... It's easier to focus on life rather than having to like, I don't know, it's weird.

Another young person had experienced consistent two-way letter contact with her birth mother. At Time 2 of the study both she and her adoptive parents

reflected positively on this contact, and this continued during her adolescence. But by the third stage of the study she had radically re-evaluated her views of this contact. From the age of 14 she was desperate to meet her birth mother and by the age of 16 she found her on Facebook. With the support of her adoptive family, she made several visits to her family. The meetings were positive until she visited by herself and her birth mother's behaviour became controlling and intrusive. She then decided to stop all contact. Looking back, she felt cheated that she spent so many years looking forward to meeting someone who did not turn out to be the person portrayed in her letters. She wished that she had never had the two-way contact and argued that it can only ever be superficial in nature:

I guess looking back on it I probably, I think contact now, like if I was ever to adopt I wouldn't like to adopt someone knowing that they'd have any kind of contact, just because I think that... you're up and you're down. You put this person on a pedestal and then like they're never going to exceed what you think they're going to be like.

The remaining three people in this group had experienced very little contact (one-way or unreliable two-way) and all talked of a childhood left wondering about the circumstances of their adoption and longing for more information about their birth family. These young people commented that they had often become preoccupied with these thoughts which had caused them considerable anxiety:

I wanted to know why I couldn't see her, that's been The Question. There are things that stem off that and spiral into different things like 'What if she doesn't like me?' but the main question is 'Why can't I see her and why was I adopted and where do they live?' Even in year eleven I used to trawl through Facebook because I found out her name.

The following young person had received letters from her birth mother, but was very much of the view that face-to-face contact would be more useful. She emphasised how an abrupt cut-off of direct contact from her birth mother, and also her foster parents, had impacted on her ability to make new relationships.

I think that's kind of damaged me as in I don't like leaving people now... Where you've been moved around a lot during your life you grow bonds with each people and then you get torn away from each one; that like creates a bit more drama between everything and then when you gradually stop you've got all these different families to think about.

Whereas the young person discussed earlier had idealised her birth mother, this young person had struggled with frightening and negative views, views that were not confirmed when she finally met her mother as a young adult. On balance she felt that face-to-face meetings (carefully set up and managed so that she would feel safe) would have allowed her to achieve this more balanced view at a younger age:

With my birth mum I would have liked contact but maybe in like those contact centre things where you have someone present to make sure there's nothing wrong and stuff. I think that would have been a good idea. So we could meet up and have the conversations that we needed to have, so we could get everything out in the open, but still have someone there that could control the environment like making sure nothing bad happened, or no-one's getting too upset and stuff like that.

One young man had received hardly any letter contact from his birth mother from the time of his placement. When we talked to him in middle childhood, this did not concern him; he told us that his birth family were "out of his life now". But his feelings changed as he became a teenager and he experienced a desperate need to be in touch with his birth mother. He was having a turbulent adolescence and was advised by his parents and social worker to wait until he was older before finding his parents.

I think you should be allowed some sort of contact, even if it's just once a year or something, you should have contact or something. So you can still see them instead of having to wait until you're old enough.

Can you put your finger on why that might have helped you?

Because when you start becoming a teenager and you start thinking more, or I did anyway, start thinking more and more into it. I was naughty at school and it might have helped me as such because it's like

constantly on your mind and at 13, 14 I was ready to meet them. And knowing that I couldn't wasn't a good thing. I know they say it's 16 or 18, but sometimes you're ready before that. At 14 I was ready to meet her. And it might have helped me out.

7.2 How did young people's satisfaction with contact relate to their adjustment?

In Chapter 5 we reported that young people's overall adjustment did not appear to be related to their birth family contact arrangements, a finding consistent with other research studies. This disconfirms the idea that birth family contact might either promote or undermine adopted young people's development in adolescence. Grotevant et al (2011) set out a third hypothesis about the possible relationship between contact and adolescent adjustment: that it is people's interpretation of their contact situation, and their satisfaction with their level of contact, which affects wellbeing and adjustment. Accordingly positive psychological adjustment will occur when members of the adoptive family are happy with their openness arrangements, regardless of what these might be. Data from their sample of 190 families supported this hypothesis; adoptive family satisfaction with contact was a better predictor of externalising behaviour in adolescence and emerging adulthood than either the type of contact or the adoption communication openness of the adoptive parents.

In order to explore the possible links between contact satisfaction and overall adjustment in our sample of young people, we looked at how young people's satisfaction with contact varied according to whether or not the young person scored in the normal range for internalising and externalising behaviour problems on the CBCL/ABCL. Our hypothesis was that satisfaction with contact would be associated with an absence of internalising and externalising behaviour problems. This data is presented in Tables 7.1 and 7.2.

Table 7.1 The cross tabulation of young people's contact satisfaction with externalising scores on the CBCL/ABCL

	Contact satisfaction high	Contact satisfaction mixed	Contact satisfaction low
CBCL/ABCL externalising scores normal (n=13)	10	3	0
CBCL/ABCL externalising scores borderline or clinical (n=10)	2	5	3

Although we coded contact satisfaction for 32 young people, we only had CBCL/ABCL parent completed measures for 22 of these. In spite of the small numbers, an association between externalising behaviour and contact satisfaction was apparent. Most young people who were highly satisfied with their contact did not have externalising behaviour problems. Most young people whose contact satisfaction was mixed or low (eight of 11) did have externalising problems at the borderline or clinically significant level. Fisher's exact test was used to examine the association between externalising behaviour problems (normal versus borderline/clinical) and contact satisfaction (high versus mixed or low). This analysis included only one young person per family (n=19); the results were statistically significant (p=.04).

Table 7.2 repeats this analysis, this time looking at the internalising behaviour scores on the CBCL/ABCL. The results are very similar; young people who were satisfied with their contact mostly did not have internalising behaviour problems (11 of 12). Of the 11 young people whose satisfaction was mixed or low, eight had internalising behaviour problems. Again the Fisher's exact test, used to examine the association between internalising behaviour problems (normal versus borderline/clinical) and contact satisfaction (high versus mixed or low), was significant (p=.02) This analysis included only one young person per family (n=19).

Table 7.2 The cross tabulation of young people's contact satisfaction with internalising scores on the CBCL/ABCL

	Contact satisfaction high	Contact satisfaction mixed	Contact satisfaction low
CBCL/ABCL internalising scores normal (n=15)	11	3	1
CBCL/ABCL internalising scores borderline or clinical (n=8)	1	5	2

Very similar patterns were found when we looked at young people's adjustment overall and their contact satisfaction. Using data from just one child per family, 13 young people were highly satisfied with contact and of these 12 were in the "thriving" group. Eleven young people had mixed or low satisfaction with contact; five of these young people were thriving and six people were struggling or surviving. Fisher's exact test showed the association between overall adjustment and satisfaction with contact to be statistically significant ($p=.02$).

The data from our sample therefore replicate the findings of Grotevant *et al* (2011) that satisfaction with contact is linked to better adjustment. These authors suggest that behaviour problems may be triggered by dissatisfaction with the way the young person's adoption was being handled, for example if they wanted contact with their birth family but could not have any, or if adoptive parents encouraged a higher level of contact then the young person was comfortable with.

Although contact satisfaction and young people's adjustment were associated in our study, this does not necessarily prove a causal relationship between the two factors. Young people's adjustment is likely to be affected by a wide range of factors which satisfaction with contact arrangements is just one. The qualitative data from young people do however suggest some dynamics that could underpin links between adjustment and contact satisfaction. Firstly, some young people explicitly linked behavioural disturbances and feelings of unhappiness to dissatisfaction with contact arrangements. Secondly, other young people identified how their overall adjustment could affect their

experience of birth family contact. For some young people, contact (sometimes regardless of its quality) could be stressful because of the other issues they were dealing with in their life. Some young people found meeting new people difficult, and this made the infrequent nature of their family meetings tense. Some young people tended to blame themselves for things, and were generally worriers; a birth parent's nonresponse could reinforce these feelings causing them to evaluate contact negatively. Other young people who had a generally positive outlook on life took difficulties with contact (or with the lack of contact) in their stride; for example they assumed there must be a good reason for their birth parent not to write back - they did not take it personally. In short young people varied in their capacity to cope with the vicissitudes of birth family contact and more vulnerable young people were prone to finding contact generally more difficult. The same pattern was found in a study of direct contact arrangements (Neil et al, 2011) where the child's comfort with contact was assessed through adoptive parent reports. Children who had emotional or behavioural difficulties were significantly less likely to be comfortable with contact according to their adoptive parents.

The links between contact satisfaction and young people's adjustment could also possibly be explained by other variables that we have been unable to include in our analysis. For example, in chapter 4 we reported that externalising behaviour problems were correlated with pre-placement risk scores. Experiences of early adversity might explain both externalising behaviour problems and satisfaction with contact. For example, for young people who have experienced abuse and neglect in their birth family, birth family contact is likely to be a particularly emotionally charged experience. The birth relatives of such children may also have higher levels of difficulties that might affect their participation in contact, compared to the birth relatives of children from lower risk backgrounds.

7.3 Understanding satisfaction with contact

This analysis of young people's satisfaction with their level of contact suggests a range of factors that are important. Each contact satisfaction group contained young people who had had very minimal contact, young people with moderate amounts of contact and young people with high levels of contact.

There were no apparent patterns suggesting that overall young people prefer one particular type of birth family contact. However many young people who were dissatisfied with contact were unhappy because contact was erratic or had stopped, because they could not make contact with certain birth relatives, or because the contact was one-sided and they received no response to letters. More than the general type of contact, therefore, the *stability of contact arrangements over time* seemed important, as stable contact pathways (including very low levels of contact or no contact) came to be seen as normal to the young person. These stable arrangements were not necessarily exactly the same over time; flexibility (for example in terms of when and where meetings took place) was also important but generally there was a commitment on all sides to continuing the agreed arrangement. In these situations, many young people endorsed the value of the contact arrangement they were familiar with, comparing this favourably to alternative contact arrangements.

Young people varied in terms of their interest in adoption and in their birth family, and hence *the fit between the young person's felt need and the extent to which their openness arrangements met that need* was also a relevant factor. So although low levels of contact were absolutely fine for some young people, for others this was a great source of angst. Where adoptive parents were sensitive and supportive, and birth relatives were responsive, contact could be adjusted to reduce the young person's dissatisfaction. In some cases these adjustments were not possible either because birth relatives were unwilling or unable to make changes, or because adoptive parents adjusted the contact in a way that the young person was not totally happy with.

The *quality of contact* was relevant. Contact (or no contact) that did not allow the young person to realistically understand their birth relatives could leave young people with unhelpful feelings either of idealisation or demonization, or simply with unanswered questions. Often these fantasies were associated with low levels of contact, but that was not always the case. Some young people were unhappy with contact because they felt it did not give a true picture of their birth relatives or because the information they received was too superficial. Some young people felt that their contact experiences did not help them deal with feelings of loss or rejection, but reinforced these feelings. Young people appeared to value contact which provided them with information they felt was realistic, and where it gave them a sense of being cared about by birth relatives.

Finally, as discussed in the previous section, young people's satisfaction with contact appeared to be influenced by their *overall adjustment* and by the broader context of what was happening in their life.

7.4 Chapter summary

- Researcher ratings of young people's satisfaction with contact were made, categorising satisfaction as either high, mixed or low. These ratings were based on the balance of challenges and benefits that young people reported, and their views of contact overall.
- Of the 32 young people, over half (17) had high satisfaction, 10 had mixed satisfaction and five had low satisfaction.
- No one type of contact seemed particularly associated with satisfaction levels, although most young people who were dissatisfied with contact would like to have had more contact not less.
- Satisfaction with contact appeared to be associated with stable contact pathways. However, it was important that where the level of contact was not meeting young people's needs there was flexibility to change the arrangements.
- Young people who were highly satisfied with their contact had fewer internalising and externalising behaviour problems than those with mixed or low satisfaction; they were also more likely to be thriving in their overall development. The relationship between contact satisfaction and adjustment appeared bi-directional based on the interview data.
- Satisfaction with contact appeared to be influenced by a range of factors including the overall stability of the contact pathway, the match between the young person's perceived need and their contact, the quality of contact, and the young person's capacity to manage the complexities of contact together with the support they received from their adoptive parents with this.

Chapter 8 The adoptive families: Adoption Communication Openness

Introduction

Brodzinsky (2005, p.149) argues that 'communication openness' is important for the healthy development of the adopted child. He defines communication openness as: *'the creation of an open, honest, non-defensive, and emotionally attuned family dialogue'* and a willingness of individuals *'to consider the meaning of adoption in their lives, to share that meaning with others, to explore adoption related issues in the context of family life, to acknowledge and support the child's dual connection to two families, and perhaps to facilitate contact between these two family systems in one form or another'*.

Throughout the Contact after Adoption study, this definition of adoption communication openness (ACO) has been used as a framework for thinking about the ways in which adoptive parents manage adoption related issues both within and outside the family.

At Time 2 of the study, a coding system was devised, together with Hal Grotevant (Neil, Grotevant & Young, 2006). This system allowed the researchers to rate adoption related feelings and behaviours on the basis of the adoptive parents' interviews. The feelings and behaviours considered were:

- communication with the young person about adoption
- comfort with and promotion of dual connection
- empathy with the young person's feelings about adoption
- empathy with the birth family
- communication with the birth family.

At Time 2, we found that adoptive parents who engaged in face-to-face contact arrangements had significantly higher ACO scores compared to those who did not have such contact (Neil, 2007a). We argued that this relationship was likely to be bi-directional; that adoptive parents who are high in ACO would opt in to more open adoptions and promote high levels of contact over time, but also that the process of having higher levels of contact would promote ACO through empathy building, addressing adoptive parents' fears, and providing opportunities for communication.

Wrobel et al (2003) in their Family Adoption Communication model (FAC) argue that communication about adoption moves through different phases as the child develops. In the early years, the focus is on adoptive parents giving unsolicited information to the child: telling the adoption story. In the second phase, parents respond to the child's own questions about the adoption. When the children in our study were in middle childhood, adoptive families were generally in the process of moving from the first stage to the second stage. Wrobel et al (2003) argue that the third stage of family communication is where the young person begins to gather information for themselves, for example by communicating directly with birth family members, or requesting information from the agency. In this stage of the study, we wanted to look at the adoption communication openness of parents now that the young people were much older. Had parents' approaches to communication been stable over time? How had parents responded to the young person's growing questioning about adoption or to young people's initiatives in information seeking?

This chapter describes the process of assessing and rating adoptive parent ACO. It then provides examples of the range of adoptive parents' feelings and behaviour within each of the five areas listed above. Finally, there is an exploration of how the ACO of adoptive parents related to the birth family contact arrangements that had been experienced.

8.1 Assessing adoptive parents' ACO: researcher ratings

In assessing the adoption communication openness of adoptive parents, we used the code book developed at Time Two of the study (Neil et al,1996). Ratings were based on the whole of the adoptive parent interview. Responses to questions designed to elicit indications of communication openness in adoption related behaviour (as described above) were coded. Examples of such questions are:

- Generally, how easy, or otherwise, has it been for you to discuss adoption related issues (*for example, birth family characteristics, why the child was adopted, why you chose to adopt*) with (CHILD)?

- *Adoptive parents usually have to share some quite difficult information with their child as they grow up (why adopted, birth family information etc.). How have you managed this? How has this felt for you? What has helped? What has made it difficult?*

- Could you tell me a bit more about the contact that you have now (including no contact)?
 - How does the contact (or no contact) affect the child?
 - What, do you think, are the good things about it for your child? And for the birth relatives?
 - What are the difficult things for you?
 - What, do you think, are the difficult things for your child? And for the birth relatives?
 - Is there anything you'd like to be different?

Additionally, data driven information was coded. For instance, the language used to describe a birth relative or the feelings around a contact event.

From the coded data, the researchers rated each of the five areas of adoption related behaviour, listed above, on a scale of 1–5. Scores from each of the five subscales were then added together to produce a total ACO score for each parent with a possible range of 5-25. Detailed criteria from the codebook were used to inform the ratings, and the ratings depended on the extent to which the criteria were met, as follows:

- 5 = All of specified criteria found
- 4 = Most of specified criteria found
- 3 = Roughly half of specified criteria found
- 2 = Some of specified criteria found
- 1 = Very little or none of specified criteria found.

In order to ensure inter-rater reliability, rating was undertaken by all three researchers on a sub-sample of 6 interviews and the results of this were discussed to develop consistency of approach and understanding. A further sub-sample of 9 interviews was then independently rated by all three researchers and the results compared. A level of 80% agreement was

achieved for exact scores and 100% accuracy within one point on each sub-scale was achieved. The remaining transcripts were rated by a single person and sample ratings were reviewed and agreed by the Principal Investigator.

Our qualitative analysis indicated that an adoptive parent may take a different approach to ACO with different children in the family (especially when the children are not biologically related, and have different contact arrangements). We also saw that in some cases adoptive couples might differ in their approach to ACO; our ratings were therefore based on one parent and one child per family. Thus for our qualitative analysis we explored the ACO of forty two adoptive parents, using the method described above (one adopter supplied measures only and so no qualitative data were available). When both parents were interviewed together, the mother was rated, as in all cases she was, or had been, the primary caregiver of the child. Regrettably, this meant that there were too few men assessed for ACO to make any gender comparisons.

Table 8.1 Descriptive data for the adoptive parents' Total Communication Openness score

Measure	Scoring	N	Range	Mean	Mdn	SD	α
Adoptive Parent Communication Openness Score	5 (low CO) – 25 (high CO)	42	8-25	19.6	21	5.0	.94

Table 8.1 shows that adoptive parents were generally rated fairly highly with a mean of 19.6 and half of parents scoring 21 or above. Indeed, almost a quarter of children (21.4%, n=9) had a parent whose ACO score was the maximum of 25. Using definitions of "high" (21 to 25), "moderate" (15 to 20) and "low" (14 or less) developed at Time 2 (Neil, 2009), we found that 22 parents were high in ACO (52.4%), 12 were moderate (28.6%) and eight were low (19%). As mentioned in Chapter 3, there was selective attrition from the sample when we took into account adoptive parent ACO scores at Time 2. This, combined with the fact that we had selected our sample on the basis of their contact arrangements (which we would argue are likely to be linked to adoptive parent ACO), means that our findings about the extent of ACO in our sample cannot be generalised to all adoptive parents.

The ACO scores of adoptive parents at Time 2 and Time 3 of the study were very similar (the mean score of the sample, $n=41$, at Time 2 was 19.3, $SD=5.4$) and adoptive parents' scores at the two time points were positively correlated ($r_s=.62$, $p<0.01$, $n=41$) indicating that for these young people, their parents' ACO had been consistent over time. Although the majority of parents had similar scores within a few points, there were a handful of adoptive parents whose scores had either reduced or increased considerably since Time 2. When ACO had increased since Time 2, there was usually a combination of possible reasons for this, including greater trust in the birth relatives, the young person's growing need for adoption related exploration and, sometimes, separation from a partner who was less communicatively open. When ACO had decreased, this was often connected with feelings of protectiveness towards a young person. For example, there were concerns for one mother that difficult birth family information might upset her adopted daughter, who was rather young for her years but otherwise very happy with her life.

At Time 2, the sample children were in middle childhood and most families were in the early stages of communicating with their children about their adoption. Many (but not all) had conveyed a simple, age appropriate story about the birth family and the reasons for the adoption. Adoptive parents reported a range of feelings and viewpoints regarding children's connection to their birth families and, similarly, levels of empathy with the birth family were varied, along with willingness and flexibility in communicating with the birth family.

It was to be expected that, at Time 3 of the study, communication openness would look rather different. Adoptive parents were meeting the needs of young people in late adolescence and early adulthood and the tasks and challenges of exploring adoption related issues had changed and developed accordingly.

Each of the five dimensions of ACO, and the range of adopter responses within them, will be considered in turn. In this section we are drawing on all our interview data; examples are not restricted to the 42 cases used for the quantitative analysis.

8.2 Communication with the young person about adoption

This dimension focuses on the extent and quality of adoption related conversations and the climate of openness within the adoptive family. It might encompass both discussion and actions that promote or restrict discussion.

8.2.1 Communication promoted

Adoptive parents who scored more highly on this dimension were demonstrating ways in which they had promoted adoption related conversation sensitively with their adopted child/young person.

Many spoke of a fairly straightforward progression in the depth and detail of adoption related conversations. Most had started with a simple, parent initiated story when the child was very young. As the children grew older, parents had used a range of prompts to elicit adoption conversations, sensitively timed to suit the child's chronological and emotional age. Adoptive parents mentioned using radio or television coverage of adoption issues, story lines in books or TV programmes or contact with other foster or adoptive families to promote conversations about their child's particular adoption story.

Sometimes, the children themselves made it easy to talk about adoption. They varied enormously in their personal curiosity and openness around their adoption. Even within the same family, these differences could occur. At Time 2 of the study, Lucy and Natalie (non-related adopted sisters) had different levels of curiosity and, as young adults, this pattern had continued:

I'd say it's very much the same actually, but you could even say that Lucy, even in terms of the TV programmes and the fiction that she reads, she's more likely to read family sagas or watch soap operas that cover things like that, whereas Natalie isn't at all, she reads murder mystery, spies, things like that. When I told Lucy about this (research) she said 'oh you know me, mum, I'll talk to anyone about anything' whereas Natalie's not as generally open and chatty. So it (adoption) just doesn't come up so much with Natalie for some reason.

At Time 2 of the study, children also varied in the ease with which they could express their thoughts and feelings. Some adoptive parents spoke of children who readily shared a range of emotions, while Toby's mother was uncertain about how to proceed when he told her that he didn't want to talk about his adoption again because he got 'a lump in his throat' every time the subject came up.

Many adoptive parents who faced these barriers nevertheless felt it important to keep the door open to adoption related conversations. Some sensed that, despite the reluctance to open up, young people benefited from sharing their thinking and feeling every now and again – or at least they should be given the opportunity to do so, even if they remained unresponsive. In the teenage years, therefore, adoptive parents had to find openings to adoption related conversations that were comfortable and acceptable to the young people. Life story books remained an important conversation opener for some. Others mentioned creating a 'safe space' for discussion through activities, such as colouring the young person's hair or a car journey.

A few young people had consistently refused to talk about their adoption, despite their adoptive parents' sensitive efforts to introduce the topic over the years. Laurie had resolutely taken this position:

Laurie thinks life started at 22 months and anything that happened before that is, in his opinion, of absolutely no relevance at all.

His adoptive mother was respectful of his feelings – but still remained alert to any small signs of change.

A small sub group of the young people's sample had moderate to severe learning disabilities and their understanding of their adoption was necessarily restricted. Interestingly, however, this did not always mean that the adoption was not discussed. Adoptive parents with high ACO still felt it important that, within their abilities, young people were aware of their birth family and of their adoption. Francesca's parents had worked hard to ensure that she had a positive association with her birth family, despite her very profound disabilities:

And it's nice to know that I'll get her book out and point to the pictures and she'll look at them and smile. Probably won't even realise who they are. And we'll go to where we're going (for contact) and I'll say 'oh look this is' and I'd get the book out (beforehand) and she'd look at them and because we'd be greeting them and giving them a hug and saying hello and that, she would be just like she was when she left them two years ago.

When there had been positive direct or two way indirect contact which was shared with the young person, communicating about adoption was often a much easier process – and there were frequent references to this in the interviews. Both forms of contact could involve the active participation of the young person in some way - planning meetings, travelling to them, discussing them afterwards, deciding what information should be sent and receiving letters, cards or photographs in return. Inevitably, these activities would prompt further discussion, questions and sharing of thoughts and feelings, as this mother describes:

I should think after every contact we do have a little bit of a conversation about something around to do with adoption or contact or birth families, and how she's feeling about that and how I'm feeling about that, that's a lot more open now so that's a good thing to be able to open up.

However, it is important to note that contact did not always have this impact on adoption communication and some adoptive parents had to be proactive in ensuring that important channels of communication remained open. The following adoptive father provides an example of this. He had promoted contact with his son's birth grandmother and was sensitive both to his son's feelings towards her and to his tendency to suppress or deny difficult emotions:

He's a normal 22 year old, he's got lots going on outside, his mind is all around girls and enjoying himself. But if you was to sit down and say to him 'have you given any thought about your nan lately?', then he'd say 'oh, how is she, I'm worried about her' or something like that. She clearly loves him and I think there's love and affection in return from him. So I think it's something we would encourage.

8.2.2 Communication restricted

In a small number of cases, adoptive parents felt it best that adoption communication was restricted and this was a conscious choice that they had made. This might have been because their child had behavioural and learning difficulties that had been apparent from the early years. When these additional needs were very much to the fore, adoptive parents could feel that adoption related conversations were not relevant or would not be helpful to the child or young person.

Some adoptive parents viewed their unconditional commitment to their children as necessitating exclusion of the birth family, and such parents felt it was the best to restrict or exclude adoption related thinking and talking within the family. Some young people remained unaffected by this low level of adoption communication. For instance, some who had been diagnosed with autism frequently showed little interest in their adoption, even if they knew, factually, that they had been born to other parents. They were content to accept their adoptive parents as their parents without further question. However, other adoptive parents whose young people had similar additional needs chose to promote adoption related conversation at a comfortable level for the young person; they still felt it to be potentially beneficial, even if the young person seemed to be taking little notice.

Some adoptive parents whose young people had behavioural difficulties felt that birth family information, particularly if it was negative, might trigger more problems – perhaps of a ‘copycat’ nature. In other cases, young people were emotionally vulnerable and their adoptive parents were protective, particularly when there had been issues such as self-harming or eating disorders. Although these concerns are understandable, there were other adoptive parents in the sample in similar circumstances who chose a more open approach, seeing this as potentially beneficial. For example, one parent felt that knowledge of drug misuse and related mental health problems in the birth family was important in helping her adopted son to steer his own life away from drug use. Overall there seemed no particular association between the characteristics of the young person and adoptive parents’ approach to communication; it did not seem to be the case that adoptive parents who restricted communication were parenting more vulnerable young people compared to adoptive parents who

promoted communication. This would suggest that variation in communication openness is to do with differences in the adoptive parents' approaches, rather than differences in the young people's vulnerability.

Other scenarios where adoption communication was restricted were those where adoptive parents had decided to respond if the children asked questions, but not to initiate adoption related conversations. If this situation corresponded with a child who found it difficult to talk about difficult issues, it could be the case that the subject of adoption had not arisen for many years.

Additionally, a few adoptive parents felt that adoption related discussion could be actively harmful for young people and a conscious decision had been taken to restrict such conversation in the family:

We hardly ever talk about adoption now. ...there is no need to keep rehashing it because she doesn't want to bring it up. When she does bring it up we answer everything as truthfully as we know... Otherwise it's playing on their minds the whole time and these are young, vulnerable kids that don't need to keep raking through the past.

Similarly, there were some examples of knowledge of letters to or from birth relatives not being shared with the young person, usually because the adoptive parents felt that it would be disruptive to them. Some were planning to discuss this when the young person became 18, others had no plans to do so at present. Occasionally, early patterns of not communicating about adoption, which had seemed appropriate for a very young child, had become fixed. Some adoptive parents were aware that these patterns needed to be broken but were unsure how to set about this now that so many years had passed.

8.3 Comfort with and promotion of the young person's dual connection

This dimension is concerned with adoptive parents' capacities both to fully include the young person, physically and emotionally as a son or daughter of the family, while at the same time, acknowledging and valuing a connection to the birth family.

8.3.1 Adoptive family connection

Virtually the entire interview sample spoke warmly of their total commitment to their adopted child. For some these feelings had developed gradually. For others, parental feelings had been swift to appear:

The moment I clapped eyes on Laurie, I fell in love with him. It was absolutely instant. And it always has been.

There were countless expressions of warmth and affection, and parental delight in children's small and large steps of progress and pride in their achievements of all types and at all levels.

In some cases, young people had challenged their parents to the limit and sometimes they had spent periods away from the family. This did not mean, however, that the parental tie was weakened or broken, and almost all parents in this situation had remained involved and ready to welcome their children back (our sample did not include any adoptions which had totally disrupted). Sadly in one or two cases, the difficulties within the adoptive family stemming from the adopted child young person's problems meant that although parents were committed to sticking with the young person, a lack of warmth towards them was apparent.

Sometimes, when there had been direct contact with birth parents or perhaps a 'reunion', adoptive parents made explicit statements about their parental role, indicating that they had 'worked through' this in their minds. For instance, Dylan had a high level of birth family contact, but his adoptive mother was confident in her parental role:

You're their primary carer, you're always their parent, even if they've got another parent. Because you are there to look after them all the time. So I think they'd always look to you as the main parent.

8.3.2 Birth family connection

As the years had passed, the majority of the adoptive parents had become increasingly comfortable with the idea and the reality of the child's birth family. Often, as relationships had developed and strengthened within the adoptive family, parents had become freed up to reflect on and embrace the birth family connection, as this adoptive mother explains:

I couldn't love them any more if they were birth children, but they have got a background that I don't belong to and I'm not part of. And that won't change. And that won't change for any adoptive child, ever. They've got a past that belongs away from the adoptive family. I feel very privileged to have them, they're fantastic, I love them so much, but... they never feel completely and utterly mine and that's because of that side of it. However I think that they should have that other side because it gives them a feeling of self-worth, it makes them whole.

As children had grown older, genetic pre-dispositions had sometimes become more apparent and a number of adoptive parents mentioned that they were much more conscious of the role of 'nature' than they were at the beginning of the adoption, when they would have said that 'nurture' was the dominant force. Genetic connections could be informative – especially when siblings who had been adopted into different families were showing similar traits, as was often the case. For instance, the following four siblings had all grown up separately, some from birth:

I find it, the curious thing about the personality traits that flow down through these four children which are really strong. And yet they're all good fun and they're all lovely people and I think are the sort of people that people love or hate, there's not a bland one amongst them.

There were, of course, times when genetic connections were more concerning, especially if difficult issues like potentially inherited mental health problems were beginning to emerge. However, for the large majority of adoptive parents, their love and commitment to their child meant that they simply took these

issues on board as part and parcel of their child and set about doing their best to advise and support.

It was also sometimes the case that birth parents had harmed their children through neglect or abuse of all kinds. Many adoptive parents were open in expressing their sadness or even, at times, anger, at this, especially when their children were finding life hard. Again, however, the majority were able to rise above this and simply love and accept their child for who they were without the birth family connection casting a shadow over their adoptive family life.

For many there had been a process of acceptance that they did not 'own' their child, that the child's genetic inheritance would always be there alongside the influences of the adoptive family, but, most importantly, the young person was an individual, with their own traits and personality. The following adoptive mother clearly represents this viewpoint when she summed up her feelings about adoption:

You probably have to adjust your perspectives and your ideals a little bit more to be more in tune with what the children want to achieve or need to achieve or are able of achieving, other than thinking they're going to be a mini-me. No children are mini-mes and that's one thing I have learnt and that is that children are born with a personality and you can guide them and steer them, but you're not going to change it.

However, not all families felt that they wished to embrace the birth family connection in this way. For some, the legal severance of adoption meant just that – and they felt it healthier and more productive to minimise the sense of connection to the birth family – both for themselves and the child, but also, perhaps for the birth parents themselves, as this adoptive parent describes:

From our point of view he's ours and we weren't that willing to be too flexible about sharing. We would never have entertained a meeting. We wouldn't have met them because we do feel adoption is, it's a legal cut off point and... that would be cruel, to encourage them to hang on to him.

In other cases, the shadow of potentially inherited conditions, particularly those that involved behavioural difficulties hung over the adoptive family and the birth

family connection was associated with resentment and disappointment. Very occasionally, these feelings could be transferred into the relationship between the adoptive parents and the young person, resulting in family stress and unhappiness.

8.4 Empathy with the young person's feelings about adoption

This dimension concerns the extent to which the adoptive parent is willing to consider and is comfortable with the full range of the child's feelings (or potential to have feelings) about being adopted. At Time 2, many children were expressing complicated feelings but it was often difficult for them to name or make sense of these feelings. Others seemed untroubled and, for some, their younger age or learning difficulties meant that they had not really begun to explore their adoption stories

Ten years later, at Time 3, this picture was very different. Late adolescence is a time when emotional states are very much to the fore and adoptive parents reported that their young people had demonstrated a very wide range of feelings about their adoptions. These might be positive, negative, neutral – or simply 'no feelings at all'. The challenge for adoptive parents was, firstly, to recognise these feelings (often they were expressed indirectly) and then to help young people to recognise and manage them. Additionally, feelings were rarely static – in some cases they seemed to change almost 'overnight' and adoptive parents needed to respond flexibly.

8.4.1 High empathy

Empathy was clearly a key skill for this and many adoptive parents had extraordinary capacities in this area. Amongst adoptive parents with higher scores on this dimension, for instance, there was recognition that adoption, *per se*, might provoke a sense of loss or rejection for some young people. Adoptive parents were aware that a sense of rejection might be latent, even for young people who were happy and settled, and sometimes this might show itself in issues such as anxiety or low self-esteem.

For other young people, feelings were more overt and harmful. Anger and aggression could appear 'from nowhere' and early experiences could shape behaviour in difficult ways. These issues could create a real burden in family life and, in order to keep a calm perspective, adoptive parents needed great patience and the capacity to look beneath the behaviours and reflect on their possible origins. This adoptive father illustrates this capacity as he reflects on his son's character:

I think that all I would say is that with Darren it's possibly made him the way he is in that he's, he is very, very fiercely independent, very stubborn and he doesn't want anyone's advice. What's happened to him has hardened him, overly hardened him, he's not open to receiving advice or support. As far as he's concerned, he will live and die by his own actions. He has been very damaged by what happened to him; it will have an impact throughout his life.

There were also times when adoptive parents were required to help their children to manage acute loss and grief. There were several situations, for instance, in which birth family members – grandparents, parents and siblings – had died in recent years. These losses were particular to the adopted child or young person, but adoptive parents often showed great empathy in helping children to process and manage their painful feelings. There were examples of being alongside young people as they looked for graves of birth family members, of supporting young people at funerals in very difficult circumstances, or sometimes of helping young people to make a decision not to attend a funeral, because the emotional toll could be too heavy. All of these events demonstrated a high level of additional parenting skills and sensitivities in the adoptive parents.

A further stretch of these qualities was required in situations where young people seemed to have a deep seated need to idealise their birth parents. Adoptive parents spoke of treading a careful line between allowing the young person to hold on to some of their feelings, while at the same time gently pointing out that other people might not see it this way. Defensive feelings could prove very resistant to change and could surface at times of family stress. For example, one young person traced her birth mother in her early teens and

became caught in a fantasy about how relationships might develop. Her adoptive mother showed great emotional strength through this time:

At that age in her ideal little world she would have (foster mother), me and (birth mother) all living next door to each other and she could have gone and visited us all. You know, deep down I know that I was her mother and her main carer and I was secure in that and we are very close, there's no two ways about it, but that's how she would have liked it in her ideal little world. But it wasn't to be like that.

Finally, there were a number of young people who either resolutely denied having any feelings about their adoption, or were genuinely 'neutral' in their emotional response. Adoptive parents in these cases needed to be equally sensitive. They were able to maintain a balance between accepting the young person's stated lack of emotional response, while at the same time holding in mind that there might be different feelings below the surface.

8.4.2 Restricted empathy

All of the adoptive parents interviewed showed some degree of empathy with their children's feelings about adoption, but inevitably there was some variation on this dimension. Lower scores were characterised not by a total lack of empathy, but perhaps by situations where adoptive parents glossed over or dismissed possible signs of adoption related emotions in their young people. There were some cases where young people revealed some strong feelings about adoption in their own interviews, but their adoptive parents appeared unaware of these or felt them to be related to other things. In a small number of cases, adoptive parents had clearly become personally exhausted by dealing with a troubled teenager and their capacity for empathy had become restricted.

It must be remembered, of course, that many young people choose not to reveal their feelings to their parents and that this can be particularly hard in adoption when there is anxiety about hurting the feelings of the adoptive parents. It is also important to note that, for some young people, difficult

feelings and behaviour were the manifestations of particular psychological disorders, rather than adoption related.

