JUST LETTERBOX?
A study of indirect contact in adoption

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PhD Thesis
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In grateful appreciation of the young people, and their adoptive and birth families who participated over ten years, the support of Rachel and Pat who worked with us all, throughout, and Eve for her endless re-types. Thanks to Steve, Gary and Kate for everything. Finally, in memory of Phil, who supported me, despite his doubts about the merits of research. I hope he was wrong!
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Abstract

After a quantitative analysis of 138 children, (109 placements), who were placed for adoption in one authority either during 1993/4 and 1996/7, the study developed into a qualitative study of letterbox contact after adoption. Letterbox is a form of indirect communication through an intermediary post box system between adoptive families and birth family members.

The profiles of the children, their birth and adoptive families, and proposed contact plans were explored. With a mean age 6.24 years, 30% of them were foster-adopt placements. 87% were the subject of care orders, with a high incidence of abuse or neglect. Within an average of 2.3 years after placement, all were adopted. The adoption panel envisaged that 18.9% of the group would have direct contact, 12.9% 'no contact'. For 47 children letterboxes were set up after the adoption. The study was not set up to measure the outcome of the adoption placements, but after 4/5 years, remarkably, only 5.8% placements had disrupted.

A qualitative analysis was undertaken 4/5 years post-placement of the 47 children with letterboxes. This involved 87 sets of adult interviews, and seven young people. For 33 of the children, both the birth family member and adopted parent were interviewed. Pre-placement meetings were very highly valued. 40% of birth mothers had learning disability, 38% mental health problems – inevitably they would require support for letterbox.

Using grounded theory, ten classifications of letterbox functioning were developed. 21% of them were working well, 47% working but with reservations, (eg. changed to one way, confusing for the child, frustratingly superficial in content). 28% were not working - children left with sadness and regret. Children valued the letters but increasingly their questions of 'why?' were unanswered. Many were confused, their early rejection reinforced by references to newborn siblings. If not functioning, the contact was less likely to move to direct contact. Interviews of birth families revealed a disparity between stories, and frequent denial of responsibility.

Finally, families of 90.4% of the initial group, (now aged 14.2 years), were re-interviewed ten years post-placement. 38% of letterboxes continued to operate but only one without complications; for the others the frustration and questions were increasing, or they had been further hurt by the rejection of birth parents ceasing communication. They had benefited from ten years of adoption stability, equipping them to cope with adversity of contact or their search for identity. Improved defining of objectives, more detailed background information, a low-key review system and pro-active professional intervention/mediation could influence letterbox outcomes. Letterboxes proved increasingly complex over time. With over half the study children living outside the authority boundaries, the Support Regulations (2003) will need adequate resourcing to meet the complex, geographically remote demands for the coherent support of all parties to letterbox.
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CHAPTER 1
INTRODUCTION

It is important to see open adoption, however it is defined, within the historical and political context of childcare and adoption. Adoption has always aroused controversy, and continues to do so. Open adoption is broadly viewed as a form of contact after adoption undertaken within the framework of the Children Act 1989, the Adoption and Children Act 2002, the Adoption Support Regulations (2003), a Protocol to speed up court processes, the current crisis in fostering and powerful central government pressure to increase the number of placements for adoption of children currently being 'looked after'. The Children Bill (2004) places a new duty on local agencies to work together to improve children's welfare, create children's trusts and integrate health, education and social services for children. This offers a framework to underpin the Adoption Support Regulations, provided the resources follow!

This study set off to explore the reality of contact after adoption for children placed during the 90's. The promotion of contact with birth families was a key theme of the Children Act 1989. With time it became apparent that professional views were increasingly polarised between loose promoting and resisting direct post adoption contact. Indirect contact, a form of mediated, written contact between adoptive parent/s and birth families, fell conveniently between the two. Unresearched, the letterbox contact, as it came to be known, rapidly became the norm. There was little but anecdotal evidence of the viability or sustainability of letterbox arrangements, with few people appreciating the complexity of the process. The focus of this study changed therefore, after a quantitative study of 138 children placed for adoption, to a qualitative analysis of the letterbox stakeholders.

Although the child's welfare is the court's paramount consideration, the Children Act (1989) developed the role of birth parents through the concept of parental responsibility. There was a new duty on the local authority that children are brought up wherever possible within their family, and to promote contact and work in partnership with birth family members. The responsibility for deciding contact issues for children 'in care' lay with the court rather than the local authority, with a presumption in favour of contact. The Human Rights Act October 2000 increased the rights of parents and the power of the courts as distinct from local authority decisions, with termination of contact of a parent viewed as a breach of Article 8 - the right to respect for private and family life (HRTF, 2000). Unfortunately, more recently the Adoption and Children Act, with Adoption Support Regulations (2003) placed less emphasis
on the support needs of birth families and there is a very real fear their interests could be marginalised in the need to meet performance targets.

Issues raised by adoption highlight the ideological and politicised division between those arguing from ‘welfare of the child perspective’ and those concerned about transferring children from disadvantaged and unsupported parents to highly funded substitute systems. It is important to explore the extent to which a demonstrably open form of adoption is viewed as a panacea for some of those inherent tensions and the conflicts of professional ideology dividing prevention, family support and kinship care systems from the enormously costly adoption and foster care homefinding services.

Just as the last ten years have seen massive changes in the childcare scene, and permanency movement, this project too has represented a long and at times tortuous journey over time. With thirty years of practice, research and specialism within residential social work, child protection, family placement and court systems (as a Guardian ad litem) behind me, I had lived and worked through the changes in adoption. I had negotiated my way through the corrupt path of direct and third party adoptions of the 60’s. I managed an adoption agency and pleaded with young vulnerable birth mothers who had journeyed to England in the early stages of pregnancy, usually with elaborate cover stories, to tell me just a little bit more about themselves and the father of their baby. I gave them my word (before the retrospective changes of the 1975 Act) that, as they demanded, their children would never trace them.

I encouraged infant adopters, who at the time were being matched to their children by intelligence and physical appearance, to talk to me about their infertility, and, unheard of in those days, even their sexual lives. I insisted they talk to children as early as possible about their adoption. I was almost a lone voice in the mid 70’s promoting pre-placement meetings with birth parents – arguing that if adoptive families were not prepared to meet the parent/s in a supportive and enabling context, they were unlikely to be attitudinally open enough to adopt. I knew how important such meetings proved in the longer run. Post adoption contact occurred back in the 70’s and 80’s too, but was low key, and unresearched. It was not even a fashionable part of the adoption vocabulary when the trailblazers of the 90’s ‘discovered’ open adoption. My later work managing post-placement services in another specialised agency confirmed what we had not faced. We’d placed children with complex needs in the 80’s, believing that unconditional love and stability would heal earlier damage. Experience has proved otherwise.

The absence of information about children being placed in the early 90’s led to a change in the topic of my own research degree in 1993. Experienced and thoughtful practitioners were expressing concerns about the swing towards open adoption, and the dangers of the lessons
learned from infant research in other countries being extrapolated to the children with identified special needs within a permanent placement. I enlisted the support of a large, diverse local authority, who wrote to each adoptive and birth family telling them of the planned project. The analysis of the first 80 children in 1994/5 revealed, unsurprisingly to a practitioner, the greater complexity of the needs of children then being placed for adoption.

The qualitative study of 21 children with letterbox began three years later, following the awareness of the complexity of post adoption contact arrangements being set up. 'Letterboxes' were an apparently new phenomenon. Involving the setting up of an exchange of information via a centralised system it had developed within some other authorities to feature in up to 90% of their placements. What was letterbox now? Why had it become the accepted norm for so many adopted children? Did it work, or was it yet another example of fashion or law and practice outstripping research? These 21 children were the children for whom the newly established letterbox system was created. As a group, they were reflecting the increased emphasis on permanence and planning - a catch-up exercise around the Children Act implementation. It was possible they were an unrepresentative sample so there followed a further cohort, then another qualitative study. Time though had moved on, and by now, ten years down a long line, came the privileged opportunity to re-interview the birth and adoptive parents of the first group of 21 children.

When they were placed, Margaret Thatcher was in her prime, New Labour just a dream. Those same ten years had marked massive changes in my own life – a major loss that then contributed, after some space for resolution, to new windows of opportunity. This timespan was only 16% of my life, but for the children being placed, it ranged from 45% to 91% of lives already underpinned by traumatic losses and multiple separations. They lacked the opportunity I had been afforded to deal with their loss, and they were further saddled with guilt and responsibility. I had difficulties in answering 'why', so how much more for them? As they moved through developmental stages it was inevitable their questions would increase, and link with their search for identity and self esteem. Could a letterbox arrangement meet their needs to deal with the unanswered questions?

Turning the spotlight on one narrow aspect of their lives has revealed the complexity of their lives and the world in which they are living. This then is the story of the pathway of adoption of 47 children and young people, with the opportunity en route to take into account the views of their birth and adoptive families. The whole project has been set against a backcloth of dramatic social change, globalised dynamics and media distortion. Any media interest in 1993 in adoption or even childcare was unusual. – the contrast with the current daily bombardment could not be greater. Two or three cases have assumed greater significance and media interest for adoption – interestingly as the case of the internet twins came to
public attention, the Daily Mail was taking an anti-local authority position, alleging the 'usual misguided political correctness.' Overnight, after Mr and Mrs Kilshawe were seen on the TV, the Daily Mail emphasis changed – they realised they were backing the wrong side! How often has such an opportunity to tell the other side of the adoptive story been possible?

The seemingly endless research project though would not have been possible without the patient, and ongoing supportive commitment of the individual staff within X authority. Remarkably, they too stayed the course. Ironically, that very endurance of support by professional individuals who are known to care is something all adopted participants need, and few now have.

The report follows the path of the research project. After a brief historical description in Chapter 2, the influences of the move towards open adoption will be explored along with the difficulties arising from varying interpretations of the concepts of openness and contact. The relevance and extent to which research and practice in other countries has influenced practice in Britain, is recognised. It will be seen too that the majority of studies in open adoption were based on infants, primarily voluntarily relinquished by lone mothers, but study findings on infants and older children adoption are set out in Chapter 3.

In chapter 4 the overall research design is described with explanations of the decision to use the children placed for adoption in one authority in 1993/4 and again in 1996/7. The first stage was the quantitative analyses of those 80 children and their adoptive and birth families. From that it emerged that the Adoption Panel of X authority foresaw that half the children were going to have ongoing indirect contact via the authority’s letterbox system. A further cohort of 58 children placed in 1996/7 were identified, making 138 in total. The subsequent qualitative studies involved interviewing the birth family members and the adoptive families of the 47 children with letterbox arrangements. Finally in 2003/4 came the opportunity to follow up that first group of 21 young people, the majority of whom were now well into their teenage years.

In Chapter 5 the information gained from detailed file readings for the 138 children is analysed, with a profile of their birth parents proving particularly illuminating and significantly different from previous studies in open adoption. The planned contact arrangements are explored in Chapter 6, together with reasons for some of the anticipated letterboxes not being set up by the time of the adoption order. The apparent success of the placements, with the remarkably low average disruption rate of less than 6% is noted.

Chapters 7-8 describe the views of birth parents and adoptive parents towards the letterbox system. The numbers of letterboxes working and not working are discussed, and the
conclusions of these findings are summarised at the end of each chapter, Chapter 8 offers probably the most revealing insight into the pathways of these young people, now ten years into their placements, and all, remarkably, intact.

Finally, the themes are drawn together in Chapters 9-10 with links into the new legislation, and the Support Regulations. It has been a long, long journey and it is only to be hoped that the experiences of these children and their families will help to raise awareness of the complexity of any post adoption contact, even `Just Letterbox.'
guaranteed secrecy and anonymity. Kelmer Pringle, M.L., (1967) commented on an issue that remains relevant today:

"Privacy and the prevalence of third party adoptions may perhaps also account for the fact that rather more seems to be known about adoptions that have not worked out well than those whose course has been happy"

It is significant that many of the research studies and recent influences from post adoption counselling, and birth family groups are in fact referring to children who were placed for adoption back in the '60's when there was:

- A predominance of direct and third party placements often arranged by doctors, lawyers etc.
- A lack of information given to adoption agencies by birth parents
- Anxiety about stigmatisation both of illegitimacy and sexual relationships outside of marriage and a need for secrecy on the part of birth mothers and adoptive families
- A high childcare case load for professional staff within Children's Departments and adoption agencies (60-80 cases per child care officer).

By 1995 the numbers of infants placed for adoption had dropped from 34.6% of the total to 6%. Despite contra-indicators to the 'success' of adoption there remains a large silent majority whose views on adoption are unknown. Howe, D. and Hining, D., (1989) estimated that there were around three-quarters of a million adopted adults in Britain and those contacting post adoption support centres are only a small proportion of that total - i.e. only 2,000 of estimated 750,000 adoptees.

By 1970 three major studies, (Trasler, G., 1960, Parker, R., 1966 and George, V., 1970) had shown that about half of all long term fostering placements broke down. Taking children into care seemed to succeed neither in returning them home nor in safeguarding a permanent placement for them. Increasing professional attention was directed to the needs of older children in the care system. Rowe and Lambert (1973) in their influential study 'Children who wait' identified the need for more effective planning for the children that they discovered had been left in 'limbo, contact with their birth families lost, facing uncertain futures, and not knowing where the remainder of their childhood would be spent.

The subsequent growth of a 'permanency movement', influenced by Maluccio, A., Fein, E., and Olmstead, K.A., (1986) led to adoption for older children being viewed as the most secure form of care for children whose return home was unlikely. 2439 children were adopted
CHAPTER 2
LITERATURE REVIEW

THE CHANGING PATTERN OF ADOPTION

Adoption has, over its 70 year history been at the focal point of changing social, political and demographic patterns. It has been subjected too to the extremities of the pendulum swings of childcare policy and practice and, more recently, politically driven media and legislative attention.

The purpose of the first British adoption law in 1926 was to provide security and legal recognition for children from the First World War. The numbers initially were very small - only about 4,000 annually. A history of secrecy developed with the aim of protecting all parties: - the birth mother from unnecessary stigmatisation, adopted children because more families would then come forward to adopt them, and adopters from the unwelcome interference of the birth family. The numbers increased to 14,000 adoption orders per annum by 1950.

The Adoption of Children Act 1949 led to a shift of emphasis from considering the financial circumstances of prospective adopters to steps to safeguard the emotional security of the children. The supply of 'healthy white infants' as they were known, was mainly from unmarried mothers, and was primarily offering a solution to the infertility of adopting couples. Later, significance would be attached to the problems that emerged from the expansion of these numbers and the secrecy of placements of the 60's. However, little mention is made in the more recent literature of the fact that in the 'heyday of infant adoptions' in the 60's, Kelmer Pringle, M.L., (1967) found that the majority of adoptions were undertaken via a third party rather than an adoption agency. She identified grave concerns that such adoptions were undertaken by an unskilled person, usually known to the adopters or the mother, who was unlikely to make the child's welfare a primary concern. She recognised that inappropriate or even grossly unsuitable adopters were having children placed with them. A significant proportion of adoption agency placements too were linked with religious groups, and large numbers of Catholic mothers came over from Ireland to have their babies 'in confidence' in England. 8,500 babies were placed in England and Wales in 1970.

The culture of secrecy led to processes of matching for appearance, etc. which only served to reinforce the common practice of `not telling' children of their adopted status. Many adoptees did not learn of their adoption until they were adults and birth parents were
SPECIAL NOTE

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out of local authority care in 1991. This represented 3% of the care population, but by 1995 this figure had increased to 4.5%. and in 1998/9, was 4% (n = 2200) (Ivalidi 2000). In the year ending March 2001, 3420 children were adopted, 752 of these adopted out of area. The number of babies placed reduced to 200.

The 1975 Children Act significantly altered the framework for adoption, and was seen as shifting the balance of power away from birth parents to substitute family carers (Holman, R., 1988). Adoption allowance schemes extended the range of people who could adopt, and made it easier for children with special needs to be offered the permanence of adoption. Local authorities became more pro-active in seeking to dispense with the agreement of parents for adoption.

An influential text, 'Terminating Parental Contact', (Adcock, M., White, R., 1980) contained papers highlighting the need to consider access between child and family as the right of the child rather than the parent. It advocated that if rehabilitation was not considered appropriate, then the purpose of contact had to be redefined, together with monitoring the effect of contact on those plans. The papers actually emphasised the importance of individual planning, but the concepts were widely mis/re-interpreted and subsequent local authority policies of permanence began to take aggressive, interventionist stances of 'rescuing' children, terminating contact and placing for adoption, all within tightly defined time limits. Birth parents, with no access to legal aid had few rights of legal redress and the "sands of time" ran against them in opposing a permanent placement.

By the '70's there had been a shift away from secrecy, and the 'complete break' theory of adoption, even in the placement of infants. This change was greatly influenced by the writings of Kirk, H.D., (1964), Triseliotis, J., (1973) and McWhinnie, A., (1967). Kirk had identified that the success of (infant) adoption appeared to be associated with the acceptance of the differences between parenting adopted and biological children. Triseliotis described adoptive parents who were facing the tasks of helping the child to base their identity on the concepts of two sets of parents. He and McWhinnie confirmed that adopted children needed information about their background, and the reasons they had been placed for adoption.

The move towards greater openness in the UK was reinforced by the subsequent opening up of birth records that arose when the '76 Adoption Act gave rights to the child at 18 to chose whether to seek or resume a relationship with birth family. This, and changed adoption agency regulations led to marked changes in the practice of infant adoption. By the late 70's most voluntary adoption agencies working with relinquished infants recognised the necessity
to provide detailed genealogical information, letters, photos, together with facilitating initial meetings between adopters and birth family and stressing the need for a more inclusive and open attitude. Only Craig, M., (1991) has undertaken longitudinal research in Britain of these more open 'voluntarily relinquished' infant placements of the '70's rather than the closed, and often non-agency placements of the '60's that have influenced many retrospective studies (Logan, J., 1996, Feast, J., 1997).

There was conflict between those who argued for children's rights to 'psychological parenting' and those who emphasised the importance of the 'blood tie' and parent rights. This was coupled with the increase in pro-active, often rigid use of termination of contact and plans for adoption. Wide spread concerns emerged about the precipitant removal of children from home, failure to promote links, the subsequent termination of contact that removed the option of reunification. The Department of Health commissioned several research studies (Department of Health, 1985). Based on practice in non-adoption work between 1979 and 1982 the studies contained a depressing portrayal of childcare practice, poor planning and decision-making, and poor outcomes. New legislation was introduced relating to parental access to children in care, giving guidance on the management of access and emphasising the importance of continuing contact for children and parents (Department of Health, 1983).

Cumulative research emphasised the significant benefits for children being 'looked after' of continued contact with parents (Fanshel, D., & Shinn, E., 1987 and Berridge, D., & Cleaver, H., 1987), in terms of optimising the chances of reunification, minimising foster home breakdown, and ensuring the well-being and cognitive development of the child. 'Patterns and Outcomes in Child Placement' (Department of Health, 1991) contained the messages from research that were published along with other promotional material at the time of the Children Act 1989. It stressed the link between contact and placement stability of a primarily fostered group. However the large research studies relating to contact and breakdown had been based on research actually undertaken in 1983 (Berridge, D., and Cleaver, H., 1987) and the very early days of voluntary agencies placing children with special needs (Fratter, J., Rowe, J., Sapsford, D., and Thoburn, J., 1991c).

At that time too a higher percentage of children were in residential care in the 70's and 80's and it would not have been deemed viable to place complex children for adoption. Triseliotis, J., (1985) also expressed concerns about the older children with existing attachments who were being denied the security of adoption because neither the law nor professional practice could, or would provide for contact within adoption.
There have been additional strong influences on the developing path of adoption from the knowledge gained from Post Adoption Services, adoptees and birth mothers, although there is still very little knowledge of birth fathers (Bradshawe, J., Stimson, C., Skinner, C., Williams, J., 1999) or adoption agencies being proactive on birth parents’ behalf in making contact with adoptees. The moving stories of birth mothers and those involved in a ‘search and reunion’ had condemned the secrecy and policies of severing family ties (Hughes, B., and Logan, J., 1993; Howe, J., and Feast, J., 2000) and contributed to the higher political profile of adoption and new adoption legislation. In America there was a growth in the movements of the rights of adoptees and birth mothers (McRoy, R., 1991) who describe the searching process as traumatic and painful. Open adoption was seen as one solution to that pain.

The Children Act 1989 reflected the general disquiet about the failings of the care system, and the withering of links with birth families. Although not intended to address adoption, the Act had a profound impact on adoption because it affected the contact arrangements that children would carry from Care Proceedings into a prospective adoptive situation. Sec 34 provides for contact between children in care and their families and Schedule 2 Para 15 imposes a duty on the local authority to ‘endeavour to promote contact’, Guidance Para 6.9-70 states:

‘For the majority of children there will be no doubt that their interests will be best served by efforts to sustain or create links with their natural families... Contact, however occasional may continue to have value for the child even when there is no question of returning to the family.’

There has since been a substantial shift in the levels of contact normally offered to children being looked after. In Berridge, D., and Cleaver, H.,’s (1987) pre Children Act study, only 21% of the children in short term and 12% in long term foster homes had contact at a weekly level. This is a much quoted and influential study in advocating contact, yet (p 77) the authors point out that the numbers were small and therefore unreliable but that ‘there was some indication of an inverse relationship between the degree of parental contact and the levels of breakdown. The difference is insufficient to be statistically significant’

By the time of a study carried out in 1996 of 50 placements Waterhouse, S., & Brocklesby, E., (2001) found 39 (78%) of their placements had contact weekly or more. Cleaver’s (2000) study of 152 foster placements lasting over 3 years shows that one third have at least weekly contact with their mother.
In the same year as the Children Act was implemented in 1991 (Primary Adoption legislation was not included), a contact Register was established whereby birth parents and adopted persons could register separately and leave information concerning their current whereabouts. The response to the register has been steadily increasing, although the numbers of links are still small in comparison with the registrations and total figures placed. Twice as many adoptees coupled with birth family members have registered, and the studies of Mullender, A., (1999), Howe, J., and Feast, J., (2000) and Charlton, I., Crank, M., Kansura, K., and Oliver, C., (1998) call for disclosing and non-disclosing information to be made available to the latter group too, new legislation will facilitate that search via an intermediary service.

Delays in care proceedings
Several studies have pointed to a 40-50% increase in the length of care proceedings since the implementation of the Children Act 1989. Hunt, J., & McLeod, A. (1998), Thomas, (1999), Protocol (2003), and Parker, R., (1999) variously speculated that it was due to the proliferation of experts, the need for thorough assessments and identified care plans, contact planning, and diminishing social work confidence. Beckett (2000) pointed out there was no research on the consequences for children of the average increase of care proceedings to 33 weeks since 1991, although an extrapolation of the statistics in Ivaldi, G., (2000) indicates children would experience a further move, for every ten weeks they waited.

Family support was a key principle underlying the Children Act (Masson, J., Shaw, M., Brocklesby, E., 1991), with an emphasis on working in partnership. Accommodation was an opportunity to support families, without the need for an order or care proceedings. Unfortunately, there was no equivalent emphasis on the need to recruit, prepare, support and adequately remunerate foster carers. At the same time, the growth of the independent fostering system was affecting local authority service provision. By the time of their study Waterhouse, S., & Brocklesby, E., (2001) found a lack of placement choice and children were being moved on after foster placements came to an unplanned end. Local authority budgets were further stretched by having to pay up to 500% more to independent agencies with children placed many, many miles away.

There had been a steep drop in the number of care proceedings after the implementation of the Children Act in 1991 and a philosophy of working in partnership under a 'no order' principle. However, figures steadily rose again and, in 2000, there was a rise of 52.7% from 4124 in 1999 to 6297. The cause is still being debated, but is of grave concern given the new, powerful emphasis on time limited decision making in relation, not to permanence, but to adoption (Rushton, A., 2003). At the same time, the continuity between 'children in need'
and child protection services has been replaced by an emphasis on universal services, such as Sure Start (1999), to meet an aim of reducing social exclusion. Tunstill, J., (2003) points to the Adoption Standards, which, whilst briefly stressing the prime importance of family support in the Ministerial Foreward and Statement of Values underpinning the standards, goes on immediately to consideration of adoption as the solution to planning for children.

Society's current view of adoption

There has been a marked shift in society's views of adoption. Its higher media profile has been associated with vexed ethical and professional views of inter-country adoption, same race placements, 'tug of love' cases and allegedly victimised potential adopters. Until 1999, the negative view towards adoption that Morgan, M., (1998) challenged, had led many in the UK as well as New Zealand to question whether adoption had a future. Into this lacuna of the early 90's slid an increasingly polarised professional conflict about open adoption.

The comparatively small number of adoptions cannot explain the disproportionate amount of media, public and political attention which adoption now attracts. 2,200 children placed is so small a proportion of the 58,000 children currently looked after, on whom the spotlight of the performance measures (Department of Health Quality Protects 1998 & 2003) does not fall with the same rigour. Douglas, A., and Philpot, T., (2003) highlight the children who live in poverty and the 35,000 children fostered who get little or no media attention. They speculated that adoption touches something deep in the human psyche – the lost or abandoned offspring of some mythical but romantic figure. The process of 'searching' which is currently attracting a very influential TV spotlight, and the romanticising glamorous/emotional outcomes of a searching process, to the extent that young adults now feel they are abnormal in not wanting to seek. The emotive media debate around selling babies on the internet (Hansard, 2001) the name and shaming local authorities with poor records of placing 'looked after' children for adoption and the associated 'quality protects' criteria have all served to increase media focus on adoption. The Quality Protects Programme (Department of Health, 1998) involved the investment of £375m for greater stability and better outcomes for looked after children and, by 2000, adoption became the focus of political attention (Richards, J., 2001).

The history of the Adoption and Children Act (2002) is complex and dates back to before the Children Act (1989) but it became far more media and politically driven. The discussion papers of the Conservative Party and the Adoption Law Review (1990-1992) were followed by the White Paper, 'Adoption: The Future'. However, the family law reform proposals of 1995 aroused strong media interest and condemnation by the media and political 'family values lobby'. There was further attention on what Allen described as 'politically correct
social work ideology focusing on rigid age limits, race issues and placements with single of homosexual people' (Allen, N., 2003) so the Conservative Government produced only a draft Adoption Bill, which fell with the Government.

Despite the large majority of the incoming Labour Government in 1997, the disproportionate emphasis on miscarriages of justice for prospective adopters still assumed precedence in the Ministerial statements at the time of the circular ‘Adoption: Achieving the Right Balance (1998). Surprisingly no legislation followed. Then in 2000, an apparently unrelated report into the abuse in children’s homes (Waterhouse, S., 2000) led to a statement by the Prime Minister's official spokesman that the Prime Minister had personal concerns about problems in adoption:

- Delays for children
- Geographic variations
- ‘Hurdles’ put in the way of prospective adopters

The subsequent Prime Ministers Review of Adoption (PIU 2000 report) provided a rapid but comprehensive overview, identified the delays in adoption processes and the lack of effective management information. They recognised the disparity in adoption placements between local authorities of 12-14% but made only passing reference to the effect of lack of resources and concluded that the Government should promote an increase in adoption for ‘looked after’ children, and increase the number of adoptions in a year. They proposed to do this by ‘setting appropriate targets’ and ensuring robust performance management arrangements including the use of Best Value powers to ensure achievement of those targets. They also recommended a duty to make available a post adoption service. This led to the White Paper in 2000, the Adoption and Children Bill (2001), the establishment of a Task Force to improve the performance of some authorities, Best Value powers to ensure achievement of targets and finally the Adoption Act with its Regulations. Individual authorities would carry out their own Best Value reviews across the range of home-finding for children.

Finally the Green Paper, ‘Every Child Matters’ was launched on 8.9.03 proposing the appointment of a new Children’s Director in each authority, and recognised the ‘vital role of fostering and adoption services’ and noted the shortage of 8000 foster carers and an 11% social work vacancy rate.

Contact within the Legal Framework
Since the Children Act was implemented the court has a duty to consider contact at every stage in proceedings. It imposed duties on local authorities to consider alternatives to
adoption, like long term foster care, which might provide a permanent address without severing family connections. The Social Services Inspectorate (SSI) (1994) noted that courts and Guardians ad Litem (GAL), who undertook a more influential role with the Children Act (1989), were frequently involved in pressing for more contact, even for those children going into permanent placements. More recently, however, there was some evidence that Children's Guardians, faced with higher levels of contact, were more cautious and beginning to explore quality rather than quantity of contact (Brocklesby, E., 2000).

Although there had been a presumption against making an order relating to contact if the adoptive parents were opposed to it, the Children Act enables sec 8 orders for contact to be made at the same time as an adoption order. Open adoption is now the subject of case law, as instanced in an expectation of presumption of 'open adoption' contained in 're E (a Minor) (Care Order: Contact) (1994) 1 FLR`

'that authorities will have carried out an investigation into the possibility of open adoption before concluding that closed adoption was appropriate.'

This was based on an earlier ruling that the benefits of contact outweighed the disadvantages of 'disrupting the local authorities long-term plans.'

Moreover case law in private proceedings influences public law and has vigorously promoted contact even in the face of the 'implacable' hostility of the residential parent, (re O (a minor) Court of Appeal 14.3.95) and despite repeated acts of domestic violence, (re H (Minors Court of Appeal 12.1.98)).

'The courts should not at all readily accept that the child's welfare would be injured by direct contact.'

Bryer, M., (1998) suggests contact may not be appropriate where there have been multiple unsuccessful placements, or a history of sexual abuse, or mental or domestic abuse, with parents continuing to present a significant risk of harm. However, even in these circumstances it is suggested contact with wider family members may be beneficial.

In a pertinent judgement of the Appeal Court judgment, Ward L.J. (R.G.2003) commented on the benefits of contact:

'The benefit is the benefit that comes from children simply knowing who their natural parent figures are. It is to remove the sense of the ogre as they reach adolescence and begin to
search for their own identity with the double crisis, not only of adolescence, but coming to grips with the fact they are adopted. That is why current research is in favour of some contact in adoption'

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It is likely too that in time the Human Rights Act, enacted in 2000, with the `right to family life' clause will impact on contact planning by making it more difficult to terminate contact, and add weight to the need for placements to take contact with the child's wider, kinship network into account. In 're G' birth parents challenged the local authority's duty to involve them in decision-making process for children looked after. The judgment stated that the local authority had duties under Article 8 & 6 of the European Convention of Human Rights to involve parents in the decision-making processes before, during and after care proceedings.

In ensuring the court maintains an overview of cases, 're W & B and re W' (2001) outlined the right of the court to maintain an overview of care plans in some cases (akin to wardship) and either defer the care order until satisfied that the way ahead is no longer obscured by uncertainty or `elevate a case to a `starred status' which would lead to a reactivation of the scrutiny by the Guardian ad Litem of the care plan' when contact planning is not as envisaged by the care proceedings court. Finally and significantly, a protocol for Judicial Case Management in Public Law (2003), Children Act cases aims to reduce unnecessary delay to 40 weeks recognising the average care case now takes almost a year.

WHY OPEN ADOPTION?

The influences of a more open society, changes in legislation, court processes and social work literature and practice have all led to a greater emphasis on contact, particularly when it may lead to reunification. Within adoption studies Wrobel, G. in press, Wrobel, G., (2003) have found a normality of adolescents giving much thought to contact regardless of whether they choose to search. Roche, H., & Perlesz, A., (2000) suggested these are societal expectations that all adoptees want to increase the amount of information or contact they have. The arguments underpinning open adoption are less clear-cut. Much of the literature (Fratter, J., 1996, Ryburn, M., 1998, Grotevant, H.D. and McRoy, R.G., 1998) on adopted children focuses on three elements enhancing children's well-being:

- A sense of identity, best achieved by continued contact, or detailed knowledge of members of the birth family.
- A sense of belonging to a family to which the child is attached.
- Continuity and a genealogical connectedness.
In addition to the historical, political and sociological perspectives already addressed, practice in openness and open adoption has been influenced by a need to find ways of enhancing a developing identity yet facilitating an attachment to an adoptive family, exploring the extent to which their feelings are ameliorated by ongoing contact.

Summarising the issues Bryer, M., (1998) stresses the potential reassurances that contact can offer;

- Children do not feel abandoned or forgotten.
- Reassurance that parents and siblings are OK.
- Reassurance that their home is still there, and links with their community and friends are retained.
- The opportunity for the child to value their past - in contact situations the adoptive parents are perceived by the child to value their past.

Stressing the child’s need for continuity Coombs, R., (2000) argues that contact can enable a child to join their past with their present life. Bryer, M., (1998) emphasises that parents or wider family members/siblings can be reassured that the child is all right, has survived traumas and has not forgotten them.

Courtney, A., (2000) and Sykes, M., (2000) link the child’s self esteem with the opportunity for adoptive parents to respect the birth family, 'if that is viable'. Schaffer, H.R., (1990) adds that ongoing contact can remove confusion for the child and replace fantasy figures with reality. Contact may be valuable in reducing identity confusion as the child reaches adolescence. Where contact is with relatives other than parents who may have abused the children Bryer argues that it may be important for a child to internalise that all their family are not bad and that they have an accurate understanding of the strengths and weaknesses of their birth family. Triseliotis, J., Shireman, J., and Hundleby, M., (1996) stress the importance of knowledge and links with a child’s cultural origins.

