Supporting post adoption contact in complex cases – briefing paper

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Aims of this study

This study was commissioned to explore the provision of adoption support services to help birth and adoptive families manage direct post-adoption contact arrangements. The Adoption and Children Act 2002 (s.4) specifies that adopted children, birth relatives, and adoptive parents all have the right to ask for an assessment of their needs for post-adoption support. The regulations accompanying this Act in England and in Wales[1] include support for post adoption contact in the list of prescribed support services. A significant minority of adopted children are likely to have direct contact with a sibling, birth parent, grandparent or another member of the extended birth family.

In an earlier stage of this research project we carried out a survey looking at the provision of services to support contact using data from 135 questionnaires, 60 interviews with adoption support staff, and two focus groups (Sellick 2007). This survey showed that contact support services were mainly provided in-house by local authorities, and that supporting letterbox contact was the predominant activity. Most agencies were supporting only small numbers of direct contact cases, usually organising this support on a case-by-case basis rather than via dedicated staff or formal systems. In the survey, social workers' attitudes towards supporting contact (Neil, 2007) were examined though their responses to a fictional case study. The results of this suggested that social workers have a strong focus on the child's needs, but the needs of birth relatives and adoptive parents to be supported in managing the psychological complexities of contact may not always be recognised or met. The needs of birth relatives in particular may be overlooked: in social workers' responses to the case study, proposed intervention with the birth mother often focused on controlling risk and less attention was given to addressing her emotional needs or enabling her to overcome her problems that were affecting the contact.

The aims of this stage of the study were to explore services provided to support post-adoption contact in complex cases. 'Complex' contact was defined as direct contact where agencies had an ongoing role in relation to the contact. This excludes therefore contact arrangements that are managed entirely between the birth family and the adoptive family, or between adoptive parents and parents or carers of the adopted child's siblings. The specific research questions were:

1. What are the characteristics of adoptive parents, adopted children and birth relatives who are involved in complex direct contact arrangements?

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[1] The Adoption Support Service Regulations, 2005, No. 691, 3(1)(c) ; the Adoption Support Services (Local Authorities) (Wales) Regulations 2005, No. 1512 (W.116), 3 (c).

2. What are the experiences of adoptive parents and birth relatives of direct contact arrangements?

3. What types of services to support contact are birth relatives and adoptive parents using?

4. What are adoptive parents' and birth relatives' experiences of using contact support services?

5. How much do support services for direct contact cost?

In terms of the values underpinning the research, there is no assumption that direct contact is always a good thing. Contact needs to be judged in terms of whether it promotes or impedes the child's developmental progress, including developmental tasks that are specific to adoption. In understanding the quality of contact, contact is conceived of theoretically as a relationship based process that can change over time and where adoptive parents, the adopted child, and the birth family members all contribute to the nature and quality of the experience (Neil and Howe, 2004).

Study design

This study was conducted in collaboration with one adoption support agency, six local authorities, and one consortium of local authorities. The study used both qualitative and quantitative methods to answer the questions above. Data were collected from adoptive parents, birth relatives and the eight agencies providing support for direct contact. The study had a longitudinal design: agencies provided data about the provision of contact support services over a one year period and adoptive parents and birth relatives were interviewed at the beginning and just after the end of this year. Adoptive parents also completed the Child Behaviour Checklist (CBCL), a measure of children's emotional and behavioural problems (Achenbach and Rescorla, 2001). Birth relatives completed the Brief Symptom Inventory, a self report measure of psychological symptoms (Derogatis, 1993). A group of adoptive parents and a group of birth relatives were recruited to act as consultants to the research process. They advised the research team about recruiting participants, data collection methods, data analysis, and implications for practice. The research involved three strands:

The adoptive families study. We interviewed 51 adoptive parents and four long-term foster carers (these were carers of a sibling of an adopted child). We then followed up these people approximately 16 months later, 53 (96%) of whom took part at the second stage. Interviews focused on one child per family (the child chosen was the one for whom adoptive parents felt contact was the most complex), and one direct contact arrangement that this child was having with birth relative/s. All except two of the children had been in public care before being adopted. The majority had experienced high levels of adversity in their early lives, and 84% of the children had a history of abuse and neglect.