8.5 Communication with the birth family

This dimension looks at the adoptive parent's attitude towards communication/contact with the birth family (regardless of whether any such communication occurs), and, in situations where there is communication, how the adoptive parent behaves and feels about this communication. At Time 2 of the study, much of the analysis on this dimension was concerned with the ways in which a direct or indirect dialogue with the birth relative was becoming established, with the adoptive parents very much taking responsibility for this. By Time 3, the situation was rather different as while contact continued, many adoptive parents (but not all) had started to share responsibility for contact with the young person, or even pass it over entirely. When direct or indirect contact had continued, communication had usually settled into a stable and predictable pattern. Within these different pathways, however, variation in adoptive parents' attitudes and approaches to communication could be detected.

8.5.1 Birth family communication promoted

Some adoptive parents had continued to be thoughtful and creative in the ways in which they had sustained a positive dialogue with birth relatives. Many had adjusted direct contact in ways that were comfortable for the birth relative. One adopter, for example, changed the venue from a popular food outlet to a park as the former seemed rather overwhelming to a birth relative with mental health problems. Others gradually introduced more personal information, such as email addresses, Facebook details or mobile phone numbers, so that arrangements could be made more easily. Particular efforts had to be made when indirect contact was unreciprocated – one mother, for example, jotted some relevant notes on her calendar each month so that she would have something to refer to when she came to write her twice yearly update. As the children had become teenagers, it could be harder for them to communicate in direct contact meetings with birth parents who were themselves challenged in this respect. In these situations, adoptive parents often mediated the situation, perhaps by suggesting a few conversation areas to the young person in

advance of the meeting, or by ensuring that they filled the gaps in conversation themselves so that the birth relative and the young person did not feel awkward.

In situations where the young person had themselves decided that they no longer wished to sustain the contact, adoptive parents who were highly rated on this dimension ensured that this was explained to the birth relative so they were not left unsure of what would be happening. Others had decided to continue some form of contact themselves as they knew that the birth relative would value this.

8.5.2 Birth family communication restricted

Adoptive parents who were more restricted on this dimension had not made efforts to sustain communication. Some had reasons to cease contact at an earlier stage of the adoption, and they had done so without seeking mediation from the adoption agency to see if there was a more satisfactory way of doing things. A few had passed the tasks of communicating with the birth relative on to the young person, but it was clear that the young person was not at an age or stage when they would be able to manage this responsibility, and the contact had ceased as a result.

In one case an adopted young person had themselves instigated contact with a birth relative who had visited the home and yet communication remained restricted and the adoptive parents had not established that this person was reliable or safe.

8.6 Empathy with the birth family

This dimension concerns the adoptive parent's capacity to take the perspective of the birth relative across various situations including the circumstances of the adoption, their feelings about the adoption and their responses to contact. At Times 1 and 2 of the study, the children had been fairly recently placed in their adoptive families and these issues were quite fresh in the adoptive parents' minds. At Time 3, the passage of time meant that these events were less to the fore. Nevertheless, a range of empathic thinking was expressed.

8.6.1 High empathy

Many adoptive parents demonstrated an empathic stance towards birth relatives throughout their interviews.

The events leading up to the adoption were frequently referred to. Often, similar approaches were taken to those at Time 2, with stories about why the adoption occurred echoing those that had been formed in the early stages of the adoption, and those that had been passed on to the children. For these adoptive parents, it was as if they had decided from the outset that this would be their 'family position' and it was interesting to hear many of the young people also telling the same story, sometimes using the same vocabulary. This was the case in the following example, where the young person echoed the following explanation, given by her adoptive mother:

I always said to the kids, I told the kids that it wasn't (birth mother)'s fault because (birth mother) wasn't looked after as a child and she was on an At Risk Register so it wasn't really (birth mother)'s fault, she didn't really know how to look after them. My mum showed me how to bring up kids. So I always used to say to the kids 'It's not really her fault, she wasn't looked after and therefore she couldn't look after you'.

Some adoptive parents had professional or life experiences which gave them certain understandings of birth relatives' difficulties and this helped them to take a step back and view things more objectively and with greater empathy. In other cases, the adoptive parents' response was simply from the heart – as one mother or father to another, connecting with the feelings that accompany the loss of a child:

That feeling of loss and that feeling of hurt from the parents' point of view, and I'm talking about people who are having children adopted or having children fostered, you can't measure it, there isn't a measure out there.

In this context, there was a tendency to 'see the best' in the birth relatives, to overlook their shortcomings and focus on the positives:

She was quite angry in the first (contact) letter but it didn't bother me because I thought 'well, I have taken her daughter away, haven't I?' At that point she wasn't going to see her again until she was 18 so I could understand her being a bit angry. But then they were just nice letters to receive and read together.

However, some adoptive parents had particularly difficult barriers to overcome in terms of an empathic response to birth relatives and there were cases where children had been severely abused, when feelings had to be carefully managed. Adoptive parents had the difficult task of helping children to understand that what happened to them was wrong, but to balance this with the dangers of demonising their parents and allowing harmful feelings to develop. The following adopter had worked hard to strike this balance:

And how have you and your husband managed your feelings over the years?

Um, that's variable. I feel sorry for them for what they've lost, they've lost two very lovely children. And they've lost a lot there. I don't feel particularly angry at the moment. At times I feel angry when I watch Chris struggling ...I think we both probably would be very polite if we met them and we both support the children and we would go with what they (the children) wanted.

Empathic adoptive parents could understand that learning difficulties, guilt, a chaotic lifestyle and so on are all likely to diminish the birth relatives' capacity to engage in indirect contact, and passing this understanding to the young person could help to reduce young people's sense of rejection.

When there was direct contact which was sustained and successful, empathy for birth relatives tended to increase. They became known as 'people', with strengths as well as weaknesses and both elements helped adoptive parents to understand and accept them – and sometimes also to accept and understand their children better as a result. The following adoptive parents had made their own decision to open up contact with their son's grandmother and their empathy had grown from this point:

It was nice, it was good. It's had nothing but a positive effect, contact. She's treated us well, this is where I've got a lot of time for her, [other adopted son] wasn't her natural grandson, but she treated them equally, bought them both the same at Christmas and all that type of thing. We've got a lot of empathy for her, she's the one who put him into care, she made a massive decision there because she thought she couldn't look after him so we've got nothing but respect for her.

8.6.2 Restricted empathy

When empathy for birth relatives was restricted, it was usually in situations where there was little or no contact with them.

Some adoptive parents had chosen not to have an initial meeting and had very little background information, so there was virtually nothing which might have promoted empathy. Others had had an initial meeting which had given them the impression that the birth parent was disinterested in the child, or wanted to 'get on with their lives'. This was often cited as a reason for ceasing indirect contact as adoptive parents felt that it was probably unwanted or could be providing an unwelcome reminder if the birth parent wished to move on emotionally.

A small number of adoptive parents felt, quite simply, that it was not their role to feel empathy for birth relatives. Their first and only consideration was to their child and this had remained their focus throughout. They felt that there was nothing they could do to help the birth relatives – and having feelings, empathic or otherwise, could not benefit any party to the adoption.

8.7 ACO and contact

At Time 2 of the study, adoptive parents ACO scores differed significantly according to whether or not the child had ever had direct contact with an adult birth relative. At Time 3 this was still the case although differences between the two groups were less marked. For example, at Time 2 the mean score of the direct contact group was 21.6 and of the no direct contact group 16.6. The equivalent scores at this third stage were 20.3 (direct contact) versus 18.47 (no

direct contact). Table 8.2 below shows the ACO scores of parents in three groups, high, moderate and low, according to whether or not the child had ever had direct contact with an adult birth relative. As this table shows, although a larger proportion of parents in the direct contact group were scoring in the high range, for each contact grouping we found examples of adoptive parents scoring high, moderate and low.

Table 8.2 Contact and adoptive parents' ACO Scores

ACO Scores	Direct Contact		No Direct Contact	
High (21-25)	n=15	60%	n=7	41.2%
Moderate (15-20)	n=7	28%	n=5	29.4%
Low (5-14)	n= 3	12%	n= 5	29.4%
Totals	N= 25	100%	N= 17	100%

As the qualitative descriptions above have illustrated, there were a number of ways in which the adoption communication openness of the adoptive parents was linked with contact arrangements. For example, comfort with dual connection and empathy for the child and the birth relative provided motivating factors for adoptive parents to continue with or expand contact. Experiences of having contact with birth relatives also often increased adoptive parents' empathy and comfort with dual connection, and gave them opportunities for communication with the young person.

Although Brodzinsky (2005) argues that structural openness (contact) and communication openness can be separate, this is most likely to be the case when no birth family contact is possible, and much less likely to be the case where adoptive parents have some level of choice and control over the contact with birth relatives. Where family contact is possible and safe (a vital consideration for children adopted from abusive or neglecting backgrounds) adoptive parents high on ACO can be expected to make efforts to engage in birth family contact, and this indeed seems to be the case. In our sample,

adoptive parents were able to exercise some level of control over contact at the planning stage, but more so after the adoption. Over time however (and notably in the adolescent years), other factors impinged on contact that were outside of the adoptive parents' control, in particular the influence of both birth relatives and adopted young people on the contact arrangements. So, for example, some direct contact arrangements stopped because birth parents withdrew, could not be found, or even in a few cases because they had died. In other cases direct contact had occurred because the birth relative had initiated contact with the young person without consulting with the adoptive parent. Some young people had decided to end the direct contact, whilst others had decided to initiate it. These factors probably explain the weaker links between what contact had occurred, and the ACO of adoptive parents at Time 3.

8.8 Chapter summary

- Most of the adoptive parents appeared to be communicatively open to a greater or lesser extent, with almost a quarter scoring the highest possible score in the qualitative ratings.
- Although the young people were in late adolescence/early adulthood, there was still a good deal of evidence of adoptive parents with higher levels of ACO maintaining a dialogue about adoption related issues. When young people were disinterested in their adoption or resistant to discussion, adoptive parents with high ACO worked to keep the possibility of such a dialogue open in a non-confrontational way.
- Adoptive parents who scored highest on ACO were more likely to have children who were engaging in direct contact (either currently or previously) with birth relatives. We do not know the direction of this effect. It may have been because they were more communicatively open in order to engage with direct contact in the first place and/ or because the direct contact had promoted the communication openness, or both of these possibilities may be occurring.

Chapter 9 Being adopted: young people's construction of an adoptive identity

Introduction

Identity formation is normally part of a process which begins in childhood, but becomes more intense and dominant in adolescence (Erikson, 1950, 1968). It typically involves the exploration of goals, values and beliefs, underpinning fundamental questions of 'Where have I come from?' 'Who am I?' and 'Where am I going?' For adopted young people, establishing an adoptive identity is one element of identity formation and centres around the questions 'Who am I as an adopted person?', 'What does being adopted mean to me, and how does this fit into my understanding of myself, relationships, family, and culture?' (Grotevant & Von Korff, 2011). They must explore what it means to them to be connected to both an adoptive family and a birth family and integrate these two elements into a coherent 'story about oneself'.

Constructing an adoption narrative is likely to be affected by the communication young people have with their adoptive parents about adoption. Furthermore, as we saw in the previous chapter, family communication about adoption is likely to be impacted on by birth family contact. The relationships between these three factors (contact, ACO, identity formation) have been helpfully teased out in Von Korff's work on the Texas Minnesota adoption project. For example, an in-depth qualitative analysis of a sample of adoptive mothers' interviews showed how adoptive mothers used birth family contact as a way of creating opportunities to talk about adoption, often in a deliberate way with identity development as the goal (Von Korff, Grotevant, Koh & Samek, 2010). In a broader quantitative study using structural equation modelling, birth family contact was found to be linked to the development of adoptive identity, this being mediated by the role of adoptive family conversations about adoption. The contact events seemed less important in their own right than the talk in the adoptive family which preceded and followed them (Von Korff & Grotevant, 2011) as these conversations "help adoptees to construct, organise, and interpret the meaning of adoption in their lives" (p 399).

Since the 'story about oneself' is formed largely in the context of the adoptive family, it is important to explore the extent to which young people feel comfortable in discussing their adoption (at whatever level they wish) with their adoptive parents

and also the extent to which they feel supported and understood in the range of feelings that they may have about their adoption. The first part of this chapter considers the data concerning these issues. The second part explores the young people's interview data in respect of the construction of their adoptive identity. At Time 2 of the study, comprehension of adoption issues was limited by age and the adolescent search for identity had not yet begun. Our Time 3 interviews have allowed us to explore young people's stories about themselves in some depth. Across the whole sample, the majority of young people have been able to construct some sort of story about why they were adopted and to explore, within their capacities, the feelings and meanings associated with their adoption. Four groupings of adoptive identity are outlined, based on the extent to which the young people indicated ease and integration of the 'story about themselves'.

9.1 Young people's perspectives on Adoption Communication Openness

We explored young people's perspectives on the adoption communication openness of their parents in two ways. Firstly, we used a quantitative measure, a Likert scale developed by Brodzinsky (2006).

Secondly, the young people's interview schedule provided a range of opportunities for discussion of adoption communication. For example, young people were asked to talk about how comfortable they felt talking about adoption with other people, and to identify the resources that had helped them understand about their own adoption. Thus in addition to the Brodzinsky measure we have the qualitative accounts of young people about their experiences of communicating about adoption.

9.1.2 The Brodzinsky "Adoption Communication Openness" scale

Overall, young people's scores on Brodzinsky's ACO measure indicated that most young people felt at ease in discussing their thoughts and feelings about being adopted with their adoptive parents; over three quarters of young people had mean scores on the mother scale of four or over, as did two thirds on the father scale. Table 9.1 shows the range, mean, median and standard deviation of young people's scores for mothers and fathers.

Table 9.1 Scores on the Brodzinsky Scale

Measure	N	Range	% scoring 4 or over	Mean	Mdn	SD	α
Brodzinsky mother total score	33	2.9-5	77.8	4.4	4.5	.63	.89
Brodzinsky father total score	30*	1-5	66.6	4.1	4.2	.93	.94

*NB Of the 33 young people who returned usable measures, 3 of them did not complete the father scale because it was not applicable to their situation (young person placed with single adopter or adoptive father was deceased).

Scores for mothers and fathers were positively correlated ($r_s=.8$, $p<0.01$, $n=30$), meaning that young people who felt comfortable in their adoption communication with their mother were more likely to feel the same in relation to their father. The mean scores of young people in this sample are considerably higher than those found by Brodzinsky (2006); he reported a mean score of 3.9 for domestic adoptees and 3.6 for intercountry adoptees. The differences between the Brodzinsky's sample and the current sample may relate to age, as the children in his study had a mean age of 11 years; younger children may have felt more awkward discussing adoption with their parents compared to the adolescents in our sample.

On the other hand, differences may relate to different levels of birth family contact, as 45% of the families in Brodzinsky's study had no birth family contact at all. Our sample in contrast included only children with a plan for birth family contact. Furthermore adoptive parents who stayed in the study were more communicatively open than those who dropped out, and adopted young people who took part had more communicatively open parents than those who did not participate. Our finding therefore that most of the adopted young people experienced their adoptive parents as very communicatively open cannot be generalised to all adopted young people.

The data in Table 9.1 show some differences in young people's perceptions of their mothers compared to their fathers. These results are echoed in the findings from a section of the interview schedule where the young people were asked to select from a list things or people that had helped them to understand

the reasons for their adoption (n=31). Nearly all (93.3%, 28) selected their adoptive mother, whereas 60% (n=18) selected their adoptive father.

9.1.3 Young people's interviews: views of family communication about adoption

The qualitative data provide much evidence, firstly, of the relaxed and open parental approaches that were connected with the high scores for both parents on the Brodzinsky scale.

The section of the interview in which young people reflected on their knowledge of their adoption story often referred to the involvement of both adoptive parents. Very few could recall a moment when they were 'told'. Instead, they had a sense that the information had been gently introduced by both adoptive parents from a very young age and had been reiterated appropriately within the family as they grew up. Amber echoes the responses of many of the young people in the sample:

Mum and Dad must have told me since I was little because I can't remember a specific day or point, and you'd remember wouldn't you?
I've always known that I was adopted.

For many (but not all) children, the knowledge of adoption sparked increasingly complex questions as they grew older. Many could remember these questions occurring to them at 'odd moments' and, in the open climate of the household, they could pose them freely, always get a straight answer, and never have to worry that their adoptive parents might be upset:

They've always been really open about it, we don't have to be scared of 'can we talk about our birth family in front of them, will they get upset?' because they've been there from the beginning and always said it's fine to talk about it.

A further support mentioned by some young people was the openness of their extended family and friends, which had been facilitated by their adoptive parents. Adoption could be discussed easily with grandparents or cousins, they often knew other families who had adopted children, or some remembered

going to adoption 'events' and enjoying being with other adopted children. One young woman describes this sort of openness in her childhood environment:

And can you pinpoint anything that made that interaction, that curiosity, that finding out fairly easy and straightforward for you?

The openness of my family, and not just mum and dad but grandparents and aunts and uncles and I guess also friends. I think when you move to secondary school you get new friends and at primary school for me, coming from a very small school, it was very open. People knew (sister and I were adopted, especially because they'd gone through seeing her adopted, and so when I went to secondary school only those twelve friends that came with me knew that I was adopted.

When scores were at the lower end, it was often the case that relationships between the young person and their adoptive parents were strained at this time and this impeded adoption related discussion. Three young people stated that they felt that their adoptive parents had information about their adoption which they had not shared with them – but they did not feel able to ask more questions. For example one young person said:

When I ask (adoptive mother) about it she always seems to sort of put it off. Not put it off but be like 'I'll go through it with you someday' but like that day never comes.... I suppose like now I'm getting older I want to know more of who I am. I've got no one really to ask who knows... I don't think she finds it hard, but I just always think that she's like hiding something, well not hiding something but there's still a lot more to know that she hasn't told me. I don't ask that much, I just sort of accept it.

A small number stated that they had been given information by their adoptive parents but they did not know whether or not to believe it.

Since the large majority of the young people spoke in their interviews of *both* of their parents being open with them about their adoption, the finding that they scored mothers more highly than fathers merits further investigation. The

interview transcripts, in fact, do reveal some particular issues in adoption communication with mothers. For instance, when young people gave specific examples of adoption related conversations or events, they were more likely to refer to these occurring with mothers. It is likely that some of these examples relate simply to the fact that mothers tended to be the primary caregivers and were more available to answer questions or promote adoption related conversations. There were recollections, for instance, of watching a particular TV programme with an adoption theme with Mum, and talking about it afterwards, of being in the car with Mum and questions coming up, as this young woman describes:

Yeah, I used to, say I was in the car with my mum going shopping, it might pop into my head and I'd be like 'What is it that my birth mum has?' and she'd say 'schizophrenia' and I'd ask 'so why couldn't she look after me?', and it would go on from there.

Equally, adoptive mothers were more likely to take the lead in any contact arrangements and it was common for children to be involved in these. For instance, one young woman remembered that an annual ritual of making Christmas cards with her adoptive mother and sending them to her birth family usually triggered adoption related conversations.

As children grew older, these patterns of communication may well have become fixed in the adoptive family, with mothers becoming the most familiar and therefore the most used parent for adoption communication. Young people who had made contact with birth relatives in their later teens or been through reunion meetings had almost always done this with their adoptive mother beside them, and mothers were often key in helping them to process their feelings at these times as this young woman describes:

We wrote her (birth mother), me and my mum we wrote her a message on Facebook and it went from there really.

So, describe to me your feelings when you found her on Facebook, how did it feel?

Um, first of all it was really like 'whoa' because she's really similar looking to me, really similar. When I found her I thought there was absolutely no

way it could be anyone else, I showed my mum and she was like 'Jesus, that's quite scary really'.

Interestingly, however, when it came to an eventual reunion in this case, it was both adoptive parents who took their daughter to meet her birth mother. It is important to note, then, that many fathers were actively supportive of and involved in adoption communication. However, they may not have been the first source of information or conversations for young people because of the parenting responsibilities of the household.

A very small number of young people reported rather different experiences of communication openness. Some felt that adoption related conversations might upset their adoptive parents or that the adoptive parents had information, which they had not shared with them. These communication difficulties could be a source of distress to the young people. One young person, for instance, felt unclear about why they had been placed for adoption and wondered (but had not asked) if their adoptive parents had withheld the true reasons. Another young person stated that their Life Story Book had been put away and they would not ask where it was because they felt that their adoptive mother would question why they wanted it. There was a suggestion, then, that patterns of low levels of communication about adoption had become established and entrenched in some families over the years and that the young people now regarded them as insurmountable.

9.2 The young people's construction of adoptive identity

We took a qualitative approach to exploring young people's adoptive identity development. In doing so, we drew on the work of Grotevant & Von Korff (2011) who propose that adoption narratives provide indicators of differences in adoptive identity. They suggest that young people vary in the ways they tell their adoption stories along the dimensions of depth, consistency and flexibility. Depth refers to the extent that the young person has actively explored their adoption story. Consistency refers to how well the "story about oneself" fits together, and whether contradictions are explained and resolved. Flexibility refers to perspective taking in the narrative, looking at the story from the viewpoint of other actors such as the adoptive parents or the birth relatives. In exploring our interviews with young people we paid attention to these three

aspects of narrative. We were also interested in exploring the extent to which young people seemed "at ease" with their adoption story. How did the young people feel about their adoption story, and about their status as an adopted person? Obviously for many young people in our sample information about their adoption contained difficult and painful facts. What did these facts mean to the young people, and to what extent were they troubled by information about their past, or about gaps in information? Finally, we were interested to look at how young people had arrived at their current understanding of their identity, and in particular to explore the role of adoption communication openness and contact in this process.

Drawing on these sensitising concepts, we undertook a thematic analysis for the young person's interviews, looking for key similarities and differences between the young people. Through this, we identified four different patterns of identity formation. This work was led by one member of the team, but with extensive discussion with other members. These categories were elaborated and described, and all the young person's interviews were coded by one member of the research team. A second member of the team then independently coded the young people to the four categories to check inter-rater reliability. In almost all cases the two raters agreed. Where disagreement was present we discussed this in order to be clear about the nature and composition of each of the four categories and if necessary definitions of the category were refined. We described the four patterns of identity formation as follows: cohesive; developing; fragmented; unexplored. Each group will be considered in turn, with a focus on the sections of the interview which related directly to adoption identity. These are as follows:

- Why was I adopted?
- Feelings about adoptive family
- Feelings about birth family.

The overall sense of the young people's adoptive identity in late adolescence/early adulthood, and the possible role of contact in shaping this identity, will be outlined in respect of each group. Table 9.2 shows the composition of each group according to age and gender of the young people.

Table 9.2 Composition of identity groups by age and gender

Identity group	N	Age range	Mean age	Male	Female
Cohesive	16	14-22	18y10m	5	11
Unexplored	5	15-21	17y10m	5	0
Developing	5	14-21	18y10m	2	3
Fragmented	6	17-20	18y8m	4	2

There were no striking differences between the identity groups in terms of the age of the young people, although those coded as unexplored had the youngest mean age. There did appear to be some differences relating to gender. Amongst the 32 young people, there were equal numbers of males and females. However females outnumbered males by more than 2 to one in the cohesive group. In contrast the unexplored group was entirely male, and the fragmented group had twice as many males as females. Caution is necessary as our numbers are small, but Von Korff & Grotevant also found female adolescents to have higher levels of adoptive identity than males (2011).

9.2.1 A cohesive adoptive identity

The interviews of these young people showed that they have done a good deal of thinking/talking/reading/finding out about their adoption over the years. They told coherent stories with some detail, but also fairly concisely. They provided examples to support their points. They could think about their own thoughts and feelings, as well as those of others, particularly their adoptive parents, birth relatives and other adopted people.

There was a sense in which they were 'at ease' with their adoption story (however difficult it may be) and that it made sense for them. Their emotional responses were appropriate (for example, they might say that they feel very angry towards someone who has abused them) but difficult feelings were managed without being overwhelming to the young person and impeding them in their life plans and achievements.

9.2.1(i) Why was I adopted?

All of these young people gave a fairly detailed and clear account of the circumstances of their adoption. Four of them had been voluntarily

relinquished for adoption by their single birth mothers. Their story was seen as 'straightforward' in that they felt that adoption was the right decision in the circumstances, made out of love and concern for their welfare. They were often currently at a similar age to that of their birth parents at the time of their birth, and this enabled them to connect with the idea of being too young to be able to provide a settled and secure life for a child, as Clare suggests:

Because my mum was like 19, and I think my dad offered to marry her but she didn't really like him that much, and she thought she'd give me a good home because she hadn't finished college and things so decided to do that.

This made sense to the young people and the decision was vindicated in that they also felt that adoption had given them 'a better life', with all the benefits that their birth parents had hoped for.

When the adoption had occurred because birth parents had severe mental health difficulties, it was apparent to the young people that their adoption was necessary. They had usually been given a simple description of mental illness by their adoptive parents and then supplemented their knowledge by using the internet. One young man had used an adoptive relative who had mental health problems as a source of further insight and information.

Stories of abuse and neglect were often painful and difficult to understand. Adoptive parents had clearly had an important role in explaining and contextualising the birth parents' behaviours and, in some cases, young people directly echoed their adoptive parents' accounts. It seemed important for the young people to have a reason or set of reasons to account for what had happened. This might be learning difficulties, the young age of the birth parent, 'getting in with the wrong crowd', having experienced inadequate parenting themselves, or a combination of factors, as this young woman describes:

All that I really know is that when my birth mum was born, her mum didn't have a very good upbringing so didn't really know how to look after her. She kept her but she didn't really know what she was doing. So when it came to my birth mum having kids, because she hadn't been brought up brilliant by her mum she didn't know how to bring us up, because she

didn't have a big enough mother figure. I think when she was younger she mixed a lot with the wrong people and with drugs and everything and with not knowing what she was doing, either her or social services thought it was safer for us to be adopted because not only was she doing the drugs but the little that she did know wasn't much because she hadn't been given it by her own mum.

Apparent for all of the young people in this group was the physical and emotional effort that they and their adoptive parents had put in to developing their adoption story, incrementally, over the years. Often a range of resources had been used to build information (files, photographs, letters, the internet etc.). Several young people spoke of revisiting their information from time to time as they grew older and life changes, such as going to University or a new relationship, could prompt this.

However, it was not always the case that the story was complete in the young person's mind. Some wanted to know more at some stage – but were content to put their energies into other things for now. Others had explored their information as far as possible, but knew that there were things they might never discover. The following young woman had uncovered conflicting stories around her adoption story – and knew that she might never discover 'the truth'.

Um, I've, well my parents have been extremely open about it and I did have, I used to see a social worker when I wanted to know a little bit more about why, because obviously my parents could only tell me so much... Well basically my birth parents were very, very young when they had me and um, and see it's quite difficult because I mean even now people aren't sure who's necessarily at fault and that's part of it that I don't think I'm ever going to find out.

9.2.1(ii) Feelings about adoptive family

Without exception, all of these young people had a strong sense of their identity as a member of the adoptive family. They were in no doubt that they were loved and wanted. They had actively explored the nature of their connection to their adoptive parents in the context of having another set of

parents, and this had led them to consciously conclude that their adoptive parents were their 'real' parents in every sense, other than the genetic connection.

These feelings are summed up by the following young person:

Well I think some people get the wrong idea a bit. They think 'oh she's a really unhappy person, she hasn't got a real mum or dad' but it's not like that at all. I have got quite a few questions from people like 'do they not feel like your real mum and dad?' and loads of questions like that. And I say 'no, not at all, I don't know any different'. I can't see them not being my mum and dad.

9.2.1(iii) Feelings about birth family

Young people's feelings about their birth family differed from person to person, but everyone in this group had explored their thoughts and feelings about their connection to their birth family. Only one young person in this group felt a real sense of close family connection to a birth family member. There had been a reunion with her birth father and sister at 18 – following many years of consistent two-way indirect contact and a rapport had been swiftly established:

What role do you think your birth dad has in your life now?

As a third father. I've kind of got three dads at the moment. I've got a step dad, my adopted dad and my birth dad.

And what about (birth sister), what role do you think she has in your life?

Being the baby sister role, she looks up to me and things, such as she always wants to be with me and things, she always wants to be in the same room as me.

Others in this group felt a loose connection to their birth family – but usually one that was remote and hard to define, for example: "*Not quite a mum, not quite a sister, not quite a friend, like nothing, it doesn't have a label.*"

Others recognised and valued the genetic connection - for identity reasons, or simply for its own sake, as this young man suggests:

Again, um I don't want to say that I think of them as some distant relative, but I think that's sort of the only way that I can explain it. They're there, but they have some connection with me that no other person in my current family has. As I say, no one who lives here has any connection genetically with me, so that makes us all different. So I guess I just accept that and my [birth] parents are just here for birth.

For a small number, it was important to have established a clear sense of separation from their birth family. When there had been severe abuse in the past or when unhelpful relationships had been formed through contact, these young people had been strong and proactive in taking steps to distance themselves and ensure that any further contact remained firmly within their control. This enabled them to continue to reflect and process difficult feelings safely, while at the same time getting on with their lives.

Young people in this group often reflected openly on the place of the birth family in their lives, considering this alongside their adoptive family relationships, and in some cases linking this specifically to their sense of identity:

So I just think being adopted means to me that I have birth parents and I have relationships, which are my mum and my dad... I don't find it strange. The only people who find it strange is probably because they feel like they don't know who they are so by finding out who their family is they're going to help find out who they are. But I already know who I am.

9.2.1(iv) Adoptive identity in young adulthood

Universally, in this group, young people framed their adoption story in terms of adoption having provided them with a 'better' life – a life in which they had received stability, good parenting, love, education and better life chances, some or all of which might not have been available in their birth families. Whether these better life chances had been elected by birth parents or by the

'authorities', the young people were grateful to have had them and saw adoption as a legitimate means of securing them. Young people saw their adoption as understandable, necessary or justified, this enabling acceptance of their adoption story. As one young woman put it: *"being adopted is just the way it has to be sometimes. Sometimes things happen and so you have to, you just have to deal with it really."*

Interestingly, they also tended to frame adoption as having been the best outcome for their birth relatives as well. One young man stated that he felt it 'only fair' on his mentally ill birth parents that their son had a good life, as this is what they would have wanted and it was not their fault that they could not provide it. Others saw adoption as a means through which birth parents could 'get on with their lives' or be relieved from parenting tasks that they could not fulfil.

However, there was often a pivotal point at which the sense of connectedness to the adoptive family and the birth family came together - and here there was, almost inevitably, a tension, a small sense of unease or dislocation. This was for some almost imperceptible, and none found it troubling to their overall wellbeing – but it was there in various forms and vividly described by the following young man:

To be honest I think there is an element of my identity that I don't really know about, but it doesn't bother me that that is the case. I personally think anyone who is adopted is, to an extent, is going to feel like a jigsaw with a missing piece. It is something major in your life that has happened and you can never change that. But for me the piece that's missing isn't a part that matters, my jigsaw looks fine without it. I feel completely normal within the groups of people I interact with. I believe everyone is different, just like I don't know everything about them, they don't know everything about me. As far as I'm concerned, that makes me 'normal'. To me being different is 'normal'. Difference is one thing we all have in common, and it is the same for everyone, whether they are adopted or not.

The role of contact (or no contact) in shaping adoptive identity was key to all of these young people, though this worked out in different ways for different people. Some had had regular direct or two way indirect contact with birth

relatives throughout their adoptions and this (as discussed in Chapter 6) had clearly helped them to build a realistic appraisal of their adoption stories and to experience at first hand the interest and concern of their birth relatives.

However, this positive outcome of contact was not universally the case. One young woman recalled how the descriptive letters and photographs from her birth mother, received throughout her childhood, had promoted a strong sense of connection to her, which was then shattered after a reunion. This had shaken her emotionally and recovery had taken some time; but ultimately this reunion had added to her sense of identity by helping her move from fantasy to reality in her understanding of the birth mother:

I think as an adult, after I met her, that was when I thought that was the worst idea, letter contact, because you put them on a pedestal and then you meet them and she's an absolute crazy woman. It was really hard for me because I felt like I'd been led on through the letter contact because I thought that she was this amazing woman and then she turned out to not be that at all. So that was really difficult.

The young person above had idealised her birth mother before meeting her. Not having contact could serve to build negative fantasies about birth relatives which were harmful to young people's wellbeing, and resistant to change, however hard adoptive parents tried to mediate. Alan, for instance, knew that his birth parents may have harmed him and built a frightening picture, at Time 2 describing his birth mother as 'horrible', 'a witch'. As a young adult, at Time 3, he had met his birth mother and it was this reality that had allowed him to see things differently (and become more settled in his adoptive identity):

Yeah, I think it was the case really because I didn't meet her from an early age I was just going on what I had been told really, and they weren't really good things so it was only negative feelings going around in my head. So I was thinking of her in my head as this person that like didn't really want me anymore and was causing me injuries and stuff then (when I met her) I knew that she did want me but because of her illness she couldn't kind of have me. So it wasn't, she didn't give me up because she chose to, it was because she wasn't in a mentally safe place where she could actually cope with me.

Other young people had had no contact at all, or perhaps their adoptive parents had sent information to birth parents but not received a response. They had relied on information from and discussions with their adoptive parents to help them to build their knowledge and understanding of significant people and events – and, to date, this had been sufficient for most. The possible future role of contact, however, had been explored by these young people. For some, there was also an awareness that a ‘reunion’ in the future could reveal a very different picture to the one that they had held in mind for so long – and pose a threat to what felt like a settled adoptive identity.

9.2.2 An unexplored adoptive identity

These young people were also ‘at ease’ with their adoption stories but they had done very little exploration. They were aware that they were adopted and that they had a birth family and they had a simple account of why they were placed for adoption; often this account had barely changed since middle childhood. These young people had done little further thinking about their adoption story and made few enquiries about these matters. However, they appeared to be content with this limited information. Their story made sense *for them* and they were comfortable with their identity as an adopted person. They viewed adoption entirely as a positive experience. This unquestioning acceptance of adoption as a happy story is more characteristic of younger children. Brodzinsky (2011) argues that by middle childhood “school-age children’s ability to conceptualize multiple solutions for a given problem may lead them to reject, or at least challenge, the simple explanations offered by their parents regarding the circumstances of their adoption” (Brodzinsky, 2011, p 201). He argues that these developments in thinking about adoption are underpinned by the development of logical thought and perspective taking ability. Of the five young people in this group, four had learning difficulties and it is possible that these difficulties restricted the extent to which young people could think about adoption in a more complex way.

9.2.2(i) Why was I adopted?

The ‘facts’ of the adoption were known but expressed in simple terms, often with little development since Time 2 of the study. These young people were

content to understand that their birth parents '*could not look after them*'. Some did not ascribe further reasons to this:

I just know that she couldn't look after me, that's about it.

And any idea why she couldn't look after you?

I don't know really.

Others named single status, lack of money, drugs and alcohol, but did not think further about the impact of these things on their birth parents.

9.2.2(ii) Feelings about adoptive family

As for the previous group, these young people felt loved and secure in their adoptive families. However, they did not express the same sense of having consciously classified their adoptive parents as their 'real' parents - there was a sense that they simply took this for granted – adoption did not need to be brought into the equation.

9.2.2(iii) Feelings about birth family

For some of these young people, there were warm and affectionate feelings towards birth family members. When parents, grandparents or siblings were known personally through direct contact, relationships were affectionate in both directions. The following young person, for instance, looked forward to seeing his birth grandparents quite frequently:

So tell me a little bit about when you go to your grandma's. Tell me what that's like.

It's good fun.

What sorts of things do you do?

Sometimes we go out for a walk because there's woods near where she lives... Sometimes we do drawing, because she really likes drawing. She's a good artist.

For this young man, and some other young people in this group, relationships with birth relatives were just relationships; young people took these relationships for granted, and did not explore any particular meaning about these people being *birth* relatives, as opposed to members of their adoptive family. When birth relatives were not known in this way, they had a very low importance in these young people's minds. There were no feelings, positive or negative, attributed to them – they existed in a factual sense and seemed to be rarely thought about or discussed. For example, one young man who had never had any contact from his birth relatives said *"It doesn't bother me about my other parents, my birth parents."*

9.2.2(iv) Adoptive identity in young adulthood

Although reflection was limited, being adopted was seen as positive for these young people. One young person said that he felt 'lucky' because he had his adoptive family AND his birth family to be connected to. Others saw adoption as a route to a 'better life', but did not reflect on the life that might have occurred had the adoption not taken place.