Contact has been linked with increased stability of placement (Fratter et al, 1991c) although Quinton, D., Rushton, A., Dance, C., and Mayes, D., (1997) stressed the absence of information about the psychosocial history of those studied placements. Bryer expresses caution, ‘contact can enhance the placement’ and ‘the parent may give the child permission to make an attachment to their adoptive family’. From the perspective of the adoptive parents Sykes, M., (2000) cites ways in which contact promotes adopters as parents in the present and offers the opportunity for adoptive parents to establish ownership by feeling more in charge of the past through possession of information that is received directly.
However, McWhinnie, A., (1994) and Kaniuk, J., (1993) stress the consequences of forcing adoptive parents to have relationships with birth families that they do not want. In unpicking the conflicting generalisations supporting open adoption it is necessary to look in more detail at the underlying principles. The concepts of attachment, identity, and continuity and connectedness with the past merit closer examination, before exploring the research based evidence.

The child’s identity
Adopted children will need to internalise the facts surrounding their adoption into their sense of personal identity – ‘who am I, why was I placed for adoption/abused/rejected?’ Feast, J., and Howe, D., (2003) describe the research studies suggesting that most adoptive children benefit from having as much information as possible, such information being closely linked with the formation of a secure identity and feelings of self worth. Triseliotis et al (1996) suggest that for the children currently being placed for adoption, both they and their parents will need help to deal with their identity needs, and the creation and ongoing therapeutic value of life-story books. For the adoptive parents, Feast, J., and Howe, D., (2000) argue that ‘talking and telling’ is essential for children with disturbed emotional development prior to placement. They set out practical suggestions (p 144), arguing that the adopter/s task may be more complex if they are dealing with their own sense of loss and identity. They suggest an annual contact from the placing agency offering them and the young people opportunities for support.

Two early studies (McWhinnie, A., 1967 and Triseliotis, J., 1973) had highlighted the negative impact on the identity of adopted people of the secrecy, deception surrounding adoption practice and legislation. Triseliotis had found from his study of adopted adults that the greater the absence of such information, the greater the confusion and uncertainty surrounding identity. However he stressed that:

‘the quality of relationships within the adopted home was the most important factor contributing to a positive sense of self in the adopted person.’

Brodzinski, D., (1987) concluded from his research on the adjustment of adopted children that the adoptive family has to accomplish extra tasks, which complicates the usual pattern of family life. He emphasised the crucial issues of ‘telling’ children, and their capacity to take in different concepts at different ages, i.e. the ‘nice story’ of adoption that is appropriate for a younger child, has to change in order to answer the ‘why was I rejected?’ questions that come during latency. Children may need to make sense of previous abuse, and not see it as
a reflection on their own badness. From empirical research Grotevant, H.D., and McRoy, R.G., (1998) and Triseliotis, J., (1973) supported Brodzinski in emphasising that problems in adoption are minimised by adapting background information to the child's cognitive and emotional maturity level. Sachdev, P., (1992) interviewed 124 adoptees in the USA, placed as infants and found they had a compelling need to attain a more cohesive identity.

**Identity and resilience**

Fahlberg, V., (1998) defined identity as the combination of current and past perceptions of self and one's relationship with others. She was exploring the needs of children who have experienced multiple risk factors early in life and yet were adjusting well as adults. She defined resilience as strength in the face of adversity, or the ability to achieve emotional health and competence in spite of a history of severe or prolonged adversity or stress. Developing the linked concepts of identity and resilience are very important for all children in adoptive homes, and social connectedness is viewed as important in building up children's resilience to adversity. (Gilligan, R., 2001; Cairns, K., 2002). Dance, C., Rushton, A., Quiton, D., (2002) studied the impact of emotional abuse in early childhood, ie preferentially rejected siblings, on their subsequent family placement. They found about half of those rejected children did make good progress, which emphasised the need to learn more about how to facilitate protective factors and promote resilience. Doyle, C., (1997), in exploring the nature and consequences of emotional abuse found that the presence of a caring individual had been the protective factor. That individual, if able to provide encouragement and inspire confidence in the child over a period of time would be able to show the child that the world does care about them and that the child is worth caring about.

Overall, the need for information, sensitively and positively conveyed to children who had been placed as infants, is accepted (Parker, R., 1999). There is less certainty however that such information is best underpinned by direct or even indirect contact with birth parents, when children have poor attachment experiences associated with abuse and neglect. Feast, J., and Howe, D., (2003) recognised that the process whereby adopters impart very difficult information is not straightforward, but they argue that good, clear and open communication is crucial if children are to grow up with a strong sense of identity. This influential study is the only one to compare searchers with non-searchers (relinquished as infants), although even the latter group had known their birth parent/s had wished to make contact with them at an earlier stage. Whilst no differences were found in perception of how openly adoptive parents discussed adoption, and comfort about asking, 70% of searchers and only 48% of non-searchers wondered why they had been placed for adoption. They suggested that although overall 70% felt they belonged in their adoptive family; feeling ambivalent or negative about adoption may be a motivating factor to search. (It is a regrettable but sad fact that in many
instances in the 60's and 70's relinquishing birth parents, in a climate of concealed pregnancies and secrecy, had not given agencies accurate or sufficient information (personal experience)).

Project 16-18 suggested 58 adopted people still found it difficult talking about their early history with their adoptive families and Talk Adoption, a national freephone for adopter children received 3000 enquiries between 1997-9, often reporting difficulties in talking about their origins to their adoptive parents (Greenwood, S., and Foster, S., 2000). Adoptive parents expressed anxiety in imparting unhappy stories that open discussion would affect their child's sense of belonging. The adopted adults of Raynor's (1980) study felt more satisfied if their adoptive parents had accepted their background. The adoptees appeared better adjusted if their adoptive parents had met their birth parents. Kirk, H.D.'s (1964) influential emphasis on acknowledging the 'differences' for an adopted child led Brodzinsky, D., (1987) to caution against 'insisting on the difference' which he felt was as damaging as rejecting the difference!

The child's attachments and their internal working models

Concepts of attachment and connectedness underpin most arguments for open adoption, especially when children have had existing relationships with their birth family. The right of every child to have the opportunity to attach to one or more adults upon whom they can depend throughout their childhood is not disputed nor is the fact that the loss of any attachment figure is traumatic for a child. Bowlby, J., (1973), influentially stressed the essential nature of good childhood attachment experiences, the damage caused by separation and loss, and the development of the child's 'internal working model' based on their own experiences of attachment figures.

Schaffer, H.R., (1990) suggests that psychoanalytical principles, cognitive development and theological theories contribute to an understanding of attachment, and most importantly the effect on children of insecure, unsatisfactory attachments. In the 60's, reliance was placed on early studies in child separation, which suggested that the child could only attach to a single individual, usually the mother. The views of Goldstein, J., Freud, A., Solnit, A., (1973 and 1979) were influential in the policies of the 80's of termination of contact. Based on clinical studies they argued for a cessation of contact with the birth family to ensure an attachment to adoptive parents although Welbourne, P., (2003) adds that 40% of children in the general population do not test as securely attached.

Other studies do not support the need for such exclusive attachments. Schaffer, H.R., (1990) maintains that even young children are capable of differentiating between carers and of
forming multiple attachments. He argues that a fear that the relationship is going to be
diluted by the simultaneous existence of other relationships is unjustified. This view is
strongly relied upon by proponents of open adoption although they do not distinguish
between the various attachment patterns below (Ainsworth, M.D.S., 1978):

A  secure attachment  
B  insecure-avoidant attachment  
C  insecure-ambivalent/resistant attachment

Pearce, J., and Pezzot-Pearce, T., (1994) uses a fourth category:

D  insecure-disorganised/disorientated attachment

Schaffer, H.R., (1990) suggested that children with insecure attachments may have parents
who were chronically depressed, or had a poor partner relationship, or experience of
rejection. Parenting may be inconsistent as a result of alcohol or drug abuse, or rigid and
unable to adapt, or respond to a child's needs. Recognising the interactional nature of
attachment this had implications for a child unplanned or unwanted, born prematurely or for
whatever reason, being less responsive. The impact on a child will be greater if the
depprivation is prolonged and between the 1st - 3rd year of life.

Fahlberg, V., (1991) argues that the bond a child develops to the person who cares for them
in their early years is the foundation of their future psychological, physical and cognitive
development and their future relationships with others. She stresses the importance of the
first year, in attachment terms, and the consequences for children of experiences of
separation and abuse during that first year. Significantly, Grossman, K.E., and Grossman,
K., (1991) found that 87% of children classified as securely or insecurely attached by the age
of one year had retained that same attachment pattern at the age of six. Although age and
cognitive ability will also influence a child's reaction to separation, this is an important finding
for the adoption of older children. Howe, D., & Brandon's (1995) researched over 100
adoptive families and made links between children's earlier attachments and experiences of
abuse or neglect and subsequent difficulties. They highlight the prevalence of the insecure-
disorganised label within a group of children likely to have been abused, and the challenges
those children subsequently present in placement.

Foneghy, P., Steele, M., Steele, H., Higgit, A., & Mayer, L., (1994) drew attention to the early
'internal working model' (IWM) that a child develops of relationships and the child's tendency
to replicate that interaction in their own subsequent relationships. Whilst the significance of
early attachments therefore is not denied, it is important to identify the quality of those early attachments before assuming that maintaining them is valuable. For some children labelled with an attachment disorder, contact may not be constructive (Howe, D., and Feamley, S., 2003). Based on relationships with early attachment figures, internal working models will influence any new interaction the child has. Newer interactions can only be changed slowly. In contrast, if the initial carer has been responsive the child will develop a model of being valued, viewing attachment figures as reliable. Courtney, A., (2000), addressing the effects of loss, describes a child's various memory systems that contribute to the resistance to change of the Internal Working Model. Toth, S.L., Cicchetti, D., Macfie, J., & Emde R.N., (1997) confirm that the IWM of abused children are particularly resistant to change and that all children develop models of attachment experiences based on their separate memory systems, which in turn will affect their subsequent attachments and adaptations – their episodic, semantic and procedural memories.

Few adoption studies, as Quinton et al (1997) point out, refer to the early developmental and attachment history of children. For example, in an influential study of children placed on child protection registers following physical abuse, Gibbons, J., Gallagher, Bell, C., and Gordon, D., (1995) concluded that 18 children placed for adoption had higher 'problem scores' than children who remained with birth parents. There was an assumption that because children had been placed with adoptive carers before the age of three they would have been expected to have done better than those placed at an older age. Interestingly this small study is one of only two referred to citing poor outcomes of adoption (Hayes and Philpot 2003).

Schore, A., (2000) argues however that experiences in the first three years are important, as are pre-natal influences. Perry, B., (1994) and Irving, K., (2003) add further, and in many ways more pessimistically to the debate about the potential for therapeutic intervention for abused children. Having studied the effects of neglect, chaos and abuse on the developing infant brain, neuroscientists have found various developmental disorders associated with previous childhood traumas. They explain that the brain is made up of many different systems and areas, not all of which develop at the same time. The healthy development of one brain area is dependent on the healthy development of the lower brain regions that have taken place earlier in the process. Sadly, Irving explains, there are physiological links between emotional neglect in the first three years and subsequent attachment problems, intimacy, social interaction and impulse control. These may only be soluble in part by subsequent loving and nurturing care.
Adoption involves loss. Courtney, A., (2000) distinguishes between the covert loss of an adopted infant placed with adopters at a very young age, and the overt loss of an older child associated with losing an existing relationship. From studies of bereavement in a non-clinical environment she maintains that the inner working model of the child based on their childhood memories of a parent may be an important part of the process of adapting to (rather than resolving) loss. She found no data on the links between a child’s attachments and the ‘lost’ parent and reaction to loss. However in his study on widowhood in later life, Murray Parkes, C., Stevenson-Hinde, J., & Morris, P., (1991) found links between those coping ‘successfully’ with and adapting to their loss, and their secure childhood attachments. Importantly to post-adoption contact, Courtney, A., (2000) highlights the complexity of the desirable aim of forming new, secure attachments, in adoption, as appropriate to the child’s development stage of:

- Bringing into awareness the child’s internal working model
- Accommodating that model to new information
- Negotiating the accommodation of a relationship with a birth parent that is adaptive, and yet consistent with reality – recognising that abuse and neglect will have led to insecure and ambivalent attachments

Smith (2000) cautions about the danger of keeping the trauma of abuse alive through open adoption, rather than assisting a child with the grieving process. She argues that in cases of abuse and neglect it may never be possible to eliminate feelings of rejection. There is a danger that the child’s selective but adaptive response to its memory may be to fantasise about a return to the ‘perfect’ birth parents. Courtney (2000) points to the significance of the final contact meetings and the drive of the child to repair their own apparently faulty early relationships. Children’s files contain very little information about the quality of those meetings that may be even more relevant if the child has been emotionally abused, and their internal working model confused. Ongoing indirect contact, when the interaction may be sanitised, may only reinforce the inner confusion for the child. Contact, Smith argues, should reinforce the permanence of the child’s adoptive relationships, or adoption will fail to meet the child’s paramount needs.

It is evident therefore that children of all ages, beyond a few days, with a history of early trauma, loss and insecure attachment may remain with these legacies for life and this needs to be recognised in measuring ‘success’. Courtney (2000) argues that some contact can update memories and offer reassurance to a child, assisting them to create a realistic internal working model. If contact is responsive to those needs then it will confirm a positive view of the child as valued and worthy of care and attention. Adoptive parents can use the
information from contact and help the child integrate it into their earliest memories and fantasies. But she cautions that children experiencing covert loss may react to intolerable pain by excluding their image of the 'bad parent' and retain conscious access only to the 'good parent' (p 39). The changing needs and perceptions of adolescents who have experienced early emotional abuse or have been rejected, are therefore very complicated.

`Life appreciation meetings` are an effective way of eliciting the information not routinely available on files. Based on the inquiry style format of disruption and lifeboat meetings (Fitzgerald, J., 1983) the child's early history is pieced together, often by inviting significant people from the past to the meeting. Life appreciation meetings have been developed by Nottinghamshire in advance of placement, and offer families (and sometimes children too) the opportunity for significant individuals in their lives to contribute to the jigsaw history of their earlier attachments and experiences. They offer an opportunity to explore the likely internal working model of the child, that will be carried on into their new placement.

**Genealogical connectedness**

The work of Owusu-Bempah and Howitt, D., (1997) argued that the long-term positive effect of contact in divorce may not be due to the actual physical contact but to the information gained at the time. He suggested that favourable information about an absent parent might be the essential factor in a child's well being. Promoting the notions of genealogical connectedness, Owusu-Bempah links that tenet with attachment theory and concepts of the internal working model. He recognised that children today face more adverse factors associated with adverse attachments but that they still need to identify with their parents' background - in the social and the biological sense. The `connectedness` though would depend on the amount and the quality of the information they possess. He found that the quantitatively greater and qualitatively more favourable the information, the deeper the child's sense of connectedness.

If this concept is extended then open adoption may be relevant if, and only if, birth family members can ensure that continued contact is satisfying a child's need for information and that it counters any feelings in the child of guilt, shame or rejection. Considerable advances have been made in the provision for adopted children of life storybooks, and letters for them to read in later life, although Quinton, D., Rushton, A., Dance, C., & Mayes, D., (1998a) found that the information was not available for all the children they studied.

**OPEN ADOPTION AND DEFINITIONS**

Berry, M., (1991) commented in the USA that `practice in open adoption has outstripped research`. That remains substantially the case for the placement of older children (Parker,
R., 1999). Research studies though in the field are not easy to construct and findings are affected by the multiple variables:

a. Imprecise definitions of open adoption,
b. Difficulties in extrapolating or generalising evidence from unique studies in terms of culture, location within a political/historical time-frame,
c. The characteristics of the child; their history and their relationships,
d. The characteristics of the birth family; their early experiences, relationships and sense of responsibility for the child’s situation,
e. The characteristics of the adoptive family; their life experiences and needs, and understanding of developmental needs of children,
f. The policy, practice of the adoption agency,
g. A broader societal and political context that can dramatically change outcomes.

Definitions of openness and open adoption

Openness is generally used to convey an openness of attitude that involves children and families having more detailed knowledge of their birth origins than they did up until 1970. The benefits of openness are not disputed and since the 1970’s openness has been integrated into adoption agency practice. In looking beyond ‘openness’ through to definitions of ‘open adoption’ there is a lack of consistency. Additionally, Smith, C., and Logan, J., (2004) point out that an apparently open adoption with direct contact can still be attitudinally closed.

Most studies fail to distinguish between degrees of openness for each individual child, and the member of the birth family with whom contact is being maintained. The empirical research is based primarily on interviews/ questionnaires with adults and with two recent exceptions, rarely features the views of children (Thomas, C., Beckford, V., Lowe, N., and Murch, M., 1999; Smith, C., and Logan, J., 2004). Even when children are interviewed Thoburn, J., (1990) questioned the reliability of their views. She noted an apparent over-optimism and satisfaction with their placement of the young people.

There are other variations; the type of contact meetings range from face-to-face or direct contact through to indirect contact either through a confidential letterbox system run by an adoption agency or informal correspondence between carers and birth families who know each other’s addresses. Generalisations are made about ‘contact’ implying direct contact, particularly when ‘lessons from research’ are re-quoted and actual studies reveal that a high proportion of the sample referred to indirect contact (Ryburn, M., 1996).
American and New Zealand research often classifies as 'open' both information-giving or one off meetings in which neither side gives sufficient information to lead to identification. In the UK even twenty years ago, such an adoption would have been regarded as 'closed'. Other, often unspecified, variables relate to:

- **Venues and format** of meetings; supervised or not, in a professionally organised neutral venue or informally arranged between the parties.

- **Frequency**, varying from a one off meeting of adults prior to placement with non-identifying information through to frequent ongoing arrangements.

- **The participants** – few studies identify the parties to the contact arrangements e.g. contact with grandparents or siblings.

Adcock, M., Kanui, J., White, R., (1993) defined open adoption as:

'Where the identities of all the parties are known to each other. This may well include physical contact between birth family, adoptive parents and the child.'

Rompf, E., (1993) conducted a large-scale public opinion survey (n=646) and, set against the existing secrecy in the USA, saw open adoption as including one-off meetings. Berry, M., (1991) described open adoption as:

'The sharing of information and/or communication between adoptive and biological families linked by adoption.'

McRoy, R., (1991) in her study of 559 individuals initially broke down open adoption into five categories and 33 sub categories. These related to one/two way and varying parties, over varying timescales and with varying levels of openness. However, in their larger follow up study of the infant adoptions, (Grotevant, H.D., and McRoy, R.G., 1998) the categories are reduced to four.

**Table 2 - Categories of Adoption**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Confidential (n=62)</td>
<td>No information shared after 6 months post placement</td>
</tr>
<tr>
<td>Time limited mediated (n=17)</td>
<td>Information relayed between adoptive parents and birth mother</td>
</tr>
<tr>
<td>Ongoing mediated (n=52)</td>
<td>Information exchanged continuing via agency</td>
</tr>
<tr>
<td>Fully disclosed (n=57)</td>
<td>Direct sharing of information, usually accompanied by meetings</td>
</tr>
</tbody>
</table>
Barnardos (1994) used seventeen categories; Wedge, P., and Mantle, G., (1991) highlight additional criteria of sibling contact. Full, step or half sibling contact categories also include those siblings:

- Placed in other substitute care situations,
- Remaining with or linked to birth family,
- Born subsequently.

There also needs to be provision for variation over time, as situations change for children and families. Grotevant, H.D., and McRoy, R.G., (1998) is one of the few prospective studies to monitor the impact of even the minimal levels of contact over a period in excess of three years. Within 'ongoing mediated placements' or indirect contact, there are yet further variables.

Definitions of Indirect Contact

In British courts there is a tendency to use the word 'contact' to mean direct, face-to-face contact. Where the contact is not direct, then it is defined as 'indirect', with telephone contact or exchange of videos etc resting uneasily between the two. Indirect contact can take two forms, in addition to being one-way or two way over varying time intervals:

- Informal links with or without an intermediary, where the adopter's address is known
- Letterbox, through an agency

In recent years, the word 'letterbox' has come to be used synonymously with indirect contact, or in the USA, 'mediated adoption'. Adoption that incorporates 'letterbox' style contact is viewed as an open adoption. Again there are definitional problems and further variables:

- Birth parents who have (a) voluntarily relinquished infants, (b) resigned to the placement of older children, (c) vigorously opposed throughout
- Two way or one way (birth to adoptive or adoptive to birth)
- Siblings with birth family, or placed in another substitute family
- Wider family or friends

Although significant for the child, none of the research studies separate these factors in analysis. Sykes, M., (2000) amalgamated direct and indirect contact arrangements in her study and justifies the lack of distinction by reference to Grotevant, H.D., and McRoy, R.G.,
(1998) having found 'little difference between experiences of indirect and direct contact'. The basis for that assumption is unknown.

**Sample selection and the lack of longitudinal studies**

It is essential too, to explore how each open adoption cohort has been acquired. Most studies are self-selecting:

- Those who have experienced open adoption coming forward for research,
- Clinical samples where adoptees feature highly,
- Disruption studies.

In a retrospective study of searchers (those adoptees who had approached the Children’s Society for help in searching 1987-1997) and non-searchers (those who had not responded to knowledge that their birth family had approached the Children’s Society), Howe, D., and Feast, J., (2000) found that searching depends on 'perceived deficit' of information; non-searchers were more satisfied with the information they had.

**THE CHANGING PROFILE OF CHILDREN BEING PLACED FOR ADOPTION IN THE UK**

The majority of research studies relate to voluntarily relinquished infant adoptions. Their relevance to the placement of abused older children is debatable and extrapolating their use for other groups of children and families is not straightforward. The profiles of the children, their birth families, and adoptive families are markedly different and worth exploring before addressing lessons learned from research in the UK and internationally. The timing of the research in relation to placement is important - many of the studies were completed shortly after placement for example. For instance, Dominick, C.'s (1988) New Zealand study of voluntary relinquished infant adoptive placements made in the 80's is much quoted in support of open adoption. From a sample of 78 adopters and 65 birth mothers, 50% of the adopters had met birth mothers, and 80% had ongoing letter rather than direct contact. She found no evidence that the level of contact was problematic, but children were still only 2-6 years old and only for 20% were the arrangements direct contact.

**The children**

Little was known about the profile of children being placed for adoption since the Children Act 1991 until Ivaldi reported in 1998, but he excluded placements of children with disability, care histories pre-dating 1991 and data about contact arrangements. Murch, M., Lowe, N., Borkowski, M., Copner, R., & Griew, K., (1993) found that by 1990 children adopted from
care made up almost half the total of 8,000, with a further third accounted for by stepparent and relative adoptions. From a questionnaire on 371 children placed April 1993 - March 1994 they found 27% had direct contact with a family member, 41% indirect contact and 31% no contact.

Fratter, J., (1996) is much quoted in the move towards open placements. Of her 32 study children placed between 1980 and 1984, ten children were black. Nine were placed trans-racially and arguably 'more open'. None of the children were known to have been sexually abused. In marked contrast Borland, M., O'Hara, G., & Triseliotis, J., (1991) found that children:

'Had experienced failed rehabilitation efforts, been known to have been abused physically and/or sexually, had stormy and turbulent backgrounds with many different adult care givers, had siblings to be placed with them, be under the age of nine and have a whole range of social, emotional and behavioural difficulties, against a backcloth of passive co-operation or total opposition from birth parents.'

Children known to have been sexually abused are a significantly higher proportion of the current care population. Typically, the experience of abuse leads to increased challenges for carers and other children in placement (Farmer, E., and Pollock, S., 1998). Macaskill, C., (1985) studied 80 children believed to have been sexually abused, 23 of them placed for adoption, and in a 'therapeutic one-off meeting, four of the children had successfully gone on to meet perpetrators who had been visualised as monsters'.

Children placed now are more likely to have been the subject of earlier proceedings. Murch et al (1993) found that 55% of their 'mini record' sample had been involved in previous court processes. Hunt, J., and McLeod, A., (1997) study, evaluating the impact of the Children Act 1989, concluded it had 'succeeded in restricting care proceedings to the most serious cases'. This is born out in the PIU (2000) report which found that 45% of adopted children were first admitted to the care system via emergency protection orders, compared with 17% of the looked after population. Children are also experiencing a higher number of damaging placements moves within wider family and in and out of the care systems before being finally placed for adoption: (Quinton et al, 1998a; House of Commons Review, 1998; Ivaldi, G., 2000).

Children are known to be more emotionally damaged when finally placed (Murch et al 1993). Kaniuk and Vyas in Adcock et al (1993) describe many of the children referred for adoption as already burdened with conflict and confusion about their birth parents, coming
from the most disturbed and damaged families. Vyas emphasises the greater emotional
damage inflicted on a child when the person who abuses the child is the same person on
whom they are dependent. The child is both rejected, and told the parent loves them. It is this
double bind with which agencies struggle when making decisions about contact provisions.

There is now recognition of the crisis in fostering, (Waterhouse & Brocklesby, 2001; ADSS,
1997) and a focus on the number of moves that children have experienced in foster care
(Ivaldi, G., 2000; Brocklesby, E., 2000). The lack of fostering placement choice is leading to
inappropriate short-term placements, moves within the system and the inevitably greater
level of disturbance in those children eventually placed for adoption. The Quality Protects
Initiative targets aim to reduce these moves. Ivaldi, G., (1998) surveyed the movements of
the 1330 'looked after' children placed for adoption in 1998/9. Using his data the average
age of the children at which those children were first being 'looked after' was 14 months. The
average age on placement was 37 months. Excluding the 38% of children who had only one
placement (i.e. they remained with their foster carers in a 'foster adopt' placement) then the
children averaged 3.2 moves in 23 months, this does not include the final placement for
adoption. Reworking the figures because for the child every move is a loss and break in
attachment, each child moved, on average every 4.22 months. The consequence therefore of
the delay in care proceedings by 10 weeks (Beckett, C., 2000) means each child will
experience another devastating move.

Finally, children with serious disability or significant health problem have continued to
form a significant minority of adoptive placements. Simon, J., (2000) used the social model of
disability stating that 'people with impairments (caused by a physical, mental or sensory loss)
are disabled by society and by the way society is organised to exclude them'. The term
impairment was used to refer to the functional limitation within an individual rather than the
definition of Ivaldi, G., (2000) includes those children who have behavioural and emotional
difficulties but not impairment. Usually, voluntarily relinquished, these children and their
adoptive families are an important minority group within adoption. Simon surveyed 90 local
authorities that overall reported placing 7% of disabled children for adoption and 11% for long
term fostering in 1998, and found a marked disparity between authorities. Overall 11%
(n=274) children with a disability were waiting for a permanent home. Black disabled children
were more likely to be placed with white carers, a higher proportion with single carers and
55% placed locally (cv 75% in non disabled children). Homes had been found for 77% of
children with a single sensory or physical impairment, compared with 44% with two or more
impairments.
Known to have a somewhat different motivation (Thoburn, J., 1990), the adopters of children with disability tend to be ambivalent in their attitude towards birth parents but express greater concerns than other adopters do about the long-term situation if the child remains isolated from their birth family, for example after the death of adopters. It is important to separate this group of children in any overall statistical analysis of open adoption as the issues for such children and their families are markedly different, although as will be seen in Chapter 8, contact issues are not straightforward.

The changing profile of birth families
The move towards open adoption has highlighted the dynamic relationships between the parties and need for the arrangements not to be undermining of the placement. The profile of the birth parents, their capacity for 'reasonableness', or ability to change over time is therefore relevant and has changed dramatically from the voluntarily relinquishing mothers of the 60's. Lessons learned from these parents have been generalised to the views and needs of parents of older children with more damaging histories. Discussing the evidence relating to open adoption, Ryburn, M., (1998) suggested of current placements that:

“There is nothing to provide a comprehensive picture of the birth parents of children adopted.”

In an influential presentation to the Family Bar Annual Conference promoting open adoption, Ryburn (1998) acknowledged the deficit of knowledge but went on to describe the ‘current knowledge’ of the characteristics of parents of children who enter adoption as being:

- Lone parents,
- Parents of children most likely to be of mixed ethnic parentage,
- Not necessarily well-represented legally and seeking legal help very late in the picture.

Ryburn used this analysis to promote open adoption, with the implicit link between these 'vulnerable young mothers', and the birth parents of current adoption placements. Murch et al (1993) confirmed that 44% of their parents were under the age of 20. Hughes, B., and Logan, J., (1993) studying births mothers found that when their children were placed between 10 and 30 years ago, mothers had no choice. By her later infant study, Logan, J., (1996) considered the mothers of infants placed in the 90's had real choices open to them.

Quinton et al (1998a) found that the majority of parents were suffering from mental health or personality disorders at the time their older children were taken into care. Four fifths of the mothers had difficulties in coping with parenting, and this went along with major psychiatric
disorders (22%) and substance abuse (22% mothers, 43% fathers). When intermittent psychiatric disorders were considered, 47% of mothers and 57% of fathers had mental disorders or personality disorders. Marital discord and financial hardship was present in over half of the cases and for 41% of the children birth fathers were entirely absent. The contrast between the psychosocial histories implied by Ryburn (1998) and Quinton could not have been greater. The dangers of extrapolation are self-evident.

Although relating to fostered children, the findings of Schofield, G., Beek, M., Sargent, K., with Thoburn, J., (2000) and Cleaver, H., (2000) are relevant. Despite government pressure to make adoptive placements, there is resistance from some voluntary agencies to allow adoption applications to be made unless the safeguards are in place for adequate and long-term post adoption support. The goal for these children has become ‘permanency’ and there may now be no difference between the cohorts of long-term fostering and adoption. Schofield et al found a high-risk group of children with 74% neglect and 67% emotional abuse. 55% of the birth mothers had mental health difficulties and 57% had been abused in childhood, with 19% having problems with drugs and 17% alcohol. Bifulco, A., and Moran, P., (1998) in their large study of depressed mothers in Islington found links between childhood experiences of abuse and neglect, entering unsupportive adult partnerships and a double risk of depression.

In summary the profile of birth parents of adopted children has obviously changed, but even recent studies (Neil, E., 2002; Smith, C., and Logan, J., 2004) have only been able to interview a small proportion of birth mothers. Schofield reflected that the profile of birth parents was a reminder of how the continuing involvement of birth families in children’s lives would need skilled support and careful management.

The adoptive families – motivation, supply and demand
Adoption, until the 1980’s was primarily viewed as a solution to infertility. By 1992, the concept of open adoption (Ryburn, M., 1992) added another dimension for potential adoptive parents but there was an optimism that ‘families could still be found’. As the profile of children has changed, childless couples have adapted their expectations. The benefits of placement with adopters with experience of, and fulfilment in parenting has been recognised. By the time of their studies, Rushton, A., Dance, C., Quinton, D., & Mayes, D., 2001; Quinton et al (1998); and Dance, C., (2003) over half of children joined adoptive families who already had children living in their family home.

In matching terms, there is some demographic information available about adoptive parents (Ivaldi 1998) but little attention has been given to the more subtle aspects of parenting. Dance et al (2002) argue that attachment theory emphasises the importance of parental
(maternal) sensitivity and responsiveness to the cues of infants, but there has been very limited focus on the relationship between parenting characteristics and the psychosocial functioning of children older at placement. They found, for instance, in their study of emotionally damaged, preferentially rejected children that children of 5-11 years responding at the end of the first year with the challenging behavioural characteristics of 'false display of affection', were more likely to be viewed as problem free by 'less sensitive' parents. This would confirm practitioner experience that adoptive parents scoring highly on a subjective measure of 'need for their own child' struggle, at least for the first few years, with children with attachment disorders.

In 1996, Fratter wrote somewhat optimistically:

'The impact of the demands for contact are not known and it has been assumed that if families are adequately prepared and supported then they will also appreciate children's needs for ongoing contact of some sort.'

Welland, S., (2001) found that the demands on adoptive families and children associated with contact and recruitment and retention was leading to a decrease in the supply of families and the courts noted that the demands for contact led to longer delays in finding families. The Court of Appeal commented that adopters had not been found after 8 months for a 3-year-old and that a contact order for monthly contact with a mother had been an inhibiting factor in finding adopters:

'The perceptible move towards open adoption did not seem to be shared by many prospective adopters' (Re: R 1993)

Importantly, Brodzinsky, D., (1992) a leading psychologist with a specific interest in adoption, cautioned that children in the early open adoptions which were being heralded as successful were 'probably being raised in unusual families'. Confirming the view of Argent, H., (1999) who had studied the families coming forward for children with profound disability, he warned:

'The pioneers are a select group of highly educated, liberal, experimental individuals and what is working for them may not apply for everyone.'