The average age children were placed for adoption was 3.7 years and the mean length of time that children had been with their adoptive families was 4.8 years. Five adoptive parents were from ethnic minority groups (9%) as were 14 of the children (25%). Seven people were single parents (13%) and the rest were part of a couple. About half of the children (49%) were having contact with a birth parent, grandparent or aunt. Just under one third of the children (31%) were having contact with birth siblings. One in five (20%) children had contact meetings that included both adult birth relatives and siblings.

Most contact arrangements were once or twice a year and lasted between one and five hours long. In over three quarters of cases there had been no exchange of identifying information (such as full names, addresses or phone numbers) between birth family members and adoptive families. The analysis firstly focused on the strengths and vulnerabilities of adoptive families, in particular:

- whether or not the child had emotional or behavioural problems (measured using the CBCL or parent report).
- adoptive parents' perceptions of the child's feelings about adoption (measured using researcher ratings from interview data).
- the relationship between the adoptive parent and the child (measured using research ratings from interview data).
- the adoptive parents' communicative openness about adoption (rated using a measure previously developed by two of the authors[2].
- the child's age at placement.
- whether contact involved a birth relative who had been the child's main carer and who had been involved in the neglect or abuse of the child.

Adoptive parents' views of contact and contact support were studied as follows:

- the 'adoptive parent views of contact' measure (a 16 item Likert scale devised by the research team).
- the adoptive parents' perceptions of the child's comfort with contact (rated by adoptive parents on a scale of 1 to 10).
- the adoptive parents' comfort with contact (rated by adoptive parents on a scale of 1 to 10).
- the adoptive parents' satisfaction with their relationship with the birth relative (rated by adoptive parents on a scale of 1 to 10).
- the satisfaction of adoptive parents with their contact support (measured by researcher ratings from interview data).
- whether contact was 'working very well' overall (measured using the quantitative measures described above, plus interview data).

The birth relatives study. Thirty-nine birth relatives spanning three generations took part in interviews: 21 birth parents, nine grandparents, seven adult siblings and two aunts. The majority of these birth relatives (87%) were from the maternal birth family. Just over half of birth relatives had been the child's main carer prior to adoption. In all cases except one, the child had been adopted from the care system. Fifteen per cent of the sample was from a minority ethnic group. Ninety per cent took part in the second round of interviews. There was an overlap between the birth relative sample and the adoptive parent sample - of the 94 people we interviewed in total, 55 of these had a connection via contact to another person in the study.

We looked at the strengths and vulnerabilities of birth relatives focusing on the following factors:

- coping with adoption: interview data were used to develop a three dimensional measure looking at how people were coping with adoption. The three dimensions were 'acceptance of dual connection', 'feelings about the outcomes of adoption for the child' and 'living with the impact of adoption on self'.
- mental health (measured using the Brief Symptom Inventory[3]).
- whether the birth relative had been the child's main carer prior to adoption.

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[2] Neil, Grotevant and Young (2007) Adoptive Communication Openness: coding manual (copy available from author).

[3] The Brief Symptom Inventory consists of 53 items, each of which is rated on a five-point scale of distress from 0 (not at all) to 4 (extremely). The inventory can be used to indicate which individuals have psychologically distressing symptoms at a clinically significant level.

We explored birth relatives' views in relation to their:

- satisfaction with contact (measured by researcher ratings from interview data).
- satisfaction with contact support (measured by researcher ratings from interview data).

The economic analysis. The economic analysis aimed to estimate the cost of providing contact support services to birth relatives and adoptive parents over a 12 month period. Case workers firstly completed diaries to enable us to estimate the amount of time each of the various services provided to support contact took. From these, the monetary cost of providing different types of support was estimated by using published unit costs (Curtis, 2007). In addition, agencies provided information about the number and type of services that each birth relative and adoptive parent in the interview sample was provided with over one year. The costs of support services were combined with individuals' use of support services to calculate individual costs for individual service users. Four different models of contact support were compared in terms of their costs.

Summary of key findings

What are the characteristics of adoptive parents, adopted children and birth relatives who are involved in complex direct contact arrangements?