One young man worked hard to express that, for him, adoption meant that he was truly 'wanted'.

Can you say what it means to you to be an adopted person?

Um, a privilege.

Really?

Yes. Because some people um, people have a choice of picking who they want to adopt and I think it's a good thing that people choose people who are adopted. It's good I think.

The parents of the young people in this group varied in their levels of researcher rated ACO from low to high, but young people's explanations about adoption were uniform in their lack of exploration and detail. As mentioned earlier, this may relate to the learning difficulties experienced by most young people in this group.

The role of contact was, perhaps, a little more clear in shaping these young people's perceptions of their birth family. Where there had been positive, sustained direct contact (two cases), the birth family had shape and meaning and provided an additional sense of being loved and valued in that family as well as in the adoptive family. Where there had been little or no contact (three cases), this element was missing from the narratives. Birth family members had little meaning and were referred to only in terms of their factual existence. Adoptive identity for these young people rested wholly within their adoptive family. This was not experienced as an absence or a problem at this stage in the young people's development.

9.2.3 A developing adoptive identity

A further small group of young people were at a stage where they were thinking a good deal about adoption issues and yet there were remaining uncertainties, for them, about their adoptive identity. They were at a stage of exploration and enquiry – their adoptive identity was developing. The research interview clearly had the effect of bringing adoption related thinking to the fore, but there was evidence that this was not an isolated occurrence. This group differed from those in the coherent group in that they were much less "at ease" with their adoption story; they experienced themselves as having further to go, or more to find out, in terms of understanding themselves and their adoption; in some cases their feelings tended to be unsettled and lacked coherence across the interview.

9.2.3(i) Why was I adopted?

Answers to this question were partially, but not completely, settled for these young people. Some were at the younger end of the sample age range, or perhaps emotionally a little younger than their years and so lacked the more mature reflection of older participants. Their narratives contained unanswered questions and partial explanations, such as:

I've actually seen pictures of me when I was a young baby and I did have like a few bruises around my face but I don't know why I had them. That's about how much I know.

Others felt more strongly that they did not have the full story and wished to find out more. Some close birth relatives had, sadly, died, and this made further exploration very hard. This was the case for Matthew, who was clearly troubled by the gap left by his birth father's death:

I have sometimes been asleep; I've actually woken up or sort of cried in my sleep and I do imagine my dad in my mind. It's kind of, in a way it's really upset me because of the fact that he's not living. I know he wouldn't be able to, if he was still around I know he wouldn't have been able to look after me because of his mental health issue, but I have occasionally been pretty upset about it. I know, I know, it's kind of upsetting for me because he was my birth dad. But I do still sort of wonder about it.

9.2.3(ii) Feelings about adoptive family

As with the previous groupings, adoptive families were seen clearly as 'my family', with a strong sense of connectedness and belonging. This was the case for the following young woman, but she was also in a stage of assessing her adoptive relationships in relation to her birth family connections:

Maybe because I didn't see them (birth parents) that much and so it didn't really give me the chance to think 'they're my actual parents' sort of thing. I always classed (adoptive mother) as my mum.

9.2.3(iii) Feelings about birth family

In this group, these feelings could be rather uncertain and unsettled and information gaps were apparent, as one young person said: "*there's got to be more to it*". The young people were less clear about how birth family members were represented in their minds, often because there were unanswered questions such as those reported by the following young man:

I mean over the years but even more recently I keep wanting to ask 'how did my dad die?' or so many things like that or 'am I able to get in contact

with my birth mum?’ or ‘how would I go about doing that?’ I do tend to ask these questions again and again because I just like to reminisce on those thoughts.

Another teenager, on the one hand, made a number of positive references about her birth mother “*Well I expect she’s like kind, looking out for people and just a nice person, that’s what I like to think she is.*” But on the other hand she explained that she had agreed with her adoptive parents to stop writing to her because “*we didn’t want to give her [a letter] if she didn’t give me one*”. She seemed to understand her mother not writing back in terms of her needing to “*look after herself and start her life*”. However later on she puts forward another explanation, that her birth mother had problems with reading and writing. Her disappointment, sadness and on-going questions came across plainly in her interview. She seemed to find it hard to make sense of these feelings without any contact, and although she referred to discussing this with her adoptive parents in the past, she said “*I haven’t spoken to them about it for ages*”.

Some young people who experienced information gaps about their birth parents were just left with the feeling of not knowing. As we saw in Chapter 5, many young people had no contact with their fathers or any member of their paternal birth family, and so it is unsurprising that in this group several young people felt frustrated about the lack of information about their father:

I don’t know anything about my dad, don’t know if he’s found someone else, if he’s enjoying his life, if he’s got a good life and not like homeless or anything. I just need to know if he’s alright.

While some young people were just left wondering, other young people constructed their own view of the unknown parent. It seemed important in these cases that these representations were positive – in one case the view that a birth father was a ‘nice person’ was being strongly upheld despite some very negative information from professionals and others who had known him:

I think because so many people have told me the bad things about him... but he might be different to me.

9.2.3(iv) Adoptive identity in young adulthood

The young people in this group were thinking a lot about the meaning of adoption in their lives. There was a sense that their adoptive identity was currently rather unresolved and that there was a process ahead of them in seeking further knowledge and a more settled emotional state. For example one young person said;

I think I've basically always known the story, but like I want to know more because I don't feel I know enough. I think I know only the basic gist of it.

So can you put your finger on the sort of things that you'd like to know that you feel you don't know?

Yeah, sort of more about [my birth parents]. So like who they were and if I have anything in common with them. To find out like who I am sort of thing.

On the whole, there was a plan for this to process to occur – perhaps through seeking contact, reading files and so on. The following young person who was in her mid-teens was clear that she would like to meet her birth mother when she was 18, and, although happily adopted, her rather uncertain adoptive identity was reflected in the following way:

I feel alright about it (being adopted). I feel like I would want to be with my parents now **and** like the birth parents now to see how they would bring me up but I'm happy here.

Contact was an important issue for these young people for a range of reasons. For some, there was speculation about how contact might answer questions and make them feel more complete. For others there was sadness that further contact was not possible.

One young woman felt wholly resolved in her connection to her birth grandmother and severely mentally ill birth mother, both of whom she had seen regularly throughout the adoption. Her unsettled feelings and troubled sense of identity concerned her birth father with whom there had been no contact. At the same time, however, another young man continued to have unanswered

questions about his adoption, despite frequent direct contact with his birth mother.

9.2.4 A fragmented adoptive identity

These young people had narratives that were rather rigid or 'stuck' or seemed to be 'going round in circles'. Their stories include contradictions, fantasies, or ideas that had come from 'nowhere'. Some avoided actual exploration of adoption issues, but were preoccupied with what they imagined they might find if they were to explore. The narratives contained strong feelings, such as anger, sadness or loss – which may or may not be recognised as adoption related. The young people in this group were the least coherent and least at ease with their adoption story.

9.2.4(i) Why was I adopted?

Although some people told clearer stories about their adoptions than others, there was a dominant theme of confusion and uncertainty around the reasons for the adoption. Some had done extensive research to find 'the answer' and yet this had left them still dissatisfied and unclear, exemplified by two young people:

Well that's the thing. I met my real dad and he blamed my mum and said stuff about her. I met her and she blamed my dad and said stuff about him. So you don't know what to believe.

Yeah. I just need to understand fully rather than just reading things and not exactly knowing everything.

Several young people in this group questioned the information they had been given about their adoption, and struggled with knowing what to believe:

I have no idea [why I was adopted], it could be completely different. That's the story that I've been told, but I have no idea. It's that uncertainty which hurts.

Additionally, adoption stories were often told with negative language and connotations. For example one young person said

I don't know if you sort of fully understand the degree that it bothers me...
And it can bother me daily, even now... It's like a burn.

Words such as 'shocking', 'unwanted', 'blame', 'fault' and 'hurt' were used and in one case a detailed imaginary scenario had been constructed, which the young person was aware had no basis in reality.

9.2.4(ii) Feelings about adoptive family

Four young people in this group felt a strong sense of connection with their adoptive parents, albeit that relationships had not always been easy. Reece admitted to wishing, at one time, that he had been brought up in his birth family, and yet his acknowledgement and respect for his adoptive parents were clear:

You're a family aren't you, you don't think of it as being adopted, you just think about it, like you're there. They're your mum and dad, you call them 'mum and dad'.

For the other two young people ambivalent feelings were apparent, and the young person's sense of belonging in the adoptive family appeared shaky. One young person felt his bond with his parents was poor:

But you do feel, like because especially with my friends and stuff and how they get on with their parents, and you can just see the bond they have. And you do sort of think 'oh, I'm not like that'.

Another young person felt rejected by his adoptive father; his feelings of anger about this affected his view of whether adoption had given him a better life.

9.2.4(iii) Feelings about birth family

All the young people in this group expressed ambivalent feelings about their birth family. Often these feelings were contradictory even within a short section of the interview, as the following example shows:

How do you feel when you get a letter from [your birth mother]?

I always get excited when I get a letter.

And do they live up to your excitement, your hopes?

Yeah.

Why did you stop seeing her?

Couldn't be bothered.

Do you think you will start seeing her again in the future?

Yeah.

Some young people had idealistic fantasies about birth family circumstances and reunions and yet, at the same time, fears of rejection:

That's the only thing I want in life now, at the moment, just to go and see her... Basically I just want to keep in contact, I don't want her to just say 'bugger it, I'm not going to do it'. It would be quite upsetting. I could be writing to her and she won't be writing back.

Feelings about birth family members were also expressed with some intensity. Sometimes they were expressed directly – for instance, anger at birth parents who had sent letters describing how they cared for someone else's child or pet.

9.2.4(iv) Adoptive identity in young adulthood

Adoptive identity was, on the whole, troubled and troubling to this group of young people. One manifestation of this was in the accounts that young people gave of how they felt about telling other people that they were adopted. Some felt that others despised them for their adoptive status and rarely spoke of it:

I know we've talked about your friend who was adopted but do you talk to any of your other friends about it?

No. Because I'm frightened they'll take the piss, basically. I've told one person who's my friend and he's sort of 'I bet that's gutting for you'.

Others did reveal their adoptive status but described negative reactions from people in general or derogatory comments from peers. One young man described how peers had called him a *"failed abortion"* and had said *"your mum didn't love you, that's why you were given away"*; he described how at times he would react with anger, getting himself into trouble in the process.

Adoption, for this group, therefore, had contradictory meanings. Although there was an awareness of adoption having offered a better life than might otherwise have been available, for some young people there was also a sense that it was a source of emotional turbulence that could not be eased at this time.

It was not possible to discern any clear relationships between contact and adoptive identities in this group. Some of these young people had had ongoing direct contact or more recent reunions with birth relatives but had chosen not to continue these relationships. In two cases, ongoing contact had been positive but the young people were not able to use it positively at this stage. In another, the reunion had raised more unresolved issues.

At the same time, however, the absence of any form of contact had also been troubling for one person and receiving indirect contact letters from birth parents had not helped to inform or reassure another.

9.3 Understanding adoptive identity in the context of overall development

Beginning with Erikson, identity has often been linked to wellbeing, with identity being seen as something that facilitates healthy adjustment. In particular, a failure to achieve identity commitment is associated with lower self-esteem and higher levels of depression (Luyckx et al, 2008) as *"this continued exploration may lead to a sense of floundering and procrastination that can adversely affect mental health"* (p 613). In our sample, as we saw in Chapter 4, many young people had adjustment difficulties that had either been apparent from a young age, or had emerged in middle childhood or adolescence; these adjustment difficulties appeared related both to pre-placement history but also to a range of other factors. What therefore is the interplay between identity and adjustment for this high risk group of young people?

How the identity groupings of young people related to their overall wellbeing is shown in Table 9.3.

Table 9.3 Identity groups and overall adoption outcomes

Identity group	N	Thriving	Surviving	Struggling
Cohesive	16	14	2	0
Unexplored	5	5	0	0
Developing	4*	3	1	0
Fragmented	6	0	2	4

*One case is missing because we had no data from the adoptive parents, so outcome could not be coded.

These two factors seem overlapping in that the two groups of young people most "at ease" with regard to their identity (the cohesive and unexplored groups) were mostly thriving in their overall development. Perhaps the young people in the cohesive group had the most resources to make sense of their adoption, both in terms of having an overall healthy development and good relationships with their adoptive parents. For the young people in the unexplored group, all of whom were thriving, although their personal resources to process identity issues may have been limited, salience of these issues was low. In the context of generally doing well, and having positive adoptive family relationships, perhaps addressing adoptive identity issues was unimportant.

In the developing group, three young people were thriving; for these young people lack of resolution of adoptive identity issues was not holding the young person back in their life generally. For the one young person who was surviving, their difficult and unresolved feelings about adoption definitely appeared to contribute to the overall difficulties they were experiencing, particularly with regard to angry feelings and behaviour.

None of the young people with a fragmented identity were thriving. All of the young people with fragmented identities had many problems overall; for three young people their difficulties in life generally (which included serious mental health issues, and for one young person a poor relationship with adoptive parents) seemed to limit their capacity to cope with adoption related stress, but adoption identity problems did not appear to be the most pressing concern. But for the other three young people, issues related to adoption were quite dominating in their life, and these feelings appeared central in understanding

the reasons why they were finding life difficult overall. For example one young person linked her emotional difficulties to her feelings about adoption as follows:

In a way I think most of my anger was because I didn't know much information about them ...I think it's because, me being angry was because of the, in a way the fear of unknowing. So I turned that fear into anger because I didn't know. That's what I think.

From the sample as a whole, the picture that emerges is that identity issues could in some cases affect adjustment positively or negatively; but probably more obvious in this high-risk sample is the extent to which overall adjustment could affect the capacity of the young person to process identity issues.

9.4 How did Adoption Communication Openness relate to identity?

As set out in the introduction to this chapter, we expected that contact with birth family members, and even more so open communication with adoptive parents, would both contribute to adoptive identity development. Indeed helping the young person with identity issues was the key motivator for adoptive parents in relation to their communication and their promotion of birth family contact. Similarly our initial survey of social workers indicated that helping the young person with identity issues is a primary reason why social workers considered contact (Neil, 2000). Table 9.4 below shows for each of the four identity groups how the adoptive parents were rated by the researchers in terms of their ACO. Because there are small numbers in each group, caution must be exercised in interpreting these results, especially as our sample was biased towards families with higher levels of ACO.

Table 9.4 Researcher ratings of adoptive parents ACO by identity group of young person

Identity group	N	ACO range	Mean	SD	% high (21-25)
Cohesive	16	15-25	21.6	3.6	68.8 (11 of 16)
Unexplored	5	13-23	18.6	4.7	60 (3 of 5)
Developing	4	15-24	21	4.1	75 (3 of 4)
Fragmented	6	12-25	18.5	5.5	50 (3 of 6)

The data show that over two thirds of adoptive parents of young people in the cohesive and developing groups were highly communicatively open; this suggests that young people's exploration of identity issues was being helped by their adoptive parents, and this is indicated in the qualitative data we have reported above. It could also indicate that young people's interest in exploring adoption was having an impact on their parents; perhaps the child's need to talk motivated the parents to be more open? In the fragmented group ACO scores of parents ranged from quite low to very high. It was clear that some young people felt their parents' lack of openness was holding them back in making sense of their adoption. But it was also plain that some young people were finding it very hard to process identity issues despite the communication openness of their parents. As discussed above, this might have been due to the high level of other difficulties these young people had in their lives. Similarly the parents of three of the five young people in the unexplored group were very communicatively open, yet none of the young people were thinking in any great depth themselves about adoption issues. So again we see that the point the young person has reached in terms of thinking about their identity has much to do with the child him/herself, as well as what the parent is saying or doing.

The two tables below compare the young people in the cohesive group to those in the fragmented group, in terms of how they scored their adoptive mothers (Table 9.5) and adoptive fathers (Table 9.6) on the Brodzinsky measure of adoption communication openness. Data from the other two groups are not included as very few young people in these groups completed the measure. These data tell a similar story to the researcher ratings of adoptive parents ACO and indicate that scores are higher in the cohesive group compared to the fragmented group, but that in each group there is a range.

Table 9.5 Young people's ratings of adoptive mothers ACO comparing those in the cohesive identity group to those in the fragmented group

Identity group	N	Range	Mean	SD	% high (4 or over)
Cohesive	15	3.71-5	4.5	.43	86.7(13 of 15)
Fragmented	6	2.86-4.79	3.9	.64	66.7 (4 of 6)

Table 9.6 Young people's ratings of adoptive fathers ACO comparing those in the cohesive identity group to those in the fragmented group

Identity group	N	Range	Mean	SD	% high (4 or over)
Cohesive	14	2.93-5	4.2	.67	71.4(10 of 14)
Fragmented	6	1-4.29	3.2	1.2	50 (3 of 6)

9.5 How did young people's contact arrangements relate to their identity formation?

The data in Table 9.7 below give a snapshot of the contact arrangements of the young people in each of the four identity groups. The most striking difference is in relation to the number of birth relatives young people had been in touch with in the last year. Over three quarters of young people in the cohesive group had been in contact with somebody in their birth family, and the mean number of birth relatives young people were in touch with was 2.4. In contrast, the majority of young people in the other three groups had not been in contact with any birth relatives in the last 12 months. The views of young people that we have summarised, both in this chapter and in Chapter 8, illustrate from the young person's perspective the links between having birth family contact and making sense of their identity.

The contact the young people had experienced over time is more variable but those in the cohesive and developing groups had the most contact, and those in the unexplored group had the least. The contact arrangements of young people in the fragmented group were very variable. It is interesting that all of the young people in the developing group had experienced direct contact, and contact since the age of 11. Yet all these young people had unanswered questions about their adoption, often about their fathers who they were not in touch with.

Table 9.7 Young people's contact arrangements for the four identity groups

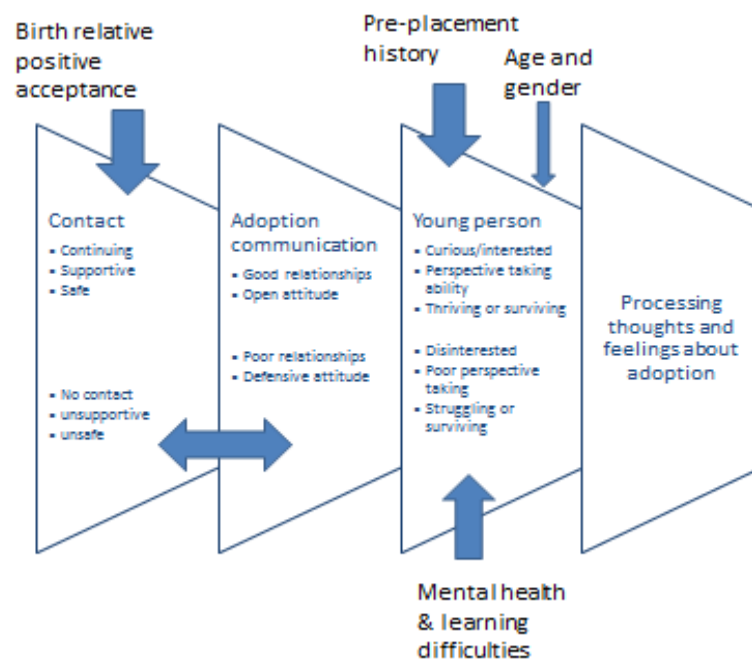
Identity group	N	% ever had direct contact	% had any contact since 11	Mean no of relatives in touch with in last year	% in touch with no-one in last year
Cohesive	16	62.5 (10 of 16)	81 (13 of 16)	2.4	19 (3 of 16)
Unexplored	5	40 (2 of 5)	40 (2 of 5)	1.2	60 (3 of 5)
Developing	5	100 (5 of 5)	100 (5 of 5)	.4	60 (3 of 4)
Fragmented	6	50 (3 of 6)	83 (5 of 6)	.83	50 (3 of 6)

In terms of which type of adult birth relative the young person had been in touch with, as outlined in chapter 5 we coded the young people who were in touch with a "risky" birth relative, defined as being a birth parent who had abused or neglected them. So if we look first at the cohesive and developing groups, although the young people in these groups had the highest levels of contact, contact was not often with a risky birth relative (25% in cohesive group, 20% in developing group); most of these young people were in touch with grandparents, aunts and uncles or birth parents who had not posed a risk. In the fragmented group half of the young people had been in contact with a risky birth parent. Five of these six young people had been adopted from the care system after experiences of abuse and neglect; the sixth young person had been rejected by their mother. For all of the young people in this group, what seemed to be problematic for the young person was the on-going impact of difficult experiences in their past; both having contact with the birth parent, and not having contact with the birth parent, could be experienced as problematic by the young person. For example one young person who received letters from the mother who had neglected them, found the content of these letters difficult and upsetting at times. But three other young people experienced a lack of contact from their birth parent as upsetting and in one case this had driven the young person to seek out their birth mother independently. This illustrates the complexity of getting contact arrangements right for young people adopted from difficult backgrounds.

9.6 Re-evaluating the links between identity, openness and contact

The data in this chapter illustrate some of the complex interrelationships between the young people's backgrounds, how they were getting on generally, the adoption communication openness within the adoptive family, the contact with the birth family, and the young people's identity formation. The diagram below (Figure 9.1) summarises some of the key messages.

Figure 9.1 The links between contact, openness and identity



In order to achieve a coherent sense of adoptive identity, young people need to actively process their thoughts and feelings about their adoption. The ability to do this is affected by their contact with birth relatives, by their communication with their adoptive parents, and by their own characteristics and each of these three broad factors interrelate. Young people who experienced continuing and supportive contact with birth relatives who positively supported the adoption were advantaged in processing thoughts and feelings in a number of ways.

Firstly, regardless of the type of contact, young people can gain information about their birth relatives; where contact is with a birth relative who is focused on the child's needs and supportive of the adoptive family, it can also alleviate some emotional distress related to feelings of loss and rejection and help the

young person make sense of their birth family compared to their adoptive family.

The contact also provided opportunities for communication with adoptive parents. The adoption communication openness of adoptive parents affects and is affected by birth family contact. For young people who did not or could not have contact with birth relatives, and especially where there was an accompanying lack of information about birth relatives from other sources, the communication adoptive parents and the young person could have was limited. Communication in the adoptive family is a result of what the child and the parent both contribute.

Young people varied in their interest and curiosity about adoption, as has been found in other studies (Wrobel & Dillon, 2009), and for some people making sense of adoption was simply not a priority at this point in their lives. Other young people were unwilling to talk to their parents; maybe they preferred not to think about these because of the painful feelings this gave rise to. Some young people were less able to talk to their parents, maybe because their learning difficulties limited their understanding of the issues, or because mental health problems were preoccupying them. In some cases, especially where parents' ACO was not high, the young person's reticence in communication could increase the reticence of adoptive parents. Some young people were experiencing difficulties in their relationship with their parents, and this too limited conversation. Young people's willingness and ability to engage in adoption related conversation was also affected by their gender (with boys being less willing/able). So, taking account of all these factors, some young people were more able than others to process their thoughts and feelings about adoption, and hence their identity formation was affected.

9.7 Chapter summary

- Using Brodzinsky's adoption communication openness scale, most young people reported high levels of adoption communication openness with their parents. There were some indications that young people communicated more with their mothers than with their fathers.

- Using qualitative methods, young people's identity formation was coded into four groups: cohesive, unexplored, developing, and fragmented.
- Young people varied in terms of their interest in adoption, and the relevance they felt adoption had in their lives. However few young people were completely disinterested in issues related to adoptive identity.
- Identity formation appeared related to overall adjustment. Young people with a cohesive adoptive identity had the best overall adjustment, and young people with a fragmented adoption identity the least good adjustment. There was evidence of effects in both directions: adoptive identity issues affecting adjustment, and adjustment affecting the young person's ability to process adoptive identity issues.
- The adoption communication openness of adoptive parents appeared to be related to the identity of the young people; young people in the cohesive identity group had the most open parents based on researcher ratings, the adoptive parent interview and young people's ratings on the Brodzinsky scale. There was however considerable variation within identity groups of the communicative openness of the adoptive parents.
- The birth family contact arrangements also appeared to be related to the identity of the young people: young people in the cohesive identity group had experienced the highest levels of birth family contact, especially in the last 12 months. However most young people in this group had not had contact with a risky birth parent. Again however there was not a straightforward relationship between contact and identity as within each identity group a range of contact arrangements was apparent.
- A model has been proposed suggesting that adoptive identity is built by the young person processing adoption related thoughts and feelings. The capacity to undertake this psychological work is impacted on by the interrelated factors of birth family contact, adoptive family communication, and the child's own history and characteristics.

Chapter 10 Birth relatives: wellbeing and adjustment to the adoption, 16 years on

Introduction

Chapters 10 and 11 focus on the birth relatives of adopted children and their contributions to, and experiences of, post-adoption contact; in this chapter the mental health and acceptance of adoption of birth relatives will be explored. The mental health of birth relatives and the extent to which they are able to accept the adoption and stabilise their lives is a key issue in adoption practice. It is pertinent not only to the well-being of birth family members, but also to the adoptive parents and child, who may experience the repercussions of birth relatives' positive or negative adjustment at any stage of the life course.

Birth relatives of adopted children (birth mothers, fathers and grandparents) have been found to have high levels of mental distress compared to community samples (Neil, 2013). This may be because some birth parents have long-standing mental health problems which have affected their parenting capacity, contributing to the child's removal into care and subsequent adoption. But losing a child (or grandchild) to adoption is mentally distressing and can also cause or exacerbate problems such as anxiety or depression, especially where the adoption was achieved using compulsory measures (Neil et al, 2010, 2013). Since birth relatives of adopted children have been shown to have elevated levels of mental distress compared to the general population (Neil, 2013) it is important to consider links between their mental distress and post-adoption contact

Coping with or accepting the loss of the child to adoption is a key challenge for birth relatives and one that involves managing feelings of grief, social stigma, and role challenges (Neil *et al*, 2010). After adoption, birth relatives cease to be the child's legal relatives. Birth parents also lose their role as the psychological parent of the child, and the role that extended family members can play in the child's life also becomes unclear. The biological tie of course remains, but just as the adopted child needs to answer the question "Who am I to my birth parents, and who are they to me?" birth relatives are challenged to make sense of "Who am I to my child (grandchild) now that they are adopted?" and "how does my role compare to the role of the adoptive parents?" Although the adopted child is physically and legally absent from the birth family after adoption, for many birth family members the child remains

a strong psychological presence - in other words they are held close in the heart and mind of the birth relative (Fravel, 2000). At Time 1 and 2 of the study, we found that birth relatives varied in the extent to which they felt and were able to show a positive acceptance of the child's adoption (Neil, 2003b, 2007b). When birth relatives had unresolved feelings of anger, depression or resignation about the child's adoption and/or lack of realism in their understanding of their role, these affected both the capacity of the birth relatives to maintain contact over time, and the impact of contact on the adoptive family. In particular a lack of acceptance of adoption by birth relatives could affect the child's feelings of being secure in their adoptive family, and the adopters' comfort in their role as parents (Neil & Howe, 2004; Neil, 2009).

This chapter will describe the position of the birth relatives in the study sample in terms of both their levels of mental distress and their acceptance of the adoption, on average 16 years after the child was adopted. Patterns of acceptance, described at Time 2 of the study (Neil 2007b), will be re-visited. Adjustment issues that have remained the same over time will be noted as well as those which have changed with the passage of time. Individual changes in acceptance patterns will also be explored.

10.1 Psychological wellbeing

In order to measure mental distress amongst birth relatives we used the Brief Symptom Inventory (Derogatis, 1993). Twenty four of the 37 birth relatives (14 parents, 10 extended family members) returned usable BSI measures. Some did not wish to complete the measure, some were left or sent the measure but failed to return it despite reminders, and some completed the measure but missing values on the answer sheet made them ineligible for analysis. Table 10.1 shows descriptive data (T scores) for each symptom dimension and scores on the Global Severity Index.

Table 10.1 Descriptive data for each BSI dimension T Score and the overall GSI T Score

BSI Measure Score	Scoring	N	Range	Mean	SD	α	% scoring 63+
Global Severity Index T Score (GSI)	33 (low GSI) – 80 (high GSI)	24	39-80	59	12.6	.97	37.5%
Somatization T Score (SOM)	41 (low SOM) – 80 (high SOM)	24	41-78	58	2.38	.74	20.8%
Obsessive-Compulsive T Score (O-C)	38 (low O-C) – 80 (High O-C)	24	42-80	61	12.48	.85	54.2%
Interpersonal sensitivity T Score (I-S)	41 (low I-S) – 80 (High I-S)	24	41-76	55	10.85	.84	37.5%
Depression T Score (DEP)	43 (low DEP) – 80 (High DEP)	24	42-74	55	11.19	.77	33.3%
Anxiety T Score (ANX)	38 (low ANX) – 80 (High ANX)	24	38-80	53	13.45	.87	29.2%
Hostility T Score (HOS)	39 (low HOS) – 80 (high HOS)	24	39-75	54	12.88	.77	25%
Phobic Anxiety T Score (PHOB)	42 (low PHOB) – 80 (high PHOB)	24	45-80	57	10.07	.83	37.5%
Paranoid ideation T Score (PAR)	43 (low PAR) – 80 (high PAR)	24	42-80	57	11.95	.78	41.7%
Psychoticism T Score (PSY)	46 (low PSY) – 80 (high PSY)	24	46-78	58	11.44	.71	41.7%

These data show that birth relatives' scores on all symptom subscales and the GSI were elevated compared to US norms and even to the higher scores found in the UK sample (Francis et al, 1990). Using the Derogatis's (1993) definition, 11 of the 24 birth relatives (45.8%) were case positive suggesting their levels of mental distress were at a clinically significant level. This is consistent with our

previous analysis of BSI scores using data from 164 birth relatives (birth relatives from Time 2 of this study were involved in this analysis (Neil, 2013).

In the current study a slightly higher proportion of birth parents (7 of 14) were "case positive" (indicating high levels of mental distress) compared to extended family members (4 of 10). These data should be interpreted with caution given the small sample size; however the pattern of birth parents scoring higher than grandparents or other relatives is consistent with our previous study (Neil 2013). High levels of mental distress among birth relatives of adopted children must be considered when planning and supporting contact. In chapter 11 we will explore whether there were any apparent links between the levels of mental distress of birth relatives and their satisfaction with the contact they had experienced with the adopted child.

10.2 Acceptance of the adoption 16 years on

At Time 2 and again at Time 3 we analysed birth relative interviews to identify the extent to which they were able to accept the adoption and move forward with their lives. Interview data were coded at each stage in relation to the following questions:

- To what extent does the person acknowledge that the child is now part of another family, and that the adoptive parents are now fulfilling the role of both legal and psychological parents?
- How does the person feel about the adoptive parents?
- Does the birth relative accept the irrevocability of the adoption, recognize that the placement is permanent, and understand that they cannot reclaim the child?
- How does the person view his or her current relationship with the child?
- What are the person's current feelings about the adoption of the child? Have these changed over time and why?

Three main patterns or 'types' of acceptance were identified (Neil, 2007b):

- Positive acceptance: birth relatives who accepted that the child was now also part of another family. They expressed positive feelings about the adoptive parents and pleasure about the new life their child was enjoying. They were realistic about their current and future role in their child's life. On balance they felt that however hard the adoption had been, things had worked out for the best.
- Resignation: birth relatives who felt very unhappy about the adoption but they resigned themselves to the loss. They tended to see themselves as worthless and unable to help or protect their child. Their current feelings about the adoption were marked by sadness, guilt, and anxiety about their child. Many people were unable to keep up contact with their child after adoption, because of an inability to take action and feelings of having no positive role to play in the child's life.
- Anger and resistance: birth relatives who in their heads knew their child's adoption could not be changed, but who in their hearts continued to resist the adoption. They expressed the view that although the adoptive parents were the legal parents, they were the *real* parents (or *real* grandparents). They were often dismissive of the child's relationship with adoptive parents. Anger was directed outwards to others such as family and friends, adoptive parents, social workers and judges.

First we present Time 3 "Acceptance" group results. Second we show how "Acceptance" patterns changed over time from Time 2 to 3 for the 31 birth relatives whose interview data were coded at both stages

Time 3 acceptance groups. At Time 3, just over two thirds of the birth relatives were rated as having 'Positive acceptance' (67.6%, 25), just over a quarter were 'Resigned' (27%, 10) and two were 'Angry and resistant' (5.4%, 2).

As was the case at Time 2 (Neil, 2007b), extended family members were more likely than birth parents to be in the positive acceptance group. Ninety percent (18 out of 20) of extended birth family members positively accepted the adoption whereas only 41% (7 out of 17) of birth parents positively accepted

the adoption. The two remaining extended birth family members were in the resigned group. Of the remaining birth parents, eight were “resigned” and two were “angry/resistant” to the adoption at Time 3.

Patterns of Acceptance from Time 2 to Time 3: Of the 31 birth relatives whose interview data were coded at both stages, 26 (84%) remained in the same acceptance category. Three birth relatives had moved from feeling resigned to positively accepting the adoption at Time 3. Two birth relatives had moved from positively accepting the adoption to feeling resigned at Time 3. The three acceptance categories and patterns from stage 2 to 3 will be presented in turn.

10.2.1 Positive acceptance

Birth relatives in this group fully accepted and valued the child’s connection to both the birth and adoptive family. There were many ways birth relatives saw their connection to the child recognised and reinforced over the years such as the child’s emerging similarity to birth family members in terms of physical appearance, talents or personality. These connections were often a source of great comfort for birth relatives – a reminder that some elements of the birth family were continuing in the child and that the adoption did not completely “sever” the child from the birth family. For example, grandparents who had received photographs each year for 16 years had been delighted to see that their grandchild had inherited a birth family member’s striking hair colour.

The way in which the adopted child was represented to others was also significant for many birth relatives. Those who could positively accept the adoption were more likely to speak openly about the child to others, and to feel comfortable in sharing news of the child with trusted friends or relatives, as this birth mother describes:

A couple of my best mates, they do know and it’s nice if they ask about it... And occasionally they’ll bring up the subject and ask ‘how’s things, have you heard anything from the letterbox?’ and I’ll show a couple of photos and sometimes it’s a bit of light relief really and you say, you know you’re proud to think you produced that.

For other relatives, the connection to the birth family was less tangible – perhaps just a ‘feeling’ that the child was still a family member, albeit at a rather different (and sometimes ill-defined) level. The following birth aunt articulated this rather nebulous difference:

He is part of me and there’s no getting away from that... But there is, it’s weird actually. I don’t know, it’s a real difficult one that. I do feel, yeah, he is my nephew but there is, I don’t know what the word is, there is something there that’s not with my other nephews and nieces... God forbid if anything happened to any of my nephews or nieces I would feel exactly the same about each and every one of them, whether they’d been adopted or not. It is different but I can’t quite put my finger on it.

At the same time, however, birth relatives who followed this acceptance pattern were unequivocal in their acceptance that the adoptive parents were the parents of the child in the fullest sense; they respected their position as both the legal and the psychological parents. For some, this had been taken on board from the outset. For others, however, this level of acceptance had developed over time, particularly in situations where contact had allowed the birth relative to observe or hear about the way in which adoptive parent/child relationships had developed as the years had passed. Again, it could be hard to define these shifts in perception of adoptive family relationships, but the following birth mother used distinctive language to articulate her feelings:

And how would you describe your relationship with her, does she feel like your daughter?

I think when she was younger I still obviously, she was mine. But as she’s grown up and as the relationship with [adoptive mother] and [adoptive father], we found, sort of I’ve seen how she is with them, I mean obviously they’re her mum and dad. I’m not. I know I am her mother but I’m not her mum.

Some birth relatives portrayed their relationships with the adoptive family in terms of extended family. For example one grandmother explained how they saw the adoptive parents almost “*like our grown up children, if you like. We see them whenever we get time and have a chat... [its] just a natural thing,*

part of the family.” In some situations even where such positive relationships existed, extended family members still had to manage family boundaries, for example when birth parents might pose a threat to the adopted young person. Grandparents who had relatively high levels of contact with their grandchildren often said they felt the same about their adopted grandchild as their other non-adopted grandchildren; this was helped by the fact that they had been able to play a similar role in their adopted grandchild's life.