The range of children featured within the Adoption UK photo-listing journal of children for whom a permanent home is sought has also changed dramatically. In February 1993, 65% of the children were requiring on-going contact with a family member (40% with a birth parent). Studying 517 'features' of children requiring a permanent home, in four journals from
1993 to 1996, Brocklesby, E., (1999) found the average age ranged between 8 and 9 years with twice as many boys as girls. Direct contact was being sought for a third of these. A member of Adoption UK followed up each ‘feature’ advert 12-18 months later, asking the number of telephone responses by potential adopters and the outcome for the children. Analysis of this data from a journal, available primarily to adopters, revealed that the telephone response rate (not placement rate) of potential adopters was influenced positively, in order of priority by:

1. A plan for adoption, not fostering
2. A sibling group rather than singleton children
3. A lower age of the child
4. White children
5. Lack of direct contact

Similarly, of the 517 features, 316 children had been placed 18 months later, but there were no significant links between the contact and the likelihood of the child being placed.

Unfortunately, such data ceased to be available after 1998, and the new National Adoption Register has limited data. The only other national 'advertising' service, Be My Parent, found that only 25% of the children referred were adopted and that one in five of the 347 children featured in July 2003 did not receive a single enquiry (BAAF, 2003) Children far less likely to receive enquiries include African Caribbean children, boys over 3 years old, and sibling groups. A total of 3,200 children were waiting for families (BAAF press release 04.11.03). The PIU (2000) report highlights the deficit in the supply of adoptive parents to meet the needs of the children requiring homes and the mis-match of the available pool of adoptive parents – a factor apparently ignored by recent targets set with Quality Protects and only just being measured by the new National Adoption Register.

Adoption by relatives

In the USA kinship care is the fastest growing service provided by the child welfare system. Meyer, B., and Link, M., (1990) found a growth in use of kinship carers from 3% in 1986 to 45.8% in 1990 but found the kinship carers were markedly less prepared to follow through to adoption. Gleeson, J., & Finney Hariston, C., (1999) confirmed the escalation of kinship care, and highlighted issues influencing kinship adoption:

- dynamics within the family,
- social worker bias, knowledge and skills,
- insufficient services and resources available for adopted children.
They found that kinship placements that did proceed to adoption were likely to have overcome barriers, and the adopters were more comfortable with family dynamics and birth parent involvement.

Currently, 14% of adoption in the USA are with relatives. In the UK there is no recent information about kinship placements proceeding to adoption although the numbers of kinship placements is rising (Waterhouse, S., & Brocklesby, E., 1999). Hunt, J., (2002), Waterhouse, S., (2001) found that kinship placements arise in different ways, from informal arrangements through to residence orders (with or without residence allowances) and placements under fostering regulations and adoption. Arrangements for contact within kinship placements, including adoptive ones are often very much more complex than may have been assumed. Crumbleby, J., (1998), Everett, J., (1995) emphasised a need for additional supports for relative carers struggling with a wider range of contact problems and divided loyalty, which may preclude adoption.

**The adoption of children by their foster carers**

Inclusion in any study of this important group is distorting studies (eg Sykes, M., (2000) with 50% foster /adopt) and immediately raises two differentiating issues: carer/child motivation and pre-existing relationships with birth family members. Openness is more likely to be the norm because foster carers are likely to have had contact with parents during earlier assessments or reunification plans. It is likely that original carer motivation was different with the more ‘inclusive’ outlook that Holman, R., (1988) described when they chose fostering rather than an adoption route initially.

Placements are likely to be more successful because carers and child know each other - the ‘tried and tested placements’. In the most influential study of a large cohort Fratter et al (1991c) found that 14% of their 1165 children remained in contact with parents, but the majority of them had been fostered. Lambert, L., Buist, M., Triseliotis, J., & Hill, M., (1990) studied 39 freeing cases, where the children were already freed and found only a minority prepared to accept contact. They found it easier if they had previously acted as foster carers.

Historically carers have gone through two different routes to fostering and adoption and in the SSI Report (1993) of three authorities, percentages placed for adoption in existing foster homes varied from 35% to 10%, reflecting different policies for permanency planning. Meezan, W., and Shireman, J., (1985) in their USA study of 72 foster carer adoptions found that 62% of foster carers had met the birth parents. It is noteworthy though that their decision
to adopt had often been influenced by negative feelings about the birth parents and concerns for the child's future if reunited. Adoptive parents who continued to have the greatest level of direct contact were those who felt positive about the child knowing their heritage, and had greater understanding of the birth parents.

Ivaldi, G., (2000) found that 13% of his 1998/9 adoption sample was fostering applications compared with 16% in the previous (1998) study, and 65% in the USA. The UK foster adopt placements were over represented in the use of care proceedings (85% rather than the average 77.6%), and at the point of placement for adoption the children were older (6 yrs 3 months rather than 4 years), indicating either the possibility of last resort, or the need for further adoption assessments, balancing existing attachments with other factors.

The process of concurrent planning, promoted by Katz, L., & Clatworthy, B., (1999), has attracted much professional attention. In theory children, usually very young ones, are placed in foster families where, if reunification plans fail, they can remain forever. Assessment for reunification and adoption proceeds concurrently. The early Seattle study indicated a 15% reunification rate, but more recent data has not been forthcoming. Doubts have been expressed about whether it is a viable objective and, despite publicity and funding, the samples from the two small projects in the UK are still too small to add to the debate (Monk, E., 2000).

**Lessons from the practice and research in other countries**

It is evident that the cultural context of adoption has varied across time, across parts of the country and within varying cultural, religious and racial sub-groups. Douglas, A., & Philpot, T., (2003) point out that adoption policy mirrors geopolitics. Britain is not as individualistic as the USA, but care is less institutionalised than that of Europe. Adoption history, they argue, has an ugly side in every country, with 'stolen' Aboriginal, Vietnamese and Chinese children. When open adoption was first promoted in the UK the evidence was based on research undertaken in New Zealand. Practice in other countries has had a profound influence on adoption in the UK. It is, though, important to be aware of the different cultural, legal, practice and financial contexts prevalent within other countries.

Ryburn, M., (1994), Dominick, C., (1988) and Iwanek, M., (1987), cite evidence from New Zealand. Within New Zealand open adoptions relate solely to the placements of voluntarily relinquished infants of mothers who, in comparison with UK birth mothers of the 60's, believe they have had a choice in their decision to part with their baby. Despite the fact that open adoption is now normal practice within New Zealand State authority, there has been no
longitudinal research or outcome measures of these open adoptions, and Guardianship rather than adoption is used for older and special needs children.

In the USA market forces prevail, the move towards open adoption of infants was found by Donney (1998) to be a way of encouraging more mothers to release their infants for adoption. There is fierce competition between agencies and individuals (such as solicitors) making placements by offering more openness to birth mothers and Douglas, A., & Philpot, T., (2003) describe private adoption as a buyer-led market. Donney interviewed adoption agencies in 1987 and again in 1993, compared findings and concluded that agencies had a clear preference to more open adoptions and viewed the birth mother, rather than the child as their primary client. The advent of the internet, the commodification of adoption and the relative lack of regulation in some American states was highlighted by the Kilshaw family battle to adopt twin girls of dual heritage (Guardian, 2001).

Berry, M., (1991) commented that practice changed without the basis of empirical research on the benefits for the child.

American research on infant adoption must be viewed therefore within the context of:

- Access to birth records is still closed in many states,
- A growth of the number of teenage pregnancies for mothers often involved with substance abuse
- The increased number of independent adoptions of infants organised entirely by lawyers with minimal adoption agency involvement
- Market forces that are leading to high charges to adoptive parents
- 'Pregnancy related costs' to birth mothers that are paid by adoption agencies, 'third party' adoption lawyers and independent adoption agencies. For non-agency placements the sums involved may be very high, e.g. payment for cars, college fees.

Siegel, D.'s (1993) USA study of infant adoptions emphasises the dangers of extrapolation to the UK. She found satisfaction with openness was enjoyed by 21 adoptive couples of children of ages 6 weeks to two years. Only 23.8% (n=5) of placements were under the auspices of an adoption agency, and in only 2 of those five placements had the agency located the baby. 'Closed' adoption had not been an alternative open to these adopters because:

- Agency waiting lists were closed
- Adopters were ineligible because of age or religion
Adopters had failed to locate a physician or attorney who could act as an intermediary.

Siegal questioned whether the success of open adoption depends on the optimistic notions that people can handle unfamiliar, even unprecedented relationships. Although Siegal's early stage interviews were positive, 14 (66%) still identified disadvantages of the openness, e.g. over-empathy with birth mother's pain, and impediment to bonding.

Despite the plethora of written material about open adoption from the USA, there is very little reference in the literature to the power imbalance or potential for corruption implicit in arrangements where agencies endorse private arrangements secured by seeking a birth mother via newspaper or Yellow Pages adverts. In one of the few articles that address financial issues, Van de Flier Davis (1995) describes the 60% of American infant adoptions currently placed on a private, third party or non-agency basis where 'pregnancy related expenses' are paid. She identifies the 'sellers market' of the American birth mother, able to shop around for open arrangements and choose between prospective adopters. The average costs to new adopters ranged from $500 to $25,000 and a mean of $9,000 had been paid to birth mothers for adoption-associated expenses (Siegal, D., 1993).

Triseliotis, J., (2000) also exposes the developing trade in babies for adopters and Freundlich, M., (2001) provides a summary of the sparse research knowledge of birth parents of children placed on an inter-country basis in the USA, primarily from Korea, China, Japan, South American countries and Russia. Primarily placed for economic and cultural reasons, Korean women for instance prefer international adoption because of the possibility of ongoing indirect, and ultimately, direct contact that is not available within Korea.

Summary
Caution must be exercised in applying lessons learned from varying profiles of children and their birth and adoptive families, especially within different cultural contexts. There are numerous other variables, including:

- Birth family recipients not being parents
- Contact being direct or indirect
- The use of small selective 'available' research cohorts
- Cultural differences sometimes reflecting agency ethos
- Children also have been voluntarily relinquished rather than compulsorily removed
Despite the caution of extrapolation the following chapter will briefly explore the relevant research studies and the finding consistent from most studies of the need for post adoption support.
CHAPTER 3
RESEARCH STUDIES OF OPEN ADOPTION

There is a pressure from policy and practice to implement more open adoptions (Department of Health, 1995) and it is generally recognised that practice and the promotion of contact has outstripped research (Quinton, D., 1997; Berry, M., 1991; Smith, C., and Logan, J., 2004). The vigorous dialogue between Quinton, D., & Selwyn, J., (1998b) and Ryburn, M., (1998) highlights the dispute about the conclusions that can be legitimately drawn from available research. Quinton et al (1998b) argue that methodology needs to be more robust, relating various outcomes measures to 'no contact' or differing forms of contact. They challenge the risks of viewing post adoption contact as any more than a social experiment. Smith and Logan accept those views in their comprehensive and balanced review of open adoption but emphasise that quantitative analysis would fall short of helping us to understand or anticipate how qualitative attributes of adopters, birth families and children interact, and contribute to the experience of contact, neglecting the process through which relationships develop over time.

Despite the caution, echoed by the PIU team (PIU 2002) about the evidence that can be drawn from available research, the following studies influence the allegedly evidence-based practice of open adoption. The extent to which studies illustrate the problems of comparison of sampling and definitions are readily apparent.

LESSONS LEARNED FROM RESEARCH IN INFANT ADOPTION

Many of those studies lending powerful support to open adoption related to birth parents were based on interviews with birth parents who relinquished infants many years ago. Hughes, B., and Logan, J., (1993) and Howe, D., Brandon, M., Hinings, D., Schofield, G., (2000) describe the ongoing grief and the lack of counselling in a climate of secrecy and stigmatisation of illegitimacy. Triseliotis et al (1996) suggested that open arrangements empowered birth mothers, who were more at peace knowing they are playing an ongoing role. Iwanek. M's (1987) study of 14 birth mothers found that they all felt open arrangements (openness not specified) assisted them in adjusting to the loss. McRoy, R.G., Grotevant, H.D., & Zurcher, L.A., (1988) in a sample of 15 birth and adoptive parents found that the birth mothers, at all levels of openness, wanted more openness, treating adoptive families as extended family or a source of social support. However, Blanton, T., and Deschber, J., (1990) surveyed 59 biological mothers, used a psychometric instrument, the Grief
Experience Inventory, and found those mothers using open adoption felt more socially isolated, and more despairing than those using confidential adoption. In describing the grief reaction of 5 mothers of open adoption placements, Lancette, J., & McLure, B., (1992) described an additional area of grieving: the fantasy concerning the birth father's return and what life might have been like if the baby had not been put up for adoption.

Choice and maturity of mothers also play a part: Hughes, B., & Logan, J., (1993), Hughes, B., (1995) in their UK study of birth mothers who had placed their infants for adoption 10 - 30 years ago reflected on their lack of resources and parental support, societal disapproval and ignorance of the impact of relinquishment, which inhibited the exercise of real choice. Those mothers wanted information about their children but expressed a child-focused concern that contact should not be a source of distress or disruption to the child. The 1993 study promoted the interest in more formalised indirect or 'letterbox' contact and this became a requirement in the area studied by Logan, J., (1996). She studied 34 infants, voluntarily relinquished from 1992 onwards and found that the 56% (n = 19) mothers were failing to use the letterbox scheme set up for them 2 years earlier. Only 13 of the mothers were interviewed (but all of those interviewed fell within the compliant 44% who were continuing to co-operate with the scheme). Logan found those mothers had been able to relinquish and move on in their lives. It is unfortunate that Logan was not able to contrast the group with those who had not co-operated with the scheme, or the additional 3 'co-operative' mothers not willing or able to be interviewed. The unknown views of those 21 mothers would have been illuminating to explore and highlight the difficulties of drawing conclusions from a co-operative sample. Neil, E., (2003) compared non-cooperating birth mothers, in terms of mental health and learning difficulties and concluded there was no significant difference between the two samples. Grotevant, H.D., and McRoy, R.G., (1998) with their study of mothers relinquishing infants in the 90's also found that where the information and contact needs of the birth parents were met at the outset, the frequency of the wish for contact diminished over time. There is a remarkable dearth of information on birth fathers.

Belbas, N., (1987) studied 12 USA open infant adopters, children aged 3 - 5 years at the time of the study and voluntarily relinquished. 72% (n=83) had indirect contact. Ryburn, M., (1998) cites her as saying that in cases of direct contact, adopters appear to have more positive views of their children's birth parents. In fact, only 2 of the sample had direct contact and Belbas emphasised that it was 'the quality of caring expressed by the biological parent in making an adoption decision' that had influenced the positive view of the adoptive parents. Importantly, Belbas found empathy, or 'emotional knowing' was present in all the families, with the more open adopters reassured by the fact that they had been 'chosen' by the birth
mothers. Silber, K., and Domer, M., (1990) argued open adoption enables children to satisfy their curiosity without feeling disloyal to adoptive parents.

"He also has a sense of belonging with the adoptive parents since he knows his birth parent selected them to parent him. This has tremendous implications for giving the child permission to develop bonds with his adoptive parent" (p.45)

Paterson, L.'s, (1994) study in Scotland was of 30 adopters, predominantly of infants; it comprised fifteen 'recent' adopters and fourteen couples who had adopted 25 years earlier. They found that adopters seeking to bond with the children on a life long basis considered that parents' opposition to the adoption application would have been unsettling and threatening, and would lead to adopters' feelings of resentment. Only one of the 'recent' adopters had experience of direct contact, and they did not expect this contact to continue. When they were asked about openness and contact, more of the recent adopters were opposed to any form of contact, perhaps because their applications had been opposed by birth parents. Paterson's hypothetical questioning identified areas that the adopters considered justified not entering into a contact agreement: ill treatment, worrying lifestyle, violence, addiction, different racial origin, mental health and HIV/AIDS; i.e. the evidence of 'significant harm' under Section 31 of the Children Act 1989.

Craig, M.'s (1991) research is important as it offered the only UK longitudinal study of infants placed in the 1970's when practice had moved to incorporate:

- Children with full background information,
- Adoptive families prepared to be open, with recognition of the 'differences' of parenting a child by adoption.

Interviewing 18 sets of adoptive parents and 13 adoptees in their late teens, Craig found that they all viewed the differentness as positive; disclosure had been part of an ongoing process and the children talked about their birth parents and the decision to relinquish them positively. They knew of their right of access to records and displayed no undue anxiety about searching - most were aiming to trace at some time in the future. Nine out of ten adopters remained enthusiastic about adoption and their current relationship with their child. The young people talked happily about being adopted and were confident for the future. Interestingly and perhaps significantly, in the climate of 'promotion of adoption' Craig's research on voluntarily relinquished infants did not attract as much interest as other studies promoting open adoption. It confirmed that genealogical knowledge and positive support can
satisfy the search for identity for those placed at a younger age as suggested by Owusu Bempah and Howitt, D., (1997), without the need for post-adoption contact.

McRoy, R., (1991) conducted a large longitudinal study on 132 children into varying degrees of openness. The early findings in 1991 suggested that almost 50% of the adopters did not involve the children in the exchange of letters.

'The majority of the children were in confidential, agency mediated or fully disclosed adoptions. Although addresses were known in the fully disclosed cases, there was typically only an exchange of letters as the families lived far away from birth mothers.' (p.171)

By the time of the important follow up of a large, inter-related sample 4-12 years after placement, Grotevant, H.D., and McRoy, R.G., (1998) found that the initial concerns about openness had been unfounded, that birth parents did not attempt to reclaim their children, nor were children struggling with divided loyalties. Openness did not interfere with adoptive parents emerging sense of entitlement. However, in this large, well-based study, they found a lack of significant difference for self-esteem, curiosity and socio-emotional adjustment of the children. They stressed that their findings did not support the hypothesis that more openness enhances positive outcomes, although nor were the results confirming critics of open adoption who saw it as confusing or damaging to self-esteem. This is the largest study to date, albeit of voluntarily relinquished infants, and they cautioned that the level of openness should be decided on a case-by-case basis. They maintained that it required ongoing management of family boundaries and, most importantly a shared:

- Flexibility
- Communication
- Commitment to the process
- Respect for the parties involved
- Commitment to meeting the child's need

They were insistent that the sample limitations (i.e. volunteering of the sample group and the exclusion of special needs or older children adoptions) restricted the 'generalising' of their study findings to outcomes for families with similar, voluntarily relinquished infant adoptions. The children in their study were still too young to be interviewed. They emphasised that there remained uncertainty about the impact of openness on the children's psychological adjustment in adolescence. They found that mothers in fully disclosed adoptions had higher levels of grief resolution than those with no contact, but that self-esteem was essentially equivalent for birth mothers across all levels of openness. Wrobel,
G., Grotevant, H., Berge, J., Mendenhall, T., McRoy, R., (2003) went on to re-interview in a second wave 177 of the adoptive parents and 156 adopted adolescents. There are plans to re-interview the same young people in adulthood. They echo the findings of Sykes, M., (2000) that the role of adoptive mothers is central to the children's attitudes, and view the birth mothers as the victims of the adoption triangle.

In the UK, Castle, (2001) studied 152 infants placed between 1989 and 1991, where many of the birth parents had not met the adoptive parents. A number of those mothers had provided scant background information, apparently like the birth mothers of the 60's wanting to draw a line under the child's birth. For 37% of the infants, the mothers did not want contact. 38% had some sort of contact but it was 'mostly letterbox'.

Neil, E., (1999, 2000, 2002a, 2002b, 2003 and in press (twice)) has written on her study of 168 children, initially up to the age of four years, but later supplemented. They were primarily very young, (mean age 18 months) placed in 1996/7. 38% were voluntarily relinquished, and a fifth of those 'looked after' had never lived at home. Direct contact was planned for 29 of them, (sibling factor not known) and 83% had letterbox contact. Quantitative analysis from questionnaires (77% response) was undertaken and then a qualitative study on the 15 birth relatives and adopters of the 29 children, in total 14 family sets. Neil found that the local authority culture was the most significant factor in decision-making about contact. Most successful contact arrangements were not agency-led, and direct contact did not interfere with the development of close relationships. However pressing contact arrangements on adopters she found was unlikely to succeed.

LESSONS LEARNED FROM STUDIES OF OLDER CHILDREN

Studying 1165 permanent fostering and adoption placements, Fratter et al (1991) found that where other variables were held constant such as age, institutionalisation and behavioural and emotional difficulties, then contact with birth parents was a protective factor in a placement. Thoburn, J., (1995) cautioned, however, from the same study findings, that contact should not be undermining of the attachment, or the authority of the adoptive parents. Children with contact who were in a fostering or foster/adopt placement were not separately identified. However, Quinton et al (1997) argue that although contact has been argued to bring benefits to children, no study, including this large one (Fratter et al, 1991), had systematically measured the child's intellectual and psychosocial development prior to placement, nor have comparisons been made with adoptions without contact. Triseliotis, J., (1993) concluded that although the stability of open placements was not necessarily threatened by "maintenance of links" with meaningful figures from the past, for the contact to
work beneficially for the child the adults had to be able to handle visits and relationships and co-operate without rancour or conflict.

The follow-up work of Fratter, J., (1996) merits close methodological examination; it has been extremely influential, and quoted widely in support of "open adoption" without perhaps full appreciation of the work, or indeed the cautious conclusions she drew. Fratter initially took the 23 families from the same cohort of 1165 children with special needs placed 20 years ago by voluntary agencies between 1980 and 1984, (Fratter, J., 1991a) where contact with the birth family had continued. The majority had been fostered. The study was not set up to measure open adoptions or the psychosocial history of the children. Of the original 23 families where contact was ongoing Fratter was able to follow-up only 11 (47%) of them. Agencies did not believe it appropriate to follow up the remaining 53%, so she supplemented her sample with other existing 'open adoption' families. Of this newly formed and, by now selected and pioneering sample of 32 children with open adoption arrangements, only 60% (n=19) sample were in direct contact, i.e. 13 were indirect contact. None of these 32 children were known to have been sexually abused, ten (31%) were black children placed trans-racially, and six children had a severe disability. As a sample group this is clearly significantly different from the current profile of contemporary placements (Ivaldi, G., 2000). Moreover, the outcomes of the 53% of those children not followed up from the first cohort of 23 families may have profoundly affected the more positive messages about open adoption/fostering that were taken from the study by enthusiastic proponents. Sales, (2003), for instance summarised the Fratter study:

'It was more often reported that contact had helped with the attachment in the early stages of the placement'

Fratter followed up her re-constituted group, five years later and reported in 1996. She concluded that contact in its various forms and in different ways had been of benefit to the participants, and that "open adoption could work well". For 16 out of the 22 adopters who felt positively about open adoption, a key element was willingness of the birth parent to accept that they were not in the parenting role, or not seeing the contact as a means to achieve reunification. Fratter stressed that the attitude of parent figures to one another was crucial in freeing children from guilt and divided loyalties. Of the children she concluded:

'Their welfare can best be promoted by placement with adoptive parents who are open in attitude and open to the possibility of some form of contact in the future'
Even enthusiastic proponents of open adoption make exceptions for parents who are 'not reasonable' or are 'likely to be in conflict and create divided loyalties' (Ryburn, M., 1994). Fratter, J., (1996) acknowledged that in juggling two sets of relationships some children showed signs of strain and Adcock et al (1993) cautioned against contact with resentful birth parents. Adcock et al advise that by creating divided loyalties, the child is deprived of the opportunity to determine who is 'in charge' to protect and take care of them whilst they are growing up. In another relevant comment, Byrd, A., (1988) postulated that younger children were not equipped to deal with the differing value systems of two sets of parents, raising the possibility that the child may reject both value systems, thus increasing the risk of psychopathology. Nelson, K., (1985) studied 120 older child adoptions and found 20% (=24) of them had maintained contact with a biological relative. 50% (n=12) of those adoptive parents who had maintained contact were glad, 34% were ambivalent and 9% wished they did not have contact.

However, Beek, M., (1994), in her small scale study of 7 adoptive families of children aged 3 - 15yrs with direct contact for 2 years or more also found that contact had only negatively affected attachment in one case. 4 birth mothers had not given consent, but were able to go on to support the placements, without undermining attachments. Despite the small scale of the study and the lack of foster/adopt differentiation, weight is attached in other reviews to her finding (Sales, 2002).

Contact for older adopted children is inevitably complex and open to debate on the relative weight to be attached to various studies, (Quinton et al 1997, 1998(b); Ryburn, M., 1998), including the sample size, form of contact, focus of study, nature of placement etc. But, some lessons can be learned from disruption studies of older children. Berry, M., and Barth, R., (1988) conducted one of the few disruption studies with a control group. They looked at the placement of 627 children in California. They followed up 120 by interview, arranging the interview sample so that 50% of the placements studied had disrupted and 50% had been maintained. The average age of the children was 8.2 years at placement. Of their sample, 27% had contact with biological parents, 32% with biological siblings and 27% with other relatives. Only 38% of adoptive parents found the contacts helpful, but 77% of those finding it helpful were those who had complete control over the contact arrangements. Significantly, Barth and Berry found that the more control adoptive parents had, the less open was the adoption. The adoption workers involved commented that when contact occurred it weakened the relationship between the children and the adoptive parents.

Berry, M., Cavazos Dylla, D., Barth, R.P., and Needell, B., (1998) followed up 764 of their 1396 placements after four years, and excluded the foster/adopt cases. They found that
contact had decreased or ceased for 44% of the placements, often because of the decision of the birth parents – the reduction was most common amongst those adopters who had chosen openness at the agencies insistence, and satisfaction with the adoption seemed to have little connection with the levels of contact.

Festinger, T., (1986) tracked 58 disrupted placements in the USA and matched them with maintained placements. She found that children who maintained contact with someone who was thought to be opposed to their adoption were more likely to be in a placement that disrupted. 12% of her sample had maintained a relationship with birth parents and older siblings. Looked at another way 21.2% of those children who disrupted were maintaining a relationship with their birth family, compared with only 4.9% of those whose placements had not disrupted. Festinger listed the factors that caused disruption and a significant factor was ‘environmental influences and the pull of biological parents that interfered with attachment’. Partridge, S., Hornsby, H., McDonald, T., (1986) found 14% of the disruptions in their study were blamed by adoptive parents on the ongoing relationship between the child and birth parents.

Borland et al (1991) in an important UK study looked at placements in Lothian, where they had taken a rigorous permanency planning approach in the early '80’s. From 194 placements placed between 1982 and 1985 they took the 40 placements (20.6%) that had disrupted and a sample of 60 that were maintained. Their sample included both adopted and permanently fostered placements. They found that 49% of those children whose placement continued had maintained some contact with birth family, whereas only 31% of those who disrupted had. Contact was defined widely, ranging from regular contact with siblings to exchange of birthday cards with relatives. As a further example of the dangers of extrapolating the knowledge to direct contact between all older children with their birth parents, it was significant that in this study for the majority of cases, contact meant sibling contact. Only 2 children (6%) whose placements disrupted had contact with a parent, although 7 (15%) had direct contact in the maintained group.

The Borland study highlights the complexity of research into family contact for older children and the wide range of variables. Most significantly, disruptions were more likely to have taken place in children coming into care at a later age, i.e. 7 years rather than the average of 4 years of the maintained group. Arguably, children who have been in care longer have more emotional and behavioural problems. Similarly important is the likelihood that those for whom no contact was envisaged may have been those most seriously abused and therefore more likely to disrupt. Borland found that factors concerned with separating from the natural family and accepting the need for a new family were important in determining the outcome of
placements. They summarised that there was no evidence that contact with members of the birth family posed a threat to the stability of the placement. It could however create problems and required sensitive management. Cleaver, H., (2000) highlights another crucial variable, the importance of pre-selection process for direct or indirect contact. Where relationships were healthy, contact stood a better chance of being meaningful anyway. Plans for contact, she found, were linked with attachment and accommodated children were less likely to have contact than those on care orders.

Sykes, M., (2000), studied 17 adoptive parents of children ranging from three to five years and in placement for 5½ years:

'The most potent comments were associated with situations where there had been legal battles over contact and the outcome, although supportive of the adopters, involved continuing contact using a post box system' P 26

There is a paucity of literature on the views of children. Thomas et al (1999) interviewed 38 children, nine of whom had direct contact, 17 with siblings, and 26 no contact. The study provides equivocal evidence- children appeared to be satisfied with no contact. Macaskill also interviewed 37 children of her study sample of 68, only eight of whom she found to be enjoying positive contact. 39 children were ambivalent, expressing anger, sadness and confusion alongside love, relief and pleasure. She concluded that contact was a negative experience for 25% of her study children who were 'rejected, ignored or treated as vehicles for meeting the emotional needs of birth families' 

Smith, C., and Logan, J., (2004) have undertaken a recent qualitative study of 61 adoptive placements, with direct contact arrangements involving 57 children, aged 5-13 years, their adoptive families and some of their birth relatives. It is of significance however that 43% of the birth family members were siblings. Only 6 birth mothers out of the total of 21 with direct contact were interviewed. 83% of the children had been at least three years in placement and 22% were foster-adopt. The sample included 11 triangles of birth family, adopters and children, (four birth mothers) and a further 10 family sets of adoptive and birth family members (2 birth mothers) They reported more positively about the benefits of open adoption with 67% of the adopters comfortable with the arrangements and satisfied they were beneficial for the child. Of the 15% where contact was problematic they found it was not linked to initial opposition to adoption but birth mothers attitudes towards adoption, and natural and learned attitudes of sympathy and openness, feelings of personal security and the ability to separate out their own needs from those of the children.
Some studies from other areas e.g. fostering, divorce, are also relevant. In a small relevant study of the attitudes of short-term foster carers, Waterhouse, S., (1990) found that short-term foster carers' experience of parental contact was less successful when entry into care related to abuse or neglect. Kaniuk (1993) reinforced the need for flexibility by pointing out that some children do not disclose early abuse until 2 years into placement. Grigsby, R.K., (1994) recognised that the objective of contact may be to facilitate reunification. Kesler (1980) looked at separations created by divorce and found that the children had no difficulty in relating positively to both biological parents and a step-parent but problems occurred when the adults handled contact in an acrimonious way, thereby stretching the loyalties of children. They found adolescents had more difficulty in relating to a stepfather when they had a good relationship with a non-custodial father. In an apparent contradiction, Furstenberg, E., Peterson, J., Nord, C., & Zill, N., (1983) found that children could be just as attached to a stepfather when they had ongoing contact with their father but that they had more difficulty in relating to two mothers. From a study of 640 children in foster care, Fanshel, D., and Shinn, E., (1987) measured attachment and well-being and concluded, as did Maluccio et al (1986), that total abandonment was associated with evidence of emotional turmoil in children. Whether that turmoil can be reduced by ongoing contact with an abandoning/rejecting parent is debateable.

Trinder, L., Beek, M., and Connolly, J., (2002) carried out a major UK qualitative study of contact in Private Law with 140 interviews of 61 separated families, interviewing 48 resident parents, 35 contact parents, 57 children/young people and including 22 'sets of parents'. 44% were found to be committed to regular contact with low conflict, 13% faltering with irregular contact and 43% conflicted and/or perceptions of risk. They found a wide variation in the quality of contact, and, recognising that it places significant demands of both adults and child, found there was no single ingredient or individual responsible for making contact work. Rather, in a finding similar to Smith, C., and Logan, J.'s (2004) comparable sized project, it related to the attitudes, actions and interactions of all family members. Importantly they found that where contact was faltering or conflicted, court orders and processes were not helpful — it was the quality of the relationships which was critical to making it work. They summarised:

'Making contact work is a difficult and demanding process for all family members. However the evidence clearly indicates that getting contact wrong places even greater burdens on children and on adults and few, if any rewards' p 48

Contact between siblings

There are similar dangers that lessons learned from studies of sibling contact are extrapolated to parent contact or vice versa. Mulender, A., (1999) has stressed the
significance of sibling links, and the sense of loss adoptees feel if they have been deprived of such links. The focus on the decision to split or not to split siblings emerged in England in Jones, M., and Niblett, R., (1985), when it was considered necessary to know if the sibling interaction was functional, rather than dysfunctional, Grigsby (1994) in discussing attachment relationships in families, referred to strong sibling bonds existing when parental care was unreliable. Neil, E., (1999) confirmed the views of Howe, D., (1998) that the placement of siblings together can act as a protective factor because they provide a source of emotional continuity. In another study that has implications for the openness debate, Dunn, J., (1988) warned of the way in which sibling relationships are themselves dependent on interaction with parents - an important, but unresearched consideration if one sibling remains with birth parents but in contact with an adopted sibling.

In their survey of 160 children in 71 sibling groups, 71% of whom were aged 5-12 years on referral for placement between 1982 and 1986, Wedge, P., and Mantle, G., (1991) concluded children adjust better if they retain contact with one member of their birth e.g. a sibling. However, decision-making is complex, particularly given the current range of potential maternal and paternal siblings, both existing and 'born later' with more fluid parental relationships. Additionally, the consequences for open adoption will vary if siblings are at home or in other placements. Jones, M., (1995) and Rushton et al (2001) found a high commitment in adoptive families to maintain contact between siblings placed in different adoptive homes. However decision-making often involves prioritisation of sibling interests and no study compares the individual perspectives of each sibling, especially when their needs and life experiences differ.