- Adoptive parents, adopted children, and birth relatives varied widely in terms of their strengths and vulnerabilities, suggesting that contact is likely to be more complex in some cases than in others.
- Some children were doing very well but other children in the study were continuing to struggle with the impact of their early histories, and they had ongoing psychological issues or developmental problems that could make them vulnerable in terms of handling complex contact situations. For example, 44% of the children had emotional or behavioural problems, over half (51%) were reported by their parents to have very complicated feelings about their birth family and about their status as an adopted person, and 29% had problems in their relationship with their adoptive parents.
- Over half of the children (51%) were having direct contact with the birth relative who had played a significant role as their carer, and who had neglected or abused them.
- The adoptive parents in the study generally scored very highly on the measure of adoption communication openness.
- A combined risks/strength score was computed to quantify the risks that both adoptive parents and children brought to the contact situation. A minority of families had many more risks than strengths (11%), one in five families (38%) had a mixture of strengths and risks, and just over half of families had many more strengths than risks (51%).
- In the birth relative sample, four birth relatives had been a main carer for the child, but had not been involved in their neglect or abuse. Eighteen birth parents had been a main carer, and the child had been removed from their care because of concerns of neglect or abuse. Seventeen birth relatives had never been the main carer for the child.
- Over half of birth relatives (55%) had scores within the clinical range on the Brief Symptom Inventory.
- On the coping with adoption measure, over 70% of birth relatives scored mainly high or very high on 'acceptance of dual connection'. Three-quarters of birth relatives felt very positive about how the adoption had worked out for the child. On the dimension of 'dealing with the impact of adoption on self', 60% of birth relatives still had some or quite significant problems in managing the negative consequences of adoption, for example dealing with difficult

feelings and re-engaging with wider life activities such as employment, education and social activities.

- Using coding from all three factors (mental health, coping with adoption, previous history of being the child's main carer) combined risk/strength scores were calculated for birth relatives. A minority of birth relatives had many more risks than strengths (19%), 39% had a mixture of strengths and risks, and 42% of birth relatives had more strengths than risks.

What are the experiences of adoptive parents and birth relatives of direct contact arrangements?

- In the adoptive parent sample, in 42-45% of cases contact arrangements were classified as 'working very well' where very few problems had been experienced and where adoptive parents were very positive about the comfort and value of contact for themselves and their child. However, in 55-58% of cases the contact arrangements had unresolved issues.

- The 'unresolved issues' group was diverse in the nature and extent of problems that complicated contact. The majority of cases in this group could be described as on balance positive but with some concerns (for example dissatisfaction with the venue, minor communication problems with the birth family, minor concerns about the child's temporarily disrupted behaviour); in cases such as these adoptive parents were persisting with the arrangement because they felt the benefits outweighed the drawbacks. But the unresolved issues group also included some cases where contact had stopped completely because it was working so poorly, or where it was carrying on but major problems were evident (for example serious concerns about the child's emotional or behavioural responses to contact meetings; very poor relationships between the birth relative and the child, or between the birth relative and the adoptive parent/s; children no longer wishing to have contact).

- Contact 'working very well' was significantly associated with the following factors:
  - ➢ the child not having emotional or behavioural problems.
  - ➢ the child being under age 2 at placement for adoption.
  - ➢ the child not having contact with a person who had been their main carer and who had abused or neglected them.
  - ➢ higher adoption communication openness scores of adoptive parents.
  - ➢ higher adoptive family strengths.

  The child having a positive and unproblematic relationship with their adoptive parent was not statistically significant. However this may well be an important factor because if children have a positive relationship with adoptive parents this can offer them a source of support in dealing with the complexities of contact, and is also likely to contribute to their positive development.

- Not all contact arrangements were stable in terms of how well they were working across the follow up period. In thirteen percent of cases contact was working well at the time of the first interview, but things had deteriorated by the second interview and the contact had unresolved issues. In the same number of cases the contact had unresolved issues at the first interview, but by the time of the second interview the quality of contact had improved and it was working very well. It was evident from interviews that there are many factors that can affect and change how well contact is working, and this suggests that contact support services need to be responsive to these changes.

- Just over half of birth relatives were mainly satisfied with contact, approximately 2 in every 10 birth relatives expressed mixed feelings of satisfaction and dissatisfaction, and about 3 in 10 birth relatives were dissatisfied with many or most aspects of contact. Although birth relative satisfaction with contact varied, almost all birth relatives valued contact highly and were very keen for it to continue.