Birth relatives in this group generally felt that the adoption had conferred many benefits on the child and this belief was an important element of their positive acceptance. For some, the sense that all would be well for their child in the adoptive family had begun at the very beginning, when they met the adoptive parents. Many referred back to this occasion in their interviews (without prompting), despite the 16 or so years that had passed since the meeting. They mentioned feeling that the adoptive parents would truly care for the child, often because adoptive parents had explicitly reassured them that this would be the case. The following birth mother had vivid memories of her one off meeting, and her use of the present tense in her account suggests the on-going importance of these first impressions:

They, they're lovely. They are really lovely people. Um, they're very warm, very open, very friendly. One of the last things [adoptive mother] said to me was 'can I give you a hug?' And I thought well obviously hugs are important, that's a big thing.

For others, positive feelings about the outcome for the child had been greatly helped by having direct or indirect contact with the child and/or the adoptive parents. Seeing the child or hearing news had confirmed for them that, however hard it had been, the adoption had had a positive outcome. The child was loved, supported and doing well in their adoptive family.

These positive feelings helped to confirm, for these birth relatives, that adoption was the best outcome for the child and many were able to acknowledge, sadly, that they (or their children, in the case of grandparents) would have found it impossible to parent safely or adequately:

The children are just doing incredibly well, they really are. So for them it's been the best thing, because I mean even now I couldn't be a mum to them, you know...

As described earlier in this report, as the adopted children moved into adolescence some encountered problems in their life or development. Where this was the case, it could be challenging for birth relatives hold onto their feeling that the adoption had been the right thing for the young person. In this group however, birth relatives were able to remain positive about the adoption despite feeling or knowing that all was not well in the adoptive family. For example, some had learned, through contact, that the adoptive parents had separated and divorced, and this could be worrying. Reassurance from the adoptive parents that the child would be protected from the impact of this as far as possible was very much appreciated. In one case, the adoptive parents had continued to do the contact visits together after their separation, and the birth mother was greatly relieved by knowing that they remained on good terms.

A further small group of birth relatives had developed concerns about the young person's wellbeing in the adoptive family. These concerns were not of an extreme nature and were usually about adoptive parenting strategies. It was difficult for birth relatives to retain an impartial stance when they felt that the adoptive parents were not handling the child in the way that they would have done. This could become increasingly sensitive when young people were in their late teens and able to sustain their contact independently:

I know he has a lot of trouble with his adoptive mum and dad and I know they don't see eye to eye. I obviously only hear his side so I don't see what's going on, I don't know if he's just being a rebel, growing up as they do, or I don't know... I've not agreed with some of the things they've done or the actions they've taken but I've never told him that. They're the ones bringing him up, I can't start interfering.

This high level of tact and sensitivity was repeated by other birth relatives. They trod a careful path through the contact, respectful of the adoptive parents' position, but at the same time not wanting to jeopardise their relationship with the young person. Some birth relatives seemed able to empathise with adoptive parents and young people by drawing on their own experiences of

encountering challenges in life. For example the following grandparents recalled the difficulties they had experienced parenting their own teenager, the birth mother of their adopted grandchild. They showed empathy and understanding for their grandchild *"I mean there's a lot of things gone on in his life... a lot. This is behaviour problems-wise, the smoking and drinking and running away. It's all there for a reason"*. At the same time they also empathised with the adoptive parents: *"[adoptive mother] was going through hell at the time with him [adopted young person] at that time... we do understand. We've been through it with my daughter."* This empathy enabled the grandparents to remain positive about the adoption despite the fact that contact was not currently happening:

I can understand if [adoptive mother] wants to get it sorted out before we have contact again because she did go through a lot, poor old [adoptive mother], didn't she. (Grandmother)

It is important to note that all of these birth relatives remained fully accepting of the adoption and were genuinely motivated to support the young person within the adoptive family. There were none who would have wanted to undermine the adoptive parents in any way.

A further issue that had arisen, particularly for some of the older birth relatives in this group, was the possibility that a much hoped for reunion with a child might never happen. This could mean sadness and frustration. For instance, these grandparents had faithfully sent cards, small gifts and letters to their grandchildren twice a year for 16 years and were desperately hoping, as they approached 80, that they would at least meet the young people just once before they became too infirm to do so;

I think you bear it in mind that if you keep it up that you're going to see them one day. Of course it is a loss but you just think they're a long way away and you wouldn't see them anyway.

And how do you feel about the possibility of that meeting?

Blooming overjoyed. It would be nice, even if it was just once a year.

There were also a few relatives in this group who were saddened by the fact that indirect contact had ceased – usually with no reason provided by the adoptive parents or the adoption agency. However, they continued to feel that the adoption had been the right thing for the child, and were respectful of the adoptive parents' right to privacy:

She's a great mum and from what she's put in her letters she was fantastic. But then [the letters] stopped, and I think a lot of it was because she didn't know me and I didn't know her and it's so difficult to write a letter to someone you don't know.

Three birth relatives were 'resigned' at Time 2 but had become 'positively accepting' at Time 3. In all of these cases, there had been some on-going contact with the adoptive family and therefore reassurance of the child's wellbeing and a sense of role fulfilment for the birth relative. One grandmother, for instance, had been able to take on a supportive role for her grandchild. They were in regular contact and this had increased as the young person had become more independent and learned to drive. This grandmother had been able to answer her granddaughter's questions about her birth mother's difficulties and had taken great pleasure in making supportive gestures such as buying small items for her granddaughter to take to University.

Positive acceptance: case example

James's daughter Nicole was taken into care when she was only a few months old. James had split up with Nicole's mother before she was born, and had never lived with Nicole. He visited her regularly however. When it became clear that Nicole could not stay with her mother, James did not feel able to offer her home himself as he had no adequate housing, and did not feel capable of looking after a baby. He felt that adoption was a better option for Nicole than staying with her birth mother, but losing Nicole to adoption still made him feel very depressed at the time. James exchanged letters with the adoptive parents for several years and, when she was older, Nicole also wrote letters. James was delighted to receive the letters, especially from Nicole. He felt very reassured that Nicole was having a good life in her adoptive family, and he felt content that he'd made the right decision. In the last couple of years Nicole had

stopped writing to James, but he accepted that she was old enough to decide for herself, and he remained hopeful that the contact might resume in the future.

10.2.2 Resignation

This group of birth relatives, on the whole, were able to accept the child's dual connection, but there was more ambivalence about this, largely because strong feelings of guilt and self-blame made it harder to 'let go' of the child emotionally. Similarly, these feelings had made it hard for some to meet the adoptive parents initially or to sustain contact after the adoption and so they often had little information about the outcomes of the adoption for the child. Unlike those who fully accepted dual connection, some seemed to acknowledge the role of the adoptive parents as psychological parents at times in their interviews, but at other times, suggested that the adoption should never have happened or did not feel 'right'.

Self-esteem was generally low and many seemed 'stuck' in similar situations to those they were experiencing at Time 2 of the study. They reflected on mistakes they had made, decisions that they regretted and ways in which they had been wrongly treated. Many felt that the adoption had continued to overshadow their lives and negatively affected their subsequent relationships, opportunities and decisions. The passage of time had done little to relieve these feelings and, in some cases, people reported feeling worse as time passed. For many, problems of addiction or mental health had ebbed and flowed over the years and there were no reports of consistent engagement with appropriate services. Some had become established with more stable partners, but many remained in unsatisfactory relationships.

Interestingly, some birth relatives whose lives had stabilised found that their progress made them even more regretful about the adoption. For example, one birth mother who had met a supportive partner and had more children said *"It's frustrating now because you've brought your own children up and you wish you could go back"*. Her successes in parenting her other children also made her worried that her adopted child would feel rejected:

I must prepare myself because he might ask questions like 'why did you adopt me?' He might feel a bit hurtful because I've got the kids here and

he'll think 'why was I the only one adopted?' ...and I'll have to explain that to him.

Worries that the adopted young person might trace them and 'turn up' unexpectedly in their lives, and concerns about what the young person might feel about them, were common in this group. Birth relatives felt unprepared to manage this and worried that the reunion would be a negative experience for the young person and for themselves. Some had scarcely mentioned the adopted child to their friends and family and one person stated that she 'lived in dread' that her birth child would find her. For some, it seemed that the feelings around the adoption had been so intense and painful, that the birth relative feared re-awakening them and their coping strategy had been to bury the feelings for themselves and deny that the young person might have any feelings or needs from them. In some cases, if contact had continued, the birth relative was 'assuming' that the child was not interested in it. If it had ceased, there was little effort to pursue it and it could feel easier to try to 'forget' as this grandparent has done:

What do you hope for the future regarding (child) and contact with him?

Well do you know, it's funny but I've tried to put it at the back of my mind. I can only think things are going to hurt me. So I've tried to put it at the back of my mind.

Two birth relatives were rated as 'positively accepting' at Time 2 but had become 'resigned' at Time 3. In both cases, self-esteem had been negatively affected by adoption related events which had unfolded during the young person's adolescence. In one case a birth father who had met with his adopted daughter at the young person's request was left with difficult feelings about whether or not the meeting had gone well from the point of view of the adoptive parents and the young person; he worried about whether he had said or done the right things. He hoped that further meetings might happen but had heard nothing about this. Furthermore the young person had appeared reluctant to keep up the previously regular letter contact. This had left him with uncertain feelings about his connection to his child and his future role in her life:

I've still got some nice photos of [the meeting with my daughter] ...Coming up to this time of her being 18, I'm thinking about the photos I've got on the wall ... and I'm wondering should I take them down because she's coming up to being 18 and if she doesn't contact me anymore then it would be like she's not really part of the family.

For another birth parent, feelings of sadness and guilt about the adoption had increased as the birth relative became aware that the young person might be suffering some long term repercussions of early harm:

I feel guilty because I think it's my fault... Because I should have been there for her when she was little instead of being into me drinking and bad blokes, I should have looked after her more.

Resignation: case example

Carla has three children who were all taken into care and adopted. Carla has learning difficulties, she had a difficult upbringing herself, and she struggles to manage in her day-to-day life. She recognised that the home environment provided for her children was not good enough; she did not resist them being taken away and adopted because she felt this would not make any difference. Her feelings about her children had not diminished over the years; she said she thought about them "a lot" and this made her feel "sad, upset". When her children were younger she had received some minimal contact in the form of letters from the adoptive parents. This however had stopped without any explanation. Carla was upset and angry about this, but had not taken any action to find out why. She hoped that she might see her children again one day, but was worried that she wouldn't be able to answer their questions.

10.2.3 Anger and Resistance

There were just two birth relatives (both birth fathers) who could not accept the adoption and remained angry and resistant to it, despite many years having passed. Firstly, it was hard for them to let go of the idea that the child was no longer part of the birth family. They were unambiguous in their feeling that the

child was still 'their' child and the adoptive parents could not fulfil the parenting role in the same way as the birth family:

They would have been a lot better here. They could have bonded a lot better here than they would have done to some strangers down there.

The passage of time had done little to ease these feelings - indeed, they had possibly become magnified as the birth parents had become increasingly conscious of their powerlessness to change things. As their adopted children grew older, these birth fathers anticipated the potential reunion. One talked about how he would not like the adoptive parents to be involved in any such reunion saying:

But I'd never like them. If [adopted child] wanted to introduce us I'd never want it.

This father was no longer in contact with his child, but was contemplating looking for her when the young person reached the age of 18. He saw this reunion as an opportunity to put across his side of the story about the adoption:

I would tell her about her mum and what a bitch she was and the lies she told, I've got all the paperwork from the court.

Another birth father, in anticipating a potential reunion, was more concerned to explain to his children "*I handed them in not because I didn't want them, it's just to give them a better start in life*". He had a rather unrealistic view however as to how a potential reunion could work out, referring to his adopted children seeing him as their "real" family and moving back in.

I'm always um hoping and praying that one day social services will come along knocking at my door and say "right then, we know where Ruby and Aaron is, they want to meet us so could they come here?" and I'll say "yeah". Then if I get a three-bedroom bungalow and then if they want to move in for a time being they could do

This birth father had three children adopted. There had been some indirect contact from the adoptive parents of one of the children, but not from the adoptive parents of the other two, and it was notable that he was much less

angry regarding the situation where there had been contact. It seemed that even a low level of inclusion and engagement in the adoption process had had a beneficial effect.

Anger and resistance: case example

Harold was angry with both social services and his former wife that his daughter had been adopted. He felt it should never have happened and that she belonged with him, as he could have given her a good life. He was dismissive of any opportunities that adoption might have offered her and felt that he could have provided the things that really matter. He thought he would try to trace his daughter through social networking although he acknowledged that he should wait until she was 18 before doing this. He hoped that he would be reunited with her one day, but stated that he would not wish to meet her adoptive parents.

10.3 Links between mental distress and acceptance of adoption

In a study of birth mothers followed up approximately 15 years after their child's adoption, modest associations were found between unresolved grief and depression scores and GSI scores on the BSI (Henney, 2007), suggesting a role for general psychological distress in the grieving process. General psychological adjustment and adoption specific adjustment may be linked in a number of ways. A failure to resolve feelings stemming from the loss of the child could result in psychological symptoms such as depression or anxiety. On the other hand, a birth relative who is already experiencing high levels of depression and anxiety may find the difficult feelings brought about by the adoption particularly hard to deal with.

To explore this issue we looked at whether birth relatives who had high BSI scores, in particular those who met the definition of "caseness" were less likely to positively accept the adoption compared to birth relatives whose scores were in the normal range. Table 10.2 presents these data.

These data suggest that birth relatives with high levels of mental distress (T3 positive case) were less likely to be in the positive acceptance group compared

to birth relatives who scores were in the normal range. These results do not provide evidence of a causal link: as we stated mental distress may play a role in acceptance status. We also urge caution in interpreting these results due to other factors, such as participant attrition and small sample size.

Table 10.2 Birth Relatives' Acceptance at Time 3

	Positive acceptance	Resigned/resistant	Total
T3 Positive Case	45.5% (5)	54.5% (6)	100% (11)
T3 Negative Case	66.7% (10)	33.3% (3)	100% (13)
Total	62.5% (15)	37.5% (9)	100% (24)

10.3 Chapter summary

- Birth relatives continued to have high levels of psychological distress at Time 3 of the study, and almost half (46%) met the published BSI threshold for therapeutic intervention.
- Over half of the birth relatives were able to positively accept the adoption at Time 3. Grandparents and other extended family members were more likely to be in this group than birth parents.
- Birth relatives' acceptance of the adoption had generally remained stable over the last 10 years. In the small number of cases where this had changed, this appeared to be linked to changes in contact.
- Birth relatives had experienced additional challenges in managing their feelings about the adoption during the adopted young person's teenage years. These were linked to managing feelings about the young person's developmental difficulties, and to anticipating the possibility of changes in contact as the young person approached adulthood.

- There were some suggestions from the data that birth relatives who were not experiencing high levels of mental distress were more likely to be positively accepting of the adoption.

Chapter 11 The birth relatives: contact pathways and experiences

The contact arrangements set up for the birth relatives in the sample had varied widely between individuals. Over time, many of these arrangements (across all contact types) had changed, often (but not always) decreasing in intensity or frequency. This chapter will outline the contact arrangements reported by the birth relatives. Qualitative data illustrating the benefits and challenges of contact from the point of view of birth relatives will be described and the extent to which birth relatives appeared to be satisfied with their contact arrangements will be reported. Possible links between satisfaction with contact and the levels of mental distress of birth relatives will be explored.

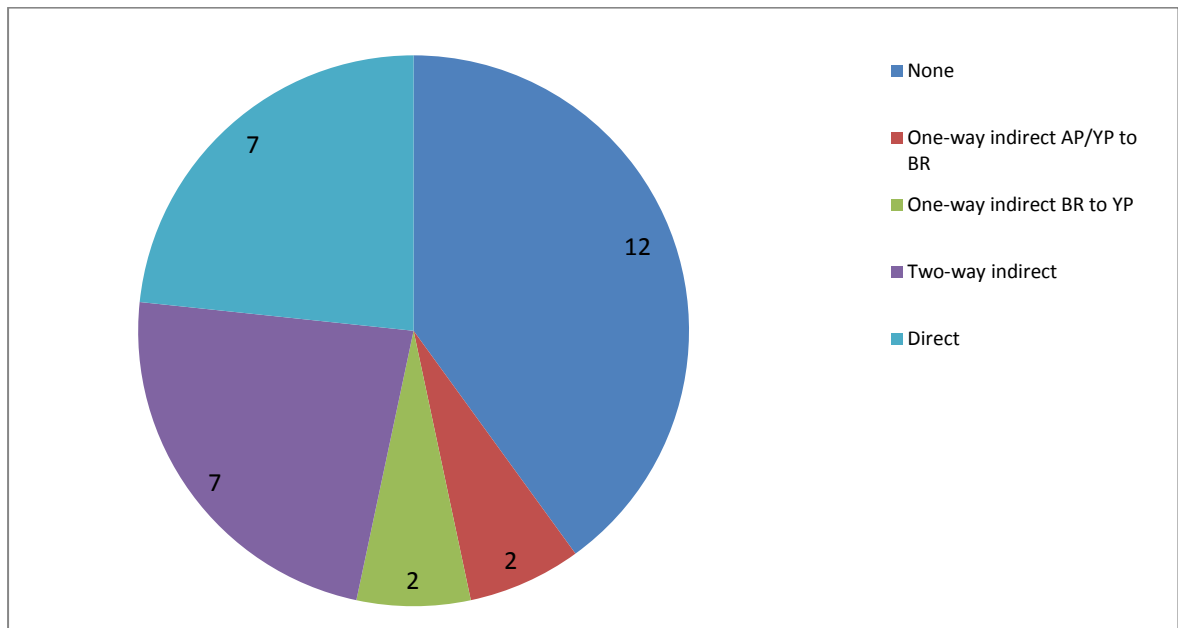
11.1 Birth relatives' contact at Time 3

As was the case in our adoptive family sample, although all the birth relatives in the study had a plan for some form of contact with their adopted child/grandchild, by the time of this follow-up approximately 16 years on many contact arrangements had changed or stopped altogether. Based on the 30 interviews we carried out with 37 birth relatives (in other words, where birth relatives were interviewed together, for the quantitative analyses of contact they were counted as one case), figure 11.1 below shows the contact arrangements the birth relatives were having with the adopted young person at Time 3. One grandparent couple, one birth parent couple, and two birth mothers all had more than one child who had been adopted. For figure 11.1 and table 11.1, when birth relatives had more than one child who had been adopted, we just included data on contact for the child with whom the birth relatives had the most contact (this is referred to as the 'main' type of contact in figure 11.1).

Figure 11.1 shows that overall 60% of birth relatives (18 of 30) were still in touch with at least one adopted young person. Twelve birth relatives (40%; 7 birth parents and 5 extended birth family members) were not having any contact with any of their children at Time 3. Eleven birth relatives (36.6%) were having some form of indirect contact: of these 7 (2 birth parents and 5 extended family members) were having two-way indirect contact, two birth

parents were just receiving (and not reciprocating) information from the adoptive family and the same number (two birth parents) were just sending information (and not receiving anything in return). Seven birth relatives (23%) were having direct contact - this included three birth parents and four extended family members.

Figure 11.1: The main type of contact experienced by birth relatives at T3



Where contact was still happening, for all but two birth relatives the frequency was three times a year or less. However there were two birth relatives in the sample who were now in very frequent contact with the adopted young person. As the data in Table 11.1 show, for those 18 birth relatives who had any contact at Time 3, the frequency of events was either 1-3 times a year or 10 or more times; only two birth relatives had contact more than 3 times a year. Almost all people having indirect contact (10 of 11) were having such contact just once or twice a year. One person having indirect contact had this contact three times year. In contrast, three of seven people having direct contact had such contact three or more times a year. The largest proportion of birth relatives (8 of 18) was having contact twice a year.

Table 11.1 Frequency of contacts by direct and indirect contact types

Number of contacts	Direct contact	Two-way indirect	One-way indirect
1 per year	1	2	3
2 per year	3	4	1
3 per year	1	1	0
10+ per year	2	0	0
Total	7	7	4

Twelve birth relatives were having no contact with the child by Time 3, in 11 of these cases some contact was still happening at a Time 2; thus we had many birth relatives in the sample who had experienced their contact stopping since the last interview. As we have also seen in chapter 6, in some cases direct contact changed to indirect or vice versa. Generally speaking the patterns of contact from Time 2 to Time 3 from the birth relatives' points of view were fairly similar to those reported from the adoptive family perspective.

11.2 Birth relatives' experiences of contact

In this section we will report the views birth relatives had expressed about the contact arrangements, these views being separated according to the type of contact experienced. In this section of the chapter we are drawing from data from all 37 birth relatives, considering the contact arrangements that people had experienced with all their children who had been adopted.

11.2.1 Direct contact that had been sustained over time.

This section focuses on the experiences of birth relatives who had experienced direct contact that had been sustained over several years. It includes the experiences of some birth relatives who had direct contact for several years, even if, at the time of interview the contact was not happening. In most cases the plan for direct contact had been set up at the time of the child's placement. For two of the people having direct meetings at Time 3, these had developed from indirect arrangements at a fairly early stage of the adoption and these will be considered here as well.

It is important to note that the balance of power regarding the contact rested with the adoptive parents and not the birth relatives. The fact that the arrangements had sustained over time is an indicator that they were seen as positive by the adoptive parents. The following is therefore an account of birth relatives' perspectives on successful direct contact, that is contact that the adoptive parents and the child or young person had found beneficial over an extended period of time.

11.2.2 Direct contact: benefits

11.2.2(i) Knowing the child is well and happy

In most cases where there was direct contact, the young people were doing well in their adoptive families and all of the birth relatives spoke of the benefits of being able to see this for themselves. These benefits were mostly around reassurance and peace of mind. There was also the real pleasure of seeing the child, to whom they felt connected, develop and flourish in ways that might not have been possible within the birth family. The following birth mother had relinquished her baby for adoption:

Yeah. I wasn't sure at first whether I wanted to carry on seeing her because I thought it would be really difficult but it was just nice to see her grow up and have the life that she's got now which I could never have given her, not at that time anyway. And she's a wonderful young lady, she really is. She's just passed her driving test. I would never be able to give her what she had then.

Some birth relatives talked about on how it might have been had they not been able to see their child – always wondering how they were and what they were doing. This birth grandmother for example remembered how difficult it had been for her not to be able see her adopted grandson when he was in foster care prior to adoption:

I know when he was born and I knew he had gone into care but I didn't know where at that time and I used to look in all the prams, because I worked at (supermarket), and I used to look at babies in prams and

wonder if it was him. And I would have been like that probably until now, wondering how he was and what he looked like. So no, I'm glad we did have the contact, I'm not sorry at all.

For most of these birth relatives, there was a sense of 'seeing is believing' – to actually witness that the child was happy is more reassuring than just being told that this was the case. Some were aware that there might have been indirect contact arrangements and they stated that this would not have been nearly so satisfactory.

11.2.2(ii) Easing feelings of guilt and loss

At Time 3 many birth relatives continued to struggle with feelings of guilt and loss. There could be guilt about the events that led to the adoption. They spoke with sadness, wishing that circumstances or actions had been different and that the child could have remained in the birth family. Direct contact had, however, helped birth relatives to process these feelings and to gain relief. The following grandfather, who was going through a difficult time in his own life when his grandson was taken into care, was acutely aware of the healing effects that direct contact had had for him and other family members:

I did feel that it would have been great if I could have taken him on and I went down to the hospital when he was born. It was a rather strange day because (birth mother) had left him there in intensive care and I saw him there and it was a very great wrench for me not to be able to take him on myself. So the way it worked out with (adoptive mother) has been very good for me personally because I see that he's had so much love from her, this openness has been just enormously valuable.

11.2.2(iii) Close relationships

Some birth relatives spoke with great pleasure about the warm and loving relationships that had developed with the children. They described shared interests, enjoyable outings and family gatherings, chatting on Facebook and following the successes and achievements of children's lives. There were often feelings of great warmth for the children who they had seen grow into

young adults and a sense of gratitude to their adoptive parents for allowing this to happen.

It was not, of course, universally the case that everything was going smoothly for the young people and some grandparents were saddened to see mental health or behavioural difficulties developing that perhaps were echoed in other birth family members. In some such cases adoptive parents or young people had wanted to pause contact meetings to allow the young person time to deal with these problems. This required birth relatives to be patient and understanding, as they waited and hoped for contact to resume at a later point.

11.2.3 Direct contact: challenges

Birth relatives reported very few difficulties with direct contact. They were, as described above, universally pleased and grateful to have had it. They were more than ready to accept the parameters around the arrangements set by the adoptive parents and they had clearly worked hard to ensure that the arrangements went smoothly. The absence of reported difficulties was perhaps because the birth relatives were fully aware that the power relationship was unequal and they would not have viewed themselves as in a position to have wanted anything more or different (Neil et al, 2011).

One issue which had arisen in several cases was that of protecting the confidentiality of the adoptive family. Some grandparents found that their child (the birth parent of the adopted young person), who did not have contact, would ask for identifying information; they had to be very clear about the boundaries that had been agreed with the adoptive parents. In such situations birth relatives needed to be firm that they were not in a position to share information about the child or the adoptive parents and were respectful of this boundary.

11.2.3(i) Direct contact that had sustained: case example

Maureen is Sean's maternal grandmother. She had been very involved with Sean before he was adopted, as she tried to support her daughter in looking after him. When it became clear that Sean's mother could not cope, Maureen

reluctantly agreed with the adoption plan as her health problems meant she could not care for Sean herself (Maureen is housebound). Maureen developed an excellent relationship with Sean's adoptive parents who brought him to visit her regularly throughout his childhood. This contact enabled Maureen to feel confident that the adoption had worked well for Sean. She was pleased to have an ongoing role in his life; this helped her to resolve her feelings of guilt about not being able to bring him up herself. Now that Sean is a young adult Maureen is still very much involved in his life. She keeps in touch with him by telephone and speaks to his adoptive parents about once a month. She had not been able to have Sean for a visit recently as her daughter (his birth mother) was currently staying with her and Sean did not feel ready to meet his birth mother yet. Maureen was hoping to see Sean as soon as her circumstances allowed this to happen; in the meantime she was happy to let Sean decide about the nature and pace of contact.

Not all birth relatives had sustained direct contact throughout the child's childhood and adolescence. Some people had experienced contact stopping or, as in Maureen's case, sometimes the meetings had paused for a time. This might have been due to issues with any of the parties, but usually the birth relative was aware of the reasons and the meetings had either resumed or were felt likely to resume in the future. In some cases, the young person had opted out of the contact but the adults continued to meet or keep in touch.

11.3 Indirect contact

Among the birth relatives we interviewed, 15 people had been having two-way indirect contact with an adopted child at Time 2. This continued in five cases, and had become one-way (with the birth relatives sending but no longer receiving a letter) in two further cases. Two contact arrangements had become direct, but six contact arrangements had stopped altogether.

11.3.1 Two-way indirect contact that was sustained over time

Two-way indirect contact that was sustained through to the child's late teens generally took the form of an exchange of photos and/or letters, either once or twice a year. These exchanges were usually of great significance to the birth

relatives and there were frequent reference to letters being carefully filed, read and re-read many times, and shown to trusted friends and relatives. They were an important means of feeling connected to the child.

11.3.2 Indirect contact: benefits

Birth relatives who had received indirect contact generally felt highly satisfied and grateful to have had it. Like the birth relatives who had had direct contact, people who had experienced sustained indirect contact emphasised the importance of the contact in terms of receiving reassurance that the child is well and happy, that the adoption has worked out well:

Without knowing the boy himself I've got an overall picture and that is so lovely. It's just peace of mind more than anything else, knowing he's alright, he's in safe hands and I couldn't have done anything better for him.

For many, indirect contact had the function of reducing anxiety. This, in turn allowed them to 'move on' emotionally:

I think it (indirect contact) is good, just knowing that Ewan is out there and he's doing alright. If something had happened like he'd died or something, I would still have known about it. But if I didn't have that link I would probably be thinking 'Has he died? Has he emigrated?' I'd have been wondering, but I don't have to wonder because I know he's out there and he's doing alright.

Some felt that the letters were laying a foundation for the time when the child might wish to meet up with them. One birth mother who had a reunion with her daughter described how indirect contact had benefitted her in this way:

Going back to the letter box contact, what do you think the purpose of that was for you?

Well I didn't feel like I'd lost her completely. Knowing what she was doing is like ... the cord hasn't been cut completely, you've still got a link there. I wonder whether if I hadn't had any of that when we met again it would

have been a very emotional reunion, but having that contact is very soothing and reassuring.

A further positive was the hope that the contact would have reduced the child's sense of rejection – it would be tangible evidence that the birth relative had continued to care and think about them, and that this would be beneficial to the child:

I'm sure it sort of helps them to know the other side, the birth family, and that they'll know that, they know that they're important. I mean [adoptive mother], bless her, she said that, it's one of the last things she said was 'don't worry, you will always be important to them'.

Most birth relatives were receiving photographs of the adopted young person. These were valued for a range of reasons, not least because birth family likenesses (and sometimes adoptive family likenesses) could be observed. Most importantly, photos were seen as tangible evidence that the child was well and happy, more convincing and meaningful than simply receiving written information.

How important was receiving photographs?

Really, really important. Yeah, really important. It is like, if I'd given her away and had no contact whatsoever, no photographs or anything, it would be as though she'd died. And it already feels like they've died, that taking away, and so the photos really are such a link. I haven't lost her completely, she's not gone completely because I can see her in a picture. And obviously the letters are important too, the information. But actually seeing her visually was crucial I think. Yeah.

11.3.3 Indirect contact: challenges

There were some specific difficulties associated with sustained indirect contact. Some of these had been present from the outset; others had developed with the passing of the years.

Knowing what information to send or leave out was a problem for many birth relatives. For example some birth relatives did not know what information they could or should include about other members of the birth family who were not in contact with the adopted child. In many cases birth relatives had not asked for or been offered any help with this by workers administering the letterbox contact. Sometimes birth relatives seemed unsure of the role the agency played in checking or changing the content of letters as they did not receive any feedback about this: *"We just hope all that information is going through and they're not crossing out too much"*.

Some felt guilty that the adoptive parents had to deal with children who had many problems. Some, whose lives had stabilised, felt guilty about imparting positive information to the adoptive parents, feeling that they would be judged for things like going on holiday or pursuing an interest. Others felt that their lives were so disparate from those of the adoptive family that they had little to write about that would be of interest.

Many of the letters received from adoptive parents were consistently 'upbeat', positive and, from the birth relatives' perspective, rather superficial in the information they contained.

So there was never any difficulties, never an impression that she was a difficult child other than she said that she's strong willed and she knows what she wants. Never difficult. Only ever glowing praise for her. Which was nice to hear but maybe, but when I used to write back about [son1] and [son2] they are wonderful children but they're not perfect and I didn't used to write those sorts of things. I suppose you don't really know, they're still very superficial aren't they, the letters. Very surface level stuff. Which I suppose is appropriate really.

Although these letters are clearly intended to be reassuring, they could also raise an idea that something might be being concealed. They also failed to respond to a fundamental issue for some birth relatives: what does my child think and feel about their adoption and about me? The following birth parent felt sure that the child would be asking questions about the adoption, but this had never been suggested in the indirect contact:

In fact it was the last bit of correspondence last November, and it was me that volunteered and said 'if ever he wants to know anything I will answer it'. But they've never, ever said anything about him starting to ask questions or he'd like to know this or that. It's all matter of fact, as if I was sending you a postcard kind of thing.

Equally, in some cases, it was clear that the birth relative was concealing some of the more difficult information regarding their own lives. This was usually intended to protect the child and the adoptive family, but it could also distort the picture of the birth relative and therefore be less helpful to the adoptive family. For example, a birth mother whose life was very unhappy did not wish to burden the adoptive family with her problems:

Do you think that they know you?

I hope so. Yeah, I mean I sort of do try to write, I mean I haven't written much about me personally because I haven't had much good sort of going on.

Two birth relatives who had kept up indirect contact had, by Time 3, had one or more face-to-face meetings with the adopted child. Although both these birth relatives have been delighted to finally meet the adopted young person again, the shift from indirect and direct contact could bring about challenges. Reunions could trigger anxiety about the birth relative's role since they held the possibility of building a very different kind of relationship – but the nature and direction of this could be hard to define or predict. One birth mother, for instance, felt very positive about the outcome of the reunion with her birth daughter, and their relationship was developing gradually. However, it was hard for her to work out exactly what her birth daughter wanted from her – and what role she felt comfortable in occupying.

What role do you think you have in her life?

I don't know. I think that's the funny thing, I really don't, I'm not sure ... I'm quite clear that I'm not her mother ... she's got a mother. I've got no desire to compete in that role and I'm very clear that I've got my two children and I'm their mother. ... but I am very committed to her.

It's not an auntie role either. It's not a, I can only describe it as, oh I don't know what to describe it as [laughs]. I don't know. I don't know... I'd like to know what she thought. I'd like to know if there's anything I could do differently that would make it better for her or easier or if there's something I'm not giving. I do feel there's something I'm not giving that she wants, I do get that underlying feeling that there's something she wants that I haven't given her or can't give her.

Indirect contact that sustained: case example

Frances had sent a letter to her birth son's adoptive parents each year since he was first placed, and had received a reply giving her a photograph and news of his development. These exchanges had been highly valued by Frances and she spoke movingly of how important it was for her to know that her birth son was well and settled in his family. Frances had initially sent birthday cards to her birth son, but she was anxious that her presence in his life should not be intrusive in any way and so decided simply to send a letter to the adoptive parents which they could share with him, or not, as they felt appropriate. Frances was uncertain what might happen with the contact when her birth son reached the age of 18 as this question had not been addressed when the contact agreement was made.

11.3.4 Indirect contact that was not sustained

In some case, indirect contact had ceased (from either direction) some years ago. In situations where the adoptive parents had taken the decision to end the contact, and no explanation had been given to the birth relative, there could be particular distress for the birth relatives. They were left not knowing if the child was well and happy and some people tended to imagine the worst:

I just wonder as time went on whether he was becoming more difficult or he, I know he did have to go to a special school in the end and that was the last update that I had from her. Maybe when that happened things became more difficult. It's been really hard having it and then breaking it. I would have preferred it to be not at all or obviously carried on. But to have those updates and then just take it away was more difficult I think.

Other birth relatives found a lack of updated information on the child meant that thoughts and feelings about the child preoccupied them.

It's always on your mind "What do they look like? Would I know them if I bumped into them?" It's part of your life, it is "Do they know we love them?" Everything goes through your mind. Christmas time, "Oh (child) would have liked that, she's at the age for makeup". It's on your mind, always.

In some cases, birth relatives worried that they might have said something in their letters that had upset either the young person or their adoptive parents. For example, one set of grandparents who had brought up their adopted grandson's older siblings, worried that the positive news they had sent their grandson about his siblings might have upset him:

I would think going through his mind he could be thinking 'why didn't they take me?' ...and then as [his siblings] got older and gone to college and university and we said they'd both graduated, I wonder if that sort of made Kyle think that he were either missing out on something or just didn't want to know.

These grandparents had received no information whatsoever about why the contact with their grandson's adoptive parents had suddenly stopped; in the absence of this they scoured his most recent photograph for signs of disapproval in his expression and were left to ruminate on what they might have done. In a similar case, a birth father's letters from his daughter's adoptive parents had stopped with no explanation. He tried to think what he might have done to cause this. He worried that the adoptive parents might have been put off by him mentioning he would like to see his daughter, or whether because he had mentioned his stepdaughter they might feel he was no longer interested:

I started writing letters 'how's Ella getting on, hope's she's doing alright at college and perhaps I could see her some time?' Then I put down that I'd met someone and got another little girl who's [step-daughter]. I wonder if saying that they thought 'oh he don't want to know about Ella any more'.

Some birth relatives had made strenuous efforts to find out more information, or at least to find out why the contact had stopped, but ultimately, they were powerless to take any action. The effect of this could be to 'stall' the birth relative's progress in coming to terms with the adoption and moving on in their own lives. When the process of receiving and digesting news was halted, it sometimes meant that the sharing of information with others was also halted. This could lead to high anxiety about the possibility of the adopted young adult making contact with a birth family who did not know that he or she existed.

He's 17 in December which really scares me.

Interviewer: Why does that scare you?