Finally, unrelated children placed individually within the same adoptive home become 'adopted siblings'. In McRoy, R.'s (1991) sample the reason given for children not being given genealogical information by adopters was that it would have a negative effect on other children in the family who were without a similar level of knowledge. This highlights the need for more information about sibling relationships within the adoptive family, and the extent to which enhancing the well being of one child may be at the cost of another. Siblings will inevitably feel a loss if separated, but prioritising individual needs is the judgment of Solomon.

Rushton et al (2001) cautioned that ensuring contact arrangements were positive for all siblings entailed active social work involvement at the setting up stage, and continued availability of social work assistance should circumstances change.
Contact with other significant persons

A further unreported source of contact, but not contained within definitions of open adoption is between previous foster carers and adoptive families. Adcock et al (1993) points out that for the children placed by Thomas Coram, the important attachments were to foster carers and Kaniuk urges greater consideration of maintaining those links.

Indirect and letterbox contact

It is apparent from the foregoing analysis of research studies that there is a lack of clarity of the form of contact, and statistical analysis to differentiate various forms of contact. As has been seen, many studies, including the large study of Grotevant, H.D., and McRoy, R.G., (1998) are actually including indirect contact to varying degrees, either mediated through an agency (52 out of 171) or letters instead of direct contact. Fratter, J.'s (1996) study sample ratio is similar i.e. 40% of final (n=32) sample was indirect, although it is used to promote direct contact. The Borland sample relates mainly to sibling contact and Sykes (2001) fails to distinguish between direct and indirect contact. Of Neil's full cohort of 168 children selected because of ongoing contact with a birth family member, 81% had letterbox contact, but she has gone on to qualitatively analyse the direct contact sample.

The only exclusive studies found relating to indirect or letterbox contact for infants is that of Logan, J., (1996) and Elliott, L.'s (2000) research at Parents for Children with both studies concluding that mothers placing children for adoption in the 90's, in contrast to the 60's, had very real choices available. Where their needs for information and contact were met at the outset, their use of the letterbox dropped off after two years. Wrobel (2003), building on Grotevant's study, (57 confidential, 55 fully disclosed, 45 mediation/including letterbox and 14 time limited mediation) found that, as adolescents, those with more information about birth parents were more likely to search, and speculated that those who sensed an ambivalence within birth families via the indirect/medicated contact, were less certain that their requests for information would be positively received.

Apart from the occasional, often internal, arrangements for indirect contact, 'letterbox exchange' is a relatively new concept. It is surprising that it has come to be viewed as the norm in such a short space of time. There has been no systematic attempt to look at the consequences of letterbox or 'mediated' contact, looked at from the perspective of the child, the adopters or the birth parents, particularly those opposed to the adoption.

Vincent, A., and Graham, A., (2002) studied the letterboxes of 266 children by sending questionnaires to birth family and adoptive families. They achieved a 50% response but
made no attempt to quantify outcomes. They found that parties had aspirations of direct contact and believed that the way would be smoother with letterbox.

Logan's (1999) study has already been discussed, highlighting that even when letterbox was 'compulsory' there was a high (56%) drop out rate of birth mothers within two years she concluded that letterbox was a complex and emotionally charged experience that needed supporting if reciprocal arrangements were going to continue and review process was important. Cleaver's qualitative study of 33 fostered children in contact, primarily with mothers, found that letter contact, although not common, was highly valued by children and parents. She felt that the low rate of letter writing should be set within the context of:

- The age and development level of child
- Low level of adult literacy.

Open adoption as a bargaining tool

Given the consensus within the literature, that open adoption with parents should not be undermining of the adoptive placement, or create divided loyalties for a child, it is of concern if agreements on contact result from negotiations in which the child's needs are not paramount e.g. court based adult mediation, or birth parents' choice of family. Several studies emphasise the subtlety of difference influences on choice for adopters and birth families.

The context of infant adoption in the USA has been discussed in Chapter 2 and in her USA sample of 12 open adoptions (22 children) Belbas, N., (1987) found that half the adoptive parents said that openness had been demanded by the agency, and to refuse would have meant jeopardising their chances of adoption. Kraft, A., Palombo, J., Mitchell, D., Wood, P., and Schmidt, A., (1985) and Belbas recognised that potential adoptive parents had little bargaining power in terms of the mother's wish for ongoing contact. They cautioned of the danger that 'at the door of the court', decisions between adults may be made that may not be in the long-term interests of children.

The extent of bargaining in the adoption court for some level of open adoption in the UK is not known. The 'deals' may be occurring at the earlier stages of care proceedings, so that children are identified and taken to adoption panels with care plans, and sec 34 contact defined. Cleaver, H., (2000) observed patterns of contact are established in the first 3 months of care. O'Hara, G., (1992) and others caution against the use of contact as a negotiating tool to avoid a contest, and believe that adopters may have learned a script to
ensure approval of agencies or social workers or feel pressurised to accept something with which they are fundamentally uncomfortable.

However, the opportunity to avoid a contest and work towards an agreed outcome can also be viewed as beneficial for the child, and is supported by research on divorce mediation. Several studies refer to the lessened risk of a contest where there is ongoing contact although Ryburn, M., (1996) argues from his postal questionnaire study, (61% response rate) that even in contested adoptions (‘contest’ undefined) 42% of adoptive parents had maintained contact. In subsequent writing (1998), he makes it clear that only 14% of the 1996 sample were direct parental contact i.e. 86% was letterbox contact. Again, his study has been misrepresented, with a belief that the contact was direct.

The use of written agreements
Written agreements were encouraged by the philosophy of partnership within the Children Act (Masson et al, 1991) not to be regarded as immutable, but as working documents, to be reviewed and if appropriate, renegotiated. The SSI has recommended the use of written agreements setting out contact arrangements in adoption. However the process of negotiating and renegotiating written agreements is complex, and has significant resource and legal implications for the provision of a post adoption service. One legal judgement (re T, 1995) ruling that “where a written agreement, or ‘understanding’ was not followed this may enable a birth family member to be granted leave to apply for an order” has led to caution.

Jones, M., (2002) from personal experience discussed the greater likelihood of a negotiated agreement working rather than an imposed court order. A further advantage was the opportunity to build in evaluations and reviews and flexibility with attention to its content and purposes not just its existence and frequency. Arguing that adopters need to be well prepared and understand the concept of contact and the need for long term well resourced support, she reflected that negotiation meetings could underpin an agreement to adoption. If undue pressure is to be avoided, both sides need to come to such a meeting prepared that there will be contact. Viewing the adopters as the most likely party to default, Jones made no mention of pressure on adopters to come to an agreement.

Etter, J., (1993) studied 56 open adoptions, (presumably infants) 4½ years after placement with ongoing contact, mediated via a Dispute Resolution Agency and using a written agreement. The adoptive parents complied 98%, and the birth parents 100%, although surprisingly "not using quota of visits" was not seen as a breach on their part. A high proportion of both parties were satisfied by the arrangements.
THE NEED FOR POST ADOPTION SUPPORT

Although the need for flexibility in contact arrangements is stressed in several studies; Siegal, D., (1993) and Triseliotis et al (1996) there was negligible interest in post adoption support until Parents for Children appointed a post adoption development officer in 1985 (Argent, H., 1999; Irving, K., 2003), and Phyllida Sawbridge went on to set up the Post Adoption Agency. Hughes, B., (1995) identified the rarity of formal identification of the nature and need for post adoption support.

Whilst some innovation and development has taken place particularly within the voluntary sector, access to services is ‘hit and miss’, with no clear route to post placement support when it is needed.

Fratter, J., (1996) urges the need for children to be given the ongoing opportunity to influence decision-making about contact issues but no-one gives consideration to the physical, emotional or sexual risks to children and their adoptive families created by open adoptions, when access is given to the family networks that are known to be abusive and change significantly over time.

Flexibility in contact is inexorably linked with the need for post adoption support. Most writers (Brodzinsky, D., 1992; Fratter, J., 1996), emphasise the need for decisions relating to contact to be made on a ‘case by case’ basis, recognising the individual and changing nature of the components of the adoption. Grotevant, H.D., and McRoy, R.G., (1998) from the perspective of birth mothers of infants emphasised the need for flexibility over time:

‘There is no one perfect type of adoption and each has some different kinds of vulnerabilities and issues. What may be best for one member of the adoptive kinship network at one point in time may not be best for another. As developmental needs and circumstances change triad members may have a need for either increased or decreased contact.’ P.171

Argent, H., (1999) interviewed 14 families of children with disability placed 20 years ago:

‘Every story cries out for specialised post placement services, for better funding of existing provision, for more generous disability grants and benefits, for skilled workers in day care, for protection of disabled adults from abuse, for arrangements to suit disabled people when their parents die and for a greater awareness of the needs of all disabled people’ p.228

52
In recent years there has been a greater awareness of the needs for post adoption support (SSI, 1996; and Lowe, N., Murch, M., Borkowski, M, Weaver, A., Beckford, V., and Thomas, C., 1999) refer to the lack of management systems to evaluate the effectiveness of the adoption program. Lowe et al identified contact as one of the most contentious practice issues they encountered in their comprehensive study of post adoption support. In a USA study of 160 families (at first 17%, then after chasing up a 52% rate of response with a mean age of 7.7 years and mostly 'special needs'), McDonald, T., Propp, J., and Murphy, K., (2000) found that 18 – 24 months after placement the 'vast majority' had made a positive adjustment and had adopter satisfaction. Characteristics linked with a positive income were:

- Married couples
- American African families
- Lower incomes
- Location- families not living in a less densely populated rural community

McDonald et al (2000) recognised the limitations of their postal response rate but highlighted the difficulties of delivering post placement services where they were most needed, e.g. in more rural areas.

Within the UK, the PIU report (2000) and the Adoption White Paper (2000) both highlighted the potential assessment of need and post-adoption key worker role. Although the Adoption and Children Bill 2001 was silent on funding issues, particularly for the unknown number of placements made 'out of area' boundaries, the new Regulations have clearly defined roles, processes and funding responsibilities. There has not yet though been any systematic attempt to estimate the potential cost of appropriate co-ordinated pro-active long-term support. Many authorities (personal com) are increasingly overwhelmed by the increasing complexity of contact arrangements as time passes, particularly the demands of a letterbox system spiralling out of control, but there is no emphasis in Guidance on the essential nature of providing post adoption support when post adoption contact plans are established. Rather there is an expectation that one-off service provision may suffice.

However the Adoption Support Regulations were implemented in October 2003, backed by Guidance and the Adoption Standards. Guidance (para 187) to the Regulations will be discussed in more detail in Chapter 10, but briefly states that the placing authority will be responsible for managing and supporting any contact arrangements (e.g. letterbox) agreed prior to the adoption order and any changes over time. Regulations specify the adoption support services that local authorities are required to arrange including the development of an adoption support plan and support for contact arrangements between adopted children.
and their birth relatives. Additional resources will be available but may not solve the problem of current social worker vacancy rates (Rajan, P., 2003) The consequences of this legislation are yet to be felt but, as Children's Guardians come to appreciate that if contact arrangements are not made before they finish a case, and the birth parents will have no future right to ask for an assessment of their need, or the opportunity to seek post adoption support, there is likely to be a pressure on all parties to reach a decision on letterbox before an order is made.

In summary the last two chapters have highlighted the dramatic changes in the adoption scene over the last forty years, of which post adoption contact and the central government focus are only two components. As Smith, C., and Logan, J., (2004) concluded:

"On the one hand we have practice increasingly geared towards arranging indirect and direct contact and on the other we are confronted by uncertainty about whether contact is demonstrably in children's best interests. The evidence does not yet fall clearly on one side of the debate"  P 20

and

"the studies do not allow firm conclusions to be drawn about the relative importance of contact versus information for identity development and adjustment the relative merits of direct or indirect contact or the conditions under which different kinds of contact might be helpful"  P 27

Despite the fact that from 50%-90% of adoptions now encompass a plan for indirect contact, letterbox mediated contact it is evident that there is no research on its longer term prognosis.

Face to face contact has been the focus of at least three recent UK studies (Neil, E., 2002), Macaskill, C., (2001) and Smith, C., and Logan, J., (2004), even when 83% of Neil's cohort was letterbox. Mindful of this gap in research a decision was made to address this area of contact in this qualitative study.
KEY FINDINGS FROM CHAPTER 2 & 3, THE LITERATURE REVIEW

1. The history of adoption is complex, influenced by sociological, religious and political interests. Since the time of infant adoptions in 1967, placed within an attitude of confidentiality for the birth parents, the child and the adoptive parents, there have been major changes in society, and an increased awareness that children with 'special needs' can be placed for adoption. The Children Act 1989 has had an unplanned dramatic effect of increasing the anticipated levels of contact between children and their birth families in adoption.

2. Profound difficulties arise from interpreting data or learning from research on open adoption as a result of the lack of clarity of definitions in terms of the type of contact, the participants, and variations over time and unknown percentages of foster/adopt placements.

3. There had been an emphasis in the literature on issues of identity and attachment as justifications for open adoption. However Quinton et al (1997) have pointed to the lack of evidence in most of the adoption studies of the early developmental and attachment history of the children currently being placed.

4. Extrapolating from lessons learned from infant studies in the UK, New Zealand or USA is not straightforward. In the USA, American birth mothers are the primary clients of adoption agencies who have a long waiting list of prospective adoptive parents prepared to accommodate the wishes of the birth mother for openness. This is a very different ‘market’ from that in the UK where the majority are older children and where the Children Act (1989) places the welfare of the child as the primary focus.

5. One study of birth mothers (retrospective) indicated that they would be happier if they had had more information about their children. However the only study to look exclusively at letterbox contact found that when birth mothers were given the options of that contact, 56% of 34 mothers did not take it up. The recent USA study of infant adoptions emphasised the danger of extrapolating their finding to special needs or older adoption and cautioned the need for each child to be viewed on an individual basis.
6. All studies have indicated that the needs of individual parties to the adoption change over time. In the largest infant study to date Grotevant, H.D., and McRoy, R.G., (1998) suggested:

"Open arrangements can work well. Adoptive families and birth mothers who desire an open arrangement and have a commitment to making it work can negotiate a mutually agreeable comfort zone. Each case though must be considered on its own merits."

7. A review of the literature indicated that lessons learned from infants have been applied to the older children with more complex historical needs. These children are likely to have an existing, confused internal working model and relationship with members of their birth family.

8. There is only limited research on indirect contact for infants and a total lack of empirical research on letterbox arrangements for older children, and yet it has reached the level of being anticipated in 40-90% of cases. Until recently (Ivaldi, G., 1998) there has been no knowledge of the profile of children currently being placed for adoption, or of their birth parents and the extent to which they are different from the birth mothers of the open infant studies - the young single and vulnerable women to which Ryburn, M., (1997) refers.

9. The need for post adoption support is stressed throughout the most recent literature, but there is no evidence of adequate funding provision or of the recognition at the point of matching of the need for such provision, especially when post adoption contact is envisaged.
CHAPTER 4
RESEARCH AIMS, BACKGROUND
INFORMATION & METHODOLOGY

INTRODUCTION
This chapter will describe the design and methodology of the two-cohort study, which took place over an 11-year period from 1992 to 2003. It was divided up into six phases.

1a A paper analysis in 1995 of the children and their adoptive and birth families of 80 adoptive placements made in 1993/4 - Group A. This led to a decision to follow up the children for whom letterbox was anticipated

1b A paper analysis in 1997 of the 36 children for whom letterbox contact was agreed by the adoption panel in 1993/4 - Group A

1c Qualitative interviews in 1998 and subsequent data analysis of the birth and adoptive families of the 21 children for whom letterbox arrangements had been set up (Group A). This included interviewing 4 children

2a A paper analysis in 2001 of the children and adoptive and birth families of the 58 adoptive placements made by the same authority in 1996/7 – Group B

2c Qualitative interviews in 2001/2 and subsequent data analysis of the birth and adoptive families of the 26 children of the 1996/7 cohort for whom letterbox arrangements were followed through.

1d A 9/10 year follow up, 2003/4, of 10 birth family members, 16 adoptive parents of 19 out of the 21 children, placed in 1993/4 – Group A. Four young people were also interviewed, two of whom had been seen previously in 1998.

Essentially 2a and 2c duplicated 1a and 1c. By 1996 the letterbox system in X authority was more clearly defined and its function and purpose better understood within the whole
authority. The gap between intention and practice led to phase 1b no longer existing for Group B. The phases 1a and 2a and 1c and 2b will be described together using a similar framework of defining the overall design of the component of the studies, analysis of the use of various measures or experiments, identification of the samples and the way in which the data was gathered and the analysis of the data. The sixth phase, 1d was a longitudinal follow-up for Group A only.

In total, 87 adult interviews were undertaken, plus 7 interviews with young people. Where adoptive parents or various birth family members were interviewed together, it counted as one interview. However before the examination of the individual phases there are fundamental ethical and design issues that underpinned the whole study, and led to the selection of these cohorts of children, and the research designs.

The original aim of the study established in 1992/3 was:

- To identify characteristics of children placed for adoption in the 90's together with those of their birth parents and adoptive families.
- To contribute to the knowledge and understanding of contact planning for children being placed for adoption, taking into account changes arising from the philosophy and implementation of the Children Act 1989.

The objectives were extended in 1995/6 when it was decided to undertake a qualitative study. The literature review and preferences of ‘X’ authority indicated a need to focus on those children (ultimately 47) for whom letterbox was set up. The new objective was to explore long-term implications for children, their birth and adoptive families of letterbox contact arrangements.

The decision to undertake this small-scale study had been influenced by participation in 1991, at a post Children Act conference of the East Midlands Family Placement Association on contact and permanency planning for children. Concerns were expressed about the court-led promotion of contact, often contrary to the recommendations of the adoption panels and other decision-making fora within the local authorities and voluntary agencies. There was a perceived gap in research underpinning decision-making and contact planning for older children who had experienced abuse and neglect.

**The wider ethical issues, priorities and confidentiality**

In 1992, the Secretary of State granted permission for research access to the adoption records of Authority ‘X’. However confidentiality for individual children in this study is
complex. The authority can readily be identified; articles have been written about a letterbox system that is one of the most long established in the country (Rajan, P., 1998). Children or their birth families would be more identifiable than in other national, more widely drawn studies of open adoption (Fratter, J., 1996; Thomas et al 1999).

The researcher was in a unique position of gaining information from two and sometimes three sides of the adoption triangle. There is an ethical dilemma in exploring issues in the qualitative part of this study, in particular the triangulation and divergent views of birth family and adoptive families about identifiable children placed by one authority. It has been partially resolved in this report by reference to 'lessons learned', without assigning the information to specific cases.

Additionally the researcher had access to the child's birth families and the letterbox files, after an order has been granted. It would seem wrong to present more and often contradictory but identifiable information in an open report than is available to the young people, their adoptive, and birth families, or those running the letterbox system. Further, the children in this part of the study are adopted, but the permission of adoptive parents or the young people was not sought before making contact with birth parents or eliciting current information from them. It is therefore all the more crucial to ensure confidentiality, and avoid any chance of the two parties being linked via published case examples. Finally the decision not to routinely seek the perspective of the children and young people involved will be discussed below.

Despite the issues of researcher non-involvement, the decision was made in two cases to feed back to the specialist post adoption workers information about the current situation of the birth family, at the point that the possibility of pro-actively setting up direct contact was being considered. The potential long-term safety and physical and emotional well being of the individual child was viewed as the highest priority.

Throughout the text verbatim quotations from participants have been used in order to learn as much as possible from the participants. These are accurate quotations, with steps taken to ensure anonymity, particularly when siblings are involved.

Definitions
Openness and open adoption have been defined in the literature review in Chapter 2. Although wider definitions have been identified, contact is viewed as one of three types: direct (face to face) contact, indirect contact and 'no contact'. Within X authority any contact defined as 'letterbox' goes through the central office 'letterbox system'. The decision is made by the Adoption Panel. The child's social worker completes a referral to the letterbox
system. Essentially there is an agreement that one participant writes a letter to the other, sending it in to the centralised system. The letterbox workers photocopy it and notify the other party that a letter is there for them. Once they have confirmed they have received that, the original letter is sent on. The nuances of who goes first etc will be discussed later. Letterboxes were not set up until the adoption order was granted – until that point it was managed in the area team. One child was known to have indirect contact with a birth family member, outside of the letterbox system but was not included in the study.

THE OVERALL DESIGN OF THE STUDY

Consideration was given to a range of evaluative strategies, their relevance to the subject, and the feasibility of using specific methods within the financial and time constraints. Potential research strategies included:

- a cross-institutional or experimental design,
- a case study,
- action research,
- taking a user, or a longitudinal perspective.

A pluralistic evaluation which is an orientation rather than a methodology has been developed by those arguing that it is inappropriate to evaluate social work with a traditional experimental model: ‘when ambiguity and diversity are the norms, rather than clarity of goals’ (Cheetham, J., Fuller, R., McIvor, G., & Opetch, A., 1992; Oka, T.). Pluralistic evaluation accepts that there is no consensus of objectives. Instead, different notions of ‘success’ are identified, and the various strategies that individual parties adopt are recorded – this feeds into an overall evaluation of the success of each of the criteria.

Single versus a cross institutional design

After the considerations discussed below, the use of a cross-institutional design was ruled out in 1993, and both sample groups were drawn from one authority. Ironically, by 1998 the authority was divided, following local government review, which may enable some cross-institutional analysis in the future provision of post adoption support. The use of an experimental design was also rejected, but the opportunity for a longitudinal study was optimised. However by using one large authority the opportunity exists for using triangulation techniques, and provide viable quantitative and qualitative studies. The certainty of 100% quantitative sample availability was invaluable for later qualitative analysis.
A cross-institutional design would have enabled a comparison of various forms of contact, across a range of different institutions. ‘Different adoption agencies’ could have been differing local authorities or voluntary agencies. Clarke, (1981) suggests that the minimum number of bases of comparison should be eight – any cross-institutional study would need therefore to be of considerable size. Few agencies place more than 20 children in the year, some far less, so opportunities for a rigorous cross-institutional design are reduced.

Even with less than eight agencies, a cross-institutional design would have had the benefit of capitalising on the diversity, policy and practice between authorities. It requires however detailed information about the characteristics of the individuals receiving a service – by controlling statistically for different influences, the aim would be to attribute different outcomes to the processes of decision-making, contact provision or letterbox schemes. This method was used for the largest study of 1165 permanently placed children (Fratter et al, 1991) although as Quinton et al (1997) pointed out, even this large-scale study lacked the crucial information about the psychosocial development of individual children.

The use of a voluntary agency (VA) was considered as a basis for comparison. However the criteria for Local Authority referral to VA’s distort the sample, e.g. the payment of a high referral fee may be evidence of a ‘last resort’ for a child with greater needs (Clifford, D., Burke, B., Goodwin, Namuzu, L., & Ward, S., 2003). Local Authority ‘contracting out’ cultures vary, as does usage of consortia and annual budgetary constraints. With more available resources per child, either via charging or their own sources of funding, VA’s may have differing methods of recruitment, assessment and support (Irving, K., 2003). VA’s may be viewed as providing a superior service (Murch, M., 1999), with more social work hours devoted to each case, or simply be used because they offer a more confidential, geographically distanced placement. It was not therefore considered viable to control adequately for variables when comparing with a VA.

Consideration was also given to a comparative study with another local authority but doubts again existed about the validity of a comparison. There is, within Standard Spending Assessment (SSA) procedures the opportunity to compare ‘X’ authority with a similar one, matched for indicators of several factors including size, poverty, proportions of ethnic minorities etc. However SSA’s and more recent performance indicators resulting from Quality Protects, Best Value and, the most importantly, Audit Commission Performance Assessment Framework (PAF), with its emphasis on snapshot numeric data do not take into account the following relevant variables:
• Numbers of children per head of the child population 'looked after', relative to the number of children being offered resources as 'children in need'
• Differing policies and management systems for adoption planning for looked after children (PIU 2000). In contrast to most authorities, 'X' had a written contact policy dating back to 1994
• Indicators resulting from previous 'inspection' by the SSI or Adoption Task Force may have lead to a disproportionate emphasis on adoption targets, to avoid the intense and costly scrutiny of 'special measures'
• Different court structures and processes – e.g. long delays, higher numbers of adversarial hearings, and variations in practice of transferring to higher courts, all of which affect local practices in contact planning.
• Differing policies and culture relating to the encouragement of existing foster carers to adopt, and 'long term fostering' as a planning choice (Lowe 2002)
• The range of social-work qualifications, experience, availability and input at the various stages
• Differing agency emphases on recruitment, preparation and post placement support
• Usage of independent fostering agencies, professional fostering rates and links to residence and adoption allowances (Waterhouse, S., 1997; Waterhouse, S., and Brocklesby, E., 2001)

Consideration was also given to comparison of outcomes with other groups of children within the 'looked after' system. But even within a large authority, it was not viable to identify a group of 'permanently fostered' children, or 'accommodated' children, and match them in terms of age, ethnicity, and, crucially, 'pre-looked after' experiences and links with birth family.

The benefits however of 'one institution' was that not only were the variables listed about constant, but others such as agency culture, adoption panel membership, and agency staff were remarkably consistent.

The use of an experimental design
The use of experimental design or observation was also rejected. It would have necessitated a control group, where outcomes could be compared. Ideally the experimental group should be identical to the control group in all but the key issue to be studied. Gibbons, J., (1981) emphasised the criteria to be met when comparing two groups:

• Intervention must be clearly defined
• Evidence of delivery
• A baseline to exist
• Outcome measures to exist, capable of addressing the effect of the receipt/no receipt of the service

This method might have been ideal, for instance in comparing the relative merits of direct contact, letterbox contact and no contact, if the numbers could be sufficient for statistical analysis, and more importantly if the other variables were known. However as Quinton et al (1997) emphasise, it would be essential that those variables included the psychosocial development of the child, their history of moves, abuse etc. Equally important are the foster/adopt component, the attitude of the adoptive family to contact, post placement support / agency policy etc. Further the input of the 'letterbox process'; whether the relative was a parent, wider family member or sibling, together with the nature, frequency and quality of information received by the child from their birth relative would have to be constant. In reality therefore, even if the sample is increased tenfold, the variables are so numerous as to make rigorous comparison unviable.

Alternatively an experimental design could have been employed at the level of a single case, taking a baseline of the child, monitoring the impact of the letterbox contact over time. However, this would require a baseline, e.g. 'no contact, followed by letterbox contact and then a return to the baseline at the end of the measured input of resources. A return to 'no contact' as advocated in such a rigorous design (Thyer, 1992) would be unethical on the basis of research alone. Moreover a child’s response to the letterbox communication could be influenced by a range of factors, not least their current developmental stage, need for information and resolution of feelings of rejection. An experimental design was therefore not considered an appropriate research strategy.

The use of a longitudinal design
Very few prospective adoption studies offer a reasonable size of cohort and a sufficiently longitudinal approach, although many of the retrospective studies on adoption have been over periods of 18 years plus. Those retrospective studies however have been of selected samples, such as disruptions, or those seeking a service. Frequently, practical considerations constrain the longitudinal studies, e.g. agencies need more urgent outcome results to inform a change in policy or practice, key personnel change, funding of research is restricted etc. As Cheetham et al (1992) commented, few recipients of social work service remain traceable for long periods of time, and increasing numbers are lost to a study over time. Current 40% annual turnover of social work and managerial staff have similar consequence. Many studies (Thomas et al, 1999; Fratter, J., 1996; Neil, E., 2001) illustrate ways in which sample groups have been 'rebuilt' to compensate for losses along the
longitudinal way, or inability to achieve a target cohort. Even with safeguards, such additions to a cohort can produce a distorted perspective.

A key aim and opportunity therefore of this study was to provide as extended a longitudinal perspective as possible. Both groups offered a qualitative component 4-5 years after placement of all the children placed – with numbers in excess of most studies (Quinton et al, 1998; Neil, E., 2001). The opportunity to return to interview adopters, birth family members and some young people nine/ten years post-placement is rare.

Finally the potential for this original cohort to be evaluated over time remains a key benefit, despite as will be seen, the difficulties in tracing parties. The ability to capitalise on the completeness of the quantitative sample of 138 remains important. Adoption is for life, and Howe, D.s (1997) retrospective, selected sample highlights the significance of young adults returning to the emotional haven of their adopted family, often after years in the adolescent wilderness.

The failure to use a prospective design
With hindsight, it is regretted that the restricted cost of the study, available time and emphasis on the longitudinal perspective, prevented a prospective study using measures of well being of the child at the time of placement, (Quinton et al 1998; Schofield et al 2000) or the use of measures of attachment (Howe, D., 2000). However the combination of ‘in depth’ quantitative and qualitative data was obtained by an experienced social worker offering consistency and the potential, as Thoburn, J., (2001) highlights, of more informed, skilled follow-up questioning and understanding of the relevance of key issues.

The use of triangulation of techniques
It had been hoped it would be possible to use triangulation of techniques - a common feature of pluralistic evaluation (Denzin, N.K., & Lincoln, Y.S., 1994). Triangulation can be related to systematic combination of different methods of data collection (between method triangulation) or to the triangulation of data sources, or the use of multiple strategies, such as the use of different scales, the ‘within method of triangulation’.

Triangulation was possible in this study in several ways and is integral to the analysis:

- Within the quantitative analysis of 138 children e.g. the social work areas, the foster-adopt sample
- Within individual cases, using the perspective of birth and adoptive families and occasionally the children
• Within differing forms of contact samples: direct, indirect and no contact
• Between qualitative and quantitative: Phase 1a and 2a were quantitative, Phase 1c and 2c was qualitative. 47 children were qualitatively studied

Before looking in more detail at the six phases, some understanding of the culture of Authority X is relevant.

The characteristics and culture of Authority X
In 1992 the authority was at the higher end of the spectrum of children "looked after" per head (DH statistics 1992) although that number fell from 1,754 in 1991 to 1,012 in 1996. When the Children Act was implemented, staff spoke of the backlog of children awaiting a permanent home in 1991. That was no longer the case by 1996/7.

The authority had been severely criticised after a child death enquiry in 1990, with a subsequent loss of social work morale. There had been a long established tradition of placing children within their care system for adoption and a willingness to use court process to promote placements, if necessary without parental consent. The majority of the placements were 'in-house', placed by the authority, but not always within the authority boundaries. They had effective links with other voluntary agencies and were prepared to fund and use national linking systems to make appropriate placements. Significantly, the Department of Health recently recognised 'X' authority as one of two leading local authorities in the adoption field, shortlisted for 'Beacon' status in adoption. (www/doh.gov.uk.adoption.2001)

The authority made a strong commitment to adoption, maintaining it structurally separately from long term fostering. Ahead of other authorities, 'X' identified the need for professional post adoption support. This included setting up a well resourced letterbox scheme in 1994/5 with social work input; a scheme that was an integral part of the post adoption support service and that was still lacking in many authorities (DoH Adoption Standards, 2001). 'X' was one of the largest authorities in the country with a substantial urban mass and high ethnic minority population and a tendency to place from Urban into Shire. Under Local Government Review it was divided into two authorities in 1998 with post adoption services provided across both authorities under a service level agreement.

PHASE 1a and 2a: THE SURVEY OF CHILDREN PLACED
The literature review highlighted the lack of relevant empirical research on letterbox contact, the dramatic move towards 'open adoption' for children within the care system, and the current pressure to place looked after children for adoption (Department of Health, 1998;
PAF, 2002). As has been seen, the lessons learned from infant adoption, often from within cultures where there was no experience of placing older children for adoption, had been transferred to UK 'looked after' children, with minimal recognition of the differences. There was, until 1998, (Ivaldi, G., 1998, Ivaldi, G., 2000) no clear profile of the children being placed in the '90's, or their birth families, and no rigorous comparison between outcomes of long-term fostering (usually with contact) and adoption. It was recognised therefore that for any study on contact, a base line analysis of the children and their families was essential.

The objectives of Phase 1a and 2a

Within these phases four objectives were identified:

1. To investigate the profile of the 138 children placed for adoption in 1993/4 and 1996/7 within the context of their individual histories.
2. To analyse the characteristics of their birth and adoptive families.
3. To explore their individual pathways to adoption.
4. To identify the form of contact, if any, and process of decisions being planned for those children at the point the decision was made to match them with a specific adoptive family.

The design of the Phase 1a and 2a

This sample group was the complete cohort of 138, (ie N=138). It was a significant benefit of the study that no bias existed in terms of selecting children within that group. Only with hindsight was it appreciated that the four children who had disrupted at a very early stage in introduction (3) or placement (1) had not been included in computerised or file information provided by the authority. There is no way of knowing how the range of needs of children placed compared with previous years, although total figures placed were:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992/3</td>
<td>122</td>
</tr>
<tr>
<td>1993/4</td>
<td>81</td>
</tr>
<tr>
<td>1994/5</td>
<td>83</td>
</tr>
<tr>
<td>1995/6</td>
<td>60</td>
</tr>
<tr>
<td>1996/7</td>
<td>62</td>
</tr>
<tr>
<td>1997/8</td>
<td>82</td>
</tr>
<tr>
<td>1998/9 (new authorities)</td>
<td>77</td>
</tr>
</tbody>
</table>

The year 1993/4 was selected rather than 1992/3 as being one in which the initial impact of the training, policy change and reorganisation associated with the implementation of the Children Act 1989 had been worked through. A substantial national training budget had
ensured that the underlying principles of the Act were at least assimilated into policy and practice. Starting the paper study in 1995 meant that adoption orders had been granted for the majority of the cases and the letterboxes had all been formally set up.