- Birth relatives' scores on the 'coping with adoption' measure significantly predicted whether or not they were satisfied with contact. Birth relatives who were coping better with adoption were more likely to be satisfied with contact than those who were coping less well. Whether or not birth relatives were scoring in the clinical range on the Brief Symptom Inventory was not significantly associated with their satisfaction with contact. Neither was having been the main carer for the child significantly associated with birth relatives' satisfaction with contact.

- All contact arrangements appeared to involve some level of challenge, and in all cases some level of benefit was apparent. The balance between these two sets of factors was very different in different cases.

- All adoptive parents described challenges related to contact and factors they felt related to the success of contact. These were summarised in terms of five main themes relating to the quality of contact these being:
  - ➤ children's reactions to contact
  - ➤ relationships between adoptive parents and others involved in contact
  - ➤ the quality of interactions between the child and birth relatives during contact meetings
  - ➤ managing risk, boundaries and confidentiality of information
  - ➤ managing adoptive parents' own emotions

- The benefits adoptive parents felt contacts brought were different from case to case but three particular themes were evident; each were mentioned by at least half of all adoptive parents. Firstly, adoptive parents highlighted the contribution contact could make to their child's identity development. Secondly, they saw the value to the child of being allowed to maintain important birth family relationships, and they felt it an advantage to the child's that such relationships did not have to be lost. Finally, adoptive parents felt that contact benefited their relationship with the child, confirming them in their status as the psychological parent and creating an atmosphere of openness and trust within the family.

- Birth relatives identified a number of ways in which they found contact could be challenging. These included:
  - ➤ Loss of power: the need to manage the relationship with adoptive parents.
  - ➤ Loss of role: the re-ordering of birth relatives' roles in the lives of adopted children.
  - ➤ Fear of loss of relationship with the child.
  - ➤ The impact of the perception of birth relatives as a source of ongoing risk.

- Factors that were identified as contributing to a positive experience of contact for birth relatives included:
  - ➤ Being able to maintain a continuing connection with the child.
  - ➤ The ability to manage the strong emotions raised by contact.
  - ➤ Developing trust with adoptive parents.
  - ➤ Perception of caring as a shared agenda and the role of reciprocity in relationships.
  - ➤ Feeling valued and included in decision-making.
  - ➤ Demonstrations of empathy between adoptive parents and birth relatives.

- Birth relatives perceived a number of benefits of contact. The main benefit they identified was the reassurance that contact could offer to both the child and the birth relative about each other's well-being. Many birth relatives felt they could make a positive contribution to their child's life in the adoptive family, for example by helping the child to understand why they were adopted, and some birth relatives felt that it was beneficial for the child to see their two families get along together.

- The qualitative analyses of interviews with adoptive parents and birth relatives suggests that direct post-adoption contact is complex in different ways in different cases, but a number of key needs or challenges for people involved in having such contact emerge. These include building and sustaining relationships: making sense of the different roles of birth family members and adoptive family members, and working out how close or distant the two families are going to be; coping with the unusual nature of the contact meeting; and dealing with complex feelings.

What types of services to support contact are birth relatives and adoptive parents using?

- From adoptive parents' reports of services received, five different types of contact support activity were coded according to the function they appeared to serve as follows:

  ➢ coordination and administration.
  ➢ relationship building.
  ➢ protecting or promoting of interests.
  ➢ reviewing arrangements and planning.
  ➢ providing emotional or therapeutic support.

These five types of contact support that adoptive parents received were also identified in the accounts of birth relatives. In addition, a sixth category of intervention was identified: 'risk management and minimisation'. This refers to interventions by the agency designed to minimise risks that birth relatives may present to the child or adoptive parents.

- The type of support activity most frequently received by adoptive parents was coordination and administration, followed by protecting or promoting of interests. About one third of adoptive parents received services related to reviewing and planning, about a quarter received emotional support, and only one in five reported relationship building support activities.

- The service received by the most birth relatives was 'coordination and administration'. 'Relationship building', 'reviewing planning' and 'emotional support' were received only by a minority of people. Only a small minority (less than one in five) of birth relatives felt they had received services aimed at 'protecting or promoting' their interests. About a third of birth relatives felt they had received interventions specifically focused on risks they were perceived to present.