Because I keep thinking he's going to come and knock on the door. I'm really starting to get a bit twitchy about that. It's really, really scary, because like I say I don't know what [adoptive mother] has told him. Even though she broke contact I don't know whether she still told him about me.

Indirect contact that was not sustained: case example

Vicky had made an agonising decision that her circumstances would not allow her to care for her child who was born with disabilities with an unknown prognosis. While he was in foster care she visited him regularly. Vicky was pleased when adoptive parents came forward for him and although she was initially uncertain about the plan for indirect contact, she found it highly reassuring and was happy to sustain it. The adoptive parents ceased contact some years ago and Vicky was highly distressed by this, feelings which were exacerbated because of her adopted son's health problems. The adoption agency tried to mediate but no response was ever received from the adoptive parents. Vicky remains very anxious about what might have happened to her birth son and she finds it very hard to talk to anyone about the situation.

11.4 Birth relatives' satisfaction with contact

The qualitative data from the birth relative sample (n=37) was coded by the researchers for overall satisfaction with the contact arrangements they had

experienced since the time the child had been adopted. Taking account of satisfaction with contact across the years was tricky because, as we have illustrated, many contact arrangements had changed. What primarily emerged when examining satisfaction with contact was that people expressed satisfaction with any form of contact they had been able to have (or were still having), but that they were unhappy about the arrangements where contact diminished or stopped. Hence there was a group of birth relatives who expressed high satisfaction with contact, and these were people whose arrangements had generally sustained across the years. The remaining birth relatives expressed more mixed views, generally being positive about contact that had taken place, but unhappy with reductions in contact and/or with the quality of contact.

There were no birth relatives who were mainly unhappy with their contact arrangements; even when there was very little contact happening or contact had stopped, birth relatives emphasised the importance to them of having some contact, no matter how little. We could see differences however between birth relatives who expressed high levels of satisfaction with their contact, and reported few difficulties or challenges (the high satisfaction group), and birth relatives who expressed positive feelings about their contact alongside some significant difficult feelings or dissatisfactions (the mixed satisfaction group). About one third of birth relatives (13 of 37, 35%) were in the high satisfaction group and just under two thirds (24 of 37, 65%) were in the mixed satisfaction group.

Satisfaction with contact appeared to be related not so much to the type of contact, but the continuity of contact over time. The 'satisfied' group was comprised largely of people who had experienced direct or indirect contact that had sustained over time. They described the advantages of contact reported above. Those in the 'mixed' satisfaction group were mostly birth relatives who had at one time had some indirect or direct contact (which they valued) but were now dissatisfied because it had ceased. There was a small amount of mixed satisfaction caused by unease in the relationship with the adoptive parents. A more detailed breakdown of how satisfaction with contact related to the contact the birth relatives were having at Time 3 is shown in Table 11.2.

Table 11.2 Contact satisfaction of birth relatives at Time 3 related to type of contact

Time 3 Contact	High satisfaction	Mixed satisfaction	Total
No contact	0	15 (100%)	15
Just sending (one-way BR to AP/YP)	1 (50%)	1 (50%)	2
Just receiving (one-way AP to BR)	1 (33.3%)	2 (66.7%)	3
Two-way indirect	4 (50%)	4 (50%)	8
Direct	7 (77.8%)	2 (22.2%)	9
	13	24	37

In the adoptive family sample chapters, we argued that changes in contact were often a result of dissatisfaction with the contact; adoptive parents (and, as they got older, adopted young people) had control over arrangements and where they were unhappy with an aspect of contact they could (and sometimes, but not always, did) reduce or stop the contact. In contrast, amongst our particular group of birth relatives (which includes very few people who had withdrawn from contact at their own initiation) dissatisfaction with contact seemed to follow changes in contact by adoptive parents or adopted young people. These issues of the relative power between adoptive parents and birth relatives in contact arrangements were also noted in Neil et al's study of direct contact arrangements (2011): the power that adoptive parents had over the contact arrangements contributed to their comfort with contact; birth relatives' lack of power contributed to their discomfort, but could aid in the understanding of the rules and boundaries of contact. In the "supporting direct contact" study, contact appeared to work best where adoptive parents felt in control, but were willing to find negotiated solutions to any problems with contact by working in partnership with birth relatives (Neil et al, 2011).

11.5 Satisfaction with Contact and Mental Distress

As we saw in chapter 10, a substantial minority of birth relatives who completed the Brief Symptom Inventory had symptoms of mental distress at a clinically

significant level. Many such birth relatives told us that they had been experiencing mental health difficulties for many years. These difficulties often pre-dated the adoption, frequently having their origins in early childhood adversity. For some birth relatives, interview data did not suggest that contact with the adopted child had any particular impact on these long-standing mental health issues. For example, some birth relatives who were generally very distressed in their lives were nevertheless able to feel very positive about the contact they were having with their child. The pleasure and reassurance that people took from contact could not however alleviate their serious and long-standing mental health problems.

Some birth relatives did however make links between their psychological health and the contact they had or had not had with the adopted child. For example one birth mother said about her letter contact with her adopted daughter:

I think it would have been a much, I think I would have been a bit messed up for longer, I don't think I would, for my mental health it could have been quite detrimental not having any contact. But it's hypothetical, you just don't know do you. It was definitely part of the healing process, all of the contact was.

The mental health of birth relatives could potentially be linked to contact in a number of ways. As described above, one possibility is that contact could alleviate adoption related stress, improving mental health. Another possibility is that lack of contact could exacerbate adoption related stress with a negative impact on mental health. A third possibility is that birth relatives with mental health problems might find maintaining contact more difficult, and so might find it hard to reciprocate contact.

In order to explore further whether there might be any relationship between the mental health of birth relatives in the contact they had with the adopted child we looked at whether birth relatives' "caseness" on the BSI seemed to be related to the actual contact they were having. The data are presented in Table 11.3 below. We have combined those birth relatives who were not receiving any contact from the adoptive family into one group (i.e. those having no contact, and those just sending letters). The second group is of birth relatives who were receiving contact from the adoptive parent and or young

person (this includes indirect contact or meetings). As discussed above, whether or not contact from the adoptive family had continued over time was a key factor in determining satisfaction with contact, and so it is worth remembering that in most cases continuing contact and high levels of satisfaction with contact went hand-in-hand.

As can be seen in table 11.3, a slightly higher proportion of birth relatives in the group who had no contact from the adoptive family were “case positive” on the BSI, meaning their symptoms of psychological distress were at a clinically significant level. Of those birth relatives who were continuing to receive contact from the adoptive family (those who received letters but did not send, those who sent and received letters, and those having direct contact) a somewhat higher proportion (nine of 13) had scores in the normal range (negative case).

Table 11.3 How birth relatives’ contact at Time 3 relates to “Caseness” on the BSI

Time 3 Contact	Positive Case	Negative Case	Total
No contact or just sending	6 (55%)	5 (44%)	11
Receiving contact	6 (40%)	9 (60%)	13
	11	13	24

Overall these quantitative data do not provide any particular evidence of links between birth relatives’ mental health and whether contact with the adopted child had continued or not. This may be due to the small sample size. It may also be because, as outlined above, for many birth relatives with mental health issues these problems were long-standing and not likely to have been precipitated specifically by adoption related stress.

The fact that we did not find evidence of a specific link between ongoing contact arrangements and mental distress on the BSI does not diminish the felt experience of these relatives. So just as some birth relatives felt the adoption was a positive experience in their generally unhappy lives, other birth relatives did not have mental health problems but their feelings about contact were nevertheless an area of unhappiness.

11.6 Chapter summary

- By the time of this follow-up approximately 16 years after the adoption, 40% of birth relatives were no longer in touch with the adopted young person; many contact arrangements had stopped during the adolescent years, rarely at the initiation of the birth relative.
- Successful direct contact arrangements (i.e. those which had sustained over time) had a range of benefits and few challenges from the birth relatives' perspective.
- Mirroring the views of adopted young people, birth relatives valued contact because of the information it gave them about the other party (the adopted young person), and in some cases because it allowed them to have an on-going relationship with the adopted person.
- Indirect contact was valued when it was sustained (mainly because of the reassurance about the child's welfare that it provided), but birth relatives could become very distressed when it ceased without any explanation.
- The challenges of contact often related to managing roles and boundaries, and to a lack of understanding about perspectives and motivations of the adopted young person and the adoptive parents.
- Birth relatives who were satisfied with their contact overall were more likely to be engaged in on-going direct or indirect contact at Time 3.
- Those whose contact had ceased were more likely to be dissatisfied.
- The sample size was too small to detect any significant associations between birth relatives' mental health and their contact with the adopted child, but some birth relatives in their interviews specifically linked these two factors.

Chapter 12 Social networking: new challenges for adoptive parents, birth relatives and adopted young people

12.1 Introduction

Social networking sites and others which can be used to locate or obtain information about individuals were in embryonic form at Time 2 of the study. Since then, however, the sophistication and usage of such sites has grown exponentially. In 2013, 21 million households in Great Britain had Internet access and 73% of adults in Great Britain used a computer every day (ONS 2013). Social networking sites have multiplied in number and purpose in recent years and are now very widely used, with Facebook remaining the most popular (The Guardian 2 May 2013).

The impact of social networking on confidentiality in adoption has been widely discussed and there are potential risks and benefits for adopted children's security and wellbeing (Fursland, 2010). The prospect of unplanned contact being made by birth relatives via social media can create anxieties for adoptive parents, yet they can feel constrained in their ability to control and manage such contact (McDonald & McSherry, 2013).

The issue of social networking, therefore, was clearly an important one to explore in this project. However, it was clear from the outset that it was also a topic which needed to be handled with the utmost sensitivity. Some young people or birth relatives might not have thought of using social networking in relation to the adoption. There was ethical concern, then, that if the issue was raised during an interview an individual might be prompted to take action, such as information seeking or searching, that they would not otherwise have considered. Because of the potential for people to be located instantly, internet searching is inherently different to traditional methods of searching (which might also be prompted by a research interview). The outcomes of making contact in this immediate way could not be predicted, but could possibly be harmful to the birth relative, the young person or to adoptive family relationships.

It was decided, therefore, that the researchers should not raise the issue of social networking in the birth relative or young people's interviews. In order to

allow for the possibility that there was already some social networking contact occurring (important information that we did not want to miss), the term 'in touch by computer' was used when asking what forms of contact the young people and birth relatives were having. This was effective in prompting several people to mention Facebook or e-mail contact, without there being a direct mention of it. In some cases, people spontaneously discussed their usage of Facebook in relation to information seeking, initiating contact etc.

It is also important to bear in mind that some young people and birth relatives may have chosen not to reveal their social networking activities with birth relatives during their interview. This is especially likely if the contact was shielded from the adoptive parents, as the researcher had explained at the beginning of the interview that confidentiality could not be guaranteed if there was a risk of harm. However, many interviewees spoke freely and openly of their social networking contact and a substantial amount of data were gathered in this way.

Research participants from all groups spoke of using social networking for a range of different purposes. In general terms, these can be understood under the following three broad headings:

12.1.1 Information

Some people, who had no or little contact, were using social networking to find out more information about the other party, such as what they looked like, where they were etc. They did not plan to make contact with the other party in that way at the time of interview. From the interview samples, five young people and/or adoptive parents were using social networking in this way and two birth relatives had downloaded photographs after the adoptive parents had stopped sending them through the letterbox system.

12.1.2 Communication

The largest group of people were those using social networking as an active way of keeping in contact with each other. This was most often a natural and easy communication. Nine young people were doing this, mostly with siblings,

but two young people used it with birth parents and grandparents. Five birth relatives were keeping in touch with their birth children and/or their adoptive parents in this way.

12.1.3 Reunification

Seven young people had used social networking to actively search for birth relatives with whom they had previously had no, or indirect, contact and make contact with them. Two birth parents were planning to use social networking to search and contact their child once they reached 18, and one had done so but had not received a response.

12.2 Adoptive parents' perspectives

12.2.1 Information

Some of the adoptive parents mentioned that they had used Google or Facebook themselves, on one-off occasions, to look for information about birth relatives. This was usually where there had been no contact from the birth relatives over a lengthy period and they were motivated by a passing curiosity about where birth family members might be, any major life events that might have occurred in the birth family, and so on. In a few cases this was anxiety driven as the adoptive parents had an on-going concern that birth family members might be in the area. Information seeking in this way did not always feel comfortable and one adoptive mother reported that she used to follow the activities of her child's older siblings on Facebook but had ceased doing so because it felt too intrusive.

12.2.2 Communication

12.2.2(i) Aware of young people communicating with birth relatives – no difficulties

There were several examples where the adoptive parents were fully or partially aware that their young people were using e-mail, text, MSN, Facebook, or other social networking sites to communicate with a range of birth relatives and

were fully supportive of this means of communication. These adoptive parents felt, generally, that social networking was a normal and comfortable means of sustaining birth family links. They felt that they allowed the young people to be in control of the contact since they could choose to respond or initiate or not, as and when they were ready.

Both of the following adoptive parents, for instance, were pleased for their daughters to have this form of easy and non-pressurising connection with different birth family members:

She just chats to them as normal, as they do. Because they may only see each other once a year or whatever, they haven't got the relationship of a brother and sister so it's just like talking to a good friend or something. [Adopted daughter] talks to her nieces and nephew too. So it hasn't had any negative effect. Touch wood we've been extremely lucky.

She's had her cousins on MSN but there's been no issues with it. No problems with it. That's quite a few years ago. That never led to any problems.

When children and young people were rather vulnerable, their adoptive parents felt more at ease with the contact when they were able to keep a watchful eye on the computer and reassure themselves that all was well. Similarly, it was much easier for adoptive parents to feel relaxed about their children's social networking when they had knowledge of the birth family members who were in touch. In these situations, the contact felt like a natural extension of an existing relationship with the birth family member. It was not something unknown or unpredictable:

I know she has contact, or has had in the past, on Facebook with her birth mother, and her half-sister. But she's told me about that and I don't know whether she searched for them or if they searched for her. But as far as I'm aware that's okay and it's just intermittent just to see what each other's doing. And because we have the relationship we do with the birth family, that feels okay.

Even in the most problem free situations, however, adoptive parents were aware that social networking was creating an additional element in adoptive family life, and adoptive parents needed to be aware and thoughtful about this. It could, for instance, bring emotionally unsettling information directly and unexpectedly into the life of a young person as this adoptive mother has considered:

Even with our contact, just thinking through that where it's fairly relaxed and easy and respectful, ...[birth mother] might post something that Abbie might pick up and suddenly be flummoxed by. Even something really joyful and she put it on Facebook, and then if Abbie found out that way. So those sort of things are potentially very difficult. I can see it's probably a nice thing for Abbie but I could see how some things might just pop up there and 'oh my god'.

12.2.2(ii) Aware of young people communicating with birth relatives – some difficulties

Social networking with birth relatives, of course, could raise painful issues for some young people. Sometimes it had proved very easy to find relatives, but hoped-for further communication or contact had not transpired. When a connection occurred instantly, there was not always time for adoptive parents to fully prepare young people for possible disappointment or rejection. A further consequence of the immediacy of these communications was that they could be used in a rather impulsive way – for example, in the heat of the moment, a young person might tell a birth relative that they would like to meet with them, when, on reflection, they did not feel ready to do this.

Even when communication was well established, there could occasionally be difficulties, especially when there were birth relatives who had their own unmet needs. In one case, a birth mother made posts that perhaps indicated jealousy of the light hearted adoptive family banter that appeared on their Facebook pages. Unsolicited expressions of love and affection from birth parents could also be rather unexpected and unsettling to young people.

However, the important thing in each of these cases was that the adoptive parents were able to be alongside their young people, supporting or advising them, and helping to mediate some of the more difficult communications.

12.2.2(iii) Adoptive parents communicating with birth relatives directly

In a small number of cases, adoptive parents were in Facebook communication with birth family members themselves, or at least had access to their Facebook pages. This might be with birth parents, grandparents or siblings and it was seen as a helpful way of keeping informed of major birth family events. For the following adoptive parent, for instance, Facebook was providing news of a birth sister and was a strand of communication in addition to a direct contact arrangement:

Do you communicate with them via computer at all?

We're now on Facebook together, yeah. Just this year we've done Facebook with [birth sister]. Up 'til then it was I'd got her mobile number and we used to text backwards and forwards.

And how have you found that, communicating on the computer?

It's only really new so we're, it's not got going yet, but it will be one way of keeping in touch with her and finding out what she's doing. And then her foster mum, she wanted me to have her foster mum as a friend as well... so we'll keep up with what's going on.

12.2.3 Reunification

12.2.3(i) Positive outcomes

In a small number of cases, the internet had been used by adoptive parents and young people together to make contact and then arrange a 'reunion' with a birth family member, usually a parent. The process and outcomes could be very positive. Online communication could provide a gentle introduction and gradual means of discovering something about each other before a face-to-face meeting, as this adoptive mother describes:

We talked about using Facebook...

Yeah, and that's good, that's been good for them. I mean there's a lot of bad things you hear in the press, but without Facebook he wouldn't have been having that contact ... That's a good third option because they can then go on there and they can talk or whatever without face-to-face. And then they can make their own minds up if they want to take it further or not, rather than the shock horror of meeting someone they've not met before, they've got to know them on the internet first and then they can make their decision and I think that's a good thing for that.

Similarly, a Facebook connection with a birth father, instigated by the young person and her adoptive mother together, led eventually to a very fruitful and enjoyable reunion with the birth father and several other birth family members. In this case, there had been several years of positive indirect contact, and this had established some mutual trust and familiarity.

12.2.3(ii) Difficult outcomes

For a few, Facebook reunions had proved more problematic. In cases where there had been no previous indirect or direct contact there was heightened curiosity about birth relatives, especially in the early teenage years. Facebook made it easy for these young people to find their birth family members, often impulsively when they were in an emotionally turbulent stage. One rather troubled young man had made contact with his birth mother on the day he was 18, and gone to live with her for a short time, but the relationship did not endure and the contact ended. The adoptive mother in this case felt that her son needed to make this contact and thought it likely that he would have done so with or without Facebook. However, Facebook made it easy and the adoptive mother reflected that he might not have done it quite so early had the searching process been more demanding.

A further reunion made in this way resulted in difficult birth family information being revealed, inappropriately, to the young person. The adoptive mother, in this case, was extremely grateful that she had been aware of the contact from the outset and able to support her child through the painful aftermath. Again, this adopter reflected that the immediacy of the contact through social

networking meant that neither party had the opportunity to prepare for the reunion, or to receive any counselling or advice on how to deal with the issues that might arise.

So she'd then found her on Facebook, added her and they'd started communicating on Facebook and then on webcam, and I mean Skype wasn't around then but they were talking on webcams so they were talking face-to-face. And...it was quite frightening how quick it was going. (birthmother) refused to have any social work interaction within it and I should have put my foot down then but seeing [daughter] saying 'I want to meet her' and everything, but because (birthmother) wasn't prepared it was a disaster really in the end.

Sadly, adoptive parents could not always be aware of their children's online activities as these could take place outside the family home. In one case, an unhelpful reunion was hidden from the adoptive parents for a time, and the young person was clearly unhappy. Fortunately, the adoptive parents were able to pick up the pieces and support their child as soon as they became aware of the situation.

[Birth mother] had come down, [adopted son] found her on Facebook...and they'd been phoning each other and she'd actually come down, met him by the shops, taken him into town for a coffee and he'd kept it from us for a year. He'd kept it from everybody, even the therapist. So understandably that had just thrown him over the edge as well, he couldn't cope with that at all.

12.3 Young people's perspectives

The following is a summary of young people's perspectives on social networking, as represented by their interviews. In some cases we were aware, from an adoptive parent interview, that social networking with birth relatives had taken place, but the young person did not mention it in their own interview.

12.3.1 Information

Some young people told us that they had, at some stage, used Facebook and the internet to look for information on their birth parents or siblings. In each of these cases, the young people were taking a measured approach, at this stage simply wishing to gather some basic details of their relatives, perhaps as a preliminary to making contact later on. None of these early searches had come up with any results, but the young people were aware that it was possible to search in more depth if they were really serious about it.

These young people had a cautious approach and had already done some thinking about the importance of it being the 'right time', both for the birth relative and for themselves, as Lucy (22) commented:

Yeah, I always said like I'm busy and I'm at university and I want to focus on that and I want to get my career going and that, I want to be settled (before searching further).

The young people were very much aware of the potential risks and benefits of searching and making contact with birth relatives and had already thought through some of the pitfalls, such as birth relatives not being ready or able to respond to them. They all reported that their adoptive parents were aware of their enquiries and supportive of them, and of a possible reunion in the future.

12.3.2 Communication

By far the largest group were young people who used social networking (almost all Facebook) to communicate and keep in touch with their birth relatives. This was generally felt to be a normal, low key means of linking up. One young person enjoyed sport-related Facebook chats with his birth grandfather, with whom he shared a passion for football. Almost all of the remaining contacts were with siblings or half siblings, many of whom had been adopted or fostered elsewhere and some of whom were now living independently with families of their own. The frequency of these exchanges varied from two or three times a week to virtually nothing – simply having

siblings as Facebook friends and knowing that they were available in that way was enough for some.

Sometimes, there had been some direct contact with the siblings in question, and social networking was an easy and enjoyable way of keeping the relationship going, as Nicole (16) describes:

And when you did meet up with (half sister), what's your relationship like with her?

We're really close now, like really good friends. We talk quite a lot now on Facebook and she comes round here sometimes.

So you're friends on Facebook as well and do you ever write on each other's wall or comment on photos?

Yeah, we play games against each other and everything.

In other cases, direct contact had ceased for various reasons, but Facebook provided an on-going link that might be resumed more directly in the future.

Facebook could also be used to convey more personal information or feelings. For instance, older siblings might use it to reassure the young person of their care and concern for them or to show that they are thought about fondly within the family. Wider family news such as the birth of nieces and nephews could be shared and young people enjoyed this means of building a sense of their birth family identity.

This form of communication, although largely very positive, was not without some difficulties and tensions. For instance, one young person (22 years) reported that her younger sibling had asked her if she would accompany her on a reunion meeting with their parents – something that she was not at all ready to do. Important and protective here, however, was the open and trusting relationship between the young person and her adoptive parents, with whom she was immediately able to share her disquiet:

As soon as my sister asked me if I'd go with her when she was 18 I told my mum straight away. It's like because I was talking to her over Facebook I think it was, and my mum just walked in my room and said

what I wanted for tea or something, and I said 'my sister's just asked me if I would go down with her when she's 18 and meet our birth parents' and mum just automatically sat down on the bed and we started having a conversation about it.

12.3.3 Reunification

Just a few young people reported using Facebook as a means of finding and then re-uniting with birth relatives (all parents). All of the young people who discussed this in their interviews had done their searches with the knowledge of their adoptive parents, and had parental support through the ups and downs of the outcomes. Paige (19) echoed the feelings of several other young people when she described how important this support had been to her:

And how important was your mum's attitude like that, how important was that?

I think it would be so difficult if she'd been like 'no, you can't'. Like when I told her, both my parents, that I wanted to find her they were so supportive, absolutely fantastic. I think if I didn't have that support I think that's when you get people sneaking on Facebook and doing all these things behind their parents' back. So it was really important to me that they were on board with it.

For all of these young people, the search had been very quick and easy and one resulted in an instant 'live chat' between the young person (with her adoptive mother beside her) and her birth mother.

There were mixed outcomes from these reunions. Most of the young people were quite young when they took the step and it was often done in a rather unsettled period of early to middle adolescence. The search had been 'feelings driven' and quite impulsive for some, and there could be mixed feelings including excitement, apprehension and guilt from the very first connection. Again, the importance of having their adoptive parents beside them emotionally and often physically was highlighted:

They was aware. They was happy with me doing it. They was aware. My mum here took me to see my dad.

One birth father had sadly died soon after the reunion and the young person was quite clear that, although it had been hard in many respects, he was glad to have done it.

So did it help you, knowing him that short time?

Yeah, it did. I'm glad I did because if I'd left it any longer I'd never have met him. And that would have hurt more than actually meeting him. I do wish that I could have known him longer and got to know him properly, but I'm just glad for a chance to get to know him at all.

It was not unusual, once curiosity had been satisfied, for the contact to reduce after a few meetings, with perhaps on-going Facebook contact taking its place. Sometimes, however, a lasting and rewarding relationship could develop from carefully managed Facebook contact. This was the case for one young person (also reported from the adopter's perspective, above) where there had been regular two way indirect contact with her birth father for many years. This had formed a foundation for some positive Facebook exchanges, a meeting and, eventually contact with wider birth family members, undertaken with the support and involvement of the adoptive mother.

I asked mum, when I turned 18, I asked mum if it was okay to add (birth father) and (birth sister) to Facebook and she said 'you're 18 now, you can do that'. So I asked her first, just to be sure. So I added them both on Facebook and then I got to add my uncle, my auntie, and my other cousin.

So did you add them all before you actually met (birth father) in the flesh?

No, I added them after. I got to know them first and then I added them on Facebook.

12.4 Birth relatives' perspectives

12.4.1 Information

For a small number of birth relatives, observation of their birth children or grandchildren through Facebook was occurring as a substitute for a more personal form of contact, which had ceased. Gaining information in this way was 'one step removed' but allowed birth relatives to perhaps see photographs or gain a little information, in situations where there was no other way of connecting with the young person.

Other people, such as friends, other birth children or grandchildren, might be used as an intermediary for the information gathering – passing on bits of news or information about the young person's interests or lifestyle that had been gleaned from their online profiles. For instance, a grandparent asked her grandchildren, who were Facebook friends with the adopted child, to pass on news or print off photographs for her. Her indirect letterbox contact had ceased for reasons that were not known to her. The Facebook photos allowed the child to remain 'alive' in her mind in a non-intrusive way and she described the importance of this link:

Oh yeah, yeah. The kids have got photographs of Ewan off Facebook, just a photograph makes such a difference. When he's put photographs on Facebook, they get them off and give them to me.

Why does seeing an up to date photograph mean so much?

...well I've still got them around the house of when he was little and we had contact, but I've got this nice one of when he was 20. Just to see how he's changed. ...I think of the little baby in the incubator that we never thought was going to live to the next day, I think it's marvellous.

In all of these cases, there was no intention to take the contact further, unless this was instigated by the adoptive parents or the young person themselves.

12.4.2 Communication

Several birth relatives were regularly in touch with the adopted young person or their adoptive parents through e-mail or social networking.

In all cases these contacts were fairly low key and not particularly frequent. Social networking was providing a means of sending friendly, supportive messages in either direction, of 'holding each other in mind' and sharing family news and events.

The following birth mother describes the way in which social networking was allowing her to have this discreet presence in the adoptive family's life:

You've mentioned Facebook contact. That's come into being since the last round of this project. So tell me how you use that with her.

Just occasionally send her messages, 'Are you okay?' just that really. Or send her photos or comment on her photos and stuff. Just as you would with anybody else really. I mean it's not, I don't make a point of always saying 'hi' or whatever, it's just how you would be with anybody else.

And does it give you a bit of an insight into her life and what she's doing?

Yeah it does. She's been on some lovely holidays and she's put photos of her holidays on there. That's nice to see with her and her friends because one of her best friends is also adopted, so that's nice. It does give you a bit of an insight, like seeing what she's doing, but I don't make a point of always seeing what she's doing or saying 'hi'.

These connections could sometimes raise anxieties for birth relatives as well. Young people's lifestyles and activities were exposed through their Facebook pages and this could be worrying if there were frequent references, for instance, to alcohol usage, or risk taking activities. However, there were no reports of interference in this. These birth relatives did not see themselves in this role. They were simply grateful to have the link through social networking, since it meant that the young person would know that the birth relative was there for them if they did wish for more contact at any time. A birth aunt described this position:

And has that (Facebook) been a helpful connection for him and for you?

Yeah. We don't say a lot to each other on there. I might comment on things but I kind of keep my eye on him, put it that way. As I say, he does concern me a little bit... possibly there's still things niggling at him which is a bit concerning. But as I say, I can't do no more than say to him 'if you need me, this is where I am'.

12.5 Social networking not used in relation to adoption

It is important to report that a large proportion of all three groups in the sample did not use social networking at all, or had made a clear decision not to use it in relation to the adoption.

12.5.1 Adoptive parents

In some adoptive families, social networking was not used at all. Parents may have decided that their young people's vulnerabilities or additional needs made this unwise, or sometimes the young people themselves showed little interest in it.

In other families, adoptive parents were confident that their young people were sensible about internet safety, and open communication between parents and young people meant that there were few concerns, even when there was an element of risk in the birth family:

But Samantha is very careful. I don't think they have [made contact on Facebook] because Samantha tells me pretty much everything. I'm pretty sure she would have done. I'm quite sure they may have looked for her but she doesn't put photos on. Everything of hers would be blocked and locked.

When young people were at the older end of the age range, adoptive parents often did not know for sure who their sons or daughters were communicating with through the internet, but usually their relationships with the young person were such that they could be pretty sure that there was no birth family contact occurring – and that they would be told straight away if there was.

Some adoptive parents, especially those whose young people were vulnerable, took a very active approach to monitoring their son or daughter's use of social networking sites, something that required a good working knowledge of the software.

Stella has an account but under an alias and she knows why and we've explained to her - it's about keeping her safe and it also stops students from college from being annoying to her. And she knows that I go on there, I've got her password and I will go on and monitor what she's up to ... I've got a Facebook account but not in my name either, purely because of the children. Stella's [Facebook page] can only be accessed by people that we've vetted. I do know people that have had problems but touch wood that hasn't been an issue for us but I'm very aware that it could be.

There were very few reports of birth relatives trying to make contact with young people through social networking. One birth father had asked through the adoption agency if this might be possible, but the adoptive parents felt that it was unwise because of the young person's particular difficulties at the time.

A number of adoptive parents mentioned that they felt that the practice of letter writing as a method of indirect contact was now outdated and unsuitable, especially for young people to keep in touch with their siblings. They would have supported the use of social networking as a means of planned indirect contact in this context.

12.5.2 Birth relatives

Many birth relatives in the sample did not have the resources or the capacity to use computers or mobile technology. Some were living in very impoverished conditions, or socially excluded because of mental or physical health problems. Some grandparents were simply not in the 'computer generation'.

Amongst those who did use technology, there were several who felt that it was inappropriate to use it in connection with the adoption. One birth mother was adamant that she would never intrude on the adoptive family life and any

contact should only be instigated by the parents or the young person. She mentioned that the thought of using a computer to observe their lives made her 'shudder'.

Even when there had been a very positive reunion, a birth mother stated that she did not feel it appropriate to communicate with her birth daughter through Facebook:

She's never asked me to be friends on Facebook and I wouldn't. She's been very honest, her friends know that she's adopted and she's met her mum. Explaining that relationship to other people can sometimes be trickier, not straightforward. But I wouldn't really want to go down that, maybe later on, but not now.

Other birth relatives were also very sensitive and thoughtful about the use of social networking in relation to the adoption. One grandmother had found out that her son was observing his birth children on Facebook. She felt that this was inappropriate and that the adoptive parents should be made aware of it. She had subsequently informed the adoptive parents when she sent her regular indirect contact letter.

12.5.3 Young people

Many young people had sufficient contact or information to make them aware that their birth relatives would not have access to technology, or the capacity to use it. Grandparents, particularly, were usually not contactable in this way. This could be difficult as young people's normal form of communication was usually through text or social networking. This was the case for Alan, who had had a positive reunion with his birth mother

She was okay but it was weird meeting her after all that time and stuff. I met her partner at the time and stuff. And yeah, she sent me a letter this year saying that she would like to meet up with me but I haven't got round to writing a letter back because I'm used to using either Facebook or e-mails.

Other young people felt that they did not wish to risk unsolicited contact from birth relatives, for various reasons, and so they made sure that their profiles were made anonymous. Even when there was positive contact already occurring, some preferred to keep their social networking separate and private from their birth relatives.

12.6 Conclusion

It is important to remember that our sample is made up of young people who had a plan for on-going contact. Within this group we can see some differences between the young people who had had sustained contact (mainly who used social networking as an positive addition to this) and young people who used social networking to fill a gap where there had not been sustained contact (where the outcomes are more varied).

We also know that our sample is biased towards those who had a contact plan that worked. Had our sample included a broader range of young people who had less contact, we might be hearing more about difficult and troubled experiences of contact via social networking.

Some of the themes emerging from this chapter are similar to what we know about contact in general. That is, that young people benefit from the support of their adoptive parents and a general climate of openness within the adoptive family. Birth relative acceptance and understanding of roles and boundaries are also important.

There may be situations where it is important to pay a high level of attention to reducing the risk of birth relatives being able to trace via social networking site, for example by restricting the exchange of potentially identifying details and ensuring that adoptive parents and young people know how to protect their privacy on social networking sites. Children and young people who have restricted or no contact with their birth relatives may be particularly in need of good quality information about their birth family, especially information that helps to build a realistic understanding of why they needed to be adopted. It may also be important to work with birth relatives to help them address unresolved issues that may prompt searching through social networking sites.

Our research also suggests that it is important to consider the potential benefits of contact via social networking, and not to allow the debate to become totally driven by fear of risks. Especially for young people of the same generation, contact via social networking may normalise some of the “strangeness” which can permeate other forms of contact, addressing some of the difficulties that more formal, mediated forms of contact can bring with them such as long gaps between exchanges and the lack of ‘currency’ in terms of the information people have about each other.

Above all, our research indicates that sustaining other methods of contact, and maintaining a climate of openness within the adoptive family, are important in terms of creating an environment where contact through social networking has fewer risks for adopted young people. Where no contact is taking place, especially where it is not possible because of risks to the child, the risks both of unexpected contact via social network happening, and this contact being complex, are higher and all parties need to be prepared for this eventuality.

12.7 Chapter summary

- Examples of using social media to make contact were given by adopted young people, adoptive parents and birth relatives.
- Social media could be used for three purposes: to gain information about another party, to communicate with another party, to search for and seek a meeting with another party.
- Using social media could be beneficial in the context of established relationships and in cases where adopted young people had the support of their adoptive parents.
- The use of social media driven by gaps in existing contact arrangements were sometimes helpful, but sometimes very unhelpful, especially where young people were unprepared and ill equipped to cope.

Chapter 13 Suggestions relating to contact planning and support made by adopted young people, adoptive parents and birth relatives

One key research question in this study is to find out what implications for practice can be drawn from this study. Chapters 6, 7 and 11 focused on the views of the adoptive families and birth relatives regarding the contact that they had experienced; these give a sense of what contributes to contact being a satisfying experience. In this chapter we will explore what general messages all three parties had for each other, and for practitioners, about how to make and support comfortable and rewarding contact arrangements.

Young people, adoptive parents, and birth relatives were asked at the end of their interview what messages, or advice, they would have for other adoptive parents, birth relatives and social workers regarding contact after adoption. Many of the messages involved evaluation of whether certain types of contact were good or about what makes satisfying contact; these will not be discussed again in this chapter. This chapter will focus more on themes that were often shared by all three parties about deciding on contact, maintaining contact and about openness in adoption. The chapter will start by outlining messages from the participants for adoptive parents and birth relatives, and then move on to messages for practitioners.

13.1 Messages for adoptive parents and birth relatives

Rather than distinct themes emerging for adoptive parents and birth relatives separately, all three parties all gave advice which was remarkably similar for both groups. These shared messages centred round four themes which are illustrated below.

13.1.1 The child should come first in contact

A sentiment echoed by members of all three groups was that the child should come first before either adoptive parents' wishes or birth relatives' feelings, and that both birth relatives and adoptive parents should think about contact '*from the child's point of view*'. Young people also felt that their perspective should be taken into consideration when making contact plans, and once they were old enough, they should be allowed to make contact decisions themselves:

I think adoptive parents should keep in contact with their child's birth parents until the child is mature enough to take on the role themselves. From then on it should be the child's decision. (Young person)

It depends how old the child is as well, like if for the first five years or so of having the child probably have the letters and things like that. Or until an age when they can decide for themselves whether they want to or not because some children, everyone's different aren't they. If they like enjoy like the correspondence and things like that and not just letters but meeting up and DVDs - but I'd let the adopted child decide for themselves really. (Young person)

Some adoptive parents encouraged others to think about the effect of contact over the long-term rather than let their decision making be clouded by their own initial uncomfortable feelings about contact.