Group B in 1996 was long enough after the Children Act implementation for `the honeymoon` to be over, and the data reflect more normal usage of adoption. The unexpected prime ministerial urge to increase adoption numbers occurred in 2000 (PIU). At that time the possibility of changing the nature of the second cohort to a prospective study was considered, introducing tools that could contribute measurement of outcome, but this would have extended timescales, and for practical and financial reasons would preclude the further qualitative study of letterbox.

The choice of file information to survey the 138 children being placed

Scrutiny of files has the disadvantage of relying on recorded information, whilst recognising the limitations that key information may be missing. Moreover reliability is dependent on researcher's interpretation of information. Consideration was given to the alternative of interviewing individual social workers involved at the time of placement, i.e. 2/3 years earlier. Unfortunately, the mobility of social work staff, the high use of duty workers (Waterhouse, S., and Brocklesby, E., 2001) and the divisions between area based social workers and family placement specialists meant that interviewing or sending out questionnaires were unlikely to elicit sufficient accurate information for a three year-on retrospective study.

However, reading of standardised forms (BAAF, Part 1 & the far more detailed Part 2 of forms E and F) on the children's original area based files by a researcher / social worker with substantial experience of file reading, gave insight into the psychosocial background. Other studies, (Murch et al, 1993; Thomas et al, 1999) used only the briefer Part 1's of the BAAF forms. The Schedule 11 (Adoption Act 1976) reports were available and every file contained the adoption panel minutes at each stage of the process, plus letters to adoptive family confirming the placement decision of the decision-maker/adoption panel and including proposed contact arrangements. The files also contained the letters for children to read later in their lives, compared with the study of Quinton et al, (1998) when the information was frequently missing. The following documents were read for each case:

- BAAF Form F on the adoptive family
- Form E on the child
- Minutes of the Adoption Panel at all three stages of decision-making
- Matching reports
- Updating running records on the adoption file
• Letters written from the Panel to the birth family
• Letters written to the adoptive family
• Letters to the child for their 'later life'

By the time of the file study, some children had up to 8 files. A research schedule (Appendix 2) for file analysis was drawn up, piloted and distributed to other professionals for advice. This led to a reduction of the categories of contact from the 25 originally described by McRoy, R., (1991) to eight. Between one and three hours was spent reading each of the 138 children's files.

The information gathered was transferred to an SPSS database. As will be seen from the schedule, (Appendix 2) information on the number of moves children experienced within the care system was more detailed than analysis of moves prior to being looked after. These are likely to be underestimates. Although full siblings were recorded, there was often a lack of information about half siblings, particularly paternal ones. Step-siblings, though often important to children and were rarely identified.

Some areas of the schedule (Appendix 2) demanded judgement in relation to harm suffered or likely to be suffered. Reports were written by local authority social workers and the information provided was not being challenged in court. However as will be seen, for the majority of cases the Section 31 threshold criteria of 'significant harm' had already been satisfied. The researcher was an experienced Guardian ad Litem of over 700 cases, conversant with the threshold criteria (Adcock, M., 1991, updated, 1999). For emotional abuse the criteria developed by Doyle, C., (1998) were used. Evidence relating to sexual abuse or risk of sexual abuse may be underestimates. Kaniuk, J., (1993) has suggested that some children do not disclose the full nature of the abuse until they feel safe within a permanent family – a factor that featured more in Group B. The criteria for 'neglect' were more difficult, although the word was frequently used in reports, and the researcher had little doubts in the cases classified as neglect that the available evidence would have satisfied Section 31 Children Act (1989) threshold.

Data was drawn from files on the various forms of contact that had been planned for the 138 children (109 placements) at the time of the adoption panel decision.

Analysis of the data
Based on the wide-ranging variables, SPSS enabled varying univariate measures of the children being placed, their birth families, and their adoptive families. The use of bi-variate analysis and cross tabulation enabled components to be contrasted. Variables associated
with three members of the adoption network could be also be triangulated. The ‘foster adopt’ cohort, (30.4%), could be selected ‘in’ or ‘out’. Crucially, the proposed arrangements for post placement contact could be analysed, and reduced to three components: direct contact, indirect (letterbox) and ‘no contact’ before the objectives and methodology and the sample for phases 1c and 2c was established.

**PHASE 1b - THE LETTERBOX SCHEME**

**The background**

There was a planned 4-5 year delay between Phase 1a and 1c and Phase 2a and 2c. A qualitative study had been planned, interviewing birth families and adopters. It was not possible, for economic reasons and time constraints to interview the families of all the 138 children and from the literature review it was apparent that no research study on letterbox arrangements for non-infant children existed.

The Adoption Panel had proposed letterbox contact for 37 children in 1993/4, the formal ‘letterbox’ to be set up when the adoption had been finalised. By the first researcher follow-up period in March 1997, (i.e. 3-4 years after placement) only 21 of those 37 letterboxes envisaged by Adoption Panel had been formally set up. Some had taken years to organise, for others the adoption order had only just gone through. The mean length of time for children between placement and adoption for the 21 children for whom letterboxes were set up was 1.83 years.

The post adoption and letterbox system was new, in its second year of operation. The transfer of function from the area teams had not been smooth. Importantly, the specialist team had not contributed to the setting up of specific contact arrangements; they lacked a comprehensive case history or contact agreement.

**The objectives of Phase 1b**

- To explore why 16 letterbox arrangements envisaged by adoption panel three years earlier had not been set up

**The design, methodology and analysis of Phase 1b**

With renewed permission from the Secretary of State, the 16 main adoption files were revisited and further data analysis undertaken, contrasting the 16 for whom letterboxes had not been set up, with the 21 for whom they had. Cross tabulations between the original group, the 16 that did not transfer into letterbox and the 21 children with letterboxes in Group A was
possible, checking against most variables to see if there were any significant differences between the groups, or between the 'change of plan group' and the no-contact group.

This was not an issue in Group B. The initial Adoption Panel planning for letterbox was more focused and accurate and a new tracking scheme identified changes in contact at three stages:

1. Panel
2. Placement
3. Adoption

In fact, there was only one loss from Panel date through to the post adoption setting up of the Group B letterbox from 1996/7 to 2001; in this case the court had ordered contact in the care proceedings, against the wishes of the local authority, and the child herself and in the end it was not viable to set up. However, letterboxes were set up in respect of two extra children, and additional family members/letterboxes were added for some children already having one letterbox to produce the 26 children; Group B.

PHASE 1c and 2c – THE QUALITATIVE COMPONENT OF THE STUDY

All research, whether quantitative or qualitative is based on underlying assumptions about what constitutes 'valid' research and which research methods or strategies are appropriate. Myers, M.D., (1997) suggests that in order to conduct and evaluate qualitative research it is important to understand the assumptions, and he identifies three possible categories or 'paradigms'.

- Positivist research - assumes the reality is objectively given, and can be described by measurable properties independent of the observer. It is usually associated with quantitative research
- Interpretive research – access to reality is only through social constructions such as language, shared meanings – how do we make sense of situations as they emerge?
- Critical research – social reality is historically constituted – although people can consciously act to change their social and economic circumstances, their ability to do so is constrained by various forms of social, cultural and political domination.

Both Groups A and B were informed by the interpretive approach, without excluding the positivist. Thoburn, J., (2000) suggested 'mapping the territory' of research that would be
useful for social workers by classifying studies according to the intervention thresholds identified by Hardiker, P., Exton, K., & Barker, M., (1999) – with the methodologies, as described at the beginning of this chapter tending to go from the more quantitative at the primary level to the qualitative, more intensive interviews being based at the quaternary level. Almost all these study children would have been at the quaternary level. The subsequent decision-making – to remove them from their birth family into a new legal family is, similarly, at the highest level of intervention.

These various philosophical perspectives can inform qualitative research – the research method or the evaluative strategy moves then from those assumptions to the design of the research and the collection of the data.

The objectives of Phases 1c and 2c
The specific objective of the qualitative phase of the study was to contribute to the knowledge and understanding of letterbox contact and investigate how motivation, processes and attitudes relating to 47 children with letterbox contact changed over four/five years.

1. To explore and contrast the objectives and attitudes of birth relatives and adoptive parents of the 47 children with ongoing letterbox contact

2. Where appropriate, to seek the views of the young people as they get older and become more aware of the existence of the letterbox

3. To examine the process of the system within ‘X’ authority, in order to evaluate its performance and disseminate that knowledge to ‘X’ and other authorities with similar schemes

4. To identify the long term implications of letterbox schemes in terms of planning and resourcing an effective post adoption support service.

The voices of the children: an ethical issue of the qualitative study
There is a current emphasis on hearing the perspective of the children. Mullender, A., (2001) reviewing another adoption study on the placement of siblings commented:

`It is quite simply unacceptable now, given the already large and growing literature on research with children and the ample demonstration in many related fields of research that even quite young children are capable of expressing their own opinions on the most sensitive
of topics. Silencing children by excluding them from the research process is as much an ethical issue as is protection of them from the intrusion of researchers (Alderson, P., 1995)

The study researcher had 30 years experience in interviewing children, and eliciting their wishes and feelings. However that reinforced her belief that 'one off interviews with a stranger' on such a complex and highly emotive issue as contact with an abusing birth parent, could at best be partial, and at worst destabilising. Adoption is for life and for children with such troubled backgrounds reaching the crucial adolescent phase, and functioning at varying levels of emotional maturity, the placement represented their last chance for permanence. It was essential to avoid any action that could jeopardise or perceived to jeopardise what were inevitably fragile placements. A researcher going into a family in however skilled a manner is likely to arouse feelings and memories and raise issues that may need mediation or therapeutic support. In a high budget study, with elaborate preparation and interviewing tools, (Phillips, 2000) it was suggested that after one, in depth interview with the children, support would come from 'their adoptive parents, Childline or their social worker'. In fact very few children (post-adoption) have access to a social worker. Adoptive parents may be the last people to whom children can turn to talk about birth parents without feeling disloyal (Howe, D., & Feast, J., 2000), and an uninformed response from Childline cannot be relied upon as the sole support mechanism.

It was acknowledged that arrangements could not be made to ensure adequate support for the children after the study interviews. After consultation with an experienced adoption expert, the local authority's initial letter to the adoptive families mentioned the researcher's willingness to see the children if that felt appropriate. Otherwise it would be an interview with the adoptive parents alone. In the event four children were 'interviewed', two of whom were the subject of the adoption process, two were siblings to whom the indirect contact was addressed. Those interviews were unstructured and followed a simple path of asking about receiving and sending letters. It is recognised however that those children were viewed by their adoptive families as sufficiently secure to be interviewed. They were therefore an unrepresentative sample, as is the case in other research studies, where 'willing child participants' are sought. Highlighting the fragility of these placements, Rushton et al (2001) found non-participating families were indeed more likely to feature in the group that subsequently disrupted. Sadly, one young person interviewed for this study did prove to be far more affected in the longer run than had been appreciated.

The design of Phases 1c and 2c

Qualitative research has been defined as involving the use of qualitative data such as interviews, documents and participant observation data to understand and explain social and
cultural phenomena (Myers, M.D., 1997). The use of various evaluative strategies/methods are considered briefly, followed by the discussion on the sources of the qualitative data.

Maximising the user participation in a longitudinal study was seen as crucial. It was decided to use the following methods, knowing that the qualitative study permitted triangulation of data:

1. Ascertain the user perspectives of adoptive parents and birth family, and if appropriate the child — maximising the numbers of interviews of adopters and birth families for each child
2. Interview the 'letterbox' social worker
3. Update information from main child’s file
4. Update a file search of letterbox files
5. Feed back to X authority

**Consideration of the use of a case study**

Within this form of evaluative strategy, variables are not controlled — indeed changes during a study are viewed as valuable data. It is an attractive design because it can be based on a limited number of cases. It has been used extensively in research relating to birth family members and children placed for adoption, in very small samples, which may or may not be typical. For example, Argent, H., (1999), or Beek, M.’s (1994), example of seven open adoptions. However the criteria for selection in small samples should be understood, particularly if the case is used because it is 'readily available', or 'interesting'.

The use of a case study/studies in this project could undoubtedly have been used to inform processes, and provide a richness of data that would highlight the complexity of issues within letterbox contact. However, it was rejected for ethical reasons. Triangulation, from the perspective of the three parties would have been possible. One potentially valuable case study was a 'sibling' group of two teenagers, one of whom had been a 'parenting' child, the other of whom was interviewed. Placed separately, but in close proximity, there was a marked qualitative difference in letterbox arrangements, from their adopters' and mother's perspective. The relevance of their shared and unshared early psychosocial development was highlighted. Unfortunately though, the use of case study and the essential descriptions of factors would risk identification and breach confidentiality.

**The use of focus groups**

Although not an integral part of research planning, attendance at a meeting for adoptive parents with letterboxes proved invaluable in informing future questioning and analysis.
Similarly, facilitating numerous training sessions within 'X' authority gave added insight into social work practice, legal and policy issues and user perspectives.

The use of action research

Action research aims to contribute to both the practical concerns of workers in the immediate situation and the goals of social science by joint collaboration within a mutually acceptable ethical framework' (Rapoport, 1970)

Emphasising the collaborative aspects, action research is concerned to enlarge the stock of available knowledge. The knowledge gained from Phases 1a to 2c was fed back to the authority via training seminars. The first cohort was at an early stage of establishing formal letterbox systems – an element of action research therefore was coinciding with learning within 'X' authority – e.g. the need for the letterbox system to have more preliminary information and understanding of case dynamics was identified by this study and implemented.

Without wishing to claim too much for the influence of this study of Group A, the preliminary findings did help to inform practice, e.g.:

- The contact tracking system that enabled area based social workers to identify contact aims more coherently
- Closer medical and social work attention to foetal alcohol risks
- The provision of greater detail of earlier pre-care life experiences.

Taking a user perspective

There has been an increased emphasis on gaining the user perspective in all policy development. The literature review highlighted that the voices of birth parents were less addressed and heard as adoption policy changed over time. The majority of the studies on birth families have been about voluntarily relinquishing parents so eliciting the retrospective views of parents whose children were compulsorily removed was important, particularly if they had resisted the removal and adoption, (Schofield et al, 2000) or had abusive relationships with their children. This user component formed an important part of the study.

The methodology of Phase 1c and 2c

The use of a questionnaire postal survey was rejected. The recognised lower return rate of questionnaires, birth family literacy issues and the painful nature of the information being discussed, influenced the decision to seek out the views of both birth and adoptive families via a face-to-face or telephone interview of geographically remote adoptive parents. Fuller,
R., and Petch, A., (1995) advocate interviewing when sensitive issues are being explored or attitudes sought. Non-verbal responses, they argue, are likely to be significant and flexibility is required. Occasionally and valuably, more open-ended answers were e-mailed to the researcher. This enabled a 'thought out' response to specific issues after the interview. Thoburn, J., (2000) argues the benefits of qualified social worker researchers able to probe and ensure the collection of more accurate data on the process and detail of intervention and understand the power dimensions of practice, without having case accountability. The success of the two telephone interviews in Group A, by 2001, the increased prevalence of mobiles within the general population, particularly birth families, and economy of research time led to an increased use of telephone interviews for Group B.

Taking both cohorts together, 47 children with letterbox arrangements were placed in 36 adoptive homes. Within the cohort were ten sets of siblings: two trios, five pairs, and a further three pairs placed in separate homes. The travelling was considerable, especially for repeat and abortive visits to birth family members so, as indicated above, the use of scheduled telephone interviews was extended to the more geographically remote Group B placements. In summary at the 4/5 year follow-up 35 'sets' of adoptive parent/s were interviewed. In 13 cases of married couples it was possible to interview both partners. Three of the couples had separated since the adoption and only one parent was interviewed. One adoptive parent was accessed via door knocking. She said she had been too angry about the imposition of the letterbox scheme to respond to research, but she answered some questions on the doorstep. Another adoptive family separated and have been uncontactable since 2000. In summary, an adoptive parent was interviewed therefore in respect of 97.2% of the children, i.e. 36 adopter interviews, many of both adopted parents.

Schofield et al (2000) describes the need to extend their study in order to overcome difficulties of tracing birth family members. They finally achieved interviews with 25 birth family members relating to 40% of their 17 placements. Schofield refers to Rowe (1984) achieving only 24%. Smith and Logan (2004), with their children and birth family maintaining direct contact achieved 8 birth parents and 23 wider birth family members, mostly siblings. Overall in this study the response rate from birth family members was high, despite the acceptance by de Vaus, D., (1986) that 'few recipients of social work services remain traceable for long periods of time and increasing numbers in longitudinal studies are lost to the study over time'.

The fact that the study focuses on letterbox exchanges would indicate that this group of birth family members may be more accessible than others, but successful efforts were also made to trace families where the letterbox was no longer operational.
So, for Group A, birth family members were interviewed for 17 of the 21 children (some placements were siblings), i.e. 13 birth family members, in respect of 81% of the children. For two children birth grandparents were interviewed additionally and separately from birth parents. Both separated birth parents were interviewed in one case and two cohabitees were seen. In Group B, 13 birth family members were interviewed in respect of 15 of the 26 children (55%). Some remained untraceable; in prison, address unknown, contact via Tax office but not working. After experiences with Group A (see below) the researcher was marginally less persistent in accessing birth parents. The percentage of interview of father/male relatives is small, although at 14.8% is still higher than other studies, (Neil 2003). In total 29 birth family interviews were carried out.

Finally, in marked contrast with other studies (Smith, C., and Logan, J., (2004) found birth and adoptive interviews rarely related to the same child), interviews were undertaken for 33 birth/adoptive sets (34 if one birth grandfather’s letter to the researcher is viewed as an interview), and triangular (including the child) for two sets. Grotevant, H.D., (1999) large study achieved only 12 adoptive/birth family perspectives. Smith and Logan were able to study 11 triangles in their sample of 96 children, although they included most children’s perspective too. In the follow-up phase of Group A, a further 6 birth/adoptive sets were interviewed.

Setting up the interviews

The process of setting up of interviews was as follows:

For Group A,

1. The local authority sent letters to all adoptive parents and birth parents introducing the researcher and saying she would follow up herself.
2. Letters from the researcher inviting participants to ring and arrange a mutually convenient time. (Group B participants were given the choice of a telephone interview).
3. Appointment letters sent to those who had not responded to the letter.
4. Five birth parents were finally traced via the mental health services, social worker, grandparent, and their solicitor
5. Follow up interviews by door knocking or ‘cold-calling’ without an appointment on 6 birth family members, up to 3 or 4 times occasions, at different times of the day, before they were in. No one, once traced, refused to be interviewed.
Similar letters from the authority were sent to adoptive and birth parents in 2000 relating to the children placed in 1996/7. At Stage 2 above, respondents were asked to telephone the researcher and were given the choice of a structured hour-long interview by telephone or face-to-face. The majority of respondents chose to speak on the telephone.

Two children from Group A were interviewed in addition to two other young people who were the recipients of the letterbox; these interviews were open-ended and adapted to suit the needs and direction of the young people concerned.

Interviews were conducted with the use of a detailed interview schedule excepting two birth mothers with mental health problems when a freer flowing interview was conducted in the presence of a support worker. The adoptive family questionnaire (Appendix 3) was piloted with an adoptive family in a different authority and changed as a result of that interview. The birth family questionnaire (Appendix 4) could not be piloted.

The process of the interview
The use of interview schedules (Appendix 4 and 5) were selected to ensure that information was covered in a methodical way, and comparable data transferred to the SPSS database. The interview was best described as semi structured in that the researcher started with a few unstructured questions to relax the interviewees, than moved into a more structured format, concluding with more general questions to develop specific areas of inquiry. It was designed with a proportion of open questions to enable flexibility, and for the researcher to pursue some issues in more depth, (brackets on the interview schedule were interviewer prompts). All interviews were prefixed by information about the confidentiality of the interview and the fact that the interviewer would not be in a position to give any direct information about the child, or their birth or adoptive family. The researcher was aware throughout of the need to be unbiased and unambiguous, not to lead and have a coherent structure with an introduction and a conclusion. Interviews were geared in length and depth to the tolerance of the respondents. (Fuller, R., and Petch, A., 1995); many participants found the interview distressing.

Additional ethical issues relating to Phases 1c and 2c
Ethical issues also arose in relation to birth family interviews. A decision was made not to follow up one set of birth parents that had not responded to the initial letters. They had not made any contact via the letterbox for three years. The courts, against the wishes of adopters and social workers, had imposed contact on adopters for children removed as a result of gross and organised sexual abuse. 'Cold calling' on this family risked re-establishing contact in an unhappy situation. For another child with a disability, her birth
parents had determinedly shut off, so beyond initial letters inviting contact with the researcher, no further attempts were made to trace them.

However, for other birth families, the issue of 'harassment' of participants arose. The field of open adoption has been profoundly influenced by statistical information drawn from skewed or self-selected samples. It seemed vital therefore, given the quantitative information on 100% of this sample of 138 children that every effort was made to track down all parties. Indeed the most resistant adopter who kept the researcher on the doorstep provided enriching information. Hence four calls were made to several birth families and 7 calls on one birth mother (without success).

Some birth family members found the interview very distressing, and with hindsight it may not have been right to be so persistent in pursuing them when they had not responded to letters and appointments. Although none refused to be interviewed once they had been traced, was it ethical to pursue them? Given however that the views of the more reluctant participants were often the most illuminating, the research dilemmas remain.

The use of Grounded theory to analyse the qualitative information of Phase 1c and 2c

Grounded theory is a particular style of inductor analysis used by Glaser, D., (1978) Gilligan, R., (2002) based on the 'systematic generating of theory from data that is itself systematically obtained from social research'. Grounded theory is significant both as a process and as an outcome. Gregg, (1994) stressed the benefit of allowing the data to be harnessed and used, as a research base in its own right; the information is guiding the research, both in vocabulary and in the future application of the findings. It starts with where the client/s are. The use of grounded theory to analyse the qualitative data cannot define the outcome measures but can, as part of a long term process give variations in risk and protective factors relating to the plans for letterbox.

For example it became apparent from the perspectives of both sides of the letterbox, that the two articulated factors of, 'open door', and 'empathy between adopters and birth family' were significant and codeable issues across all of the interviews.

The sample of 47 children was not a random sample but grounded theory provided a form of analysis to apply to each of the children, despite their varying situations. In common with other grounded theory studies (Gilligan, R., p 354) the qualitative part of this study was not based on a hypotheses, rather it was the identification and exploration of core categories; in this case the relationships. The development of a currency of exchange, the extent to which
relationships affected whether the letterbox was seen to be 'working as intended' and the form of contact anticipated all merited exploration. The hypotheses about the complexity of letterbox contact only emerged some way into the interviewing. The system of 'open coding' was present in the first formulations of grounded theory – often done line by line, with the researcher naming processes and situations identified within the transcribed data. It was this analysis of the core concepts within the responses in the semi-structure interviewing schedule that formed the basis of the analysis. These principles have therefore been used to identify main groupings of 'working or not'. It emerged that this did not tell the whole story, and although some were working, it was not without complications. The work of Trinder et al (2002) in a related field of contact in private law provided a very helpful model.

Appendix 6 is the tool used to categorise the information. Where the analysis revealed 'interesting' lines of enquiry, furthered coded variables were introduced, and opportunities taken to match the birth family and adoptive family answers. This used a coded 0-5 matching factor.

As a form of inductive research, grounded theory advises researchers (Glaser, 1978) to enable their readers to experience the concepts by direct quotations thus bringing the concepts to life. This advice has been followed from Chapter 6 onwards.

The analysis of Phase 1c and 2c
Inputting préces of the qualitative study onto the same database enabled triangulation, and key issues of the qualitative study to be seen in the context of the profile of the child and their family. Although for confidentiality reasons it is not possible to be explicit about this part of the analysis, the results are valuable when the separated triangulated data is added together, and informed the analysis.

The ultimate use of one large database enabled a wide range of variables (though not the complete range of Group A) to be cross-tabulated to explore any factors influencing the letterboxes and outcomes.

PHASE 1d –THE 9/10 YEAR FOLLOW UP OF GROUP A
The unplanned extension of the research project enabled a further and rare opportunity to follow up the Group A study, over ten years after placement. All existing UK studies of children placed beyond infancy are of a shorter follow-up time. Other longitudinal studies tend to look back at a more self-selected or skewed sample. The fact that the researcher had met with most of the participants in 1996/7 meant that it was possible to have a focused
interview exploring changing views in a very high proportion of the total number of placements.

The objectives of Phase 1d

• To explore and contrast the experiences of the birth family and adopted family of the 21 children now in placement for 9/10 years
• To seek the views of young people on the long term consequences of letterbox
• To assess the implications of the operation of the scheme as children reach late adolescence

Methodology

Letters were again written in 2001-2 from the Post Adoption Team to all birth family members and adopters of the 21 Group A children, reminding them of the earlier study and asking them to contact the researcher. Many of them did so and interviews were set up, either face to face or by telephone, some were undertaken in 2001/2. The remainder took place in 2002/3.

This time the interviews were less structured. The basis of knowledge from the quantitative analysis and the relationship formed in face-to-face interviews in 1996/7 enabled a more open framework, often by telephone, with all parties being given the opportunity to reflect on their current situation and the letterbox system. All participants were aware that the research was likely to inform future letterbox practice and that, as many put it, they had been part of 'an experiment on post adoption contact'.

Time constraints did not permit the robust chasing up that had featured in the first follow up study nor ethically was it appropriate. In total 16 adoptive families were interviewed in respect of 19 children of the 21 original (90.5%) and 6 birth family members of 8 children, i.e. a further 22 interviews. It was possible therefore to analyse the follow-up responses for a further 6 birth/adoptive family sets in respect of 8 young people.

Throughout this report the letter 'n' has been used to denote the number in the subsample, and 'N' the total number in the sample.

PAVING THE WAY FOR FUTURE STUDIES

As can be seen, the value of this cohort for longitudinal qualitative study has been recognised throughout, given the depth of baseline knowledge of the children and their families. At each stage therefore, in letters from the authority to participants, and in the
interviews, the permission has been sought to return for further interviews in the future. In
2003 the average age of the Group A young people is 14.9 years and group B 12.4 years.
Given that adolescence is a challenging time for most adopted young people, when identity
issues are most prevalent, they could again be asked to provide a valuable additional user
perspective in 2006.
1. The study comprised of six phases for two cohorts of children for whom the placement decisions had been made by Adoption Panels in 1993/4 (80 children) and 1996/7 (58 children). The overall objectives of the quantitative study was to identify the characteristics of the children, and to contribute to an understanding of contact planning for placements made after implementation of the Children Act 1989. A detailed quantitative analysis of files was undertaken, exploring the profiles of 138 children and their birth and adoptive families.

2. Additionally, the contact planning was explored and the data analysed from the SPSS database. Indirect, or letterbox contact was the least researched so a decision was made to focus the qualitative analysis on this group.

3. Within Group A, the Panel had envisaged letterboxes for 46.25% of the children, but by the qualitative study, 16 had not been set up. Further file analysis took place to explore the reason for this reduction.

4. For 47 of those children letterboxes had been set up within the Post Adoption team. The qualitative analysis was planned to be undertaken some 4-5 years after the Adoption Panel decision to place for adoption. The objective was to contribute to the knowledge and understanding of letterbox contact, and investigate how motivation, processes and attitudes changed over time. It aimed to explore and contrast the objectives between participants, examine the effectiveness of the system, and identify the longer-term issues in planning and resourcing an effective post adoption service.

5. Various experimental, comparative designs were considered and rejected, as the wide range of potential variables in any placement were identified, including cultural differences within local authorities, and national directives. The study did, however, offer a longitudinal perspective 4-5 years after placement, and for Group A, a second follow-up 9-10 years after placement. 'X' authority, the one selected, was a large urban/rural county with a strong history of adoption and permanency planning.

6. 87 birth family members and adoptive families were interviewed. 33 sets of
birth family and adoptive family meant that triangulation techniques could be used:
- within placements
- between groups with different forms of contact
- between cohorts A and B.

After careful ethical consideration, interviews of the young people were not set up to be central to the study, although 4 were interviewed with their agreement and that of their adoptive families.

7. The study was set up so that further research would be possible at a later stage. All adoptive families were informed of the study at the beginning, i.e. 1993 and 1997.
CHAPTER 5
THE CHILDREN AND THEIR FAMILIES

At the time of the first cohort of 80 children (Group A), placed in 1993/4 there had been no published detailed analysis of the profile of children placed for adoption 'from care' in the UK or the birth or adoptive families although the study of Lowe et al (1999) of post adoption support related to children also placed in 1993/4. Ivaldi, G., (1998, 2000) has undertaken two studies of children leaving care with adoption orders, the latter study of children adopted during 1998/9. Coincidentally the second group of 58 children in Group B were children placed in the same year, i.e. 1996/7 and the mean date of their adoption orders was July 21st 1998.

Although it had been intended to merge Group A and B for analysis, it proved illuminating on most to separate them and thereby assess changes over the 3-4 years. When, therefore, two similar sets of data follow the other, the first relates to Group A, the second to Group B e.g. 17.5% (n=14), 37.9% (n=22) or 20% (15.5%).¹

Area offices and the local government review

Until 1998 Authority 'X' had nine area offices, with half (41.4% of Group B) of the placements originating from the urban area, now a unitary authority. To date joint post adoption services have continued to be provided on a service level agreement. A cross tabulation in relation to the Group A foster/adopt applications revealed a significant difference (p = .033) with Urban more likely to utilise foster-adopt than Shire. However in an extensive range of cross tabulations there were very remarkably few other significant differences: a finding that would not have been anticipated.

Foster adoptive placements

In a similar finding to Lowe et al (1999), a third of 80 children in Group A was foster-carer applications. In Group B this proportion was reduced but was still 26% compared with Ivaldi, G.'s (2000) national study at 13%, and Smith, C., and Logan, J., (2004) at 22%. Research has indicated the higher success of these 'tried and tested' placements - indeed Fratter et al (1991) and Berry et al (1998) excluded them from their samples. These foster/adopt families and young people have made an informed choice about their future, often supported by the birth family. They are an important part of the overall adoption picture and merit further research but their inclusion distorts the study findings, so they have been excluded for some of the analysis.

¹ 'n' is used to denote the number in the subsample, 'N' is the total number in the sample
It was considered possible that Group A may have contained a disproportionate number of children reflecting the Children Act training emphasis in 1990, and more rigorous planning. Whereas Ivvaldi has expressed concern about delays prior to the actual adoption of these children, more detailed inspection reveals a different planning focus, but not necessarily less permanent. The foster/adopt decision was influenced by:

- Chemistry and choice by child and family
- Social work pro-activity/pressure, believing adoption to represent the best outcome
- Foster carers coming forward after other home-finding searches failed

Re-assessments of the 'foster carers' were undertaken, usually independently, often revealing a complex balancing of risks. Some situations caused dilemmas for they were poor matches in terms of age, ethnicity, health, locality, age of foster carer etc. For some children, growing attachments or foster carer opposition to a further damaging move were weighed against 'is it good enough' for permanency for a child.

**Kinship placements**

Only 5 of the 138 placements were kinship adoptions. This compares with 6% of Ivvaldi, G.'s (1996) national sample. Waterhouse, S., (1997) had found that local authorities have a wide range of policies and practice in relation to adoption within kinship placements, often permanent fostering, or residence orders are preferred. By the time of Group B the crisis material in fostering had been identified and there was a greater emphasis on kinship care. Prior to their final looked after date, a third of these 58 children were known to have been placed earlier in kinship placements; 15.5% with maternal grandparents, 5.1% (n=3) with paternal grandparents and 13.7% with aunts or uncles. Despite this only 3 were adopted by kinship carers, confirming USA findings of 13% kinship adoption, but a reluctance of relatives to pursue adoption. Given that kinship placement are known to be more stable (Hunt, J., 2003), issues remain as to why kinship carer/adoption is not more prevalent? This study confirmed the views of Waterhouse, S., & Brocklesby, E., (2000) about the complexity of kinship placements and the need, confirmed by Lowe, N., (2002) for more support, and research on this rapidly increasing form of placement.

**The 138 children placed**

80 children were placed between March 31st 1993 and April 1st 1994. Of these, 20 were placed with a sibling, so there were 62 placements. 58 children were placed in Group B, of whom 23 were with a sibling, i.e. 47 placements. The total sample therefore is 109 placements of 138 children.
In exploring the support needs of children placed for adoption Rushton, A., (2002) commented:

Placement outcomes are not usually defined by single events or risk factors, but are the product of interactions. These include:

- Interactions between the children
- Experiences prior to placement
- Genetic and temperamental variables in the child
- The child's present difficulties
- Strengths of the adoptive families structure and coping capacities
- The extent and quality of informal and professional support

Rushton did not consider contact issues, but this undoubtedly adds to the complexity. It is therefore necessary to identify the profile of each party to the adoption triangle before considering the wide range of contact variables that contribute to the objective of a successful long-term placement.