- The research identified four different models of contact support. These differed in terms of two key dimensions. The first dimension was whether or not the agency was undertaking proactive interventions to facilitate the dynamics of the contact network and/or to help people manage their own reactions to contact. These proactive interventions included emotional

support, review and planning, and relationship building. The second dimension was whether or not a worker was present during the contact meeting.

- '*Administrated contact'*, was (in most cases) where the agency retained control of the setting up of contact meetings, but did not attend meetings or facilitate contact further by offering emotional support, relationship building, or review and planning. The second model, *'facilitated contact'* was again where families met without the support worker but the agency was intervening outside of the contact meeting in terms of emotionally supporting people, relationship building or planning and reviewing the contact. In the third model, *'supervised and facilitiated contact'*, support workers attended contact meetings and provided input aimed at relationship building, reviewing and planning, or emotional or therapeutic support. The fourth model *'supervised contact'* was where the agency arranged and supervised the contact, but did not actively facilitate its working; they exercised control, but made little contribution to managing the dynamics of contact.

- About half of adoptive parents received 'supervised and facilitated' contact support. The remaining adoptive parents received, in roughly equal measures, one of the other models of contact support.

- Eight percent of birth relatives received 'administrated contact' support, 25% had 'facilitated contact' support, 44% received 'supervised and facilitated' contact support and 22% received 'supervised' support.

- In general, models of contact support which involved the worker attending meetings tended to be used where adult birth relatives were involved in the contact meeting, and the unsupervised models of contact support tended to be used when contact only involved birth siblings.

What are adoptive parents' and birth relatives' experiences of using contact support services?

- Just over half of adoptive parents were mainly satisfied and just under half the adoptive parents had concerns about the support offered. Five factors were associated with satisfaction with contact support:

  ➢ A relationship with a worker who was caring, empathic and approachable, and who was consistently involved in supporting the contact overtime.
  ➢ Workers who were professionally competent, and experienced in understanding and managing the dynamics of adoption and contact.
  ➢ The agency striking the right balance between controlling the contact arrangements, and allowing adoptive parents to be in control.
  ➢ Contact support that addressed not just their and the child's needs, but also the needs of the birth relatives.
  ➢ Support that was organised and forward thinking, anticipating rather than merely responding to challenges and changes in the contact.

- Just over half of birth relatives (54%) were very happy with the contact support services they had received; the remainder expressed several anxieties or concerns. Birth relatives were more likely to be happy with contact support where:

➤ They had a good relationship with the worker and where the worker was effective as an intermediary between them and the adoptive family, taking everyone's needs into account.
➤ Contact support was planned and they were involved in decision-making.
➤ Clear explanations about the need for rules and boundaries were provided, and any such boundaries made sense to the birth relative in terms of the risks they presented to the child.
➤ An element of emotional support was provided.

▪ In the adoptive parent sample, for each model of contact support there were examples when contact was working very well, and examples where there were unresolved issues. Contact was working very well in four of the eight cases having administrated contact support, in two of eight cases having facilitated contact, in 13 of 27 cases having supervised and facilitated contact, and in three of nine cases having supervised contact. Three adoptive families did not receive any support for direct contact and for all three of these, contact was working very well suggesting these families did not need any contact support.

▪ Adoptive parents in the facilitated contact support group were the most satisfied (83%), followed by those who received supervised and facilitated contact support services (69%). In contrast, only a quarter of people receiving administrated or supervised contact support were satisfied with their services. Thus it seems that adoptive parents who received contact support providing an element of emotional support, reviewing and planning, or relationship building were more satisfied than adoptive parents whose model of contact support did not include any of these three types of support.

▪ In the birth relative sample, one of the three people receiving administrated support was satisfied with their support. Eight of nine people receiving facilitated support were satisfied. Nine of 16 people having supervised and facilitated support were satisfied. Finally, only one of the eight people having supervised support were satisfied. Thus, as was found in the adoptive parent sample, support services that include proactive interventions appeared to be more liked by service users.

▪ Birth relatives whose contact was supervised (i.e. those having supervised contact, and supervised and facilitated contact) were significantly less likely to be satisfied with their contact than birth relatives whose contact was not supervised (i.e. those having administrated contact, or facilitated contact). All of birth relatives who received these latter two models of support were satisfied with their contact.