When you're adopting a baby or a child, in a way you're thinking mostly of yourself - but when they're older and they're characters, you see them with their own needs and I can really see how important it is for [adopted child]. (Adoptive mother)

On the other hand, however, many adoptive parents wanted to express to other adoptive parents that they should not feel pressurised to have contact that they did not feel was right for their child:

It doesn't matter what social services say, you're the child's parents and the interest of the child is paramount and if you think there's something wrong don't just go along with things, you need to talk about this with the social services ... if you don't think it's going to be right then you need to say to social services that it's not right and to look at it again. You've got to be in control... you've got to very quickly understand that social services are no longer the guardians of the child and you've got to do whatever you feel is in the best interests of the child. That's got to be paramount.

Some parents who expressed this view had agreed to the contact the social workers had outlined, because they were worried that they would not be

allowed to adopt their child if they did not. Many parents, who had experienced unsatisfactory contact to some degree regretted agreeing to the initial contact plan and had felt disempowered to discuss their feelings with their social worker. A small number of adoptive parents thought that the birth parents' feelings were placed before the child's needs. Some had taken the decision not to continue with the contact early into the placement as a result. The implication here is more dialogue needs to occur at the planning stage so that fears, expectations and understanding about contact can be addressed and parents can make an informed decision rather than a (perceived) enforced one.

Although birth relatives on the whole supported contact, two people mentioned that adoptive parents should try and find out as much about the birth relatives as possible before deciding on contact with them. They felt that contact should be avoided if the birth relative was not in a stable position themselves as they would only be able to focus on their own emotional needs. Some birth relatives suggested that account should be taken of whether or not the birth relative was at fault in relation to the child's maltreatment, and whether the birth parent was voluntarily relinquishing the child or not:

Those who genuinely have a good reason as to why they have done it [had the child adopted] - make a judgment call. You've got good eggs and bad eggs. If it's a bad egg, then in the nicest possible way you wouldn't want that person to be anywhere near that kid. (Birth mother)

13.1.2 The importance of sticking to agreements about contact

As discussed in chapters 6, 7 and 11, contact being unreliable or stopping out of the blue impacted significantly on all three parties resulting in emotional turmoil and anguish, triggering feeling of loss and rejection all over again. It is not surprising that a key piece of advice given by all three parties was that after agreeing to contact the other party should strive to maintain it:

Do you have a message for birth relatives?

Yeah, make sure you stay in contact with them. If they write you letters, write them back. And don't make excuses. My mum didn't write back and made excuses saying she didn't get the letters. She did. Just stay in

contact with them. I know you're not seeing them and stuff but don't take it out on them, let them know what's going on in your life and let them know that you still think of them. I understand it's difficult for them to know what to say but you've got to think about the child as well. The child wants to hear from them. (Young person)

Is there any message that you would want to give birth relatives about contact?

Yes, I would want to say if you're in, you bloody well keep up with it. And for some people that's not going to work, is it? But if you want to have a part of my child's life, you be reliable and consistent. And it doesn't have to be, it might only be once a year but you bloody well do it, you don't dip in this year and dip out for a couple of years then pop back again. (Adoptive mother)

So in terms of messages, what do you think adoptive parents need to know about contact?

I think it's just, if you agree to it you've got to keep to your agreement. I suppose they found it quite hard because they adopted another child, ...and I think I might have, I don't think I've missed any cards but some might have been a bit late... They should stick to their side because they're actually, they've done the adoption... we both signed an agreement. (Birth mother)

Some adoptive parents felt that birth relatives should try and be realistic from the start about what contact they would be able to manage, to avoid agreeing to contact that they would not be able to maintain:

If they don't agree to do things they can't do. Be bold and say 'I'm not going to be able to write that letter because I can't write well enough'. They probably don't realise at the outset that writing two letters a year to your seven adopted children is going to be quite hard work. (Adoptive mother)

A couple of adoptive parents thought birth relatives should seek support from

social services to maintain contact if they were struggling:

If the contact is to be maintained that they have, that they get support themselves in dealing with it, so they can kind of move with the child in a sense and make it relevant to the child as the child gets older... trying to make it relevant for the child really. (Adoptive parent)

Interestingly, a couple of birth relatives also gave other birth relatives advice on the importance of maintaining contact for the child. In addition, one emphasised the importance of keeping the door open to birth relatives even if they weren't able to maintain contact initially:

And what about other birth relatives, what do you think they need to know about contact?

Um, it's the same thing really. I just think the loss of contact would be very, you know, would be unstabling for children if they've sort of lost contact. Even if the parent wasn't ready, at least if the child could get it later on to understand that maybe their parent wasn't ready and they didn't feel up to it at the time. (Birth mother)

One theme that came up time and time again with the birth relatives who had experienced contact stopping, was how much they would value an explanation for the reason why the adoptive parents no longer continued to write to them, even if it was that the child no longer wished the contact to happen. Many of them had been left in limbo, not even knowing if the family was still intact, which caused a great deal of anxiety. This was reflected in the advice some birth relatives' had for adoptive parents:

Is there one strong message you'd like to give this study about contact after adoption?

It [contact] should be seen through. Or given a reason. It's sitting in limbo, you don't know, you're sitting there thinking 'they're happy and that's why' but you don't know. It is on the back of your mind. (Birth grandmother)

13.1.3 Using contact as a way to talk about adoption

As discussed in chapter 9, young people really valued being able to speak to their adoptive parents about their feelings relating to their background and birth family. Unsurprisingly, a popular piece of advice given by young people to adoptive parents was about being communicatively open, as this quote shows:

And messages to adoptive parents?

Um, it's better to be open from the beginning, because if you hold any information back then it can come back and haunt you when they're older, because they might have questions and they might come out and go 'well this happened' and the kid can turn around and go 'well why didn't you tell me that?' (Young person)

Many adoptive parents commented that having contact facilitated communicative openness because it enabled access to more information, meaning they were prepared if the child did ask them questions. Consequently, one of the messages adoptive parents gave to other parents was that contact could be very useful in gathering information such as the reasons for adoption, or information about medical or genetic history:

If the parents are reliable, then why not? It is a good thing for kids to know, even if it's just stupid stuff like 'how old was you when you had your first period?' It's just stupid stuff like that which Lauren wants, and... it sort of runs in families. And she can't even ask if she had painful periods or bad cramps, or it's just the simple questions that would have been nice if there was someone there to answer those sort of questions. 'Who do I look like?' (Adoptive mother)

Adoptive parents also wanted to convey to birth parents how important contact could be in informing children about their past and answering questions they had. This is an important message to convey to birth relatives who may feel they have nothing left to offer their child:

What do you think birth relatives need to know about contact?

If they're able to, even if it's just letterbox, it really is important for us to be able to help children to know what's going on, have a better understanding of who they are as people. Because they might not have done things they'll be happy about, but children do ask questions and if you don't know them it's really hard. We've only got what social services tell you which is only what they want to tell you and there's probably an awful lot more out there. Certainly I've found out more from [adopted child's birth mother], it's been hard but she's given us information and I find that really valuable, and hopefully she did. (Adoptive mother).

The importance of having constructive information about the reasons for adoption via contact was also echoed by a couple of young people. The young woman quoted below had been severely abused and felt that the letters should provide more information about her background, and the reasons why her parents had maltreated her. She also wished that her birth parents had been more specific in reassuring her that they still cared about her. Instead the letters were often very light touch, not really addressing what she perceived the purpose of contact to be:

Not to make the letters, for example, talk about just them, to make sure that the kids knows they still love the kid, make sure the kid knows they're still loved ... and make sure the kid understands that you didn't actually mean to, just ease it into them that they didn't understand how you would feel. ...It's kind of annoying when, where birth family members just talk about themselves and how well they're doing. It's like 'yes, I know you're probably in a better situation because you don't have kids but it still doesn't clarify why you actually did what you did to me'. (Young person)

13.1.4 Contact can help make sense of the child's connections to both their families

The child's 'dual connection' to both the birth and the adoptive family can pose psychological challenges for all three parties. Whilst most people today believe that a child should be made aware of their adoptive status from the start, fears birth family contact might threaten the relationship between the adoptive parent and child have not gone away. Many of the adoptive families were keen to

reassure other adoptive parents that this wasn't the case, and that contact could actually help them to understand their child better, thus strengthening relationships:

We have found it a positive and extremely helpful aspect of adoption. When I first started thinking about contact it was like 'oh this child will never be my child' and it's the very opposite actually. Having more information, having more people to have that information has been really important. I would ask adopters to really think about not themselves but the kids. This is about the children, this isn't about, as adopters you've got to cope with it and that's where you need the support. (Adoptive mother)

I think it would be easier in the long run if they do do it [contact]. You're their primary carer, you're always their parent, even if they've got another parent.... Having their family just enhances things I should think. In the long run I think it's easier. (Adopted mother)

Some of the young people who wanted more information and more contact, spoke about feeling guilty and not wanting to upset their adoptive parents. Those that had had contact or experienced a reunion were at pains to point out that their relationship with their birth family did not replace their relationship with their adoptive family. It was clear that for all the young people we interviewed, even those who were experiencing difficulties, their attachment was firstly to their adoptive families. When asked what advice they would give adoptive parents, one of the most common themes was that the adoptive family were their main family, the ones who loved and took care of them (and whose help they needed to negotiate birth family relationships), and that no amount of contact would change that feeling:

If they want to write a letter to their birth family or if they want to meet their birth family, it's their decision. Don't think that they're going to turn around and go 'right, I've met my birth family, I want to go and live back with them'. At the end of the day, if they love you enough and respect the way you've brought them up, then you're going to be the ones that they come back to. But if you hold them back from doing anything, and they do meet them behind your back, then you've got more chance of losing

them and them not talking to you about it rather than if you allow them to do it and support them through it. (Adopted young person)

When they do want to meet their parents then stand by them. As I've worked out, they're always going to come back to you. Even if like, you are their mum and dad at the end of the day, they're not blood but your adoptive parents do become your mum and dad. Even if you meet your real parents and get on really well, they're still your mum and dad. Help them, guide them through it. I know a lot would feel threatened and think 'oh but what if they don't want to know us now?' But it's not like that. Trust me, I'm an adoptive kid, you was brought up by your adoptive mum and dad and they are your mum and dad... But you need to find [your birth parents]. You need to see them because at the end of the day they are part of you. They gave birth to you. You'll still come back to your adoptive parents, trust me. (Adopted young person)

What if like they were worried that the child would prefer their own parents that, I don't think that's what would happen because they'd respect them, because they'd know that they've looked after them, so there wouldn't be any sort of loving the real parents more than you. (Adopted young person)

Although the young people's main sense of belonging was grounded in their adoptive family, it was only a small minority of adopted young people who felt their birth family was not important to them. One message a few of the young people wanted to convey to birth family this sense of the birth family's continuing relevance and importance to the adopted young person:

They're always going to be blood and they're always going to be family at the end of the day, just because they're not there doesn't mean they're invisible. They're not there to be forgotten, you can still remember them in ways be it pictures or a letter. (Young person)

You're still part of their life, whether you're adopted or not, you're still part of their life. From my experience, most [adopted young people] come and find you when they're older. Just let them know that you're there and

still thinking about them, so when they're ready you'll be there. (Young person)

It would be hard but it's always good for them [adopted young person] to know how you're doing and sending photos of what you're doing, like what your favourite hobbies are, sports, um what you do in your free time, photos, so it gives them, so it feels like they're still part of you... (Young person)

Recognising the young person's connection to their birth family was difficult for some adoptive parents. One piece of advice given by the adoptive parents was that meeting the birth family around the time of placement was really helpful in reducing fears about the birth family. This was also echoed by the birth relatives who could see that the adoptive parents were 'good people' who were going to take care of their child. In addition to reducing fears, it was also helpful in enabling adoptive parents to help the child manage their dual connection:

My original thought was 'oh, you've got to meet these people, no way, they're not part of my family' but actually once you get into it they are, even if it's like the letterbox thing, they really are part of your family. You're more able to answer the children's questions. [Adopted child's] birth mum I actually met before she [child] moved to me, I met her the day before she moved in. (Adoptive mother)

A few of the adoptive parents also felt that other adoptive parents should really try to understand the adoption from the birth relatives point of view, which in turn could help develop a positive acceptance of the dual connection:

I think probably for adopters to try and put themselves and think about the birth family and what they're going through at the time of adoption, and how important that contact might be to them, even though you might see it as a threat. It needn't be a threat. That child is very precious, and in their minds might still be very precious, so they cling on to that letter or that photo, it's really important to them. I think it's really hard but we don't own a child, do we? (Adoptive mother)

One adoptive mother wanted to point out that the birth family were still connected to the child and therefore it could be damaging for parents to speak negatively about birth relatives as this might make children feel bad about themselves:

Be as open and honest as you can and don't belittle the birth parents, don't criticise them. Okay, they're not perfect, but adoptive parents aren't perfect either, but don't paint them in any darker brush strokes than you have to. (Adoptive mother)

Some adoptive parents also wanted to convey a message to birth relatives about their acceptance of the adoption. A few adoptive parents said that birth relatives should try and 'let go', and try to accept that their child was adopted, and approach contact positively, rather than with a sense of entitlement to their "rights".

You know accept the photos or as much as is given. Obviously some are only allowed photos. Just accept that and maybe it might grow. Just accept what you're given, you can't change it if the authorities say that's what you're allowed. (Adoptive mother)

This message was also echoed by some of the birth relatives who had grown to accept the adoption over the years and had taken comfort that their children were happy and safe. Such birth relatives wanted to advise other people in their situation about the importance of showing acceptance of the adoptive parents.

What's important for them to bear in mind do you think if they're having contact?

They need to, like I've done, step back I think. I think that's quite important because the adoptive parents may feel threatened perhaps. (Birth mother)

What do you think other birth relatives need to know about contact and adoption?

I would say 'stand back', I'd also say to them 'if you don't expect you might find something will happen'. Seriously, 'don't get high hopes, start off low, step back and wait for things to happen'. Like we did. (Birth grandmother)

13.2 Messages for practitioners

Young people, adoptive parents and birth relatives were asked if they had any advice or messages for social workers about contact after adoption. Some of the message themes were similar across all three parties, however most of the messages were only given by members from within a single group, therefore the themes emerging within each group (young people, adoptive parents, birth relatives) will be discussed in turn.

13.2.1 Messages for practitioners from young people

Young people had experienced different amounts of interaction with social workers. Some could not remember their social worker and had not had any social services support since they were placed in their adoptive families. Some young people, for example those who had contact with mentally ill birth parents, had experienced social workers being a part of their supervised contact meetings. They were often grateful for this as social workers helped keep the conversation going and could provide support to all parties. Some young people had practitioners in their life at various points in their adoption due to educational or emotional difficulties they had experienced. Others had turned to social services to help them work through difficult feelings about adoption that had appeared in adolescence, and a few needed social services to support reunions with birth family. Despite these varying experiences of practitioner involvement, the young people gave advice to practitioners that centred around four themes which will be discussed in turn.

13.2.1(i) Contact should be available

Many of the young people interviewed wanted to express to social workers that they thought that contact, and information about birth families, was an important part of being adopted and should be offered at the start of the

adoption for all the benefits earlier about reassurance, relationships and identity:

What would you want to say [to social workers] from your experience?

I think it's [contact] a good thing, it's an important part of it. It is important that the child knows where they've come from and have at least someone of their blood to know, to have some sort of contact with them, so if they have any questions of who they are they've got someone to ask.

What do social workers working with children and young people need to know about contact after adoption?

I think it is important that if you are adopted as a young child that social workers encourage adoptive parents to stay in contact with their child's birth parents, until their child has reached an age where they fully understand what adoption is and the impact it has had on their life. Even if the contact is only brief... I think social workers should ensure that the option of staying in contact is always left open.

Although young people wanted the option of contact they also wanted to ensure that the birth relatives could commit to it and would continue to respond, and two people felt that social workers should help birth relatives as well as support the adoptive parents with contact. Young people differed in the type of contact they thought was best, with their views often reflecting the contact they had personally experienced.

So what advice would you give to social workers that are making decisions for a child that's going to be adopted around contact, what would you say to social workers?

Allow them to have contact through letters and keeping it at the standards of no e-mails, no mobile numbers, no addresses or anything so it's all kept to a minimum of basic school grades, activities you like, hobbies you do, what things you're interested in, what you do in your free time and what your personality is like as well. Then you get to tell them about it and the parents know what you're like, so it's basically that they keep

having a small connection to them until in later years. (Young person – indirect contact)

And if they said 'should the adopted child have some contact with their birth family?' what would you say to that question?

I think you should definitely have contact with your birth family, even when it's hard for the child to get in touch with them, the best thing to do is arrange a visit. That's how I do it. (Young person – face-to-face contact)

13.2.1(ii) Life story books are really important

For the young people, having information about birth family from the start of their adoptions was clearly important. In addition to contact, many young people highlighted the importance of their life story book in helping them to understand their background, and were keen to pass this message on to social workers. The life story book was not viewed by the young people as something that should just be a snapshot in time, given at the start of the placement, but something that could be added to over time in line with the child's understanding in order to create a fuller picture of not just the reasons for adoption, but also of the birth family.

Do you have any messages about contact for social workers?

I think for professionals... I think they should create what I've got, a baby book, photos, little messages of saying where your parents lived and what they looked like. That would be nice for them when they're ready. I think if there's any letters or cards I think that would be nice for them to store with the baby book.

What would your message to social workers be?

To give the child as much information as they can... in a fun kind of visual way. But then maybe having maybe two books, so when they're a child a more visual book of their birth history and then as they get older a little bit more information, so more written down. I don't know if they could come up with some questions that the birth family could write answers to, for them to have.

13.2.1(iii) Keep communicating with the child about contact plans

Whilst the young people acknowledged that when contact plans were originally made for them they were too young to be consulted about them, they still felt that the social workers should really get to know the child and the adoptive and birth families and make the right contact plan for the child's situation rather than the one that was easiest:

And what messages would you give to social workers who are making these decisions around contact?

I definitely think they need to talk to people a bit more because sometimes I think that they're just going on what they think is easiest maybe for them, and maybe cheapest financially as well.

Some of the young people felt that once the contact plan was made that should not be the end of social worker involvement; instead social workers should take time to review the contact with the child over the course of the placement, and take their wishes and feelings about any changes into account:

What do you think social workers need to know about contact after adoption?

They really need to know how the young child feels about it. But they can't really ask a child who's like five, but if they're like coming up for 12 or 13 or even 10, actually ask them what kind of contact they would like. I know that face-to-face, meeting your family you have to be 18 but when I, I only knew there was letters and meeting, and meeting up is only able if you're 18. I didn't know of any other options so they need to make the options more available for the younger people but keep the meeting as 18.

13.2.1(iv) Contact support is needed up beyond the age of 18.

For many young people who had indirect forms of contact, age 18 was perceived to be the age at which young people could meet their birth family if they desired. Some young people had been told by their adoptive parents that no direct contact was allowed with birth relatives until they were 18. This might

have been a misapprehension of adoptive parents, or perhaps adoptive parents used this as a way of delaying contact that they feared could be unhelpful to their son or daughter. Eighteen was also the age when their adoptive parents suggested handing over contact decision making to them. Consequently many of the young people found this period to be challenging and confusing as they figured out what form, if any, they wanted their future connection to their birth family to take. One message, emphasised by a few young people, was that they would appreciate social work support with decision making about future contact. They felt that a meeting or some correspondence with social workers around this time could be very helpful and could act as an opportunity to discuss what adoption means to them as adults, and how contact can fit in with their lives, as this quote from a 17 year old shows:

If you [social workers] went and had a meeting with the children and they said they knew about adoption and they wanted to meet then definitely keep it as an option on the table. It just feels that, most organisations like CAMHS they stop when you're 18 so if I got to 18 then I would be free-floating, I would be like - there's just too many options and I wouldn't know where to start. It could be difficult.

One young woman you had met members of her birth family when she reached 18, reflected back on how difficult it was for her to access accurate information about how to go about searching. She felt that she would have benefited from some direct correspondence from social workers about the issue when she reached 18, although she acknowledged that this was perhaps not right for everyone:

And I think for me, I haven't done that much research, but maybe to send on a little bit of information of how in the future if they would like to contact their birth family how to do it. Because I don't have a clue. I mean, again I've done silly things like Google searches like 'how to find your birth parents' and it is just like, obviously on the internet you get a load of rubbish, but um I think it would, I think it should be easier for adopted children to find out about their birth family. Yeah. Obviously I don't have a social worker any more but maybe that, maybe someone could be slightly in contact when you're 18 or 21 you're sent a letter saying 'would you like to' rather than you having to go to them. But then

would that sway your decision? I don't know. But I do think it would be nice for children in the future to have a little bit more about their birth family.

The advice given by the young people does point to a need for some social work input around the transition to adulthood to be made available. This could help clarify if and how the contact is going to continue, rather than young people feeling they have to make these big decisions by themselves. It is also important that adoptive parents, adopted young people and practitioners are clear about the difference between the adopted young person's legal right to access birth records (which is at age 18) and the possibility of negotiating direct contact with the birth relatives (which can happen at any age). There may be situations where facilitating direct contact with the birth relatives before the age of 18 could be helpful to some adopted young people who were asking for this.

13.2.2 Messages for practitioners from adoptive parents

Adoptive parents were asked what messages they had for practitioners about contact after adoption. Some adoptive parents choose to give their opinion on whether or not they felt contact was worthwhile based on their own contact experiences; the benefits and challenges of contact were outlined in chapter 6 and will therefore not be repeated. Instead, this section will focus on the general messages many adoptive parents shared about preparation, decision making and contact support.

13.2.2(i) Prospective adoptive parents should be thoroughly prepared for contact

One key message quite a few of the adoptive parents wanted to convey was that they felt more effort should be put into preparing prospective adoptive parents about contact specifically. They felt that the difficult feelings the topic could evoke around entitlement and parenting should be acknowledged by practitioners and discussed constructively. More information about the different types of contact arrangements was suggested along with through discussion about the challenges and benefits contact could bring. A couple of adoptive parents felt that the best way to introduce contact at the adoption preparation

stage would be to use real life examples of how other adoptive families had managed it and how it had turned out for them:

What advice would you give to that social worker?

I think perhaps talking through the alternatives [of contact] because it's very difficult to make decisions when you don't know. So sort of sharing past experiences and what some families have done and what other families have done, and what's turned out well and what's turned out not so successful. I think just being more informed really.

You've got the difficulty of the parents that feel the birth family are a bit threatening. There's always that sort of thing where birth parents may be made to feel they couldn't do the job, but someone else is doing it, and it might make them feel inferior. So you've got those things on both sides. ...It's very difficult to marry them two up so that they gel. But if you've got somebody that's maybe been through it and can explain to them how it doesn't have to be a terrible process, and how it doesn't have to make the child feel like the meat in a sandwich, in some cases, I think it would be able to work.

In addition to being given examples from adoptive families' perspectives, one adoptive parent felt that it would be helpful for prospective adoptive parents to take part in empathy exercises to help understand the birth relative's point of view. This may be challenging for some people, especially when they hear about the damaging effects of abuse and neglect on children, but perhaps the focus could include extended birth family members who may not have been involved in any maltreatment. As has been identified throughout this longitudinal study, where adoptive parents can empathise with birth relatives, contact is more likely to be comfortable for everyone, and to be sustained over time (Chapter 8 – this volume, Neil, 2003, Neil, 2009).

You've just got to try and put yourself in their shoes. And maybe you can, social workers could do a few exercises around that, just try and think to put that hat on and see yourself as that birth mother or birth dad or grandma and try and think about the feelings that they might have. Even though things might not have gone right for them, that doesn't take away

their feelings and how they're able to cope with that. And doesn't stop them thinking about that child every Christmas and every birthday. So, yeah. And try and think about the benefits that it might give the child too in terms of growing up.

13.2.2(ii) Decision making about contact should be individualised

Reflecting the messages to adoptive parents, two adoptive parents gave advice to social workers about not pressurising prospective parents to agree to contact that they didn't feel they were able to manage. This points to better preparation and education around contact, but also about really listening to people's fears around contact and trying to address them individually:

What would be your messages about contact to social workers?

Um, how they've put it to me was, even if we didn't want it, we had to have it because I want this child. I want this child so I had to have that. So you're pressurised into doing this for the wrong reasons initially. Yes that's worked out on both of mine, one better than the other, but I think there should be some contact but be careful how you do it. Not to push it. I know they're not giving you a child, they're giving a child a home and that's a big difference.

Some of the parents wanted to advise social workers not to make blanket policies around contact, but instead really understand the child's needs and the adoptive family's capabilities on a case by case basis and to recognise that the plans would have to be flexible:

It must be right for the child. All children are different so you can't, you can have guidelines, but they must be very flexible guidelines I think around contact. As I say, every child is different and you cannot say 'you need to do this, you need to do that', because you can't. What is good for one child is no good whatsoever for the next one. I think that's something that, I think social services and people who work with children tend to lose sight of. They tend to categorise children and you can't put children into any categories really. You can generalise but they're all individual. I think it's a case of experience, you need adoption workers

who are experienced enough to be able to say 'I think this is what you should do with this child in this family in this particular case'. But even that must remain flexible as the children change.

One adoptive parent who had adopted biologically related siblings, emphasised that this individualised contact planning still needs to apply for sibling groups.

Sometimes contact may be advisable for one or both siblings, sometimes it may not, sometimes the frequency might vary depending on what happens or on developments. I just, my feeling is it's probably wrong to make any blanket presumption either way.

Building on this point, some adoptive parents thought that the birth family should be thoroughly assessed as to whether they would be able to maintain contact over the long-term, taking into account their needs and the reason why the children entered care:

Look at what's happened to the child, why they've been taken into care, what is the likely outcome of the birth parents, like if they're addicted to drugs and what have you, and then plan it in that respect. The other side of it as well is that it's unlikely with letterbox that you're going to get anything back. Some of them can't even read or write. So I don't know, it's very difficult. It should be a positive thing and it frightens me that it might turn into a negative thing.

It might be helpful for practitioners to consider other family members to help manage the contact when a birth relative might be unreliable. A couple of adoptive parents mentioned that they felt they would have benefited from more mediation with a birth family member at the start of the contact, to make sure that everyone was aware of each other's expectations and a fair agreement could be made which everyone was happy with.

13.2.2(iii) Contact should be reviewed and supported throughout childhood

Given that many of the adoptive parents had initial anxieties around contact, some felt that social workers should make a plan for contact arrangements which the adoptive family felt comfortable with and then review the plans once they had been established. This could allow for the interaction to develop naturally with more information being exchanged as each party builds trust in the other. Indeed, some of the successful direct contact arrangements seen in this study started as modest indirect contact with birth family which grew over the years. The key to this approach, however, would be reviewing and supporting the contact to grow:

From your experience what would you want to say first of all to social workers who are deciding now whether or not to set up contact arrangements. What sort of contact should it be?

I would say set up the minimum that the families are comfortable with and then there's always scope to go further than that. But if you set something up that people are, particularly if you're just going into it as new adoptive parent, you're very much on the back foot because you want that baby, you want that baby or that child, and you don't want to seem unreasonable and say anything that might jeopardise your chances, so you may agree to something that you'll regret later on.

Some adoptive parents felt that social workers should offer on-going support to birth relatives who might struggle with the practicalities of contact such as letter writing, or sticking to a date and time for a meeting. They acknowledged that contact could stir up complex emotions which some birth relatives may need to work through in order to commit to contact over the long-term. They felt that if social workers planned for contact they should also make a commitment to supporting birth relatives to make it work:

I think if there is going to be contact of any sort, they need to be absolutely convinced that it will continue, including letterbox contact. Saying you can have letter box contact but not going round there to help

them write the letter every time is a complete failure. And if you've got letter box contact twice a year, you need a social worker or somebody to go to that family and help them write the letter and make sure it gets in the post. To not get it, it's so damaging. Just thinking 'oh well, it's just a card', they need to be nagged into doing it. They've probably got feelings of 'I must get round to do that' but they've got feelings of anxiety and all those sorts of things. Or this posh woman [adoptive mother] is going to look at my spelling and my handwriting, I can imagine what that must feel like for someone who's not very literate, sending an important thing like that to somebody they don't really know who they think has got more money and more education than they have. It would be horrible, wouldn't it? They need that facilitating for them. And they always talk about doing it, but it just never happened. If they haven't got the resources to support it, don't put it in place.

Of course it is likely that some birth relatives might not be able to maintain a commitment to contact or that, despite their best intentions, arrangements might come to a halt. One adoptive mother, whose son had been significantly affected by not receiving any information from his birth family, thought that this possibility should be discussed at the planning stage with all three parties and a course of action should be decided on. One suggested option would be to contact the birth family and ask for an explanation which could be tactfully communicated to the child:

I think the letters in theory is a good thing and I can see that working really well with [adopted brother]. But then what do you do if you don't get the letters? So maybe there should be something in there for what's the Plan B if somebody stops because we would never dream of stopping writing. We feel we're bound to, it's our duty to do it, it would never occur to me not to write those letters. So what do you do if they don't write letters? Then I feel the social services should come to some kind of agreement to contact people if they don't write. This is a really unsatisfactory situation. It's horrible to send out a letter and then a week later to get that short statement saying there's been no contact. I know it by heart now. That's horrible to get that letter from them every year.

13.2.2(iv) Social workers should give adoptive families as much information as possible

We have heard how important information about background is to young people and that often young people want contact for information reasons rather than to build a relationship with their birth relatives. This adoptive mother felt that social services could do more to let adoptive families know information about the birth families' background not just before the child is placed, but updating this over the years:

It would be nice if social services could let the adoptive parent know if there's any other siblings or any other information that would be helpful. That would be really good to know what's happened to these people. So you can fill your own children in if they should ask. And also if they've passed away or, just so they know.

I guess there might be things that social services don't know.

Yeah, if they were aware. I suppose it must be easier now for social services that computers are so much better and you've got access to more information rather than bits of paper.

Reflecting the young people's advice to social workers, some adoptive parents also thought that careful consideration should be given to life story books and that these should include as much information as possible (including difficult information) delivered in a sensitive manner:

I think one of the messages I'd get across would be, be very, very mindful of the birth parents' situation from the point of view of their problems. Increasingly, kids are not taken into care because of the bad luck of the parents, it's usually an underlying issue of abuse or neglect or whatever. I don't know, I think maybe possibly more effort needs to be put into building a picture, you know like the life story book, I don't know what it's like these days but what we had was like a photograph album, it weren't bad but it wasn't professionally done. I think maybe if there was something that was really quite um professionally done with a formula to it and, so you can leave as many stones unturned as possible."

13.2.3 Birth relatives' messages for practitioners

Birth relatives were asked what advice or messages they would have for practitioners. Like the young people, they differed in the extent they had interacted with practitioners. Some birth relatives, especially relinquishing mothers or extended family members, had only had social worker contact whilst the adoption was going through and had not had any further contact with them for a number of years. Some birth relatives had a care background and had grown up with social workers being part of their lives, and quite a few birth parents had experienced involvement with social services for most of their adulthood because they had significant mental health or learning needs or had needed intervention with other children. Despite these varying experiences, three common themes emerged from the qualitative data about contact planning and support.

13.2.3(i) Treat birth relatives sensitively when making contact decisions

For the birth parents, adoption was often the most stressful life experience they had gone through, regardless of whether or not it was their choice. It was also very stressful for extended family members, resulting in feelings of powerlessness or guilt. Quite a few of the birth relatives spoke about how important it was that social workers were honest with them, non-judgemental and really listened to what they wanted. These positive attributes were also felt to be important when deciding on contact arrangements, which happened often at a time when the birth relative felt at their most powerless - after the decision about adoption had been taken. The following birth relative gave advice to social workers about being more sensitive and taking the time to explain the contact options available and what they could mean in the long-term:

What do you think social workers need to know about contact and adoption?

Um, I think they need to be a bit more sensitive about it as well and taking in the needs of the child and, you know, the person who's having to go through that. It's through that emotional time they need to be a bit more sensitive towards both the mum, or the dad, they need to be a bit

more sort of, and more open as well, and give them options and things, and things like that... In those times going back I thought the social workers they were a help, they support, but I felt they were a bit sort of cold and emotionless. It's like a brick wall you're talking to.

A small number of birth parents felt that their contact wishes were not listened to and they felt they ought to agree to the arrangements suggested because of their feelings of guilt and disempowerment, even if they felt unable to manage the contact over the long-term. This birth mother felt that social workers should have taken more time to really discuss her feelings around contact in a safe and non-judgemental way.

I didn't really want that contact, so perhaps just ensure that is definitely what both parties want. I think I went along with it because I felt so happy and appreciative that they found such a wonderful family for him that I felt I should do what they wanted. But actually that wasn't what I wanted. Just really ensure that it is what both parties want.

13.2.3(ii) Facilitate more dialogue between the adoptive families and birth relatives

Some of the birth relatives felt that there should be more dialogue between the adoptive parents and the birth families promoted at the start, and that social workers should try and facilitate a meeting where everyone could discuss contact. Of course this approach would not work with every birth relative when emotions are running so high, but for some it could. For others it could be an option later on down the line when the child had been with their family for some time, as part of a review of contact:

What do you social workers need to know?

I'm not sure really. I suppose they have to get everyone to sit down and talk about it and see, because each family is different from the other, different circumstances of why they've been adopted. So maybe come into a room and get someone to sit and talk to everybody, find out what the next step is to moving on.

That's a rather tough one, not being a professional myself. But obviously, only the very obvious thing that you need to bring everyone together to talk it over and it does very much depend on personalities. So you have to be in a way lucky with the personalities, which in my case we have been.

13.2.3(iii) Birth relatives should be supported when contact breaks down

As discussed in Chapter 11, one of the most negative experiences post-placement for birth relatives was indirect contact letters no longer being sent or direct contact meetings no longer being organised by the adoptive family. Unsurprisingly therefore, along with the message to adoptive parents to maintain contact, some of birth relatives felt that social workers should do more to ensure that contact arrangements were maintained, including following up adoptive parents who did not send the agreed letters or photos. In addition, they also felt that social workers should be there to support and reassure birth relatives when contact decreased or stopped as this experience could be isolating and reinforce loss:

What do social workers need to know about contact and adoption?

That regular intervals are really important and if there's a gap in those regular, if it is every six months and then it gets to seven or eight months, then that can be quite anxious. Just some way of knowing that they hadn't been forgotten I suppose. That's it, knowing that you haven't been forgotten in the whole process because social workers are obviously very busy and you're just one person amongst many. To know that you're not forgotten.

13.3 Chapter summary

The suggestions made by adopted young people, adoptive parents and birth relatives to the other parties in contact, and to adoption professionals, provide a wealth of sensible advice that can be used in practice. Although there were some differences in views between the three groups, there was also much

commonality. Below the main messages drawn from all three groups are summarised.

- Every case is different, and contact planning should be individualised.
- Prospective adoptive parents and birth relatives should be prepared thoroughly for contact.
- The long term needs of the child should come first in contact decision making and children should be involved once they are old enough.
- Both adoptive parents and birth relatives need to be treated sensitively so that their questions and anxieties about contact can be addressed.
- Facilitated meetings between adoptive parents and birth relatives to plan post adoption contact could be considered.
- Information about background is essential in building a sense of identity, therefore it should be made available to young people either via contact and/or life-story work.
- Where contact has been agreed, adoptive parents and birth relatives should stick to their side of the arrangements. If contact needs to decrease or stop, the other parties need to know the reasons why.
- Social workers should review and support contact to ensure that it continues successfully.
- There should be more support offered to young people at age 18 about deciding on the future of their contact.

Chapter 14 Conclusions and discussion

In this chapter the strengths and limitations of the research will firstly be reviewed. Then findings from research in relation to the research questions will be summarised. The implications of the study for policy relating to both adoption as a permanent option, and contact after adoption will be discussed. The implications for practice in relation to contact planning and support will also be considered.

14.1 Strengths and limitations of the research.

14.1.1 Strengths of the research

There are a number of features of this study which add to its importance and originality in the field. To begin with, the vast majority of families included in the study have been drawn from a complete cohort of children adopted within the participating agencies in the relevant timeframe. Families were approached by the research team via the participating agencies, as opposed to volunteers being sought for an opportunistic sample. Of course it is impossible to completely eliminate bias in relation to which families participate, as families have a free choice about taking part. The research team have endeavoured throughout the study however to encourage families to take part regardless of the contact they had experienced or not experienced. Because of the range of information we have about families in the cohort as a whole, and in the study at various stages, we have at least been able to trace and identify sources of bias in the sample.