Age at placement

Age is recognised as the primary predictive factor of successful adoption placements (Lowe et al 2002 & Rushton, A., 2000). The date of placement for non foster-adopt cases was the actual date they were placed with the adoptive family. For the foster-adopt group the date was an arbitrarily designated day, either on or shortly after the date of the adoption panel decision. The average (mean) age at placement for Group A was 6.6 years, and Group B, 5.7 years:

<table>
<thead>
<tr>
<th>Table 5.1 – The Age of the Group A Children at placement</th>
<th>Table 5.2 – The Age of the Group B Children at placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Up to 1 year</td>
<td>6</td>
</tr>
<tr>
<td>1-5 years</td>
<td>25</td>
</tr>
<tr>
<td>5-10 years</td>
<td>30</td>
</tr>
<tr>
<td>10-18 years</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
</tr>
</tbody>
</table>

Taking the two groups together:
These ages are consistent with other studies although there are difficulties in making comparisons as a result of different age bandings, e.g. the use of 'date of adoption' or even 'date of adoption application instead of 'date of placement' and the difficulties, associated with 'nominal date of placement' of foster/adopt placements. In their survey court records of adoption and freeing applications made between 1986-1988, Lowe, N., (1993) found that 67% of placements at the time of the adoption application were children under the age of five years (n=610). Ivaldi, G., (1998) found that the mean age (including 150 infants voluntarily relinquished) was 5.5 years at the point of adoption.

By the time the children of the current study had been adopted Group A were 1.5 years older and Group B 1.8 years older than when they had been placed, Table 5.3. In contrast, in his national study at the same time Ivaldi. G., (2000) found an average of 4 yrs 3 month at adoption, and added it was:

'Confirming the downward trend in age since the mid 90's' (p 35).

Lowe, N., and Murch, M.'s (2002) more recent file-study contrasted adoptive and fostering cohorts within several authorities and found that the average age of children for whom adoption was the plan was only 2.77 years and that older children were being fostered.

Table 5.3

<table>
<thead>
<tr>
<th>Age at placement</th>
<th>Total group</th>
<th>Foster/adopt</th>
<th>Non foster/adopt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>6.64</td>
<td>9.51</td>
<td>5.18</td>
</tr>
<tr>
<td>Group B</td>
<td>5.69</td>
<td>6.72</td>
<td>5.34</td>
</tr>
<tr>
<td>Age at adoption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group A</td>
<td>8.2</td>
<td>10.72</td>
<td>6.85</td>
</tr>
<tr>
<td>Group B</td>
<td>7.46</td>
<td>8.08</td>
<td>7.25</td>
</tr>
</tbody>
</table>
This study suggests that more recent reductions in adoption age averages might not just mean 'less delay', but reflect the fact that older children are no longer being successfully placed. This current study may indicate that with the greater emphasis X authority places on recruitment and preparation, then adoption for these older children remains a more viable choice than national data is indicating. In the 70's and 80's Rowe and Lambert (1973) found that 22% of children in care were awaiting permanent family placements and an alarming 61% were expected to grow up in care. In the current climate there is a danger that a perceived reduction in ages of children available will again start to attract families seeking infants and less able to meet the needs of children with complex attachment histories.

The sex of the children

The children divided evenly between male and female (Group A 50%, Group B = 48.3% male). This is similar to DH 1998/99 at 48% male, Quinton et al (1998) (52.5% male), Ivaldi. G., (2000) 51% male. However significantly when Lowe, N., and Murch, M., (2002) explored planning for adoption versus long term fostering they found 59% female and 41% male, with girls more likely to be placed for adoption rather than fostering. This reflects Brocklesby, E.'s (1996) and BAAF's (2003) findings that the adopter response rate was higher for girls than boys. However, the apparent national demand and supply patterns for potential adoptive families was not resulting in such discrimination against boys in 'X' authority. This was encouraging and can only reflect X's determination to find appropriate placements.

Ethnicity and Religion

In Group A 10% of the children were of minority ethnic origins: two children were Afro Caribbean, 3 Pakistani, 1 mixed Afro-Caribbean/white and two of other mixed racial origin. The mean age of these eight children was 3.0 yrs., and was therefore younger than the main cohort.

In Group B there were only 8.6% (n=5) children of minority ethnic origin, all with white mothers. 5.2% were of mixed African Caribbean origin, 1.7% (n=1) Asian/white, and 1.7 % (n=1) mixed other racial origin. Quinton et al's (1998) sample had a higher proportion of children of ethnic minorities of 16.3%. Barn, R., (1997) studied the rate for children fostered and found that it ranged from 10% - 23% according to the authority studied. It is not known why the X authority's figure is so low, despite the high ethnic minority population of the urban authority, but it may reflect confirmed knowledge (BAAF, 2003) of the poor response rates for seeking families for black and dual heritage children, an unmeasured 'latent demand' or alternative planning processes.
Where religion was specified by parents, in cohort A, 2.5% of them were Muslim, 6.3% practising Roman Catholic, 1.3% Jehovah Witness, 3.8% other practising Christian, and 8.8% were described as non practising Christian. 73.8% were classified within the 'none' or not known categories in Group A.

Health and education

The Children Act 1989 defines disability as including children who are blind, deaf, dumb or have a substantial and permanent handicap caused by illness, injury or congenital deformity or other prescribed disabilities. In some studies children with severe emotional disturbance or identified mental health problems are included, e.g. Lowe et al (1999) found that 30% children had 'learning difficulties of some kind'. In Group A, four children had Downs Syndrome, and a further five had cerebral palsy or a significant learning disability or medical condition. Educationally, it was envisaged that 17.6% of the children would have, or had either moderate or severe learning difficulties.

Only 10.3% of children in Group B had a significant disability. It is not known if that reduction related to increased concerns about potential post adoption support, leaving these children more likely to remain fostered. (Lowe, N., and Murch, M., 2002) or whether, as workers believed, there had been a 'push for adoption' in 'X' authority around 1992/3, for children who had been 'waiting'.

There can be unhelpful consequences of 'labelling' a child in terms of emotional disability; in the USA a high proportion of children placed for adoption are labelled by 'attention deficit disorder', 'reactive attachment disorder', foetal alcohol syndrome (FAS) or effect (FAE). Schore, A., (2000) and Cleaver, H., Unell, I., and Aldgate, J., (1999) describe the permanently damaging effects of parental abuse of alcohol and drugs, parental mental illness and domestic violence on the unborn child and the subsequent lasting harm to the child. In this study a substantial proportion of the birth mothers were known to have a high alcohol intake and/or experienced violence during pregnancy. Genetic factors and predisposition to mental health problems cannot be ignored.

Children with attachment difficulties present enormous challenges for carers. Howe, D., (1997b) made a three way comparison of a) children placed as infants, b) children with good starts, placed late and c) children with poor starts placed late. He refers to genetic influences and the possibility that the high rates of problem behaviour in c) category could relate to;

i. Adverse quality of care in the first two years of life.
ii. A 'selection mechanism' pre-disposing temperamentally difficult children of poorly resourced parents to be at risk of adverse care and subsequent removal.

iii. Biological parents having a record of anti-social behaviour.

iv. Adverse characteristics of post placement environment including adopter's personality and parenting style and environmental opportunities for a criminal lifestyle.

Very few of the 138 children did not fit in one of these four categories. All categories are relevant to the matching process, and subsequent post adoption and contact support.

The legal status of the children

The authority studied had a lower rate of care orders per 'looked after' child than many others, tending to work on a 'no order principle' advocated by the Children Act (1989). Despite that, 86.3% (n=89), of the A cohort were the subject of care orders. Of the remaining 13.7% (n=11) children who were not the subject of a care order, 6.25% (n=5) had significant disabilities and were voluntarily relinquished. Excluding this group, the proportion of children on care orders, and therefore the subject of previous proceedings rises to 92.5%. In Cohort B, 87.9% were the subject of Care Orders, none of whom had a significant disability.

This highlights the severity of harmful experiences to which children have been or were likely to be subjected before being placed for adoption and is significantly different from the Lowe and Murch court study (1993) figure of 52%. But it is similar to that of Smith, C., and Logan, J., (2004). 30% of Neil, E.'s (2002b) cohort were not in the care system and Lowe (2002) recorded only 72% of care orders within their adoption cohort. The high incidence of care orders, even within the culture of 'X' authority, must be seen in the context of the findings of Hunt, J., and McLeod, A., (1997) and Brocklesby, E., (2000), that children, currently the subject of care proceedings are now at 'the most serious' end of the spectrum in terms of abuse. The long-term issues for successful adoptive placements are profound and more complex than current national politics and simplistic media coverage reflect (Dance, C., 2003).

Length of time from care order to placement

The average length of time between the dates the care order was made and the date of placement was 2.3 years, a figure not altered if the foster-adopt sample is excluded from the calculations. Not dis-similarly Ivaldi, G., (2000) found the difference from the age the child started to be 'looked after' until placement was 2.08 years.
By Group B the time from the care orders through to placement had increased to 2.7 years (2.2 years) for non foster adopt. The time from the final care episode to placement was similarly increased at 2.8 years (2.5 years) non foster adopt.

The reason for such an increase is not apparent, but may reflect legal processes. This data is however central to Government performance indicators for the placement of looked after children for adoption, which makes no allowance for the inability of some authorities to fund voluntary/inter-agency placements, when very special families are sought, or a child must be placed at some distance from the birth family (Clifford et al 2003)

Evidence of harm, or likely harm to the child

Howe, D., (1997) and Quinton et al (1998) emphasise the importance of making sense of children’s earlier life experiences, to appreciate their internal working models, and the consequences for ongoing contact in their future placements. Cicchetti, D., and Toth, S., (1995) summarised the consequences for abused and neglected children as difficulties with:

- Regulation of emotions
- Development of attachments
- Development of self-esteem
- Quality of peer relationships

In the majority of cases the evidence of harm related directly to the child, but for a few children, legal proceedings were taken on siblings on the basis of likely harm. Those children are separated in the third column of Table 5.4 below and formed 17.5% (n=14) of Group A and 37.9% (n=22) of Group B placements. Interestingly, although the numbers of such children at risk of harm were higher for the younger age groups, it was not at a statistical significant level, (p = 0.63). The categories of harm used are not mutually exclusive. (The doubling of this 'likely harm' category within cohort B can only indicate a more confident pro-active approach to planning and use of court processes to implement those plans, in a counter reaction to the prevailing no-order philosophy that was noted by Hunt, J., and McLeod, A., (1997)).

The term 'emotional abuse' was rarely used in files. However using personal experience of twelve years as a Guardian ad Litem assessing file evidence, and the checklist of emotionally abusive parental behaviour categorised by Doyle, C., (1997), an attempt was made to classify the existence of significant harm based on emotional abuse, neglect, and other forms of abuse.
Experience of emotional abuse has major implications for subsequent attachments, self-esteem, progress, placement and contact (Dance et al, 2002).

Table 5.4 – Significant Harm

<table>
<thead>
<tr>
<th>Risk of significant harm</th>
<th>% Children excluding the 17.5% 'likely harm' group COHORT A</th>
<th>% Children excluding the 37.9% 'likely harm' group COHORT B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse by mother</td>
<td>28.04%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Physical abuse by father</td>
<td>18.6%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Physical abuse by cohabite</td>
<td>18.6%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Emotional abuse by mother</td>
<td>47.7%</td>
<td>60.3%</td>
</tr>
<tr>
<td>Emotional abuse by father</td>
<td>22.8%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Emotional abuse by cohabite</td>
<td>12.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Sexual abuse by mother</td>
<td>6.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Sexual abuse by father</td>
<td>12.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Sexual abuse cohab/step parent</td>
<td>10.3%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Sex abuse outside family</td>
<td>14.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Sex abuse by sibs</td>
<td>10.3%</td>
<td></td>
</tr>
<tr>
<td>Neglect (including risks of accidental injury)</td>
<td>71.6%</td>
<td>75.9% by mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.6% by mother or father</td>
</tr>
</tbody>
</table>

The children studied had manifestly experienced a high level of abuse and as such were significantly different to the group studied by Fratter et al (1991), none of whom were known to have been sexually abused. The figures in Table 4.5 include some children sexually abused by several people. However, 39.7% of the Group A children were believed to have had experience of sexual abuse, a figure which may have been distorted by the placement of several children who had been part of an extensive paedophilic network. For Group B, the figure was considerably reduced at 13.8%, but for a further 20.7% of Cohort B it was anticipated by social workers that they would disclose sexual abuse. Two children, for instance, are categorised as neglect, and yet now, aged 16, there are very real fears that if they returned to X authority, they would be absorbed by the sexually abusive, wider family system. In total, 79.3% of the children had been the subjects of actual physical, emotional or sexual abuse.

Quinton et al, (1998) conducted a prospective study of 61 children placed in 1990-1991, (7.4 yrs at placement). They used detailed instruments and interviews 1 month, 8 months and 1 year after placement – and envisage ongoing monitoring of the young people. They emphasise the adverse significance of emotionally abusive parenting. 24 children (39%) of the sample had experienced rejection from birth parents. Quinton et al do not explore the links with direct or indirect contact. Judgement on the ‘rejection’ factor was not isolated from the other constituents of emotional abuse.
This study illustrates a similarly stark picture of children who have experienced chaotic home situations, with the high level of neglect that can follow from parents' drug and alcohol related lifestyle.

Moves experienced prior to final placement

Attachment theory has always emphasised the permanently damaging effects for children who are subjected to inconsistency, and multiple moves and loss experiences, particularly in the early years when they are less able to make sense of their situation (Bowlby, J., 1988). Howe, D., (1997b) noted the significantly increased risk of problems ahead for the 'poor start, late adoption' category that encompasses most of these study children. The adverse consequences for children of multiple moves both outside and within the care system has been highlighted (SSI, 1998; Morgan, M., 1998; Shaw, C., 1998). PIU (2000) noted that a quarter of children who had been in care for five years had had 11 or more moves. Ivaldi, G., (1998) referred to 20.8% of prior discharges home from care, but did not have records of pre-placement moves within the family or of previous moves into and out of the care system. Lowe, N., and Murch, M., (2002) found 37% of the adoptive sample had had four or more placements.

Surprisingly the children's Form Es did not routinely quantify the moves children had experienced prior to their final care episode, although recording had improved by 1997. The 73.8% of Group A known to have experienced three or more moves prior to their final 'care episode' were likely to be an under-estimate. The foster/adopt sample had marginally fewer moves than the other group.

Table 5.5 Moves of children prior to their final looked after date (FLAD)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td></td>
<td>Group B</td>
<td></td>
</tr>
<tr>
<td>0-2 moves</td>
<td>19</td>
<td>23.8%</td>
<td>35</td>
</tr>
<tr>
<td>3-4 moves</td>
<td>48</td>
<td>60%</td>
<td>12</td>
</tr>
<tr>
<td>5-6 moves</td>
<td>10</td>
<td>10%</td>
<td>4</td>
</tr>
<tr>
<td>7+ moves</td>
<td>3.8</td>
<td>3.8%</td>
<td>6</td>
</tr>
<tr>
<td>Missing</td>
<td>2.5%</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100%</td>
<td>58</td>
</tr>
</tbody>
</table>

The number of moves for Group A link with Hunt, J., and McLeod, A., (1997) who compared a study of 83 court cases in 1991-3 with 104 pre-Children Act cases. She found that workers reported feeling compelled to work on a voluntary basis with cases long beyond the point in which court action would previously have been initiated. Rushton, A., Treseder, J., and
Quinton, D., (1988) measuring one year into placement found that multiple changes of pre-placement environment were associated with poorer outcome of the adoptive placements.

By Group B there was more detailed file analysis of movements, and a dramatic reduction, with 26% having no moves. Almost half the children had only had one move or none with a mean of 2.6. Half the children had been returned to their mothers once or twice, and 10.6% to a separated father. It proved relevant to the subsequent post adoption contact that a third (n=21) had previously been placed with their wider family, with 22.4% having one or more placements with maternal grandparents, and 5.1% with paternal grandparents. Almost half the children had had one or more foster placements before their final looked after date.

**Moves within the care system after the final `looked after` date (FLAD)**

Once the study children had reached their final `looked after` (FLAD) episode, just over half had two or more changes of foster carer. Within Group B this (FLAD) figure reduced to 39.7%, significantly lower than the 1996 national sample of Ivaldi, G., (1998). He found 84% had had two moves or more (although it is not clear if that is the final care episode or total care experiences). The foster/adopt sample of Group A was predictably less likely to have had `no further foster care separation` experiences. The non-foster/adopt sample had had between 2-7 moves after they were `looked after`. The children who have experienced the most moves and are more likely to fall into Howe's `poor start, late adoption` groups and experience the greatest problems in adolescence were actually being placed with the less experienced and arguably more vulnerable, non-foster/adopt group of adopters.

A further criteria explored was evidence of previous foster carers who had indicated, prior to the study placement, that they wanted to keep the child. This higher than expected figure of 26% (n=21), 22.4% (n=13) represents a group of children whose capacity to make subsequent attachments may have been adversely affected by the experience of having an enforced removal after a long stay in a foster home, often the result of delays in the court and placement shortages. If the 27-foster/adopt sample is excluded from the analysis of Group A, then almost half of the remaining children had this special link with a former foster carer. The A group study therefore supports Kaniuk, J.'s (1993) contention that children's significant attachments are frequently with previous foster carers rather than birth family members. Those carers appeared from files to be marginalised by social work and court processes although, as will be seen later, some chose not to retain the contact that the children would have welcomed.

Fahlberg, V., (1998), Gilligan, R., (1997), Doyle, C., (1997) have all drawn attention to the factors that enhance a child's resilience, or strength in the face of adversity of early life
experience; a child's ability to cope is related to self-esteem, self efficacy and self-confidence, and ability to deal with change with a repertoire of social problem solving approaches. Fahlberg emphasised the importance of a child having one stable and reliable figure over a period of time, to reinforce self-esteem and enhance confidence. Cutting a child off from such potential links may prove disastrous in the longer run. More efforts need to be made to value and utilise those potential lifeline links, and encourage those 'former carers' to retain contact.

siblings

Sibling relationships remain crucial for children who have already experienced loss of their parents (Wedge, P., and Mantle, G., 1991; Mullender, A., 1999). Many of the study children had a wide range of full half and step siblings. 41.3% (n=31), 39.7% (n=23) children were placed with their full or half sibling and files indicated the high level of priority attached to that objective, often reuniting siblings from previously separated foster placement. File analysis revealed that the decisions to separate permanently were never taken lightly.

However in Group A, 22.5% of the mothers were still living with the fathers of the children by the time of placement. Half the mothers were in what was regarded as another stable relationship and the child's birth family was differently constituted in 78% of cases, often with newly acquired half siblings. Where a sibling remained, or was later born to the child's birth family Quinton et al (1998a) found the implicit rejection had a more significant impact on placement outcome than the age, sex, ethnicity, number of moves, or other experiences of abuse. At the time of adoption panels, 20% (15.5%) of the study children had a full sibling remaining at home with a parent and therefore likely to fit into the 'preferentially rejected' group that Dance et al (2003) described as a form of emotional abuse. However when half siblings are considered, the figure is very much higher. 40% (n = 32), 37.9% (n=22) had a half sibling at home. In total 51% (43.1%) of the children had either a full or a half sibling at home with a birth parent - a finding that will be seen to have a profound impact on post adoption contact. In total, 47% (n=65) of the whole cohort had a half or full sibling at home.

Additionally 13.75% (n=3), 17.4% (n=10) of the children had a full sibling and a further 20% (n=16), 17.4% (n=10) had a half sibling adopted or looked after separately. 28% (n=39) of the total had a full or half sibling looked after separately. The numbers of siblings for Group B were high, six children had between two and six full siblings, and eight children had between two and six known half siblings. Face to face contact was usually planned between them, but such sibling contact often reflects competing needs, earlier sibling dynamics, and increasing complexity as older siblings mature (Rushton et al 2001).
The file information about the quality of sibling relationships was limited, and in the light of research evidence (Mullender, A., 1999; Kosanen, M., 1998), did not appear to be attracting the attention that it deserved. Having said that, the breadth of the full, half and stepsibling networks for many of the children were so extensive that the task of meeting sibling needs for any placing agency was daunting.

**THE BIRTH PARENTS OF THE CHILDREN**

Factors associated with birth family members are of crucial relevance to the consideration of ongoing contact. Historically, the lessons learned from the parents of voluntarily relinquished have been extrapolated to the parents of older children with more damaging histories. Ryburn, M., (1998) suggested:

> 'There is nothing to provide a comprehensive picture of the birth parents of children adopted' but they are 'a highly vulnerable group, to whom in moral, if not always legal terms, an extra duty of care is owed to ensure that their interests are promoted and protected as far as possible.'

He describes 'current knowledge' of the characteristics of parents of children who enter adoption as being typically lone parents, with children most likely to be of mixed ethnic parentage, not well represented legally, and seeking legal help very late in the day. Ivaldi, G., (2000) does provide more up-to-date information about birth parents, but drawn only from the Part 1 of the Form E's, (1448 children: information available about 1353 birth mothers, 451 fathers). For 69% of the children there is no basic information about their fathers.

Far more was known by X authority about the fathers of Group A. By Group B the knowledge base was even greater, with 65.5% of the fathers having been interviewed for background information. Four of the 58 mothers were not interviewed for planning purposes and only 7 fathers had refused to be interviewed, four of whom disputed paternity. Workers had clearly made strenuous efforts to trace fathers and their wider families. The closer research reading of Part II of the Form Es elicited more detailed information relevant to subsequent contact.

**Age, racial identity and partner status**

Murch et al (1991) noted that 44% of their parents were under the age of 20 and Ryburn comments that parents whose children are adopted always tended to be young. However, it can be seen from the charts below that neither the mothers (mean age 30.03 years) nor the fathers of whom dates of birth were known were young, (mean age 36.3 years). Even if their age at the time when the care orders were granted, (mean of 2.3 years earlier) they would still
have been considerably older than might have been anticipated. A further statistical analysis was undertaken excluding the 'foster-adopt' sample as children more likely to have been in care longer, but the mean age of that group of mothers was still 28.7 years.

In Group B the mean age of the mothers at the time of the adoption panel was marginally older at 30.67, and the fathers a bit younger at 33.83 years. Ivaldi, G., (2000) found the mean age of mothers when they gave birth was 24.9 years, very similar to Group B at 24.6 years. Ivaldi also found that 12% of mothers were under the age of 18, compared with 10.9% of this study.

Birth parents emerge from the study as an indisputably vulnerable group. The study indicates that there is a significant history of alcohol and substance abuse, mental health problems, domestic violence, and records of Schedule 1 offending. Group B appeared an even more fragile, chaotic group of mothers than Group A. Neither group replicated Ryburn’s profile, apart from their vulnerability:

- 22.5% (12.1%) of the birth mothers were living with the fathers of the children
- 51.2% (24.1%) of the mothers who were not living with the fathers were living in what was judged to be another ‘stable’ relationship
- Only 3 out of the 80 children (5 out of 58 Group B) were of mixed racial origin. Ivaldi, G., (2000) found that of 87 mothers of minority ethnic background, only 40% were themselves of mixed parentage, compared with 75% of the children
- 90% of them would have had non-means tested, non-merit tested access to legal aid in prior care proceedings (Mean 2.3 years earlier)

Murch et al (1993) had found that 41% of mothers were single, never married and not cohabiting at the point of the application, whilst 33% of the parents of the children under the age of five years were still married. Ivaldi G., (2000) found 23% of mothers were married, and
27% of fathers and a high single parent ratio of 65%. However this may reflect the use in other studies of only gathering information from the briefer Part 1 of the Form E, which does not indicate current non-marital relationships.

Parents' experience of the care system and of sexual abuse

Unsurprisingly, many of the parents had themselves had troubled childhoods. 22.5% (31%) of the mothers and 12.5% (5.2%) of the fathers were known to have been sexually abused. 23.8% (32.8%) of the mothers and 22.5% (24.1%) of fathers had been in care themselves. Likely to be under-estimates, these statistics highlight the needs of a vulnerable group of young adults, for whom, under the Children Act (sec 24) a local authority owe a duty of after-care. Howe, D., (1997b) comments on the likelihood of girls/young people with insecure attachments growing up in care with a need to nurture and become pregnant. Sadly it is unsurprising that many did not have the maturity to put their children's needs first.

Parental mental health and learning difficulties

Files rarely indicated if parents' educational needs were statemented, but in Group A, 38.8% of the mothers and 28.7% of the fathers were recorded as having learning difficulties. By Group B, this had increased, to 44.8% of the mothers and 39.7% of fathers.

There were similar difficulties in classifying mental illness of parents - the word 'depression' featured highly in the Form E's, with or without in-patient treatment. The 'personality disorder' label was used for the first cohort when symptoms of severe disturbance were described, without necessarily having been formally diagnosed. Whilst thought to have a higher genetic implication, the numbers may be underestimates. Quinton et al (1998) found that 47% of their study mothers had 'intermittent psychiatric problems'.

Parental 'mental health problems' will have relevance for a child's early experiences of parenting and attachment, possible genetic factors and a clear need for specialist support of future contact. However the ongoing post placement needs of the birth parents were rarely addressed in files.

Table 5.6 - The Mental Health of Birth Parents

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant depression described in mother</td>
<td>35%</td>
<td>Not recorded</td>
</tr>
<tr>
<td>Significant depression described in father</td>
<td>16.3%</td>
<td>Not recorded</td>
</tr>
<tr>
<td>General mental health problems in mother</td>
<td>36.3%</td>
<td>43.1%</td>
</tr>
<tr>
<td>General mental health problems in father</td>
<td>22.4%</td>
<td>22.4%</td>
</tr>
</tbody>
</table>
History of violence

The incidence of domestic violence was rarely mentioned in Group A files despite the known impact on unborn children, children growing up in such a household and the implications for contact. In response to increasing awareness within society, (Cleaver et al, 1999), for Group B, domestic violence was mentioned for 62.1% of the children. Moreover, as indicated in Table 5.7, 8.8% of mothers (15.5%) and 25% (34.5%) of fathers were known schedule 1 offenders. 16.3% of mothers and 51.3% of fathers had committed offences of violence. This is a disproportionately high incidence of violence/offending with implications for future risk management of contact planning.

Table 5.7 – Alcohol, Drug Abuse and offences of violence in birth parents

<table>
<thead>
<tr>
<th></th>
<th>Mothers Group A</th>
<th>Mothers Group B</th>
<th>Fathers Group A</th>
<th>Father Group B</th>
<th>Quinton mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of alcohol abuse</td>
<td>27.5%</td>
<td>15.5%</td>
<td>33.8%</td>
<td>24.1%</td>
<td>22%</td>
</tr>
<tr>
<td>History of drug abuse</td>
<td>20%</td>
<td>6.9%</td>
<td>20%</td>
<td>10.3%</td>
<td></td>
</tr>
<tr>
<td>Schedule 1 offence</td>
<td>8.8%</td>
<td>15.5%</td>
<td>25%</td>
<td>34.5%</td>
<td>n/k</td>
</tr>
<tr>
<td>Offences of violence</td>
<td>16.3%</td>
<td>12.1</td>
<td>51.3%</td>
<td>43.1%</td>
<td>n/k</td>
</tr>
</tbody>
</table>

The relevance of parent's history of alcohol/drugs for the unborn child to the general development and support needs of the children is highlighted (Cleaver et al, 1999).

Legal representation

92.5% of the parents of the 74 children in Group A without significant disability would have had access to non-means related, non-merit tested legal advice two years prior to the placement for adoption. A Children's Guardian would also have interviewed the parent/s. In the majority of cases in Group B, with the increased legal emphasis on care plans, the plan for adoption was known at the time of the care proceedings.

Attitudes of birth parents towards the adoptive placement

Fratter, J., (1996) views the attitudes of the birth parents and 'acceptance of adoption' as key indicators in considering the potential of successful post adoption contact. Parents need the space to accept the outcome of opposed application for a care order before they can move on to consider the issue of contact and adoption. Current emphasis on time-limited care planning guidance denies them that space, so their 'attitude to adoption and contact' is increasingly assessed and contact decisions 'set in stone' at the time of the care proceedings.
An attempt therefore was made to form a judgement on Group A birth parents of the ‘acceptance of the adoptive placement’ on a 0-5 rating. This does not tell the whole story about parental attitudes to the placement, or potential for undermining the placement and may say more about exhaustion of legal process, or legal aid constraints. Prior to placement, 45% of Group A mothers and 40% of the fathers had agreed to the care order. However 18.8% of the mothers and 13.8% of the fathers had been involved in subsequent applications for sec 34 contact orders. This contradiction was much less apparent by Group B and was known to be the case in only three, (5.2%) if cases.

An attempt was made to categorise the parents' attitude to the adoption plan, Table 5.8.

Table 5.8- Group A Birth Parents' Support of the Adoption Plan

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th></th>
<th>Fathers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Supportive of plan</td>
<td>51.2%</td>
<td>46.6%</td>
<td>Supportive</td>
<td>46.3%</td>
</tr>
<tr>
<td>non supportive</td>
<td>23.8%</td>
<td></td>
<td>Non supportive</td>
<td>15%</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>21.3%</td>
<td></td>
<td>Ambivalent</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

When cross tabulation tests were applied to Group A foster/adopt and the non-foster/adopt group, mothers were more likely to support the plan: 61.5% support for foster/adopt in contrast to 44.7% of the non-fostered. The 19 birth fathers were more striking, and in the foster/adoptive placements, 78.9% of them supported the adoption plan, versus 45% in non-fostering placements. This finding though is open to varying interpretations. For example, in some, but not all cases, birth parents knew the foster carers and were reassured by the progress of the children or were exhausted by or resigned to the legal processes. For the foster/adopt sample a long period of time had elapsed since the removal of the children or the last contact they had had, and parents have moved on in their own lives by the time of the adoption application.

Support for birth parents

The need for support was rarely identified or formalised, despite it being essential for such a vulnerable group of young adults, who had experienced further loss in their already chaotic lives. Some of the parents were continuing as clients in respect of other children, others receiving help associated with their mental health and learning disabilities. More structured attempts to identify what forms of support and by whom would appear to be necessary, particularly if they are going on to maintain some form of contact. Where the responsibility for post adoption support is passed to another agency, detailed sensitive information about birth parents' needs would need to be transferred.
THE ADOPTIVE PARENTS

General observations

The information below is based on analysis of the Form F available to the adoption panel when the family were approved for adoption. Training and preparation continued to be offered to most applicants after panel approval for adoption, although for some families the time interval was short.

The mean length of time between the application and the matching decision with a specific child was 2.3 years (1.6 years). There is some distortion of averages as a result of decision making about foster/adopt so this group was 'selected out' of the calculation. The mean waiting time was then 2.2 years (1.9 years). For Group A just over half, (51.9%) waited under two years, whereas by Group B there was a faster throughput and 75.5% waited less than the two years. Whilst this is viewed as a 'positive performance measure', it could also reflect lack of placement choice and a pressure to place at any cost, without adopters having a 'pregnancy period, as Brocklesby, E., (1999) had found in relation to applicants for children of minority ethnic cultures.

Since it became apparent that the individual profiles, family profiles, motivation, experiences with children were significantly different for foster/adopt carers, they are separated in the following analysis.

Age, religion and marital status

The mean ages of applicants rose from Group A to B, reflecting possibly either a less ageist practice, or difficulties in recruitment! The average age for the male applicants was 39.3, (41.2 years) and females 38.1 (40.1 years). At 45 years the male former foster carers were older than their non-foster/adopt applicants, who averaged 39.1 (40.3) years. Similarly female foster/adopt applicants were older at 41.5 (45.71) years compared with 37.7 (38.4) years. 15% of either male or female applicants were over the age of 50 at placement. This involved nine children; five were under the age of eight.

The male applicants were mostly in full time employment, 79% of male applicants and 41.4% of female applicants. For almost half of the families in which both parents were working at the time of panel, discussions were ongoing about domestic arrangements, but it appeared many families were planning to continue with both partners working, albeit on a changed basis. This is an area that would bear closer scrutiny, if it relates to low rates of potential adoption allowances. Given the children's earlier life experiences, they needed, above all, consistency
and stability. In Group A the non-foster/adopt fathers were four times more likely than the foster-adopt fathers to be in full time work. That figure was less marked in B Group, but nevertheless there was a statistical correlation of ($p = 0.013$) with male foster carers less likely to be fully employed. Given the increased fees available for 'professional' foster carers, this factor may become increasingly relevant to the management of such complex children within an adoption framework.

