Contact after adoption

Introduction to the study and its key findings

Dr Beth Neil
“It must be right for the child. All children are different so there must be very flexible guidelines around contact. 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.” (Adoptive mother)
Key principles

- Contact should be purposeful
- The balance of benefits, challenges and risks should be weighed up
- Contact plans should be individualised
- Contact should be viewed as a dynamic process
Planning and supporting contact after adoption

- **What are goals/purpose/needs?**
- **Assess strengths/risks**
  - How can this contact support this child?
- **Provisional contact plan**
- **Plan support for contact**
- **Review**
- **Support suspension of contact**

Start here
Contact after adoption

Pre-school  Middle childhood  Adolescence
The research

• Mixed methods study, begun in 1996
• All children under 4 years when placed for adoption; domestic adoption outside of birth family
• Time 1: pre-school: survey at time of placement and interviews 2 years later
• Time 2: middle childhood
• Time 3: late adolescence
• Times 2 and 3 funded by Nuffield Foundation
Some key questions

• What contact is planned for adopted children?
• What are the pros and cons of different types of contact?
• Does birth family contact affect:
  – Adoptive family relationships?
  – Identity development?
  – Overall adjustment?
Key findings from Time 1 and Time 2

• Most children planned to have letterbox contact; face-to-face contact less common – though agencies differed

• No evidence of contact disturbing adoptive family relationships or affecting child adjustment

• Views of contact mixed but more face-to-face arrangements working well compared to letter

• Children’s reactions neutral or positive; emotional impact of contact relatively low
When you start out in adoption you want the child to be yours. You don’t want anybody else involved with it. But we know Eleanor is ours. It doesn’t matter now really if we have contact. There’s not the negative element to contact.

Eleanor’s very affectionate towards adults when she gets to know them ... at that time she took about 20 minutes just to warm to somebody ... You have to back off and let it be on her own terms a lot and they did that well. And then she went to [birth mother] for her photograph and played with her.

Adoptive mother
I didn’t know how it was going to be for me to see Eleanor here with them, especially when Eleanor kept running up to [adoptive parents] it made me feel, sort of, a bit upset. It was lucky [my social worker] was here with me to walk down with me after.

I didn’t agree with adoption to start off with, but seeing her there, she’s grown up quite a bit, she’s grown up quite a lot now, I don’t disagree with it now...If she wasn’t getting looked after there she wouldn’t be there...

Birth mother
Key findings: Understanding contact quality: How adults handle contact matters

Within the kinship network, do the adults involved support and promote the child's connection to BOTH families?

• Adoptive parents: adoption communication openness (ACO)
• Birth relatives: acceptance of adoption
• These factors affect contact and are affected by contact
Planning and supporting contact after adoption

1. What are goals/purpose/needs?
2. Assess strengths/risks
3. Review
   - How can this contact support this child?
4. Provisional contact plan
   - Plan support for contact
5. Support suspension of contact
6. What else?

Start here
Time 3: methods and key findings

2012-13: late adolescence
Some key questions at Time 3

• How were the adopted young people getting on?
• What had happened to contact plans?
• How were the adopted young people making sense of their adoptive identity?
• How did birth family contact and adoptive parents’ adoption communication relate to young people's development?
The sample and methods at T3

- 45 adoptive families (with 65 adopted young people)
- Data were collected directly from 40 adopted young people, 32 of whom were interviewed (mean age 18)
- 28 birth families (37 birth relatives interviewed)
- Selective attrition related to adoptive parent ACO
- In depth interviews
- Parents completed measure of YP’s emotional/behavioural development
- Questionnaires for YP:
  - Self esteem
  - Emotional stability (GHQ)
  - Life satisfaction
  - Parent attachment (IPPA)
  - Adoption communication openness of parents
A snapshot of contact at Time 3 (N=65)

• 29% were having no contact with their birth family
• 14% had no contact with adults, but remained in contact with siblings
• 28% were having face-to-face contact with adults birth relatives
• 29% were having indirect contact with adult birth relatives
Direct contact pathways (n=39)

- Plan for direct contact
  - Ongoing: 20 (51%)
    - Mostly extended family
  - Indirect: 5 (13%)
    - Mostly birth parent
  - No contact: 14 (36%)

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Indirect contact pathways (n=59)

- Direct: 11 (18%)
- Two-way: 8 (14%)
- Just receiving: 2 (3%)
- Just sending: 8 (14%)
- No contact: 30 (51%)

Plan for indirect contact
Social networking and contact

• Why did people use social networks?  - Information, Communication, Reunification

• Positive experiences related to:
  – Involvement of adoptive parents
  – Pre-existing good quality contact

• Negatives experiences related to:
  – Trying to fill gaps in contact
  – Lack of preparation and involvement of adoptive parents
Planning and supporting contact after adoption

1. Start here: What are goals/purpose/needs?
2. Review: How can this contact support this child?
3. Assess strengths/risks
4. Plan support for contact
5. Provisional contact plan
6. Support suspension of contact
7. What else?
## Overall adoption outcomes

<table>
<thead>
<tr>
<th>Thriving (51%)</th>
<th>Surviving (29%)</th>
<th>Struggling (20%)</th>
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| • Loved and supported  
• Happy  
• No significant problems  
• Engaged and achieving to best of ability | • Loved and supported  
• Current problems of moderate intensity  
• Past problems settling | • Relationships with parents strained  
• Unhappy  
• Most not living at home  
• Problems of very severe intensity |
Overall adoption outcomes and contact

<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Rate</th>
</tr>
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<tbody>
<tr>
<td>Thriving (n=32)</td>
<td>19 (59%)</td>
</tr>
<tr>
<td>Surviving (n=18)</td>
<td>9 (50%)</td>
</tr>
<tr>
<td>Struggling (n=13)</td>
<td>6 (46%)</td>
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Understanding adoption outcomes

Birth family contact arrangements not related to overall outcomes

- **Pre-placement risks** (exposure to poor quality care and/or frequent changes in caregiver)
- **Genetic predispositions**
- **Pre-birth risks**
- **Post-placement risks**: e.g. bereavement, divorce, bullying
- **Normal developmental transitions** - moving from primary to secondary school and the onset of puberty
- **Post-placement protective factors**. The most important factor in understanding improvements over time seemed to be the love, stability and support that had been provided by adoptive parents.
Key pointers for practice: adoption support

• Adoption mostly worked well to provide children with a supportive and loving family for life.
• Adoption often built children’s resilience, but many children will having ongoing developmental issues that may increase or emerge in adolescence.
• Contact appeared unrelated to overall development for young people,
• Idea that letter contact is ‘easier’ than face-to-face challenged
Challenges for practice: adoption support

• Helping adoptive parents have realistic expectations, appreciating both rewards and challenges
• Support: early intervention - preventative services in early childhood
• Offer support around transitions and when negative life events occur
• Developing specialist interventions for teenagers
Key pointers for practice: contact

• Evidenced based decision making – question assumptions and be realistic about risks and benefits
• Making plans that have a good chance of being sustained
• Understanding, assessing and promoting ACO and acceptance of adoption
• Being available to support & review plans