The criteria for inclusion in the study were based on the contact plans made by social workers for the children at the time of placement. Because the sample was recruited across a range of adoption agencies that differed in geographical location, size and whether or not they were local authorities or voluntary sector agencies, this eliminates much bias relating to agency cultures and practices in relation to contact. This is important because the study's original survey revealed that practices in relation to contact can differ quite dramatically between different adoption agencies (Neil, 2002b).

The prospective longitudinal design of the study is a key strength as we have descriptive and outcome data across (on average) 16 years enabling us to

understand the pathways both of the children's development over time, and of the development of their contact arrangements. This is important in understanding not just the outcomes of adoption as a placement option and of different contact arrangements, but the processes that may underpin these outcomes.

In terms of age of placement, and reasons for adoption, the sample is highly relevant to children being adopted today both in the UK and elsewhere. The sample focused on children placed for adoption under the age of four; the majority of children in the sample (69% at Time 3) had been adopted from the care system. This reflects the national picture in the UK where most adoptions are of children in the care system and where 66% of adopted children are adopted under the age of five (ONS 2012). Yet children adopted at young ages after experiencing abuse and neglect are an under researched group (Rushton, 2004).

The use of adoption as a route out of care is employed in other countries. For example in the United States in 2011 over 50,000 children were adopted from foster care (Grotevant & McDermott, 2013). Adoption from care has not traditionally been used in many European countries (Warman & Roberts, 2001) but there is evidence that policies in relation to this may be changing. For example Finland has recently introduced new adoption laws with the aim of promoting domestic adoption; the option for open adoption is an important part of this legislation (Adoption Act, 2012, Finland). Adoption from care is also a growing option in Spain and Portugal. The EurAdopt consortium of European adoption agencies, most of whom have traditionally focused on intercountry adoption, are including in their 2014 conference program a major theme discussing the domestic adoption of children from care (Maria Doré, personal correspondence). In spite of the widespread and growing use of adoption from the child welfare system, evidence about post adoption contact is particularly lacking for this group of children (Grotevant & McDermott, 2013) and this study is an important contribution to this knowledge base.

A further strength of the study is the use of multiple data sources and informants. As is clear from the findings of this third stage, to look at post adoption contact from the perspective of just one party cannot reveal the whole picture. Each party to contact brings their own wishes, feelings and strengths and weaknesses, and the interaction and relationships between parties strongly contribute to the quality of the contact experience (Neil & Howe, 2004; Grotevant, 2009; Neil et al, 2011). The mixed methods design has enabled a broad range of research questions to be answered.

Use of the original social worker completed survey has provided important information about the pre-placement experiences the children, and the employment of standardised measures provides data on participants' adjustment that can be compared to norms and findings from different samples. The in-depth qualitative research methods reveal the inter and intra-personal processes which help understand and explain if, when and how post adoption contact is beneficial.

The research has benefited from a collaborative design where the views and experiences of a range of stakeholders have been valued and taken into account. The work has drawn on key insights from previous projects which have employed adoptive parents and birth relatives as consultants to the research process (Cossar & Neil, 2013) and in the current project the contribution of the adopted young peoples reference group in planning the research was invaluable. The study's research advisory group included adoptive parents, a birth mother, and adopted adult, adoption practitioners and adoption researchers and the insight of group members was important in steering the research. Participants themselves have been enabled and encouraged to contribute their personal perspectives and put forward their views about implications for practice, as have been summarised in chapter 13. Finally, the research has benefited enormously from detailed and critical peer review from adoption experts both within the UEA and external universities.

14.1.2 Limitations of the research

As with all research, this the study does have limitations and it is important to understand these. Firstly, like many longitudinal studies there has been some bias in relation to the families who have chosen to take part versus those who refused and in relation to the families who have stayed in the study versus those who have dropped out. In the third stage of the study therefore the sample has been biased towards families where contact has been ongoing, where adoptive parents are more communicatively open, and where birth relatives more accepting of the adoption. The study may not therefore fully represent the experiences of families where no contact has occurred or where contact has been unsuccessful. This is particularly important in thinking about young people's views of contact, as the study has included very few young people who have experienced no contact and whose adoptive parents have not been particularly communicatively open. These young people may be particularly at risk of dissatisfaction with their contact or no contact arrangements and/or problems in managing their adoptive identity.

This sample of children adopted at young ages mostly from the care system may not necessarily represent other types of adoption. A particular feature for many children in this study is that by the time the children were placed for adoption, few had an established relationship with birth relatives. Many children had been removed at birth or in the first year of life, and important attachments were mainly to foster carers not birth relatives by the time they were placed for adoption. For many such children, this lack of established relationship has contributed to the ease of contact, as children (especially in their early years) were often somewhat emotionally neutral about contact events (see chapter 2, Neil 2002a). For children older at placement, especially those who have established birth family relationships, contact may have more immediate significance for the child and contact events are less likely to be emotionally neutral (Neil & Howe, 2004; Neil et al, 2011, Thoburn, 2004, Thomas et al, 1999). Many of the young people in this study tended to accept whatever contact had been planned for them; children with established birth family relationships may have stronger feelings and views (positive or negative) about the termination or continuance of relationships with birth relatives.

The sample has included children whose parent/s decided upon the adoption (almost all of whom had been placed in foster care before being adopted), and those adopted from the care system (where the adoption plan was initiated by social services), the latter group making up the majority of cases. Where children have been adopted from care there may be additional challenges in relation to post adoption contact which could include the high levels of difficulties that may be experienced by adopted children and young people and their birth relatives, the complex histories of these cases, and the contested nature of the adoption. This study may therefore over represent the complexity of the contact in relation to voluntary infant placements.

The sample has not included children adopted by relatives or those in intercountry adoptions. These types of adoptions may bring about different issues in relation to contact (for example, managing the family dynamics of contact in kinship adoptions or the impact of cultural or language differences and geographical distance in intercountry adoptions). The current study is unable to shed light on these questions that are specific to adoption across national boundaries or within families - though in other respects there are lessons too for these other types of adoptive family.

Finally, the sample has been too small to explore systematically all the relationships between relevant variables in a quantitative analysis, although these relationships have been examined qualitatively. Because of the large number of variables that may have an impact on satisfaction with adoption and on long term wellbeing (contact arrangements being only one of them) we cannot attribute causation, but have, with some variables, been able to identify associations between some characteristics of the children, birth families and adoptive parents and the outputs and outcomes we have explored.

14.2 The research questions reviewed

This research asked seven different research questions, summarised below. Key learning in relation to the first six of these research questions will be discussed in this section. There will be a separate section to follow looking at implications for practice. (research question 7). The seven research questions were as follows:

1. How were the adopted young people getting on in adolescence in terms of their emotional and behavioural development, perceived wellbeing, and relationships with adoptive parents? (Chapter 4)
2. What types of openness have adopted young people, adoptive parents and birth relatives experienced since the last follow up at Time 2? (Chapters, 5, 6, 11 and 12).
3. What are the views of adopted young people, adoptive parents and birth relatives about the contact plans they have experienced? (Chapters 6,7 and 11).
4. How were the adopted young people making sense of their adoptive identity? (Chapter 9)
5. How open were adoptive parents in talking and thinking about adoption with their child? (Chapter 8)
6. How well were birth relatives doing in terms of their mental health and their acceptance of adoption? (Chapters 10)
7. What are the implications for practice that can be drawn from this longitudinal study? (Chapters 13 and 14).

14.2.1 How were the adopted young people getting on in late adolescence?

Our first research question asked how well the adopted young people were getting on in late adolescence. These findings were explored in chapter 4. The answer to this question varied according to the method of measuring the young person's progress. Adoptive parent reports of young people's emotional and behavioural development using the standardised CBCL and ABCL measure indicated just under half of young people were displaying significant emotional or behavioural difficulties. Similarly, overall researcher ratings of young people's development found that about half of young people were either surviving or struggling as opposed to thriving in their development. On the other hand however, about three quarters of young people appeared satisfied with their life, they reported stable emotional health on the GHQ and their self-esteem (especially self-liking) was robust. In addition almost all young people reported good relationships with adoptive parents on the Inventory of Parent and Peer Attachment. These positive findings suggest that adoption had worked well for the young people in terms of providing a family for life.

Positive adoptive family relationships appeared to have helped a number of young people build resilience and overcome early adversity, as well as cope with current adversities. For other young people, despite loving adoptive family relationships developmental difficulties were still encountered. Young people's difficulties appeared to relate to a number of factors including their pre-placement care experiences, pre-dispositions to genetic risk, and adverse life events after adoption. About one fifth of young people had experienced very worrying patterns of development at the time of this follow-up. Most of these young people were currently, or had at some point, lived apart from their adoptive parents either because their developmental difficulties required specialist residential care or treatment, and/or because of the strains in adoptive family relationships. It is striking however that for the 65 adopted young people we followed up, in no cases had the adoptive placement completely broken down in terms of adoptive parents ceasing to support and be involved with the adopted young person. This is in contrast to other studies which suggest a disruption rate of approximately 20% (Rushton, 2004). Differences may be partly due to the way disruption is defined and measured across different research studies. However it is also possible that our sample of more communicatively open families had a number of particular strengths (for example

empathy for the adopted child and comfort with dual connection) that enabled them to keep “holding on” when difficulties occurred.

These findings suggest that when considering the success of adoption a range of outcomes need to be measured. Our follow up shows that adoption disruption is difficult to define, and as Rushton (2004) has pointed out, that the continuance or otherwise of the placement is at best a crude indicator. Although for a number of adopted young people, adoption had not ameliorated emotional and behavioural difficulties, it is vital to know that most nevertheless had gained a family for life, that young people did feel loved by their adoptive parents and felt generally happy with themselves and their situation.

For some young people experiencing moderate or severe developmental difficulties professional support services had been helpful. A large amount of unmet need for post-adoption support was apparent in this sample however. Implications of the research findings in relation to adoption support will be discussed in section 14.3 below.

14.2.2 What types of openness have adopted young people, adoptive parents and birth relatives experienced since the last follow up?

In our examination of the openness people had experienced since the last follow-up, several points have emerged. Contact arrangements had rarely remained entirely static and both increases and decreases were observed. Decreases in contact were more common than increases, and across the 16 years of the study over half of contact arrangements had reduced in intensity or stopped altogether. A small number of contact arrangements had been brought to an end by adoptive parents because the contact was considered harmful to the young person. In most cases however this did not appear to be the reason why contact ceased. The reasons varied from case to case and included factors such as dissatisfaction of any party about contact and the inability to maintain contact alongside stressful life events or developmental challenges. Several contact arrangements had appeared to simply peter out when one or more of the people involved were not experiencing any particular benefit from it. Crucially during this last follow-up the young people themselves had taken a more active role in determining their contact arrangements, and some reductions in contact had been initiated by young people. Some young people made this decision on the

basis that contact was not meeting their needs, whilst others did so because contact had met their needs and they no longer required it.

Increases in contact had also been initiated by young people. Again this could be either because existing contact had met their needs (and they therefore wanted to take further steps in finding out about or developing a relationship with their birth relative) or where contact arrangements (particularly gaps in contact) had left them with unmet needs. Over the last 10 years we had seen the emergence of use of social media as a means for adopted young people and birth relatives to find out about each other, to maintain a relationship with each other, or to seek each other out when no or little contact was occurring. The use of social media in these ways was often experienced as beneficial when it complemented existing contact arrangements, and where adopted young people were helped to manage the contact by the adoptive parents. However some less happy experiences were reported where social media was used in an unexpected and unplanned way, especially where the adoptive parents were not aware of what was happening.

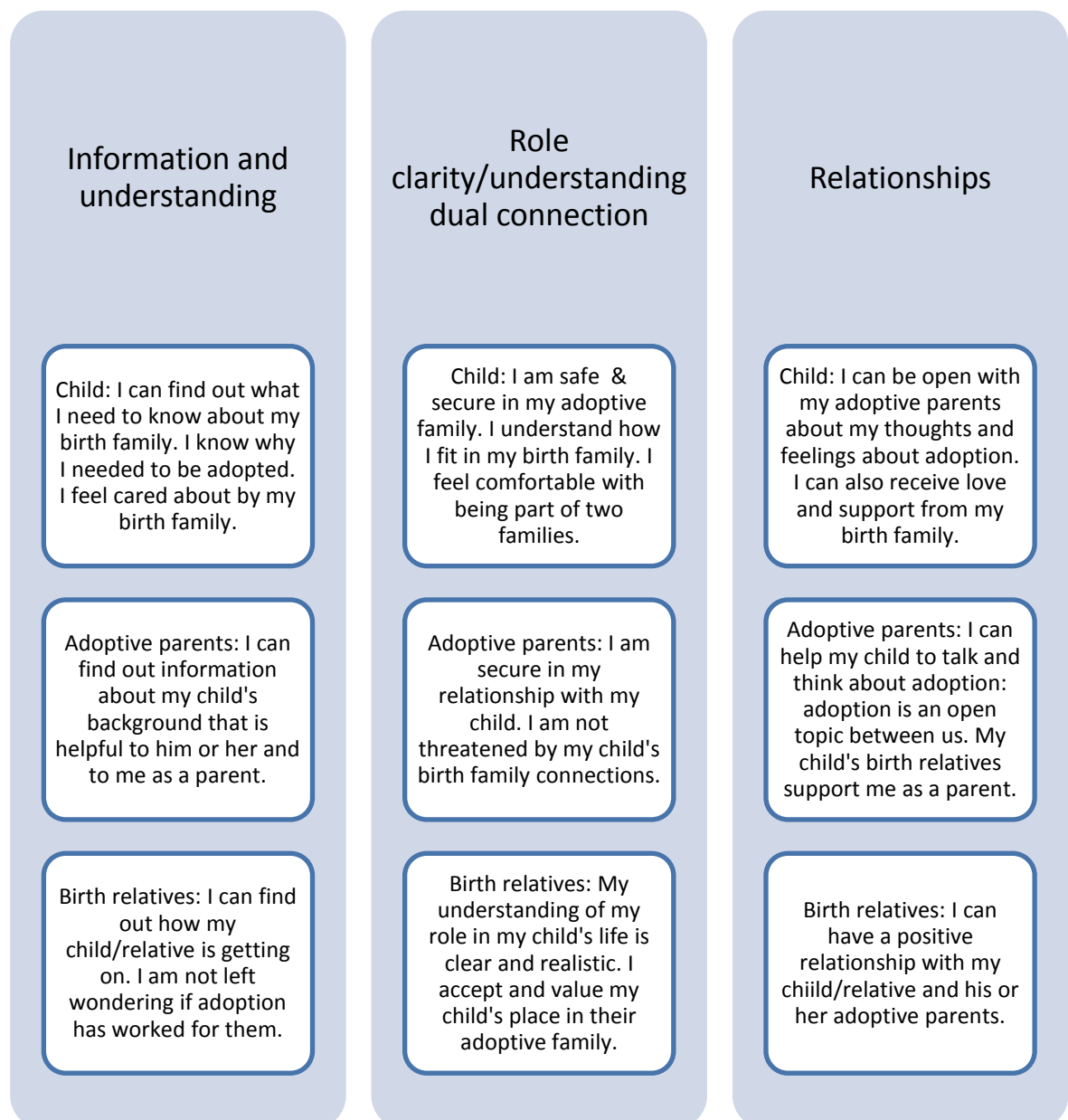
Although fluctuations in all types of contact were noted, indirect contact has appeared to pose particular challenges in relation to maintaining arrangements over time. The original survey identified indirect contact as the most common form of contact for adopted children so it is important to know that only a small minority of indirect contact cases had actually involved reciprocal exchanges over an extended period. Where such contact had been sustained, this had been due to the resources and commitment of both adoptive parents and birth relatives. This form of contact may, because of circumstances, be the only arrangement that is possible but it does create communication challenges, as both adoptive parents may struggle with knowing what to say, and understanding and interpreting what the other person is saying. To sustain indirect contact also requires literacy skills, and a willingness and ability to stay in touch with the facilitating agencies, ensuring they are informed of any change of address.

The study has illustrated the disappointment experienced by individuals where planned contact arrangements have not been sustained over time. This emphasises the importance of realistic appraisal of the sustainability of contact at the planning stage, and ensuring that support is available to enable beneficial contact to be sustained.

14.2.3 What are the views of adopted young people, adoptive parents and birth relatives about the contact plans they have experienced?

The views of adoptive parents, adopted young people and birth relatives about the contact they have experienced have been similarly varied, but repeating themes have emerged, these relating to information needs, understanding role differences, and developing relationships. Figure 14.1 below summarises some of the key ways in which successful contact arrangements had addressed needs in these areas for adopted young people, adoptive parents and birth relatives.

Figure 14.1 Ways in which contact could act as a resource for adopted young people, adoptive parents and birth relatives



Information & understanding. People have tended to value contact where it has provided information about the other party, particularly if this information is seen as up-to-date and realistic. Adoptive parents and adopted young people have valued this information in terms of the contribution it can make to the young person's emerging adoptive identity and sense of self. Birth relatives have valued information about the adopted young person in terms of managing anxieties about their well-being. Conversely, where contact has failed to provide realistic information about the other party, people have tended to be dissatisfied.

Understanding roles and managing dual connection. All parties have valued contact where it has provided clarity about the nature of the child's connection to their birth and adoptive families. So for adoptive parents, contact has been valued where it has helped them to develop a sense of confidence in their role as the child's legal and psychological parents, but also where it has helped them to appreciate the role of the birth family in the child's life. Adopted young people have valued contact where it has not undermined the status of their adoptive parents as their legal and psychological parents, but where they have been able to develop an understanding of the nature of their connection to birth relatives and the different roles of birth relatives in their life. Birth relatives have valued contact where their role in the child's life has been clear and manageable, and where they have been able to have a sense of contributing something positive to the young person. Where the role of birth family members in the young person's life has not been well-managed, for example where birth relatives have chosen to withdraw completely, where there has been a lack of acceptance of adoptive parents by birth relatives, or of birth relatives by adoptive parents, all parties have tended to find contact less beneficial.

Relationships. Only a minority of contact arrangements have led to the development of close relationships between the adopted child and birth relatives. There are two situations where this has occurred however. Firstly this is where young people have had ongoing direct contact with extended birth family members. Many of the contact arrangements with extended family members in this study were strikingly successful; they appeared less emotionally complex than contact with birth parents, and extended family members often had greater resources to offer the adoptive family. Secondly some relationships have been built where indirect contact has become face-to-face in late adolescence, usually at the young person's instigation.

Although some contact arrangements have allowed adopted young people and birth relatives to become close, there are no examples in this study of where this has occurred at the expense of adoptive family relationships. This may be related to our sample of more communicatively open families and more accepting birth relatives, as such adults are less likely to feel threatened by each other and more likely to value the child's membership of the 'other family'. Although developing a relationship with birth relatives has been a source of satisfaction for some people in the study, in other cases this has not been an expectation in relation to the contact, and people have been satisfied with contact because it has met other needs.

The satisfaction of both birth relatives and adopted young people with their contact arrangements was measured in the study. In relation to adopted young people, no one type of contact seemed particularly associated with satisfaction levels. In general adopted young people tended to endorse contact arrangements that were familiar to them. Young people appeared happier with contact that was stable, and most young people who were unhappy with their contact arrangements wanted more contact not less. Importantly, young people who were satisfied with their contact were those who were better adjusted overall. This could possibly have been because their positive adjustment helped them to manage the feelings and dynamics of contact. For some young people however problems with contact (including disappointment with the lack of contact) appear to contribute to feelings of unhappiness and in some cases behavioural disturbances.

No birth relatives in the study were entirely dissatisfied with their contact; birth relatives generally emphasised the importance of having any contact with the adopted young person, no matter how little. Birth relatives who were very satisfied with their contact tended to be those who had experienced continuing contact arrangements over time. Some birth relatives had been very upset by contact arrangements that had been stopped by the adoptive parents or adopted young people, particularly where no explanation was provided for this. Generally speaking, a strong sense of both gratitude and powerlessness pervaded birth relatives' views of contact, something that was also noted in an earlier study of direct contact arrangements (Neil et al, 2011).

A factor that appeared important for all three parties was that contact arrangements had some predictability and stability about them, whilst at the same time being flexible. All parties demonstrated in their views summarised in chapter 12 a general

encouragement to others to stick to agreements and commitments about contact. Alongside the argument for stability in contact, the need for contact to change to respond to changes within birth and adoptive families, and in particular to respond to the changing views and situation of the adopted young person has been highlighted. What seems important is that all parties understand the reasons for change and can have the opportunity to express their views and needs in relation to these.

Current policy in relation to post adoption contact in the UK was outlined in chapter 1. Summarised briefly, a consideration of post adoption contact is required, decisions should take account of the lifelong impact of adoption on the child, the child's welfare should be the paramount consideration, and there is no presumption for or against contact after adoption. Broadly speaking the current research supports this current policy position as findings suggest that contact planning should be individualised, a key point made by adoptive parents, birth relatives and adopted young people in chapter 13. The original survey carried out in 1996 to 1997 suggested that contact planning was rather cruder than this, and that agency cultures and practices had a strong influence (Neil, 2002b). This third stage of the study provides further evidence that it is time to move away from simple formulas about post-adoption contact, and fully embrace more individualised methods of contact planning. As has been argued by the UEA team in a previous paper (Neil et al, 2012) ensuring that contact planning is effective and in children's best interests is difficult to achieve with directive government policy and may be better addressed through improving the quality of professional practice.

14.2.4 How were the adopted young people making sense of their adoptive identity?

Our fourth research question asked how the young people were getting on in terms of developing their adoptive identity. A qualitative analysis of adopted young people's interviews was used to explore this research question and four patterns were identified: a cohesive identity, and developing identity, and unexplored identity and a fragmented identity. Despite differences between young people in the relevance they felt adoption had in their lives, very few adopted young people were completely uninterested in issues related to adoptive identity. Young people who had a cohesive adoptive identity tended to be those who were getting on well in other areas of life. There was evidence both of broader developmental issues affecting identity

development, and of identity problems or concerns impacting on overall development.

From the questionnaires completed by social workers in the first stage of the study, and from the interviews with adoptive parents and birth relatives, it was clear that meeting the adopted child's identity needs was a motivating factor in arranging birth family contact. There were some indications from this third stage of the study that both birth family contact and adoptive family communication about adoption could help young people achieve a cohesive sense of identity. The mechanism by which this occurred appeared to be the opportunities that adoption conversations and contact events created for the young person and their adoptive parent/s to process adoption related thoughts and feelings. This suggests that although birth family contact may not have any great impact on overall development, in relation to adoption specific aspects of development it can be a resource to the adopted child.

The overall development of adopted young people is an interesting and important part of the study in its own right. We have also aimed to explore whether or not the adopted young people's post-adoption contact arrangements might have impacted on their overall development. In the early days of changes in practice relating to contact in adoption a number of fears and hopes were apparent. Fears included the worry that contact might disturb or unsettle adopted children, negatively affect their relationships with adoptive parents, or expose children to further maltreatment. Hopes included the expectation that contact might promote more positive development in adopted young people, particular in relation to developing an adoptive identity.

This longitudinal study did not find any evidence that birth family contact was having a discernible effect on the stability or quality of adoptive family relationships, or broader aspects of development such as emotional and behavioural difficulties, life satisfaction and self-esteem. This is unsurprising given the very restricted nature of birth family contact experienced by the young people in this sample; most contact arrangements happened generally only once or twice a year. Compared to the more pervasive influence of factors such as the adoptive family environment and other relevant microsystems such as the young person's school and peer group, the powerful impact of early adversity and genetic risk, and positive or negative post-adoption life events, infrequent contact events with birth family appear to have little impact on young people's general development.

Birth family contact however was a significant and important experience for many of the individuals concerned. There were many examples in the current study of contact arrangements that had proved rewarding and valuable to adoptive parents, birth relatives and adopted young people. That the experience of contact may be valued by those involved may in many cases be a sufficient argument for facilitating contact.

14.2.5 How open were adoptive parents in talking and thinking about adoption with their child?

Adopted young people completed Brodzinsky's adoption communication openness scale, and family communication about adoption was also explored in the interview. Most adopted young people reported feeling at ease in discussing adoption with their parents; a few adopted young people felt that their parents were withholding information or uncomfortable with discussing certain issues. The adoption communication openness of adoptive parents was explored in the adoptive parent interview. Over three quarters of adoptive parents had scores on the adoption communication openness researcher ratings in the high or moderate range. A relatively small minority of adoptive parents had scores in the low range; our sample however is affected by selective participation and attrition in relation to this aspect of adoptive parenting. Close links between birth family contact and adoptive family communication about adoption were apparent from the qualitative data; birth family contact events provided a forum for communication, and adoptive parent communication openness provided motivation for initiating and sustaining birth family contact.

The challenges of maintaining an open dialogue about adoption with the adopted child had altered for adoptive parents over the years. In particular parents needed to respond more to questions and initiatives from the young person, and to balance their own views with the developing views of the young person. Although many young people in the study were more opinionated about their birth family contact than at Time 2, and they were keen to exercise autonomy around their contact arrangements, the need for adoptive parents to remain involved, open and supportive was still apparent. In particular adopted young people appeared to need and value the input of their adoptive parents in making decisions about the contact they would like to have with their birth relatives in late adolescence and into early adulthood.

14.2.6 How well were birth relatives doing in terms of their mental health and their acceptance of adoption?

The sixth research question explored the progress of birth relatives 16 years or so after adoption, focusing particularly on people's levels of mental distress (measured using the Brief Symptom Inventory) and on people's acceptance of the adoption (rated by researchers as either positive, resigned, or angry and resistant). Almost half of birth relatives continued to have high levels of psychological distress as measured on the BSI. Birth relatives generally showed the same patterns of acceptance of adoption as they did at Time 2. Over half of birth relatives showed positive acceptance of the adoption and this was more often true of extended family members than birth parents.

The adopted young person's teenage years had brought about additional challenges for birth relatives in managing their feelings about adoption. In particular it was often challenging for birth relatives when adopted young people were encountering developmental difficulties, as this could worry birth relatives about the young person's well-being, and in some cases occasioned strong feelings of guilt about past behaviours. Birth relatives also had to think about their role in the young person's life, in particular how they could support the young person without undermining his or her adoptive parents. As adopted young people moved towards adulthood, birth relatives often also became anxious about what might happen next in relation to the contact, particularly whether or not the adopted young person would want to initiate, continue or change contact in anyway.

14.3 Implications of the study for adoption policy and practice: the need for adoption support

This study has provided an important contribution to our understanding of the outcomes of adoption for adopted young people, especially the under-researched group: those adopted from care. The current UK government has initiated a programme of adoption reform aimed at placing a greater proportion of children from the care system in adoptive families as set out in publications such as An Action Plan for Adoption: Tackling Delay (DfE 2012a), Further Action on Adoption: Finding More Loving Homes (DfE 2013b) and the Children and Families Bill 2013. The current

study suggests that adoption can provide stability and a loving family base for children who have experienced early adversity in life. However it clearly illustrates that even when this is achieved, many children are likely to have ongoing needs that must be addressed.

Our study is in line with others such as the study by Pennington (2012) in demonstrating that the issue of adoption support is a very real one for current adopters and likely to be so for those enquiring about adoption. Our study and others indicate that these needs are likely to be experienced by a significant proportion of adopted children. For example, the overview of studies in the UK Adoption Research Initiative highlighted that adoption in itself may not resolve the effects of early harm and that adoptive families need input from various external sources of support including psychological and mental health services, educational support, and financial or practical help (Thomas, 2013).

In the current study, for some young people support needs had been apparent from the early days of the placement; in other families the child's needs for support had emerged over time and had intensified particularly in adolescence. All these findings indicate, as Quinton suggests, (Quinton, 2012), that we need to fully embrace the idea that adoption is now about parenting for developmental recovery; as such support for adoptive families needs to be firmly embedded as part of the 'ecology' of adoptive parenting.

Adoption agencies have developed a range of adoption support services (CSCI 2006) including social worker visits, training, support groups, peer support, help lines, family events, CAMHS and other psychological help adoptive parenting interventions (Rushton and Dance, 2002). Many adopters who have received such services have been satisfied with them (Biehal et al, 2010, Selwyn et al, 2006). However, availability of support varies considerably across agencies. It is sometimes only available when problems have become advanced (Biehal et al, 2010) and support offered is not always "adoption competent" in terms of understanding the nature and origin of children's difficulties (Hart & Luckock, 2004; Rushton, 2009). The experiences of adoptive families in the current study suggest that access to effective and appropriate adoption support services has not yet been achieved for many families.

Adoption support services need to recognise the difficulties that some adoptive parents may experience in coming forward to ask for help; as Rushton (2009) points out adoptive parents can have their “confidence dented by a hard to manage child” (p. 267). A recent report by Holmes et al (2013) found that many adoptive parents do not seek help until they are in crisis; they suggest that access to a range of adoption support services needs to become normalised from the assessment and recruitment stage.

Proposed UK government initiatives to increase adoption support include the introduction of the adoption passport; obliging local authorities to provide adoptive parents with information about adoption support; maintaining adopted children's rights to priority school admission once they cease to be looked after; making free early education available for adopted children from the age of two; bringing the entitlements of adoptive parents to adoption leave and pay in line with those of birth parents; commissioning the National Institute for Health and Clinical Excellence (NICE) to develop guidelines on attachment; raising the awareness of the mental health needs of adopted children among health professionals, and encouraging commissioners to address these needs (DfE, 2013b). In addition, in October 2013 the government announced £90 million more funding for adoption support, some of which is to be delivered via a new Adoption Support Fund.

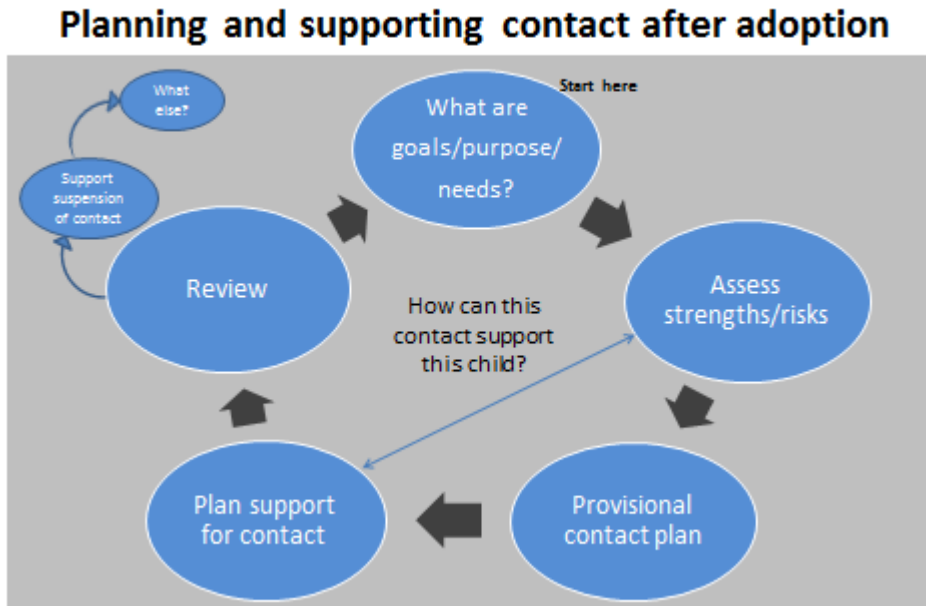
Although the UK government clearly has adoption support on its agenda, what proposed policy developments do not yet include is a statutory right for adoptive parents to have their assessed needs for support funded and met. This was considered but rejected on the grounds that “Funding for such a duty would be difficult to find in the current financial climate” (DfE 2013b). The current study suggests however that in some cases a failure to adequately fund post adoption support could result in very costly out of home care services needing to be provided and high levels of emotional cost being borne by adoptive parents and adopted young people.

For other jurisdictions which encourage the adoption of children in care, or which are considering doing so, the provision of adequate post-adoption support services needs to be a vital part of government policy.

14.4 Implications for post-adoption contact practice

The research suggests a number of implications for post-adoption contact practice and these are broadly summarised in the model presented in figure 14.2 below.

Figure 14.2 Planning and supporting contact after adoption



The principles underpinning the model are that contact should be **purposeful** (how contact can benefit the child is the central question); individualised (taking account of the particular needs of the child, and of the particular qualities of children, adoptive parent and birth relatives that can have a bearing on contact), and that contact is a **relationship-and based** process that is **dynamic** across time. Throughout the stages described below, it is important to involve in some way all relevant parties (the adoptive parents, the adopted child where old enough, the birth relatives).

- **Agreeing the purpose and goals of contact.** This model suggests that successful contact arrangements start with clarity about the purpose and goals of the contact for the child in particular, but also for the adoptive parents and birth relatives.
- **Initial assessment.** Contact plans should be sensitive to the individual wishes, feelings, and strengths and difficulties of all parties. This research has

highlighted in particular the importance of the adoption communication openness of adoptive parents, and the acceptance of adoption of birth relatives. There are challenges in trying to assess these qualities in the adults at the time of placement, as each party is likely to be anxious and possibly defensive. It might be particularly difficult to assess the ability of birth relatives to support the adoption at a time where they perceive their role to be to fight to keep the child in the birth family. An openness to the possibility that birth relatives can move on from this position post-adoption should be considered. The wishes and characteristics of the child have been particularly illuminated in this third stage of the study. Young people strongly express the views (summarised in chapter 13) that as they grow and mature they should be allowed greater control and decision-making over their contact arrangements.

- **Making the provisional contact plan.** In making provisional plans for post-adoption contact standard formula should be resisted in favour of more individualised planning which takes account of the desired goals and the strengths and vulnerabilities of all parties. The plan should have a clear vision of how it will meet the goals, and the expectations of each party as to their contribution to contact should be explicit. This research has revealed the fluctuations in contact over time. An initial contact plan should be considered just that - a starting point for thinking about contact in the longer term. A plan to review the arrangements should be built in.

- **Planning contact support.** When thinking about what support (if any) may be needed to help make contact a success for the child it is important to ask the following questions (in answering these questions, the earlier assessment of people's strengths and vulnerabilities will be important).
 - Are there any potential risks to the child and if so, how exactly can these be managed?
 - Might people need help relating to each other (for example adoptive parents and birth relatives; birth relatives and the child, different sets of parents in sibling contact) either in contact meetings or in written communications?

- Do people need help understanding their role in contact (birth relatives in particular may need some guidance as to their role during meetings or in writing letters)?
 - Do people need help in understanding or maintaining appropriate boundaries in contact?
 - When and how will the child be involved in contact? How can meetings be made to be fun and child friendly? When and how should children be involved in letter contact?
 - Do people need help in dealing with feelings that contact may give rise to?
 - What practical assistance with contact may be needed (for example the provision of a venue, help with transport or other costs, logistical help arranging meetings, help with writing letters)
- **Reviewing contact arrangements.** Over time the child may grow and want and need different things, the circumstances of birth relatives and adoptive parents (and their strengths and vulnerabilities) can also change. Not all contact arrangements will require a formal review by professionals, as in many cases adoptive parents will feel comfortable in adjusting arrangements. But systems need to be in place to review the contact should any party require this, to ensure that it is meeting its intended goals and if not, to make appropriate changes (including, where needed, changes to contact support). A review of contact should in essence reconsider all the points made in the sections above. If it is necessary to suspend contact plans, people may need support through and after this process and alternative ways to meet the child's needs should be considered.

14.5 Summary - contact as a dynamic and transactional process

Building on data from Time 2 of this study, and drawing on a range of other research studies, Neil & Howe (2004) outlined a model of contact as a dynamic and transactional process. Ten years later, the key points of this model still appear fitting. The importance of the qualities of the adoptive parents and birth relatives involved, particularly their management of issues of dual connection, their focus on the child's needs, and their empathy for the other parties in contact has remained evident. Contact has continued to appear to be more than just a letter or a meeting; it is a

relational process which takes place between adoptive parents, adoptive children and birth relatives. Managing the dynamics of this relational process requires effort from all involved, but can yield rewards which can in turn impact positively on contact.