Examining religious practice, in Group A, 21.3% (22.4%) of the adoptive fathers and 32.6% (25.8%) of mothers were practising Christians, 3.8% were Humanists and one mother was Muslim. These are higher proportions of 'practising' faith than in the general population. Triseliotis, J., (1993) has referred to the 'lost altruism of the 80's that may explain the difficulty in recruiting adoptive families', so it may be important to explore further ways of emulating some American agencies and linking further into Church networks. All but one of the eight adoptive parents taking children with disability described themselves as Christian. Three years later, religion appeared to be playing a less significant part: 1.7% practising Catholic, 24% practising other Christian faiths, 13.8% describing 'none' and only one applicant unknown. 58% of female adoptive parents described themselves as non-practising Christian. 62.1% of the male adopters were described as non-practising Christian.

**Ethnicity**

In Group A, there were two black adoptive fathers, and three black adoptive mothers. One black adoptive mother was not married but had a stable partner who could not jointly adopt. There were 5 trans-racial placements, four of which were foster/adopt. In Group B, 6.9% (N=4) of the male applicants were white/African Caribbean and 10.3% (n= 6) of the female applicants were Indian, or mixed African Caribbean. In seven of the relationships one partner was white, the other of minority ethnic origin, and apart from one family with whom a white child was placed, the others reflected the adopters' racial origins. Two children were placed trans-racially, one in a foster/adopt placement, the other child of white mother, British/Cypriot father was placed with white adoptive parents.

**Infertility and need for a child**

The vulnerability of partner relationships feature in disruption studies of older children with disturbed backgrounds, where communication between the adults is vital (Fitzgerald, J., 1983). The ability of adoptive parents to go on giving emotionally to children, despite the children's rejection, anger, and capacity to 'split' adult relationships is essential. Research rarely addresses these subtle issues of parenting capacity (Rushton, A., 2003). The adoptive parents'
own attachments; experiences of loss and the ways in which they have grieved those losses are relevant. Schofield, G., (2001) linked the ability to go on to meet the needs of troubled children with attachment difficulties with the history of carers' own experiences of loss - a finding that is important in offering appropriate post adoption support.

Half of Group A and B of the families had no birth children, but the remaining adopters had one or more children, with 20% having two or more. Additionally 18.8% had at least one other adopted children in the family.

53.8% of adoptive mothers and 23.8% of fathers had known cause of infertility. (48.3% of Group B couples). Surprisingly, the files rarely reveal the dates of IVF treatment, in particular the dates of the most recent treatment, but 28% (34.9%) of the non-foster/adopt sample had had 1-5 attempts of IVF. This treatment, known to be costly and emotionally draining, indicates a highly motivated group with an ongoing need for a baby. The failure of such treatment represents a further significant loss for an already emotionally depleted couple. However, little emphasis was given in the Group A Form F's to issues of childlessness, and history of infertility investigations. Research evidence suggests that female applicants are more frequently placed in the 'firing line' of disturbed children, particularly those with attachment difficulties and high potential to split. Rushton et al (1988) indicated the slower rate at which children attached to adoptive mothers than adoptive fathers (p.101).

An attempt by the researcher to categorise the level of female applicants' `need for a child`, found that 14.8% (26.7%) of the foster/adopt sample, and 52.8% (37.2%) of the non-fostering sample came within the category of 'high level of need'. Such vulnerable adoptive mothers may `claim` a child and offer them a high commitment. However it will be essential to provide adequate support to enable them to tolerate the rejecting and challenging behaviour of damaged children towards any substitute mothers (Dance, C., 2003). For such families it is likely that support needs to be available at key stages of the child's emotional and psychological development, particularly as they move into adolescence, or struggle with the impact of contact.

17.5% of Group A adoptive mothers and 8.8% of adoptive fathers had experienced stress related problems, but within this father's group the non-fostering fathers were twice as likely to have had such problems. There was no similar association for foster-adopt mothers. Such problems were less discernable within Group B, with only 6.9% of females (n=4) and no males being so described.
Experience of parenting

Much emphasis is laid in adoption assessments on 'experience of parenting' and the risk factors linked to the placement of adopted children in close age proximity to other family members (Quinton et al, 1998).

All the Group A foster/adopt carers had had significant experience of parenting, although interestingly in Group B, three of those families had not had prior fostering experience, i.e. the placed child was the first foster child. Only half of Group A had had significant experience of caring for a child. Three years later, in Group B, even the non foster adopt group were more experienced in their child care - 62.8% of them had had significant experience of caring for a child, and, interestingly, a quarter of them had fostered previously!

In Group B, 48% (n=28) of the families had another birth or adopted child in the household. 25 had children permanently in the household who were older than the placed child, by a mean average of 6 years. Only two families adopted children older than their birth children: one had been fostered first. Eight families already had another older adoptive child in the family, (mean age gap 5.8 years) and one family had a younger adopted child. 38% of families had at least one 'grown up child' living away from home, ten families having two or more. They were, in summary, an experienced, mature group of adoptive families.

Quinton et al (1998), Rushton et al (2001) explored outcomes after the first year, and the apparent positive links between placing a sibling group compared with a single child. They revealed that sibling groups were more likely to be placed in families without other children and that in fact the poorer outcome for singleton placements was associated with the placing of a single child into an established family (possibly containing a second singleton child). In this situation a difficult sibling relationships developed regardless of the age gap. Disparate contact arrangements were likely to exacerbate the tensions.

'Practitioners expected experienced families to be better used to dealing with challenging behaviour but the sibling conflicts often proved an obstacle to satisfactory placement progress.'

Quinton et al

Need for an adoption allowance

The percentages of families needing adoption allowances were similar in both cohorts at 65%. Unsurprisingly, in Group B, that figure rose to 80% for the former foster carers. This is an important issue in a rapidly changing world of increasingly professionalised fostering when
adoption allowances are relatively low and the motivation to change and subject children to a lower standard of living may diminish.

OUTCOME MEASURES

The study was not set up to measure outcome. With hindsight, the high rate of maintained placement (non disruption) proved a significant finding. Two possible outcome measures are whether or not the families decided to follow through to seek and obtain an adoption order, and, with caveats, whether the placement was known to have disrupted.

Orders Granted

On 3rd June 1997 Group A files were perused to ascertain the dates on which adoption orders had finally been granted. The average (mean) time difference between the dates the decision had been made and the date of the final adoption hearing was 1.78 years. Only 3 children (one teenager and two siblings) had disrupted 2 years later. Furthermore, only two of the remaining study placements had not gone to court for an adoption order by July 1997 (over 3 years 3 months into placement). This is a high figure of adoption plans being converted to adoption orders, but there was also a remarkably low disruption rate for such troubled children. Placement of two of the children, seriously abused siblings, had been a recognised high risk, but all had agreed it was worth taking. Lack of disruption can, of course, also indicate a lack of preparedness to manage the risk associated with the needs of the most vulnerable children.

It is difficult to make comparisons with other studies on disruption figures. Ivaldi, G.’s (1998) national analysis found 15.2% disrupted during the pre-adoption phase with the mean disruption time being 14 months into placement. Fratter, J.’s (1991) study does not separate the pre and post adoption disruptions but revealed that 56% of those placements that disrupted did so in the first year of placement and 42% in the second year. Borland et al (1991 p32) found that only 5 of their study of placement disruptions (38%) disrupted at four years or over. It is recognised however that age and history prior to placement is a potential risk factor. Parental rejection, abuse or depravation prior to placement has been found to be associated with placement breakdown (Thoburn, J., 1995; Rushton et al 2001).

In May 1998 a check with the five centralised adoption workers of X authority revealed no further known disruptions within A cohort. The qualitative study that follows involved interviews associated with 21 of the 80 children and there were no disruptions within that group. Finally, the disruption figures for the whole cohort were again checked by Social Services staff for a
Granada TV programme in April 1999. 78 of the 80 placements remained intact, by now 5-6 years into placement.

By September 2000, all of the surviving placements in Group B children placed in 1996/7 had been adopted. Four had disrupted at an early stage. One thirteen-year-old girl disrupted after the order had been granted and is included in the mean average from placement to adoption at 1.77 years.

*Figure 5.4 The time difference between placement and adoption – Group B*

Neither disruption nor adoption figures tell the whole story; nor, as Cleaver, H., (2000) pointed out, does non-disruption equate with a satisfactory placement. Disruption studies lack uniformity in terms of age of children, length of time into placement, foster/adopt data, any knowledge of the child’s psychosocial background, and the ‘era’ and culture within which they have been placed. Most importantly, as current performance measures are highlighting, systems have not existed for the information about post adoption disruptions to be fed back. This is particularly true if children are not placed within the authority and a child returns to the ‘looked after’ system in the receiving authority, especially as an adolescent. A placement may not be meeting the needs of the child or their new family, but could still be ‘maintained’. Paradoxically, other placements may be viewed as ‘disrupted’ when a young person moves prematurely into independence. However, as has been seen in the literature review, 2.5% post adoption and 1.25% pre-adoption for Group A is a remarkably low disruption figure for any group of adopted children especially 5-6 years post placement (Triseliotis, J., 2002). Within B group, four children disrupted pre-adoption order, all within the first year of placement. A further 12 year old disrupted after the adoption order was granted in 1998. 8%, after four years is a similarly remarkable and low disruption rate for children of this age, gender, and also early life experience.
The family finding agency

The implications of geographical influences will be discussed in relation to contact and post-adoption in subsequent chapters, but is of significance in post adoption support of all parties to the letterbox, and other contact arrangements. Within Group A, 71.3% of the children were placed within the authority boundaries (urban plus shire), but by Group B this had changed dramatically.

<table>
<thead>
<tr>
<th>Table 5.9</th>
<th>Table 5.10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group A – placing agency</strong></td>
<td><strong>Group B – placing agency</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td><strong>Percent</strong></td>
</tr>
<tr>
<td>Valid X authority</td>
<td>57</td>
</tr>
<tr>
<td>Local consortium</td>
<td>5</td>
</tr>
<tr>
<td>Wider consortium</td>
<td>5</td>
</tr>
<tr>
<td>National</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>79</td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>80</td>
</tr>
</tbody>
</table>

By Group B, although the total number of X authority’s ‘own placements’ (i.e. not through another agency) was not dissimilar at 70%, it was ascertained that 51.7% of the placements were made outside the boundaries of X authority.

The inside/outside county boundary placements directly recruited by X were not measured in Group A. However, in an additional and relevant factor, 38% of the letterbox sample either moved to, or had always lived outside the authority boundaries. Therefore, for Group A, it could be estimated that 30 of the 80 children were living outside the county boundary 4-5 years later. From the Table 5.10 above it can be seen that 51.7% (n=30) of the 58 Group B children were placed in the first instance outside the area boundaries. This figure can only rise with any moves out of the authority. Murch, M., (1999) had recommended that the placing authority assumed responsibility for post placement support, but the Adoption Support Regulations (2003) and guidance states that needs should be assessed and met, after a prescribed timescale, by the authority in which the adopted child lives. This has major implications for the provision of an adequate and effective post adoption service for these children, whose birth families and separately placed siblings continue to reside back with the placing authority.

This is unlikely to ensure the support is available for birth parents, separated siblings, or other wider family members. The study findings of complex and multiple direct and letterbox arrangements will further add to the difficulties of co-ordinating and funding arrangements from the authority in which the child resides.
Summary

The successful outcome of any adoptive placement is a complex interaction, variable over time, and within a social, geographical context. The analysis of the 138 children indicates a troubled group of children and a similarly vulnerable birth family profile. Whilst the adopters were, on average, a mature, experienced group, the additional component of post adoption contact is a significant new issue, the complexity and range of which has not been measured before.
KEY FINDINGS OF CHAPTER 5

There were two separate studies:

- Group A were placed for adoption between 31.3.93 and 1.4.94
- Group B were placed 31.3.96 – 1.4.97

In the preliminary phase of both studies, the files of the 138 children placed were analysed and the following summary highlights some of the findings. There had been four children whose placement disrupted prior to research and these were not included in the cohort.

<table>
<thead>
<tr>
<th></th>
<th>GROUP A (1993-4)</th>
<th>GROUP B 9 (1996-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE CHILDREN</td>
<td>80 children in 62 placements</td>
<td>58 children in 47 placements</td>
</tr>
<tr>
<td>Foster adopt?</td>
<td>33.8% in foster/adopt placements</td>
<td>26% in foster/adopt placements</td>
</tr>
<tr>
<td>Kinship</td>
<td>2.5%</td>
<td>5.2%</td>
</tr>
<tr>
<td></td>
<td>This is a low figure, given that</td>
<td></td>
</tr>
<tr>
<td></td>
<td>32.5% had been in kinship placements.</td>
<td>The decision-making process merits further</td>
</tr>
<tr>
<td></td>
<td></td>
<td>research</td>
</tr>
<tr>
<td>Gender</td>
<td>50% male, 50% female</td>
<td>48.3% male, 51.7% female</td>
</tr>
<tr>
<td>Age at placement</td>
<td>6.64 years (5.18 if foster/adopt</td>
<td>5.69 years (5.34 if foster/adopt</td>
</tr>
<tr>
<td></td>
<td>excluded)</td>
<td>excluded)</td>
</tr>
<tr>
<td>Age at adoption</td>
<td>Children an average of 1.54 years</td>
<td>1.76 years older at the time of the</td>
</tr>
<tr>
<td></td>
<td>older at the time of the adoption</td>
<td>adoption order</td>
</tr>
<tr>
<td></td>
<td>order</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>10% minority ethnic background</td>
<td>8.6% minority ethnic (all dual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>heritage)</td>
</tr>
<tr>
<td>Sig. health/medical</td>
<td>11.2%</td>
<td>10.3%</td>
</tr>
<tr>
<td>problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Orders</td>
<td>86.3% (6.25% accommodated as a result</td>
<td>87.9%</td>
</tr>
<tr>
<td></td>
<td>of disability</td>
<td></td>
</tr>
<tr>
<td>Time lapse care order to</td>
<td>2.3 years</td>
<td>2.66 years</td>
</tr>
<tr>
<td>placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPERIENCE OF HARM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>71.6% neglected</td>
<td>77.6% neglected</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>39.7% believed to have been sexually abused</td>
<td>13.8% (but suspicion further</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>28% by mother</td>
<td>37.9% by mother</td>
</tr>
<tr>
<td>In utero</td>
<td>Files of both groups indicated a significant number of children potentially affected in utero by mothers' drinking, drug usage and domestic violence</td>
<td></td>
</tr>
<tr>
<td>MOVES</td>
<td>73.8% experienced three or more moves prior to final care episode</td>
<td>50% had 3 or more moves pre final care episode</td>
</tr>
<tr>
<td></td>
<td>After final care episode</td>
<td>50% had 3 or more moves pre final care episode</td>
</tr>
<tr>
<td></td>
<td>37.9% had two or more moves within the system</td>
<td></td>
</tr>
<tr>
<td>SIBLINGS</td>
<td>Both groups illustrated complex and wide ranging sibling network</td>
<td></td>
</tr>
<tr>
<td>- in same placement</td>
<td>41.3%</td>
<td>39.7%</td>
</tr>
<tr>
<td>- with birth parents</td>
<td>51%</td>
<td>43.4%</td>
</tr>
<tr>
<td>- placed separately</td>
<td>33.7%</td>
<td>35%</td>
</tr>
<tr>
<td>BIRTH PARENTS</td>
<td>More is known about the birth fathers than in most other studies, and for 65.5% of the children, fathers had been interviewed for Group B</td>
<td></td>
</tr>
<tr>
<td>Mothers' age at Panel</td>
<td>30.03 years</td>
<td>30.67 years</td>
</tr>
<tr>
<td>Fathers' age at Panel</td>
<td>36.3 years</td>
<td>33.83 years</td>
</tr>
<tr>
<td>Parents living together</td>
<td>22.5% of mothers living with father</td>
<td>12.1% of mothers living with father</td>
</tr>
<tr>
<td></td>
<td>51% of mothers living in another 'stable' relationship</td>
<td>36.3% of mothers living with father or in another 'stable' relationship</td>
</tr>
<tr>
<td>Fathers married to mother</td>
<td>41.3%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Mothers' own experience of sexual abuse</td>
<td>22.5%</td>
<td>31%</td>
</tr>
<tr>
<td>Mothers' experience of care themselves</td>
<td>23.8%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Fathers' experience of care themselves</td>
<td>27.5%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Mothers' mental health problems</td>
<td>36.3%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Fathers mental health (known)</td>
<td>22.4%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Mothers' known alcohol abuse</td>
<td>27.5%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Fathers' history of violence</td>
<td>51.3%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Domestic violence featured in files of 62.1% of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>38% of mothers and 28.7% of fathers (recorded)</td>
<td>44.8% of mothers and 28.7%</td>
</tr>
<tr>
<td>Support of adoption plan</td>
<td>Social workers anticipated that just under half the birth parents would be supportive of an adoption application. The figure rose when it was a foster/adopt situation, but it was not clear if this was because they knew the foster carers or whether children had been subjected to longer legal proceedings</td>
<td></td>
</tr>
</tbody>
</table>

**ADOPTIVE PARENTS**

| Age                                     | Male 39.28  Female 38.14 | Male 41.6  Female 40.14 |
| Religion                                | Religion an important component for over a third of adoptive mothers, particularly those taking child with disability | Religion less important, 58% female and 62.1% male applicants 'non practising Christians' 48% had another birth or adopted child in the household, average 6.04 years older |
| Wait from application to placement      | 51.9% of adopters waited less than 2 years from application to placement | 75.5% of adopters waited less than two years from application to placement |
| Foster/adopt                            | The profiles of the foster/adoptive parents were different from the non-foster/adopt, the former were older. Of the non foster/adopt mothers, 28% (34.9%) had had 1-5 attempts of IVF |
| Matching needs                          | Less attention was paid in the social work reports to the extent to which adoptive families had addressed their own experiences of loss. Children who had experienced the greatest number of moves were most likely to be placed with childless couples, with a 'high need of a child' and less experience of parenting. They may continue to need access to professional help as the demands of children with attachment difficulties change over time |
| Experience of parenting                 | 49% had experience of parenting/caring for children | 62.8% experience of parenting/caring for children (48% another birth or adopted child in the household) |
## OUTCOME MEASURES

The studies were not set up to measure outcomes, but almost all the placements went through to adoption (5-6 years after placement). The disruption rates although not the only measure of good placement outcome, are remarkably low and reflect a high level of stability for some very troubled children. Whilst reflecting careful preparation, planning and decision-making, an emphasis on post adoption support has been important.

<table>
<thead>
<tr>
<th>Average time placement to adoption</th>
<th>1.78 years</th>
<th>1.77 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known disruptions</td>
<td>3.75% (n=3) after 5-6 years (mean age 10.4 years)</td>
<td>6.8% (n=4) after 4-5 years (mean age 9.69 years) and one subsequently 8.06%</td>
</tr>
</tbody>
</table>

Overall known disruption rate is 5.8%

## POST ADOPTION SUPPORT

60% needed adoption allowance in both A and B groups, but 80% of former foster carers indicated need. Given the changing nature of fostering funding, and the high proportion of very successful foster/adopt placements, this will become an increasingly challenging issue.

### Financial support

The number of placements outside the authority has increased significantly. 27.6% of Group A were placed outside the authority boundaries. Five years on, a further 10% had moved outside. In contrast, 51.7% of the Group B children were placed outside the authority. These are children with complex histories, multiple contact arrangements, and adoptive placements to which they will be bringing a range of extreme challenges. Post adoption support will be essential, but must be delivered in a coherent, informed way for the children, their birth and adoptive families.
CHAPTER 6
CONTACT ENVISAGED BY THE ADOPTION PANELS

The analysis of the children, their birth and adoptive families has revealed the wide range of variables that makes comparisons extremely complex. However, the contrast between that revealed profiles and those of voluntarily relinquished infants of the 1950's to the 1970's could not be greater. The birth parents too are more vulnerable, disadvantaged and potentially less likely to be able to move on in their lives. To this combination is added what Quinton et al (1997) and Smith, C., and Logan, J., (2004) recognise as the ‘experiment’ of ongoing post adoption contact. This chapter will explore the nature of that contact and the variables that may, or may not influence the choice of contact. The differences between the profile of the children and their families, for whom letterboxes were and were not established, will be explored.

CONTACT ARRANGEMENTS

Before exploring the quantity and type of contact for each child, several other issues were identified in the study. Again, the differences over the three years are marked. Where appropriate, data for Group B continues to be in parenthesis.

Openness and availability of information

Earlier research evidence (Triseliotis et al, 1996; Owusa-Bempha and Howitt, D., 1997) emphasised the significance for children of having information about their families, whether or not it is reinforced by ongoing updating contact or information. It was clear from files and subsequent interviews of both cohorts that the study children and their carers had been given extremely detailed and sensitively written information about their family background, often containing difficult material. In contrast to the findings of Quinton et al (1998) adopted parents confirmed the fullness of information – some commented on the benefits of needing as much as possible in writing as it is difficult to take in verbal information but only one disrupted placement complained of misleading information and a paucity of detail.

The adoptive families had attended extensive preparation groups on the need for children to understand and value their identity and early history. They were committed to imparting
information to children as they grew up, and finding ways to convey the positive view of their background which Owusu-Bempah and Howitt, D., (1997) viewed as essential. This is relevant to the subsequent qualitative study, particularly in terms of the objective of maintaining relationships and feeling 'connected'. It was also relevant for the foster/adopt families who in comparison to Smith, C., & Logan, J.'s (2004) study, had been given intensive support at the time of the panel decision.

**Length of time between adoption panel and last contact**

The dates when birth parents had last seen the child were analysed where they were known – some, of course, were continuing with direct contact. Excluding the foster/adopt group the mean time that elapsed from birth mothers' last contact with their children to the date when the adoption panel decision was made was 2.68 years (1.96 years). When the foster/adopt group was excluded for Group A, this reduced to 1.71 years. Group B was very similar at 1.9 years, but the pattern was different in that for 43% of the children contact had only ceased contact in the preceding year.

![Fig 6.1 The interval between the last maternal contact and placement for adoption for Group B](image)

As has been seen, the fathers of Group B had been more involved in their children's lives. Whereas the Group A mean time between the placement and 'last seeing their fathers' has been 4.19 years, for Group B this reduced to 2.3 years.

The analysis of these time intervals might suggest increasingly effective planning in line with current central government demands. However performance measures about 'delay' are misleading. When the five individual cases where there had been a time delay in excess of four years from the ending of contact with birth mother were examined they revealed:
• Two extremely disturbed and rejected teenagers in residential placements requiring intensive preparation and for whom finding any permanent home was impressive
• A 17½ yr old who delayed making her decision about adoption when her brother returned home
• A disturbed 14½ year old whose mother had overdosed repeatedly and died; she was subsequently placed with her father and stepmother, but they also rejected her

Moreover, closer exploration of these further six children with time 'delays' in excess of three years revealed:

• Complex separated siblings, with multiple placement changes and attempts to meet their competing needs
• More time for two very disturbed children (in long term foster home placements) to reflect on whether they wanted adoption
• A 10 yr old, with multiple kinship moves prior to final adoption placement
• Half siblings placed together, attachment problems and separate fathers seeking reassessment and reunification after mother’s contact ceased.

It is apparent therefore that the current pressure for local authorities to produce numerical snapshot data of speedier placements and tighter planning for 'looked after' children may not, as Lowe N., and Murch, M., (2002) and Dance, C., (2003) also suggest, tell the whole story. At worst, enforced, precipitant decision-making may militate against the effective, comprehensive and sensitive social work planning, the best agreed outcome, and good and long-lasting placements that several of these children had achieved. Disproportionate emphasis on timescales too can lead to the to deflection of professional energy from the more vulnerable older children to those easier to place. It could herald a return to the days of Rowe and Lambert’s research on 'Children who Wait', (1973) which played such an important part of changing the fate of so many children languishing in care.

Meetings between birth family and adoptive family

It was not always possible to identify cases in which there had been a non-identifying pre-placement meeting, defined in some American studies as an ‘open adoption’. The data was not routinely gathered in the quantitative analysis of Group A, but the meeting was seen in the follow-up interviews to be a highly significant and generally positive event for both adopters and birth family members for the 76.2% of letterbox children where a meeting had taken place. Group B adopters met birth family members in 86.3% of the whole sample, with a further 12%
not obvious from files. This meeting actually led to direct contact arrangements, informally arranged with an aunt for one child, but had not apparently been formalised.

**The contact arrangements**

The original research instrument categorising planned contact arrangements was based on the McRoy, R., (1991) model with 32 forms of contact. They were collapsed down to 19 at the point of filling in the questionnaire and then, for the purpose of statistical analysis, to three categories:

- Direct contact
- Indirect (letterbox) contact
- No contact

There were subdivisions associated with parents/wider family and siblings (both with parents and placed separately) in the positive contact categories.

**Levels of contact**

The known UK basis for comparison of the contact levels contained in this study is that of the Social Services Inspectorate (1995), Lowe, N., (1998), Neil, E., (2002). Importantly, Cleaver, H.'s (2000) study of permanent fostering found a considerable increase post Children Act in frequency, but little difference in its prevalence i.e. the proportion of foster children with no contact (%) remained stable. The SSI approached their study on post adoption contact from a questionnaire to local authorities, and more in depth interviews of six agencies. However, it was a skewed sample as they had asked the agencies to "select six cases that demonstrated a range of their post adoption contact activity" and there is no mention of sibling contact.

Analysis and comparison of contact statistics is complex, arguably impossible – some children with direct contact have other direct and letterbox contact with members of their family. The separate contact events are rarely identified and numbers tend to be very small for statistical analysis. Direct contact with birth parents is potentially the most emotionally significant so another way of exploring contact is to categorise:

1. Children with direct contact with birth family members (some of whom also have indirect contact)
2. Children with indirect contact only
3. Children having no contact of any sort. (The most readily obtainable and unambiguous figure)
Such categorisation permits comparisons in relatively small samples. In Group A 15% (n=11) of the children were having no contact at all. However of those, two are siblings placed together, a factor that Wedge and Mantel found also promoted a 'sense of family identity'. When those placements were taken into account, only 8.75% children are not in any contact with a member of their birth family.

By Group B, 'no contact' had increased to 22.4% (n= 13). When the same sibling 'placement with sibling' criterion is applied 19% (n=11)) of the sample had no contact. This doubling of 'no contact' over a three-year period was an unexpected finding. It is a significant increase that could indicate the use of court processes for robust planning to fit with views about finding a placement with contact, or professionals learning from experience rather than research or legal precedent. It was not linked with the marginally younger age at placement.

A multiple response analysis was then undertaken, taking into account the fact that children were having more than one contact arrangement. In comparison with cohort B, the wider family of Group A was not separated from siblings placed at home, nor were fathers with or without mothers viewed separately. In Group B this was possible. The total number of contact incidents envisaged by the adoption panel is indicated in Table 6.1:

<table>
<thead>
<tr>
<th>Categories of contact (not mutually exclusive)</th>
<th>A count</th>
<th>A %</th>
<th>B count</th>
<th>B %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct contact with mother with or without father together</td>
<td>17</td>
<td>21.25%</td>
<td>9</td>
<td>12.1%</td>
</tr>
<tr>
<td>Direct contact with father separately</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Direct contact with wider family</td>
<td>9</td>
<td>11.3%</td>
<td>2</td>
<td>10.3%</td>
</tr>
<tr>
<td>Direct contact with siblings at home, not placed separately</td>
<td>3</td>
<td>3.8%</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Indirect contact</td>
<td>41</td>
<td>51.3%</td>
<td>34</td>
<td>58.6%</td>
</tr>
<tr>
<td>Contact with sibling in another placement</td>
<td>17</td>
<td>21.3%</td>
<td>17</td>
<td>29.3%</td>
</tr>
<tr>
<td>No contact</td>
<td>12</td>
<td>15%</td>
<td>13</td>
<td>22.4%</td>
</tr>
<tr>
<td>No contact and not placed with a sibling</td>
<td>7</td>
<td>8.75%</td>
<td>11</td>
<td>19%</td>
</tr>
</tbody>
</table>

THE DIRECT CONTACT ARRANGEMENTS

It may only have been a reflection on the children that local authorities choose to refer to voluntary agencies (e.g. all voluntarily relinquished infants on a service level agreement), but within the SSI Study (1995), local authority workers were twice as likely to make direct contact
arrangements than their voluntary agency colleagues. There was no evidence that this was the case in X's placements via voluntary agencies, where geographical constraints, i.e. not placing a child close to their birth family, often underpinned the referral.

As will be seen in the Table 6.1 above, in Group A 21.25% (n=17) children were placed with an expectation of direct ongoing contact with their mother and/or their father - seven in three sibling groups. Eight children were expected to have ongoing direct contact with a grandparent, one with another relative. In at least five of those cases it was acknowledged that this could lead to direct contact with birth parents. Two children had contact set up with siblings known to be in close contact with birth parents. Finally, in the case of two children, their parent/s knew where they lived but had made no attempt to make contact. These children were classified as "no contact".

From the children's perspective, it was anticipated that 31.25% (n=25) of the A group children were placed with anticipation of direct contact with a birth family member. 25% (n=20) were placed with a full or half sibling and for a further 23% (n = 19) it was planned they would have contact with another sibling in another placement.

In Group B, direct contact was considerably lower with only 13.8% (n=8) of children having direct contact with a birth mother. There were three fathers known to have direct contact but two of those continued to live with the mother, so there are direct parent contact episodes for nine children (15.5%) (apart from separated sibling) Two further children had contact with wider family members, but only one of those was not also having contact with a parent. Only ten children (17.24%) were having direct contact with a birth family member (not including a sibling). i.e., a reduction of almost half. But of these, as discussed below, all were in foster/adopt placements.

Sibling contact

Initially Group A siblings in 'other substitute care' were integrated with the "no contact" group. Prospective adopters seemed almost always prepared to maintain direct contact with siblings in other substitute family homes; Jones, M., (1995) established, that adopters, at an early stage in the placement, are motivated to maintain those links. However it often proves a time consuming task, involving two or more adoptive families who may have little in common apart from the links of the adopted/fostered children. When one or more of the siblings return to the birth family or older siblings struggle to maintain/relinquish their "parenting-child" role, the issues are more complex, change over time. It may not be possible to meet the needs of each child. (Rushton, A., and Dance, C., 2002).
ANTICIPATED INDIRECT CONTACT

The written notification to the adoptive family of the panel matching decision sets out the agency expectations of contact. In 1995, letterbox contact was being proposed in 46.2% (n=37) of the 80 cases. This is a similar finding to that to the SSI (1995) who for a cohort placed within the same year found a figure of 41% for letterbox contact arrangements (voluntary agencies 47%, SSD 40%). The SSI reflected on 'the rapid way in which the more open approach to adoption had been absorbed into agency practice'. By group B, 45% had letterbox contact.

The specialist post adoption social work and administrative team of 'X' authority was set up in 1992, to offer post adoption support to children and their birth and adoptive families on a countywide basis, and includes the 'letter box' system. A case was transferred to the post adoption support team after the adoption order had been granted, when the specific letterbox was set up. Letter boxes were set up for adult to adult communication, although it was anticipated that the children would be aware of the processes and contribute, particularly as they grew older. The process involves one party sending a letter to the centralised PO Box number of the letterbox system. A letter is sent out to Party B saying the letter is there. When Party A replies, the letter is opened by the letterbox system, copied and sent on to Party B who then replies. There is however, as will be seen, some confusion about 'who goes first'.

SIGNIFICANT FACTORS ASSOCIATED WITH THE DECISION-MAKING ABOUT CONTACT

The significance of difference between the children with letterboxes and the remainder, i.e. grouping together the 'no contact' and 'direct contact' was explored. Was letterbox being set up for the children with the most damaging histories? Were the birth parents less able, or less resolved in their approach to adoption? Were the adoptive parents opposed to direct contact and viewing letterbox as the least detrimental alternative? If letterbox is believed more likely than 'no contact' to lead to direct contact, is there a difference from the 'no contact' group? Do professionals view letterbox contact as essential to enhance identity or attachments, or a sense of past history?

Exploring contact arrangements across a range of variables, the most significant in Group A was again the foster/adopt nature of the placement (p =.003). Placed with these families on a fostering basis it is not surprising that these children had a higher level of direct contact, although the identity of foster-adopt carers was not always known to the birth parents.
Figure 6.2 and 6.3 below illustrate the children in direct contact with their birth family, separated by foster/adopt placement, or non-foster/adopt.

Figure 6.2 – Form of contact Group A by foster/adopt

In Group A the foster/adopt sample, was three times more likely to be maintaining direct contact arrangements with birth parents. The situation for Group B was even starker and of the ten direct parent contact episodes, all but one was a foster/adopt placement. That one placement was with a maternal relative, and the child had contact with her mother. No child had ongoing direct contact with a birth parent, or even a grandmother/aunt, without having been previously fostered in that home. Given the direct contact figures of Table 4.11 of aggregated 22.4% of direct contact (excluding separately placed siblings) this was a significant finding that ran contrary to the perceived growth of open adoption, and highlights the necessity of separating foster/adopt placements in any statistical analysis.

Other variables were explored for links with the choice of contact. 18 of the 25 Group A children who are in direct contact with birth family (but not including siblings in substitute care) were within the 2 to 10 year age bracket. Split into two categories though, of under fives and over fives there was no significant link between age and the type of contact (\(p=0.28\)). This is also surprising when one of the strongest reasons used to promote contact is the fact that
children being placed for adoption were older and had existing relationships that it was important to preserve.