▪ Because the numbers of families receiving each of the four models of support were small it is difficult to reach any firm conclusions about the relative benefits of the different models, and a larger sample will be needed to explore this research question. However the data do suggest that there is not one model of support that is likely to be right for every family.

How much do support services for direct contact cost?

- The 'average' adoptive family was estimated to have used contact support services twelve times over a 12 month period at an average total cost of £999 (range £0-£4,052). This includes services provided to adoptive parents and to the adopted child.

- The average birth relative used contact support services 8.9 times over a 12 month period, and the average total cost over this period was £757 (range £0-£1984).

- For both birth relatives and adoptive parents very few appointments were missed, possibly reflecting people's commitment to maintaining contact, and their need and wish for the contact support services.

- For adoptive families, the model of support with the highest costs was supervised and facilitated contact (an average cost of £1371 per year) and the cheapest model was administrated contact (an average cost of £395 per year). For birth relatives, the most expensive model was supervised contact (this costing on average £1004 per year) and the least expensive model was administrated contact and (£246 on average per year). These data do suggest that some models of supporting contact are more expensive than others, and that therefore it is important services are targeted appropriately to needs.

- The composite strengths/risks scores of adoptive families were correlated with both costs and number of sessions provided ($p<.05$). This indicates that families with more needs tended to receive more services. The composite strengths/risks scores of birth relatives were not significantly correlated with the number of services they received, or the costs of these.

Implications for practice.

- How well contact arrangements progressed seemed to be influenced by a number of factors such as whether or not the child had emotional or behavioural problems, the age of the child at placement, the communicative openness of the adoptive parents, whether the contact involved a birth relative who had been involved in the abuse or neglect the child, the extent to which birth relatives were coping with adoption, and the relationships between the adults involved in the contact. Taking account of these strengths and risk factors when planning contact, and when planning contact support, is likely to lead to more case sensitive decision-making.

- Important roles that contact support services can play include helping people manage emotions, building and maintaining relationships between people, negotiating and managing risk, and offering practical help.

- Suggestions for the provision of contact support services include:

  - ensuring that the model of contact support is matched appropriately to the needs and wishes of families and the strengths and risks in the case
  - including adoptive and birth families in the planning of contact and of contact support
  - ensuring that attention is paid to the needs of all parties
  - recognising the dynamic nature of contact

> where it is necessary for direct contact to be stopped, that people are supported through and after this process

Evaluation of the research:

- Strengths of the research include:
  - data were collected from a number of key informants: adoptive parents, birth relatives, and service providers. The retention of service users over the follow-up period was exceptionally high, as was the return of data from case workers.
  - distinct models of contact support were identified and costed.
  - adoptive parents and birth relatives were successfully involved as consultants to the research process.

- Limitations of the research include:
  - the cost predictions are likely to underestimate the true cost of providing contact support services, as recent research suggests that one component of the cost, overheads, has been traditionally undervalued in the standard costing literature (Selwyn et al, 2009).
  - the views of adopted children and young people were not included.
  - the research did not include contact support provided by specialist services in the independent sector.

- Future research could build on the current study by systematically evaluating the comparative benefits of the different models of contact support identified in this study. A much larger sample size would be needed in order to take account of all the relevant factors. It will be important in any such research where the outcomes of contact are to be studied, that the views of adopted children and young people are sought.

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Curtis, L. (2007). *The unit costs of health and social care 2007*. Canterbury: Personal Social Services Research Unit.

Derogatis, L.R (1993), *BSI: Brief Symptom Inventory: Administration, Scoring and procedures Manual*. Minneapolis: National Computer Systems, Inc.

Neil, E. (2007), Supporting post adoption contact for children adopted from care: a study of social workers' attitudes. *Adoption Quarterly*, 10, (2/3), 3-28.

Sellick, C. (2007) An examination of adoption support services for birth relatives and for post-adoption contact in England and Wales, *Adoption and Fostering*, 31(4), 17-26.

Selwyn J., Sempik, J., Thurston, P., and Wijedasa, D. (2009), *Adoption and the interagency fee*. Department for Children, Schools and Families Research Briefing, DCSF-RB149.