The current study has been able to observe these transactions and dynamics over a period of 16 years, and particularly in this third follow-up to refine our understanding of the adopted young person's contribution to and benefit from contact arrangements. The findings suggests that whilst in the early years contact could be seen as being maintained by the adults in behalf of the child, in the teenage years many young people have become more active participants in the process, influencing the shape of contact arrangements. This has presented new challenges for all parties, and in some cases roles and relationships have had to be re-envisaged. Whilst young people who have remained in contact with her birth family have had to work through these challenges, other young people whose contact had stopped were dealing with a different set of challenges which were at least as complex. Although over half of the young people in our sample were now adults, for many their psychological work in relation to making sense of adoption was very much still in progress, and the support of adoptive parents, birth relatives, and in some cases professionals was still needed.

References

- Achenbach T M and Rescorla L A (2001) *Manual for the ASEBA School-Age Forms and Profiles*, Burlington, VT: University of Vermont, Research Center for Children, Youth and Families
- Achenbach T M and Rescorla L A (2003) *Manual for the ASEBA Adult Forms & Profiles*, Burlington, VT: University of Vermont, Research Center for Children, Youth and Families
- Adoption Act (2012) Finland,
<http://www.finlex.fi/en/laki/kaannokset/2012/en20120022.pdf>
- Adoption Policy Review Group (2005) *Adoption: better choices for our children. Adoption Policy Review Group Report of Phase II*, Edinburgh: Scottish Executive
- Armsden G C and Greenberg M T (1987) 'The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence', *Journal of Youth and Adolescence*, 16, pp. 427–454
- Armsden G C and Greenberg M T (2009) *Inventory of Parent and Peer Attachment (IPPA)* <http://www.prevention.psu.edu/pubs/documents/IPPAmanual0809.pdf>
- Banks M H (1983) 'Validation of the General Health Questionnaire in a young community sample', *Psychological medicine*, 13(02), pp. 349-353
- Barnes H L and Olson D H (1985) 'Parent-adolescent communication and the Circumplex model', *Child Development*, 56, pp. 438-447
- Biehal N, Ellison S, Baker C and Sinclair I (2010) *Belonging and Permanence: Outcomes in long-term foster care and adoption*, London: BAAF
- Boyatzis R E (1998) *Transforming Qualitative Information: Thematic Analysis and Code Development*, Thousand Oaks, CA: Sage
- Braun V and Clarke V (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, pp. 77-101
- Brodzinsky D (2005) 'Reconceptualizing openness in adoption: Implications for theory, research and practice', in D Brodzinsky and J Palacios (Eds) *Psychological issues in adoption: research and practice*, New York: Greenwood

- Brodzinsky D (2006) 'Family structural openness and communication openness as predictors in the adjustment of adopted children', *Adoption Quarterly*, 9, pp. 1–18
- Brodzinsky D (2011) 'Children's understanding of adoption: Developmental and clinical implications', *Professional Psychology: Research and Practice*, 42, pp. 200-207
- Cantril H (1965) *The Pattern of Human Concerns*, New Brunswick, N J: Rutgers University Press
- Cleaver H (2000) *Fostering Family Contact*, London: The Stationery Office
- Cohen J (1992) 'A Power Primer', *Quantitative Methods in Psychology*, 112(1), pp. 155-159
- Commission for Social Care Inspection (2006) *Adoption: Messages from inspections of adoption agencies*, Newcastle: Commission for Social Care Inspection (CSCI)
- Cossar J and Neil E (2013) 'Making sense of siblings: connections and severances in post-adoption contact', *Child and Family Social Work*, 18 (1), pp. 67-76
- Cretney S M and Masson J M (1997) *Principles of family law - 6th ed*, London: Sweet & Maxwell
- Cummins R (1995) 'On the trail of the gold standard for subjective well-being', *Social Indicators Research*, 35(2), pp. 179-200
- Department of Health and Social Security (1985) *Social Work Decisions in Child Care: Recent Research Findings and their Implications*, London: HMSO
- DfE (2012a) Action plan for Adoption: Tackling delay, London: Department for Education,
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180250/action_plan_for_adoption.pdf
- DfE (2012b) *Contact Arrangements for Children: a call for views*, London: Department for Education
- DfE (2013a) *Call for views: adoption contact arrangements and sibling placements: summary of feedback and Government response*, London: Department for Education
- DfE (2013b) *Further Action on Adoption: finding more loving homes*, London: Department for Education

- Derogatis L R (1993) *BSI: Brief Symptom Inventory: Administration, scoring and procedures manual*, Minneapolis: National Computer Systems, Inc
- Erikson E H (1950) *Childhood and society*, New York: Norton
- Erikson E H (1968) *Identity youth and crisis*, New York: Norton
- Francis V M, Rajan P and Turner N (1990) 'British community norms for the brief symptom inventory', *British Journal of Clinical Psychology*, 29, pp. 115–116
- Fratter J (1996) *Adoption with Contact: Implications for policy and practice*, London: BAAF
- Fravel D L, McRoy R G and Grotevant H D (2000) 'Birthmother Perceptions of the Psychologically Present Adopted Child: Adoption Openness and Boundary Ambiguity', *Family Relations*, 49(4), pp. 425-432
- Fursland E (2010) *Social Networking and Contact*, London: BAAF
- Gallup (undated) Understanding How Gallup Uses the Cantril Scale: Development of the "Thriving, Struggling, Suffering" categories.
<http://www.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx>
- Goldberg D (1972) *The Detection of Psychiatric Illness by Questionnaire (GHQ)*, Maudsley Monograph No. 21, London: Oxford University Press
- Goldberg, D. & Williams, P. (1988) *A users guide to the General Health Questionnaire*, Slough: NFER-Nelson
- Grotevant, H D (2009) 'Emotional distance regulation over the life course in adoptive kinship networks', in G Wrobel and E Neil (Eds) *International advances in adoption research for practice*, Chichester: Wiley
- Grotevant H D, Rueter M, Von Korff L and Gonzalez C (2011) 'Post-adoption contact, adoption communicative openness, and satisfaction with contact as predictors of externalizing behavior in adolescence and emerging adulthood', *Journal of Child Psychology and Psychiatry*, 52(5), pp. 529–536
- Grotevant H D and McDermott J M (2013) Adoption: Biological and Social Process Linked to Adaptation, *The Annual Review of Psychology*, 2014, 65:14.1–14.31

- Grotevant H D, McRoy R G, Wrobel G and Ayres-Lopes S (2013) 'Contact Between Adoptive and Birth Families: Perspectives from the Minnesota/Texas Adoption Research Project', *Child Development Perspectives*, 7(3), pp. 193–198
- Grotevant H D and Von Korff L (2011) 'Adoptive identity', in S Schwartz, K Luyckx and V Vignoles (Eds) *Handbook of identity theory and research*, New York: Springer
- Gullone E and Robinson K (2005) 'The inventory of parent and peer attachment – revised (IPPA-R) for children: A psychometric investigation', *Clinical Psychology and Psychotherapy*, 12, pp. 67–79
- Hanley, B et al (2003) *Involving the Public in NHS Public Health and Social Care Research: Briefing Notes for Researchers* (2nd Ed), Eastleigh, Hampshire: Involve
- Hart A and Luckock B (2004) *Developing Adoption Support and Therapy: New approaches for practice*, London: Jessica Kingsley
- Head A and Elgar M (1999) 'The placement of sexually abused and abusing siblings', in A Mullender (Ed) *We are Family: Sibling relationships in placement and beyond*, London: BAAF
- Henney S, Ayers-Lopez S, McRoy R G and Grotevant H D (2007) 'Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness', *Journal of Social and Personal Relationships*, 24(6), pp. 875-889
- Holmes L, McDermid S and Lushey C (2013) *Post adoption support: a rapid response survey of local authorities in England; working paper number 19*, London: The Childhood Wellbeing Research Centre
- Howe D, Sawbridge P and Hinings D (1992) *Half a million women: mothers who lose their children by adoption*, London: Penguin Books Ltd.
- Howe D (1998) *Patterns of Adoption: Nature, nurture and psychosocial development*, Oxford: Blackwell Science
- Howe D and Steele M (2004) 'Contact in cases in which children have been traumatically abused or neglected by their birth parents', in E Neil and D Howe (Eds) *Contact in Adoption and Permanent Foster Care: Research, theory and practice*, London: BAAF
- Kosonen M (1996) 'Maintaining Sibling Relationships—Neglected Dimension in Child Care Practice', *British Journal of Social Work*, 26(6), pp. 809-822

Levin K A and Currie C (2013) 'Reliability and Validity of an Adapted Version of the Cantril Ladder for Use with Adolescent Samples', *Soc Indic Res*, (published online 14 November 2013, DOI 10.1007/s11205-013-0507-4)

Loxterkamp L (2009) 'Contact and truth: the unfolding predicament in adoption and fostering', *Clinical Child Psychology and Psychiatry*, 14, pp. 423-435

Luyckx K, Schwartz S, Goossens L, Soenens B and Beyers W (2008) 'Developmental typologies of identity formation and adjustment in female emerging adults: A latent class growth analysis approach', *Journal of Research on Adolescence*, 18(4), pp. 595-619

Macaskill C (2002) *Safe Contact? Children in Permanent Placement and Contact with their Birth Relatives*, Lyme Regis: Russell House

MacDonald M and McSherry D (2013) 'Constrained adoptive parenthood and family transition: adopters' experience of unplanned birth family contact in adolescence', *Child and Family Social Work*, 18, pp. 87–96

Maluccio A and Fein E (1983) 'Permanency planning: a redefinition', *Child Welfare*, 62:3, pp. 195-201

Masten A S (2001) 'Ordinary magic: Resilience processes in development', *American Psychologist*, 56(3), pp. 227-238 doi: 10.1037/0003-066X.56.3.227

Meltzer H, Gatward R, Corbin T, Goodman R and Ford T (2003) *The mental health of young people looked after by local authorities in England*, London: TSO

Morgan R (2006) *About Adoption. A children's views report*, Newcastle: Office of the Children's Rights Director, Commission for Social Care Inspection

Neil E (1999) 'The sibling relationships of adopted children and patterns of contact after adoption', in A Mullender (Ed) *We are Family: Sibling Relationships in Placement and Beyond*, London: BAAF

Neil E (2000) 'The reasons why young children are placed for adoption: findings from a recently placed sample and implications for future identity issues', *Child and Family Social Work*, 5(4), 303-316

Neil E (2002a) 'Contact after Adoption; The role of agencies in making and supporting plans', *Adoption and Fostering*, 26(1), pp. 25-38

- Neil E (2002b) 'Managing face to face contact for young adopted children', in H Argent (Ed) *Staying Connected: Managing Contact Arrangements in Adoption*, London: BAAF
- Neil E (2003a) 'Understanding other people's perspectives: tasks for adopters in open adoptions', *Adoption Quarterly*, 6(3), pp. 3-30
- Neil E (2003b) 'Accepting the reality of adoption: birth relative's experiences of face-to-face contact', *Adoption and Fostering*, 27(2), pp. 32-43
- Neil E (2003c) 'Contact After Adoption: A Research review', in M Bainham, B Lindley, M Richards and L Trinder (Eds) *Children and their families: Contact, rights and welfare*, Oxford: Richard Hart
- Neil E (2004a) 'The "Contact after adoption" Study: face-to-face contact', in *Contact in Adoption and Permanent Foster Care: Research, theory and practice*, pp. 65-84, London: BAAF
- Neil E (2004b) 'The "Contact after adoption" Study: indirect contact and adoptive parents' communication about adoption', in *Contact in Adoption and Permanent Foster Care: Research, theory and practice*, London: BAAF
- Neil, E (2007a) 'Post adoption contact and openness in adoptive parents' minds: consequences for children's development', *British Journal of Social Work - Advance Access*: DOI: 10.1093/bjsw/bcm087.
- Neil E (2007b) 'Coming to terms with the loss of a child: The feelings of birth parents and grandparents about adoption and post-adoption contact', *Adoption Quarterly*, 10, pp. 1-23
- Neil, E (2009) 'The corresponding experiences of adoptive parents and birth relatives in open adoptions', in Wrobel G and Neil E (Eds), *International advances in adoption research for practice*, Chichester: Wiley
- Neil, E (2012) 'Making sense of adoption: integration and differentiation from the perspectives of adopted children in middle childhood', *Children and Youth Services Review*, 34, pp. 409-416
- Neil E (2013) 'The mental distress of the birth relatives of adopted children: 'disease' or 'unease' ', *Health and Social Care in the Community* 21, pp. 191-199

Neil E, Beek M, Thoburn J, Schofield G and Ward E (2012), *Contact arrangements for adopted children: what can be learned from research?* Centre for Research on the Child and Family, Norwich: University of East Anglia

Neil E, Cossar J, Jones C, Lorgelly P and Young J (2011) *Supporting Direct Contact after Adoption*, London: BAAF

Neil E, Cossar J, Lorgelly P and Young J (2010) *Helping Birth Families: services, cost and outcomes*, London: BAAF

Neil E, Grotevant H G and Young J (2006) *Adoptive Communication Openness: Coding manual* (copy available from author)

Neil E and Howe D (2004) 'Conclusions: A transactional model for thinking about contact', in E Neil and D Howe (Eds), *Contact in Adoption and Permanent Foster Care: Research, Theory and Practice*, London: BAAF

Office of National Statistics (2012) *Statistical Bulletin: Adoptions in England Wales 2012*, http://www.ons.gov.uk/ons/dcp171778_322848.pdf

Office of National Statistics (2013) *Statistical Bulletin: Internet Access: households and individuals*, http://www.ons.gov.uk/ons/dcp171778_322713.pdf

Pennington E (2012) *It takes a village to raise a child*, Adoption UK. Available at: <http://www.adoptionuk.org/ItTakesAVillage>

Prime Minister's review of adoption: report from the Performance and Innovation Unit (2000). Department of Health

Quinton D (2012) *Rethinking matching in adoptions from care: A conceptual and research review*, London: BAAF

Quinton D and Selwyn J (2006) 'Adoption: research, policy and practice', *Child and Family Law Quarterly*, 18, pp. 459–77

Raynor L (1980) *The Adopted Child Comes of Age*, London: Allen & Unwin

Rowe J and Lambert L (1973) *Children Who Wait*, London: ABAFA

Rushton A (2004) 'A Scoping and Scanning Review of Research on the Adoption of Children Placed from Public Care', *Clinical Child Psychology and Psychiatry*, 9(1), pp. 89-106

- Rushton A (2009) 'Adoption support', in G Schofield and J Simmonds (Eds), *The Child Placement Handbook: Research, policy and practice*, London: BAAF
- Rushton A and Dance C (2002) *Adoption Support Services for Families in Difficulty: A Literature Review and UK Survey*, London: BAAF
- Rushton A and Dance C (2003) 'Preferentially rejected children and their development in permanent family placements', *Child & Family Social Work*, 8(4), 257 doi: 10.1046/j.1365-2206.2003.00290.x.
- Rushton A and Monck E (2009) *Enhancing Adoptive Parenting: A test of effectiveness*, London: BAAF
- Rutter M (2000) 'Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications', in J. P. Shonkoff and S. J. Meisels (Eds), *Handbook of early childhood intervention* (2nd ed.), pp. 651–682, New York: Cambridge University Press
- Selwyn J (2004) 'Placing older children in new families: changing patterns of contact', in E Neil and D Howe (Eds) *Contact in Adoption and Permanent Foster Care: Research, theory and practice*, London: BAAF
- Selwyn J, Sturgess W, Quinton D and Baxter C (2006) *Costs and outcomes of non-infant adoptions*, London, BAAF
- Smith C and Logan J (2004) *After adoption: direct contact and relationships*, London: Routledge
- Sweeting H, West P, Young R and Kelly S (2011) 'Dimensions of adolescent subjective social status within the school community: Descriptions and correlates', *Journal of Adolescence*, 34, pp. 493–504
- Tafarodi R W and Swann W B (1995) 'Self-liking and self-competence as dimensions of global self-esteem: Initial validation of a measure', *Journal of Personality Assessment*, 65, pp. 322-342
- Tafarodi R W and Swann W B (2001) 'Two-dimensional self-esteem: Theory and measurement', *Personality and Individual Differences*, 31, pp. 653-673
- The Guardian (2 May 2013) *Facebook profits rise despite drop in US visitors to its website*, London: The Guardian

<http://www.theguardian.com/technology/2013/may/01/facebook-loses-10m-visitors-us>

Thomas C (2013) *Adoption for Looked After Children: Messages from research: An overview of the Adoption Research Initiative*, London: BAAF

Thoburn J (2004) 'Post placement contact between birth parents and older children: the evidence from a longitudinal study of minority ethnic children', in E Neil and D Howe (Eds) *Contact in Adoption and Permanent Foster Care: Research, theory and practice*, London: BAAF

Thomas C, Beckford V, Lowe N and Murch M (1999) *Adopted Children Speaking*, London: BAAF

Triseliotis J (1973) *In search of origins: the experience of adopted people*, London: Routledge and Kegan Paul

United Nations Convention on the Rights of the Child (Article 21)

Van den Dries L, Juffer F, Van IJzendoorn M H and Bakermans-Kranenburg M J (2009) 'Fostering Security? A meta-analysis of attachment in adopted children', *Children and Youth Services Review*, 31, pp. 410-421

Von Korff L, Grotevant H D and McRoy R G (2006) 'Openness arrangements and psychological adjustment in adolescent adoptees', *Journal of Family Psychology*, 20(3), pp. 531–34

Von Korff L, Grotevant H D, Koh B D and Samek D R (2010) 'Adoptive mothers: Identity agents on the pathway to adoptive identity formation' [Special Issue], *Identity: An International Journal of Theory and Research*, 10(2), pp. 122-137

Von Korff L and Grotevant H D (2011) 'Contact in adoption and adoptive identity formation: The mediating role of family conversation', *Journal of Family Psychology*, 25(3), pp. 393-401

Warman A and Roberts C (2001) *Adoption and Looked after Children: International Comparison*, Family Policy Briefing 1, Oxford: Department of Social Policy and Social Work, Oxford University

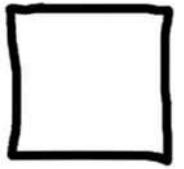
Wrobel G M, Kohler J K, Grotevant H D and McRoy R G (2003), 'The Family Adoption Communication Model (FAC): Identifying pathways of adoption-related communication', *Adoption Quarterly*, 7(2), pp. 53 – 84

Wrobel G M and Dillon K (2009) 'Adopted adolescents: Who and what are they curious about?' in G Wrobel and E Neil (Eds), *International advances in adoption research for practice*, pp. 217 - 244, Chichester, UK: Wiley

Young J and Neil E (2004) 'The 'Contact after Adoption' study: The perspective of birth relatives after non-voluntary adoption', in E Neil & D Howe (Eds), *Contact in Adoption and Permanent Foster Care: Research, Theory and Practice*, London: BAAF

Appendix 1

“Workbook” for use in young person’s interviews



after adoption
Your Voice

About You

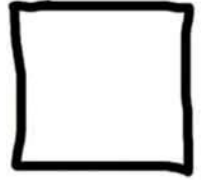
Being Adopted

You and Your Birth Family

You and Your Adoptive Family

About me

Name:



Known as:

Birthday:

Who is living in my house at the moment

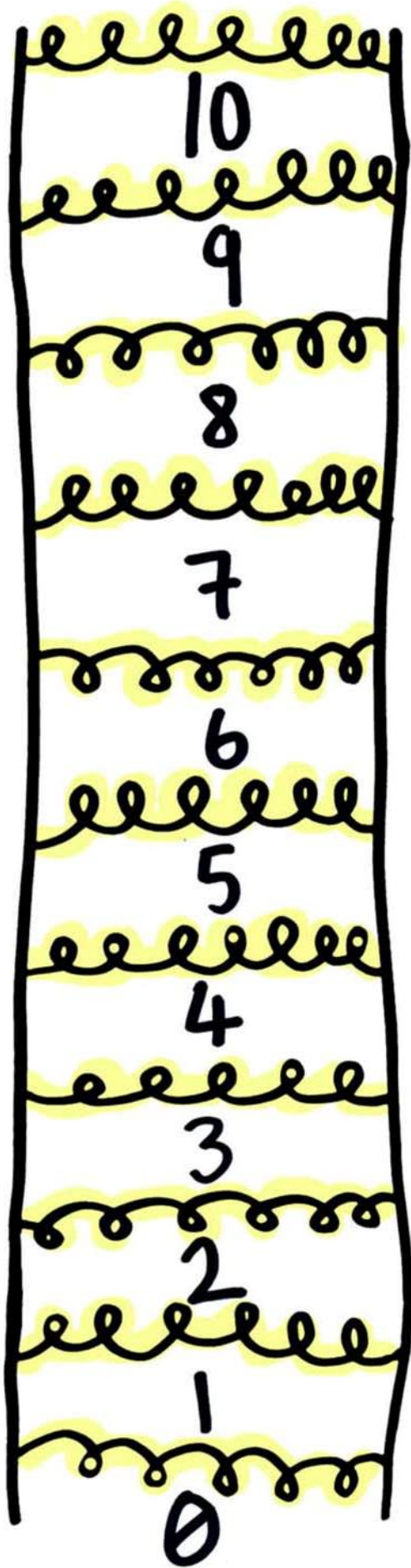
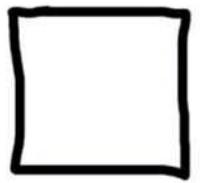
What I'm doing at the moment

(School, College, UNI, working, not working etc.)

Main interests, things I am good at, things I like, things I have achieved

(Friends, films, music, sports, awards etc.)



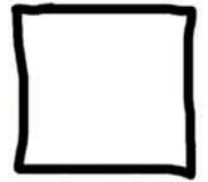


The best possible life for me

The worst possible life for me



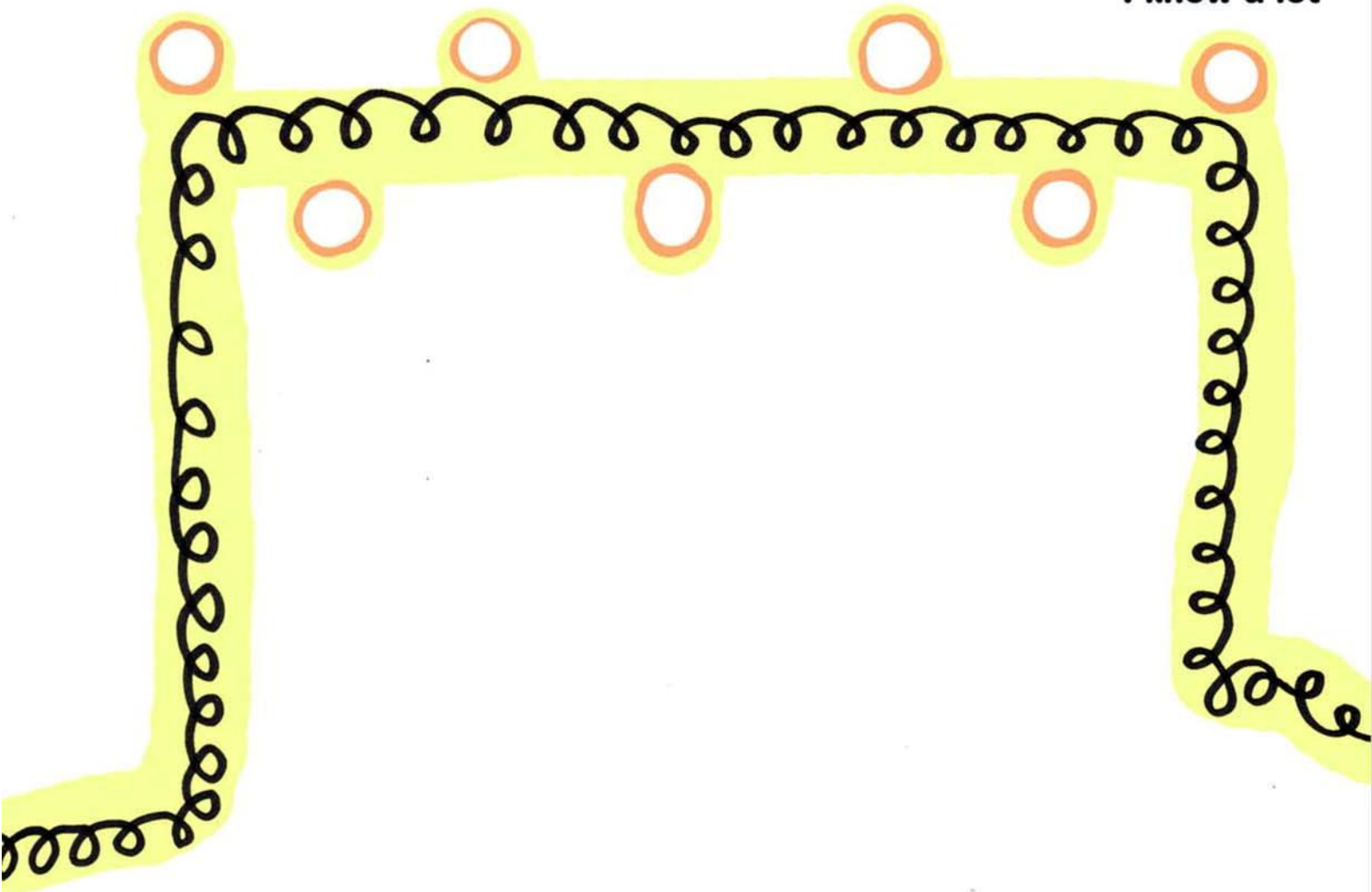
Being adopted



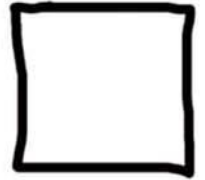
What I know about why I was adopted

I hardly know anything

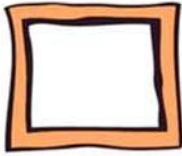
I know a lot



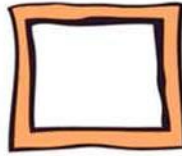
Things that have helped me to understand why I was adopted



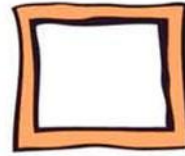
Life story book



Mum

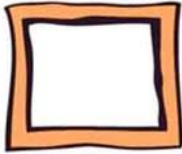


Dad

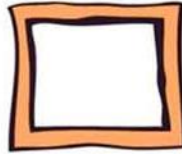


Having contact with

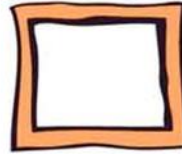
.....



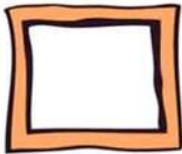
TV programmes



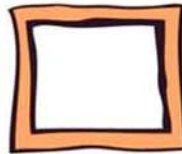
Adoption group



Social worker

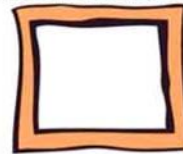


Film(s)

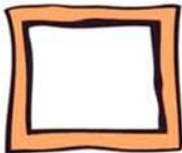


Letter from

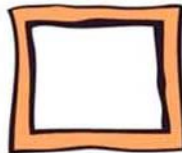
.....



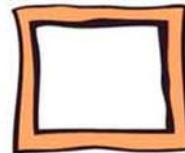
Nothing



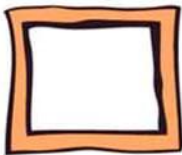
Brother/sister



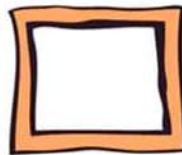
Other adopted person



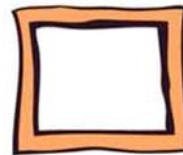
Working it out for myself



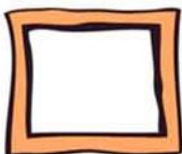
Friends



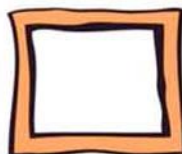
Reading my file



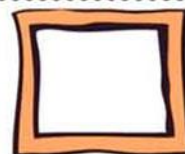
Book(s)



Counsellor



.....

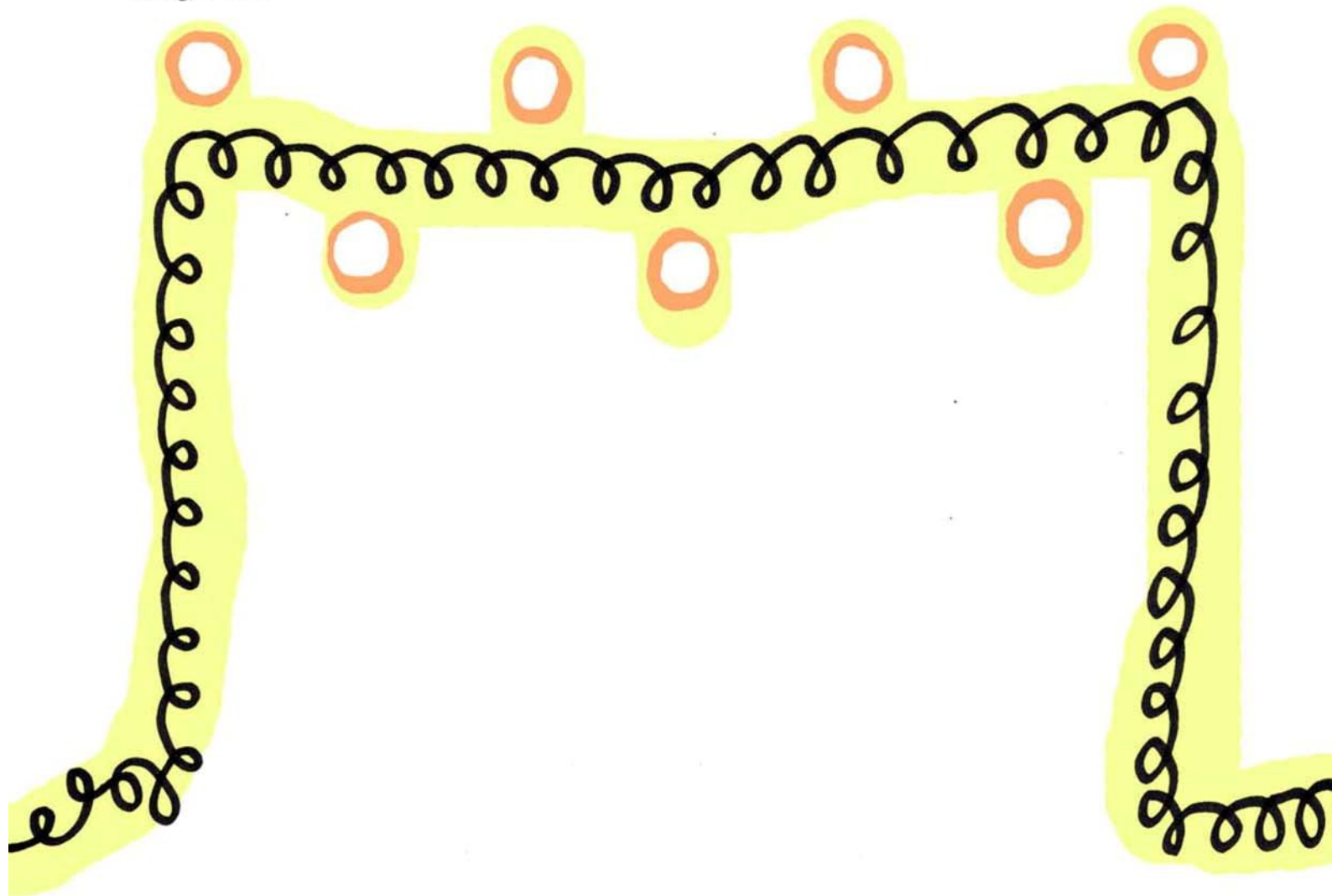




Telling other people that I'm adopted

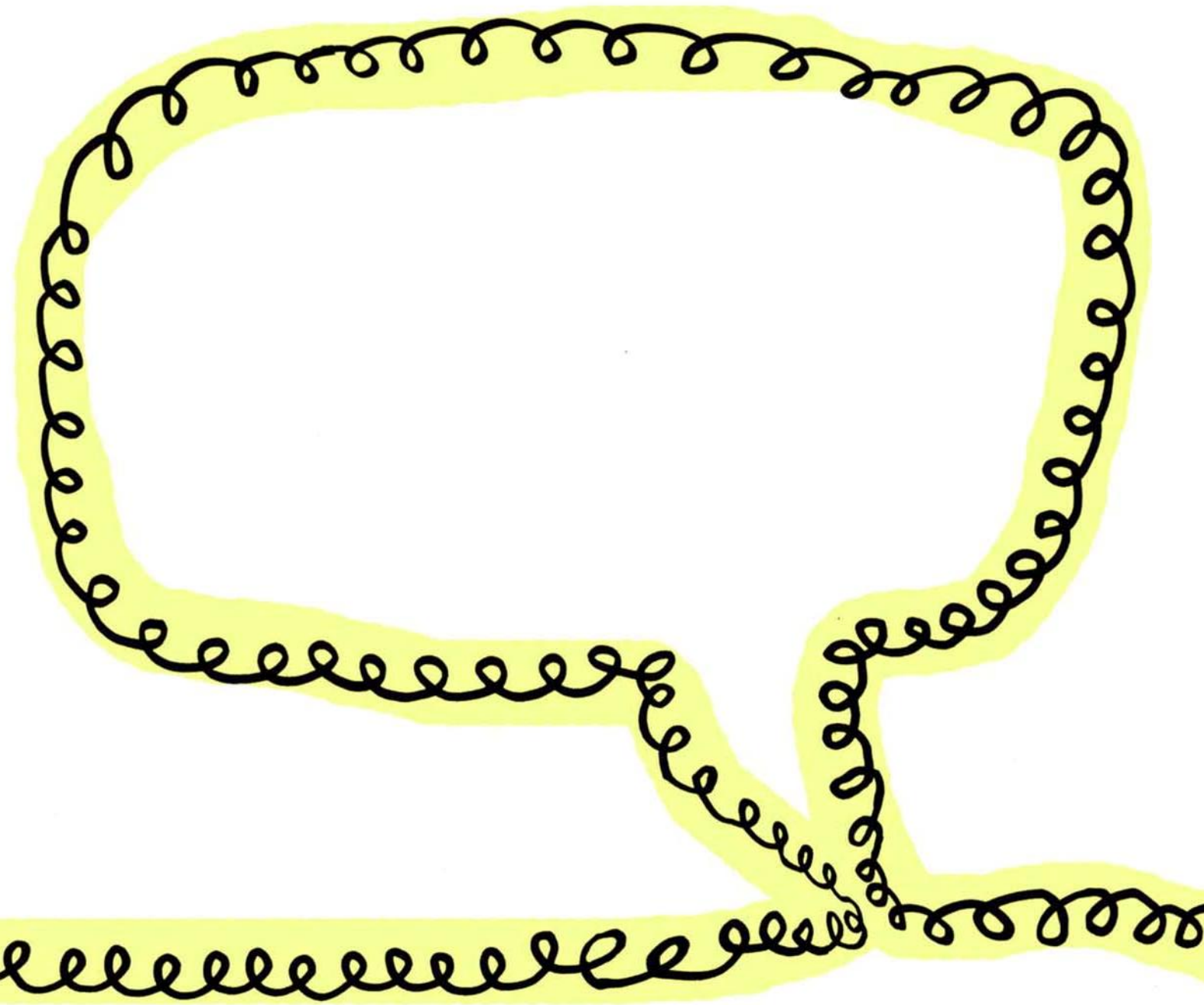
I hardly tell anyone

I tell everyone





What does being adopted mean to me?



My Contact



No Contact

Birth Mum



Letters

Birth Dad



Photos

Birth Sister(s)



Computer

Birth Brother(s)



DVDs

Birth Grandparent(s)



Phone/text

Birth Aunt/Uncle



Meeting up

Others

Others

.....

.....



For more information:

Centre for Research on Children and Families

Elizabeth Fry Building
University of East Anglia
Norwich Research Park
Norwich, Norfolk
NR4 7TJ
United Kingdom

Email: crcf@uea.ac.uk
Web: www.uea.ac.uk/crcf
Tel: +44 (0) 1603 592263
Director: Professor Marian Brandon

University of East Anglia

Norwich Research Park
Norwich
Norfolk
NR4 7TJ
United Kingdom

Web: www.uea.ac.uk
Tel: +44 (0)1603 456161