A wide range of variables for Group B was also explored, ranging across the children's history, birth family, adoptive family, adoption processes and agency issues. Very few other links existed with the choice of direct contact, letterbox contact or no contact. There was a slightly higher likelihood of letterbox contact rather than the other two variables with mental health problems of birth mother (\( p = .89 \)), and offences of violence (\( p = 0.156 \)). There were stronger links with mother being a schedule 1 offender (\( p = .018 \)) but numbers were small. Surprisingly there were no links with variables that would have been anticipated to predicate contact arrangements, such as existence of a care order, evidence of 'physical, emotional or sexual abuse', alcohol problems for birth mothers, parents being supportive of the adoption plan, or the placing agency. (LA or voluntary agency)

**Does contact affect the choice of families for children?**

An attempt was made in Group A to explore the number of families that had apparently been on offer for each child, either to the panel or the children's social work teams. With hindsight, this was not a reliable measure as not all files indicated the families considered. For just over three quarters of the children only one family appeared to have been considered although for some children a pre-selection had already taken place, e.g. in relation to race and ethnicity. However one of the factors that appeared significant (\( p = 0.007 \)) was that those children with three families to choose from were those without need for direct contact. This is not however confirmed by one study on the links with contact and families coming forward for adoption, even when regression analysis was undertaken (summarised in Brocklesby, E., 1999). Unfortunately, in their summary of demand and supply of responses for 376 featured children, BAAF (2003) do not analyse the influence of contact separately.

**Summary of variables affecting contact**

In summary, such lack of significance in the variables relating to contact plans is most concerning but echoes Neil, E.'s (2001) observations. All the potential variables, as they related to the child, their birth family and the adopters, were tested, contrasting the 'no contact' with the 'letterbox' contact. The long term implications of letterbox system will be seen to be significant, so greater clarity of objectives for each form of contact, and identification of the systems and resources to support that plan is necessary.
THE 'DROP OUT' RATE AFTER THE PANEL DECISION-MAKING

Although Panel had envisaged letterbox contact for 46.3% of Group A, only 27.5% (n=21) were actually set up and formalised within the post adoption letterbox scheme after the Adoption Order had been granted. Central files were revisited in late 1997 i.e. 3-4 years after placement, to explore the reasons for the change in plans for those 16 children (20%). Those reasons are indicated in Table 6.2 below:

Table 6.2 – The reason for the 'drop out* in letterbox contact between placement and adoption (Group A)

<table>
<thead>
<tr>
<th>Reason for 'dropping out'</th>
<th>Number dropped out</th>
<th>% Of total cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct contact arranged</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Mother declined letterbox</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Court ordered no contact</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Informally arranged so not thru l/box</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Not working pre-adoption so not transferred to PA team</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Placement disrupted</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Arranged one way if necessary (health issues)</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Children did not want contact</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>20%</td>
</tr>
</tbody>
</table>

Cross tabulations were undertaken but there were no significant differences between the 'lost' group of 16, and the letterbox cohort of 21.

This high 'drop out' at Panel was not replicated in Group B. Letterbox contact had been envisaged for 58.6% of the children. By 1996/7 Panel minutes reflected more focused thinking about the merits of letterbox, and it was no longer being routinely prescribed. There was only one child for whom the adoption panel had envisaged letterbox but it had not been set up, following a GAL recommendation and court decision. There were also two children for whom indirect contact was planned to take place outside of the formal letterbox arrangement. Conversely, two letterboxes had been added to the existing and planned letterboxes between Panel and the Adoption Order.

THE 47 CHILDREN IN THE LETTERBOX SYSTEM

By the time of the research interviews, the mean age of the children was approximately 9 years. With 18 of them now aged 12+ the young people were clearly in the age range within which many difficulties arise for adopted children, (Howe, D., 1997). Allowing for the drop out rate, the final proportion of children with letterboxes rose from 26.25% of the total Group A to 45% for Group B.
Six of the 47 children (12.7%) were of minority ethnic origin so were marginally over represented but not, \((p=0.558)\) at a statistically significant level. Two of the children had significant disability and were voluntarily relinquished placements as a result of their disability. There were 10 sibling groups, 8 of two children and 2 of three. One of the twosomes was separated and the girls were placed in adoptive homes close to each other, and attended the same school. 17% were in foster adopt placements. 38% of Group A and 53.8% of Group B, i.e. 44% of the total group were not living within the area boundaries of 'X' when placed. (further discussed in Chapter 10).

At the time of the adoption panel (1993-4) it was anticipated that for 61% \((n=13)\) of the children there would be a legal contest. If the two voluntarily relinquished children with disability are excluded this figure rose to 68%. Clearly the agency was taking a pro-active approach towards adoption, despite anticipated parental opposition. (Recommendations of the Quality Protects Initiative, 1998 and the Audit Commission, 1997).

**THE CHILDREN**

As has been seen above, there were no significant variables affecting the choice of the form of contact, apart from foster/adopt. However, it is relevant to explore the profile of the children with letterbox contact compared with the remainder of the cohort. Emotional abuse featured highly. 66.6% \((n=14)\) of the children with letterboxes had experienced emotional abuse rising to 69.2% for Group B. These figures are slightly higher than the whole cohort.

The absence of conflict about the decision to place the child for adoption was not an influential factor in the choice of letterbox contact, (further discussed in Chapter 6). There were only slight links between the agreement to the care order and letterbox contact, with higher levels of letterbox contact when the orders had not been agreed.

There were some positive links with plans for letterbox contact for the 61.9% of the children for whom a contest in the adoption was initially anticipated but within Group A there was an even greater association with the separate sec 34 application by birth mothers and birth fathers. This is open to varying interpretations but could suggest that letterbox contact is being used as a tool of appeasement or negotiation at an earlier stage than the adoption application.

Sibling factors were rarely taken into sufficient account in planning. The range of sibling issues, from full and half siblings remaining with birth parents, to the creation of sibships within adoptive families are all likely to affect letterbox outcomes but there were no links with the decision relating to letterbox contact.
The birth parents of the children with letterboxes

54.5% (n=24) of birth mothers and 37.8% of fathers within the letterbox sample had learning disabilities. Analysed statistically, with cross tabulation of mothers without letterbox, this was a significant link relating to learning disabilities ($p=0.48$) and to mental health problems ($p=0.002$). It was inevitable that these vulnerable women would need support in the long run.

Parental inconsistency with the subsequent contact arrangements might also be anticipated from the unhappy childhood experiences most birth parents had experienced. 31.7% of the mothers had themselves been within the care system and for 38.6% (n=17) of them the files indicated that they themselves might have experienced sexual abuse. Alcohol issues for mother and drug issues for mothers and fathers also featured more highly within the letterbox sample than in the group as a whole.

Again therefore it is not surprising from such a vulnerable group of mothers that only 33% of them were rated by the researcher in 1995 as likely to be sufficiently mature to make a child focused decision. A further 38% of the parents were considered from the files to be ambivalent and inconsistent in their decision-making about their child. 24% of the birth mothers had moved from the address known to the letterbox system within the preceding six months – a mobility level which must affect sustaining long-term of contact.

The 36 adoptive families of the 47 children with letterbox

The lower proportion of foster/adopt placements with letterbox is probably explained by the fact that these families were more likely to be in direct contact. This may have influenced the age related link; the older the applicants the less likely they were to be in letterbox arrangements. There was a slightly higher incidence of single carers being part of the letterbox cohort. Four adoptive couples had separated, but it is not known how that compares with the whole sample.

VARIATION IN LETTERBOXES

The children with letterbox contact were not one homogenous group and the lack of clarity about definitions can lead to false assumptions about outcomes. Contact between either a birth parent or a wider family member is viewed by professionals and adopters as being fundamentally different. However, contact with wider family members is not necessarily straightforward or cosily ‘non-threatening to the placement’. In fact two of the wider family members had in the past perceived themselves as potential parent figures but been prevented for various reasons from having the care of the child themselves. They had not resolved their
sense of loss or anger, either with the system, or the birth mother. This important but detailed background information should be available to the letterbox unit.

Some children had more than one letterbox and others had ongoing direct contact with other family members or foster carers, inevitably distorting the situation. For example, in one letterbox with a mother, the child was regularly having direct contact with an older brother living with his mother. In another, whilst the strict parameters of letterbox with a birth mother were maintained, the carer (and the birth mother) had regular information via another carer who was caring for a sibling and lived near birth mother. Two other siblings maintained letterbox contact with their birth mother acting as an intermediary. Within these contexts it would be very difficult to isolate the impact of the letterbox on a child.

The increased complexity of letterboxes from Group A to Group B, probably reflects a professional familiarity with the system, is highlighted by the changes below, Table 6.3. By Group B, 50% of the children had more than one letterbox.

Table 6.3 The number of different letterboxes per child

<table>
<thead>
<tr>
<th>Number of letterboxes</th>
<th>Group A</th>
<th>Group A %</th>
<th>Group B</th>
<th>Group B %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18</td>
<td>85.7%</td>
<td>13</td>
<td>50%</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>14.3%</td>
<td>12</td>
<td>46.6%</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>3.8%</td>
<td></td>
<td>3.8%</td>
</tr>
<tr>
<td>Total children</td>
<td>21</td>
<td></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Mean average / child</td>
<td>1.14</td>
<td></td>
<td>1.58</td>
<td></td>
</tr>
</tbody>
</table>

In 1993/4 there was a higher proportion of letterboxes set up as one way, perhaps reflecting greater caution in the potential for a two-way exchange.

Table 6.4 The nature of the letterboxes

<table>
<thead>
<tr>
<th>Number of letterboxes</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>One way</td>
<td>5 (24%)</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>Two way</td>
<td>16 (76%)</td>
<td>24 (92%)</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>26</td>
</tr>
</tbody>
</table>

WHO ARE THE RECIPIENTS?

The profile of the recipients of letterbox Table 6.5 has remained relatively similar, with a slightly higher likelihood that it would be with a birth parent in Group B.
Table 6.5 The letterbox recipients

<table>
<thead>
<tr>
<th>Relationship of letterbox recipients to the child</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth parent or birth parent &amp; wider family members</td>
<td>15 (71%)</td>
<td>20 (77%)</td>
</tr>
<tr>
<td>Wider family alone (not birth parent plus wider family)</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sibling alone</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

THE SIGNIFICANCE OF PREVIOUS FOSTER CARERS

Before moving on to the qualitative study of letterbox it is important to explore one other significant, but less researched source of attachment. Adoptive families were asked who had been the most significant person in the lives of the children when they had been placed. For 71.8% (n=28) of the Group A children in the non-foster adoptive placements, families had no doubts that it had been the previous foster carers.

This is hardly surprising given that the mean length of time that the non-foster adopt group of 18 children had spent with their previous carers was 18 months. By Group B, the children with more stable care careers, this increased to 22.6 months - representing a substantial proportion, i.e. 39% of their life experiences. For 12.5% (n=13) of the children, this move to their final foster placement was their 4th or more move in foster care, so this long lasting final fostering placement was significant.
The importance of links with the former foster carer echoes the findings of Kaniuk in Adcock et al (1993) who insisted the significance of this attachment figure has been minimised and was the source of the most important attachment for a child. The majority of Group A children had ongoing direct links with those carers. Adopters spoke of the importance of the links — some of which were steadily reducing after three years, in what adopters referred to as a 'normal way'. Adopters confirmed that social workers had not valued the importance of the children's relationships with their carers and had not offered enough encouragement to these former foster carers to go on to 'do their bit for the children's sake.'

Sadly Group B were more alert to the importance of maintaining links and adopters spoke movingly of vain attempts to keep the links alive, against strong resistance/withdrawal by the carers

'They had been there for three years and were really important — she [foster carer] wanted to cut off, and that is still more hurtful than anything else to L, we tried very hard, rang her, asked her to come for tea, but she was not well, or it was cold, or she promised to ring and she hasn't — foster carers should be trained about children's expectations of them.'

Adoptive parents

'We've not remained in contact — it was the foster carers' choice — we tried but never got anything back'

Adoptive mother

However, adopters need access to professional advice as they weigh up the merits of the extent of contact they maintain with the former foster carer. Within the study cohort one child aged 11 had returned from a one-week stay with that carer and the experience was still having a profoundly destabilising effect on the placement after 4 years. As this adoptive mother put it:

'The issues (contact with the carers) get more difficult as he gets older. He wanted to go back and stay with his foster carer, and touch base with his rural, Midlands base and working class identity. It meant though that he had to confront the fantasies and idealism and this has led to a significant disconnection with me'

Adoptive mother

The study has confirmed the complexity of any statistical analysis of contact and the ongoing importance of foster care links in children's lives and the need to encourage those connections. In the next chapter the findings of the qualitative study of the 47 letterboxes will be discussed.

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KEY MESSAGES OF CHAPTER 6

Contact envisaged by the adoption panel

1. Detailed and sensitive written information was available for both the children and their carers, to assist in valuing their identity and early history in as positive a way as possible.

2. The time elapsing between last parental contact and placement was 1.8 years. For 43% of the children, maternal contact only ceased in the preceding year. Investigation of the 11 children with longer intervals revealed thoughtful and constructive planning, sensitive direct work with children and complex decision-making. The delays were constructive and attempts to short-circuit the processes would not have been in the children’s long term best interests.

3. Meetings between birth family and adoptive family increased from 76.2% to 86.3% (Group B) and were, almost without exception, valued immensely.

4. Levels and forms of contact are difficult to quantify, but only 8.75% of children had no family contact in Group A (including children placed with siblings). That figure rose to 19% in Group B.

5. 21.25% of children had direct contact in Group A, and 15.5% in Group B. The most significant variable was the foster/adopt basis of placement, and for Group B, direct contact was not set up for any child in a non-foster-adopt placement. This was a surprising finding running contrary to expectations about an increasing trend towards direct contact, but highlights the importance for all research to separate out foster/adopt placements, where the initial basis of placement was more inclusive of birth family.

6. 25% of the children were placed with a full or half sibling. Additionally it was planned that 29.3% of them would have direct contact with separately placed siblings.
7. Exploring the variables linked with plans of direct, indirect and no contact, it is of concern that, beyond foster/adopt basis of the placements, there were no significant predictive variables or indicators, even the age of the child, history of abuse or birth parental characteristics.

8. In Group A there was a 20% dropout of planned letterboxes by their adoption date, averaging 1.54 years later. For Group B this 'drop out' reduced to 4% and two were actually added to the cohort subsequently, reflecting more focused decision-making about contact.

9. There were 47 children in the final amalgamated letterbox sample, interviewed 5 years post placement: 10 sibling groups in 35 placements. 44% were not placed within the county/city boundaries. Children of minority ethnic origins were marginally over-represented within the group, but not at a significant level. For 68% of the 47 children a contested adoption had been envisaged.

10. There were several changes in the letterbox from Group A to Group B:

    • The proportion of the total sample rose from 26.25% to 45%
    • The number of letterboxes set up per child increased from a mean of 1.14 to 1.58
    • The proportion of one way arrangements diminished, and a greater percentage of letterboxes were with birth parents

11. Although there had been no significant variables of children or birth families affecting the choice of letterbox, there were links or statistically significant differences measuring this letterbox sample with the entire remaining (n=91):

    • Mental health of mother \( @ = 0.002 \)
    • Learning disability of mother \( @ = 0.048 \)
    • Learning disability of father \( @ = 0.038 \)
    • Experience of sexual abuse \( @ = 0.122 \)

12. The mothers of the children with letterboxes were a particularly vulnerable group, with doubtful capacity to engage over the long term in the letterbox
system without a high level of ongoing support.

13. The 'final' foster carers before the adoptive placement were viewed as highly significant people for the children (excluding the foster/adopt group). Adopters spoke of the children's relationship with them as the most significant attachment, and regretted that many of the foster carers had not been willing or able to stay in touch. Greater professional input is necessary to prepare and persuade foster and adoptive families of the importance of sustaining this important link.
CHAPTER 7
HOW IS LETTERBOX CONTACT WORKING OUT?

THE INTERVIEWS

Within 5 years of panel decisions to place the 138 children for adoption, it was possible to interview an adoptive parent for 97.9% (n=46) of the 47 children for whom letterbox arrangements were formally set up and at least one birth family member for 74.5% (n=35) of those children. Their average age was now 9.5 years. Significantly, and in contrast with other studies, both a birth family member and the adoptive family were interviewed for 33 of those children. For one further child there was a written communication from a birth family member, so for 75.5% (n=34) of the children, triangulation was possible. In some cases too the children had more than one letterbox, and there were additional interviews of 7 further birth family members. This was a very high proportion of 'adoption sets' and interviews of birth family members, given that most studies explore different samples of birth and adoptive families. Grotevant, H.D., (1999) in their large infant study only achieved 12 matched cases. Smith, C., and Logan, J.’s (2004) study of direct contact achieved 6 birth mother interviews, 18 (56% of grandparent interviews) but they also interviewed children, which this study did not set out to do. Schofield interviewed birth families in 40% of their cases, and Neil, E., (2003) of birth family members. All studies recognised the difficulties in accessing birth family members, despite the fact that a lower interview rate of 'accessible' birth parents can distort findings. Although Neil surprisingly concluded that those not interviewed were no more or less likely to have 'a mental health problem, a learning disability or a substance abuse problem, so in this respect the interviewed sample seems representative of the whole'.

In 1996, one birth mother proved resistant despite numerous letters (5) and calls to the flat (4) with messages left with the caretaker (2), to the point where any further attempts would have been unacceptable harassment. However, after what had been a three-year gap she suddenly sent full, meaningful letters to her children. The adoptive parents and children were delighted – arguably a better outcome than acquiring additional research data! However this illustrated the level of professional persistence, (arguably harassment) necessary to re-engage her after a gap of three years. Her children have been gravely disappointed she has made no contact since 1996.

It has already been seen that other variables can influence a child’s letterbox:
• Birth parents (77%) or wider family member, (23%)
• Whether set up on a one or two way basis
• The cohort Group A (80 in 1993) or B (58 in 1995)
• Other direct contact arrangements for specific children

The study offered the opportunity to test out which letterboxes were 'working', and what lessons could be learned for the future, bearing in mind the differences created by the categories above, e.g., Group B, with more participative fathers, higher number of letterboxes, increased parental literacy, but increased mental health problems and domestic violence. The letterbox system too by 1996 was more structured.

The definition of 'working' is important. Trinder et al (2002), in their recent large study of contact in divorce defined contact as 'working' when:

i. It occurs without risk of physical or psychological harm to any party
ii. All parties are committed to contact
iii. All parties are broadly satisfied with the arrangements and don’t seek a significant change
iv. Contact is a positive experience for all parties

Clearly the first exclusion cannot apply to the majority of these study children, but their other criteria are important to bear in mind. Very few situations in this study would have satisfied all these criteria, and yet, the letterbox continues, often with anticipation of direct contact at a later stage.

The use of grounded theory influenced the analysis of this data – the questionnaires for interviewing birth and adoptive family were used to develop a further analysis tool (appendix 6) to code and contrast the answers. From this process four main 'umbrella' groupings of different types of outcome for the letterbox arrangements emerged as follows:

The main groups

1. Working well (21%) - the letterboxes were working regularly and without major involvement/dissatisfaction. The families, even if they had not agreed with adoption, were committed to the system. Letterbox contact was child focused, despite adversity.
2. Working – with reservations (47%) – this was a broader range of letterboxes, in which the system was working – just. Objectives were more disparate.
3. Not working and glad (4%) - one or both participants were relieved.
4. Not working and sad (28%) - some letterboxes were not working but one party nursed strong views that it had been set up without their agreement, or prior to their involvement. For others, families were glad it had worked, perhaps for a year or two pre-adoption, and the base was there to be resurrected.

Within these main groups it became apparent that there are eight subgroups as indicated in the table below.

Table 7.1 The subgroups of letterbox

<table>
<thead>
<tr>
<th>Main group</th>
<th>Sub group</th>
<th>No children</th>
<th>Subgroup Definition</th>
<th>F/carer appl cn.</th>
<th>Birth parent</th>
<th>Wider family</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>10</td>
<td>Shared objectives, good adult relationships</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>2</td>
<td>High maintenance</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>C</td>
<td>7</td>
<td>Creating confusion, rejection for child</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
<td>3</td>
<td>Too banal, superficial</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>E</td>
<td>10</td>
<td>Goalposts moved</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>2</td>
<td>Forced on us</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>G</td>
<td>12</td>
<td>Birth family not responding /or collecting letterbox</td>
<td>0</td>
<td>10</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>H</td>
<td>1</td>
<td>Adopter not responding</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>43</td>
<td></td>
<td>8</td>
<td>37</td>
<td>9</td>
<td>21</td>
<td>26</td>
</tr>
</tbody>
</table>

THE SUBGROUPS

Using grounded theory distinguishing or influential factors of each subgroup were explored; those factors were clustered around core principles, the objectives of the placement, and relationships between parties, attachment/identify issues, and supports available to all parties. There is inevitably a degree of overlap in categorisation. Groups were contrasted across a range of variables, and some identifying differences noted.

Subgroup A - shared objectives, good adult relationships (10 children)

These children had the most successful letterboxes, perceived by all parties to be working, some 4/5 years post placement. Letterboxes were mostly with parents and two-way, with only
two foster-adopt placements. The mean age at placement was marginally less than the whole group, at 4.9 years, and three quarters of the children were in Group B.

**Objectives of the letterbox**

There was a high (90%) match in the objectives of letterbox, with child-focused motivation on the part of adoptive families. Half of the birth families felt more doubtful about the purpose, or had felt forced to accept letterbox rather than reunification or no contact, but nevertheless were committed to work with the system. 60% of adoptive families felt they had had a choice in contact arrangements, whereas 80% of the birth families felt they had had no choice. Importantly, four of the birth families (50%) had opposed their child's adoption, yet had moved on, and were not undermining the placement in the letterbox content.

**Lifestory, identity and attachment issues**

For 9 children there was a good fit in terms of the life story shown by the files and the adopters, and what the child was likely to hear from birth family. However, the stories were far from easy, and future risk could certainly not be ruled out. Almost all the children were viewed as having made sense of their lifestory, and, significantly the adopters felt all ten had made sense of the termination of direct contact. Interestingly, for one child there was poor lifestory fit. But, whilst both adoptive and birth families believed there to be a good fit, the researcher was aware of a major disparity that would create tensions and confusion for the child in later life!

For nine of the children, the adopters had viewed the previous foster carer as the most significant person in their lives, in attachment terms, raising the possibility that this diluted the significance of the birth relative in attachment, if not identity terms. Were these children, for whom their adoption was all important, and contact an insignificant factor? It also confirms the importance of maintaining relationships with those foster carers, from a resilience perspective.

**Content**

Only one adopter was dissatisfied with the incoming contact, but she had just recently taken on her adopted child's younger sibling too, and understood the mother's anger towards her. In this group participants were more able to convey realities and ask meaningful questions of each other in their letters. All the families were happy with an exchange of photos – with an 80% match, although there was a general wariness about the risks of being traced and:

'The risks of the cousins, and son's children all becoming real people'

      adoptive father
Some of the younger children had not been told of the letterbox:

'We know we ought to do it – but he is on such a roller coaster so much of the time - when is the right time?'

Adopter father

E’s adopter was able to compare two letterboxes, from a maternal and paternal grandparent. One was relevant, meaningful, and enabled E to write to his full brother, for whom grandma was caring. The contrasting letterbox, despite ‘working as intended’ lacked a positive impact. A mature, child focused approach, even through that letterbox was not underpinned by a meeting. The two letterboxes illustrate the subtlety and complexity of the issues, with adopters who were highly motivated to maintain contact for the child’s sake.

‘If maternal grandmother’s contact had only been regular it may have helped him to understand more about his Mum, but paternal grandmother was different. She wrote ‘we all miss you, we have all let you down’. Letterbox rang and asked if it was alright to send that and I said OK – that grandmother is more of a conduit/mediator, therefore letterbox is worth having with her’

Adoptive mother of E

‘They tell me how he is growing up, he still has his tantrums but they are coping. They tell me about holidays and I know he has a better life than he would have had if he’d stayed with his father – his brother lives for the day he can see him again. I feel a failure and wish I could have cared for him – I dread his anger but want to see him as soon as it won’t upset his placement.

Paternal grandmother of E

Relationships

The pre-placement meetings between adopters and birth family were highly valued by this group of adoptive parents (80%) who also scored a high empathy factor with birth family. Birth families were less enthusiastic – only half valued the meeting, and their empathy scores were lower, though none fell in the ‘angry, punitive’ range. E’s grandmother (above) was really sad that despite being the only consistent female carer of E, she had not been invited to meet the adopters.

Process and support issues

These participants had moved on to constructive letterboxes, despite the fact that 50% of adoptive families and 80% of adoptive families felt they were poorly prepared and supported. 90% felt the content was meaningful, and were mutually satisfied by the photograph
exchanges. The birth family member profile was untypical of the whole cohort – only one mother had a learning difficulty.

In process terms, 80% of the families expressed confusion about 'who goes first', but they were primarily from Group B and may have had higher expectations of a system than the more pioneering Group A.

The adoptive families were asked about the responses of the children to receipt of letterbox and their involvement in sending. They were a more child participating group, with seven described as excited to receive information, and only two disinterested and avoidant. Having said that, one sibling group did not yet know responses were being sent back to their birth family.

The future
In marked contrast with the entire letterbox group it was thought that for 90% of the children, direct contact would lead on to direct contact whilst they were still a teenager ($p = 0.46$). The door therefore had been kept wide open to direct contact.

'It is such a comfort to her- her sisters mean as much as years ago – it has kept the door wide open, we wouldn't be without it – it is healthier'

adoptive mother

'If E wants, we'd be happy for him to meet Dad but not Mum: but as he knows and understands the truth, he won't want to see either of them – and I can't take on the parents' problems again.

(Foster/adopt carer previously in a shared care arrangement with birth parents)

Subgroup B - Working but high maintenance (2 children)

Objectives
These letterboxes were working – just. Both required considerable 'nagging' by letterbox social workers. The mother of a 14 year old, W, gained a court order for indirect contact to W and R, but throughout the research interview spoke predominantly of R, W's separately placed older sister, with whom mother obviously had closer links. The mother spoke of the different objectives of the two letterboxes – the one to R written in a meaningful way, linking back with past experiences. She commented however on her pre-placement meeting and subsequent peace of mind, that enabled her to move on in her life.
'Once I saw S & B (adopters) I felt upset, but knew they were good people and I felt better in myself'

Birth mother of W

W was reluctant to write and needed considerable cajoling from her adoptive mother. W herself explained the objectives of letterbox, after numerous moves over 9 years within the care system;

'Mum agreed to give me up peacefully if I wrote. That was fair, and then she'd know how I was getting on. '

14 yr old W

It felt as though mother and daughter had reached closure; letterbox was less relevant after the initial meeting and the first reassuring letters.

The adoptive parents of the other child, G, a four year old, (who had had 22 moves in his first 18 months with his mother) knew letterbox had been a trade off, and spoke, as did many adopters, of the social work fashion which had not existed when they adopted six years earlier. G's birth mother needed chasing each time, but if she didn't receive her incoming letter, she became abusive and threatening. The birth mother's life had moved on however and she spoke to the researcher of her increasing reticence to write, but both she and adopters believed the adopters had to continue to comply with court expectations.

When G's older adopted brother was placed the whole emphasis was on his welfare but by the time G was placed that all disappeared and the emphasis seemed to be on the mother. Everything in adoption should be for the child, but the way letterbox is now, there's nothing for the child but if we don't send she kicks and screams - we are left so vulnerable by the court

G's adoptive mother

The mother however was denying her responsibility to G, and to the letterbox system. Despite the irregularity of her letters, and the implicit rejection of her son she insisted:

'The Guardian was brilliant in advising and encouraging contact. I have no difficulties in writing and don't get upset at all'

G's birth mother
The future

The difficulties for both these children were predictable. If a review mechanism, set up at the point of placement or adoption, could have focused on the needs of the child, then subsequent alternatives could have been negotiated. The unreasonableness of one party could then be confronted, particularly when the other party is too disempowered to challenge on the child’s behalf. A return to court could be considered within that context.

Subgroup C – Working, but evidence of confusion or rejection for child (7 children)

This was an important subgroup to analyse, and comparisons are drawn with subgroup 1. Both birth and adoptive family members (adoption sets) had been interviewed for all seven children, so the overview was comprehensive. The children were older at placement (6.3 years compared with a mean 4.9 years). The majority had experienced emotional abuse or rejection with multiple changes and one adopted disruption. Birth parents had higher levels of mental health and learning disability (71.4%), and experience of domestic violence and sexual abuse.

Objectives of the letterboxes

Objectives were less clearly defined and most birth parents had a history of court based conflict. More had opposed termination of contact (57% v 20% of group 1), and the adoption (71% v 40%). Adopter objectives were more circumspect, with five of the seven adoptive families citing a theoretical base, believing letterbox contact would reinforce the child’s identity, although 4 of them viewed it as primarily set up for the birth relatives’ sake. Interestingly fewer of the birth parents stated it was ‘all we could get’; rather they too spoke of more theoretical ‘identity/ongoing information issues’. Two thirds of adopters but less than a quarter of birth families believed they had a choice.

'I did have a clear belief that some indirect contact would avoid a fantasy but now, when he’s in such pain at the points of crisis in his life I wonder if my views are too liberal – might P not welcome me making a decision and stopping contact? He’d be angry but maybe relieved too. When he says, ‘I want to see my Mum’ maybe he wants me to say ‘no, you’re mine.’ Maybe the contact has reinforced the significance of his mother. There is a danger in being too well briefed and prepared rather than just being a ‘real mother’, and claiming him

Adoptive mother

For M, her disability had led to relinquishment, and the erratic one-way letterbox was increasing adopters’ anger about her experience of rejection:
'There's more to M than her disability but we recognise that since disability led to her adoption placement, letterbox contact is easier for adopters' (than birth parents)

adoptive parent

Life-story, identity and attachment issues

For 57% (n=4) children, there was a significant misfit of life story accounts from birth and adoptive parents and for a higher proportion (85.7%) the foster carers were viewed as the most significant attachment figures. Less adopters (57%) believed the children had made sense of their history/lifestory, or termination of contact.

Both children of one arrangement had a similar medical condition; letterbox had provided an opportunity to reflect on medical implications.

Relationships

At only 43% (n=3), a lower proportion of both adoptive and birth parents valued the pre-placement meetings, and only a quarter of the adoptive families showed strong empathy towards the birth family member. Three were angry and punitive. Interestingly the same number of birth family members were rated as antagonistic towards the adopters but they didn't relate to the same child! Therefore very few of these letterboxes were based on mutually positive adult relationships.

Content, process and support issues

Half of the seven adopters felt unprepared for the letterbox and six of the birth parents echoed their sentiments. Letterboxes coming into the children were viewed as unhelpful, either because they were too superficial or unhelpful, inappropriate or distressing. Five were very unsettled by the letterbox, with only two of them described as excited.

'He was the parenting child and she put a lot on him, then he didn't see her for years, and then when he does get a letter it must be so confusing - who knows if the difficult behaviour (stealing, aggression) is down to the letter at Xmas'

Adoptive parents

Even between siblings the same letter evoked different responses:
D seems indifferent; K (3 years older) gets more upset. My husband feels strongly that the letterbox is mixing K up, it stops her feeling secure with us – she was insecure enough after all her moves.

Adoptive mother

Despite the letterbox system having been set up for adult-to-adult communication, it accepted that sometimes children would want to write. As children reached teenage years there were issues about their involvement.

'I don't know who should write – me or the children (aged 13 & 10 years) – do you keep nagging at them, are they into avoiding? They wont admit it if they don't want to write – perhaps they feel disloyal to me if they write. The real questions they want to ask they can't – they want to know who is the father of the younger siblings at home with mother. They ask me how can she manage with them and couldn't with us - it still hurts that they are in care, rejected.'

Adoptive mother, D and K

The kids write – normal day-to-day things – they call that women 'mother' now. They asked me if I minded. I can't write what I really want to, like 'I am your mother and she will never be'. I am very angry at social workers – they are horrible, evil and unfair – I will tell the kids the truth when they come to me

Birth mother of D and K

More birth families (57%) in this group expressed greater satisfaction about what they were sending, although one spoke confusingly of sending and receiving monthly letters, when the evidence suggested it was annual. Another mother, this time of a child with disability, made an important link with current family structures in society and an accepted lack of contact after divorce and separation:

'There can be a benefit in them letting me know how the child is but I couldn't see any benefit in my letting them know how I was. J (birth sister at home with mother) doesn't see it as unusual because she has another half sister she doesn't see either'

Birth mother

Photos were a bigger issue for this group. At least four adopters were unhappy about sending them, yet birth families were satisfied. One adopter admitted to sending photos taken 1-2 years earlier to minimise the risks of a chance meeting in the same town yet the birth mother
admitted she knew exactly where they lived! The photo 'match' scored only half of that with subgroup 1. Two brothers had repeatedly asked birth family for photos of young siblings at home, without success.

It was revealing that only two of the seven adoptive families (rather than 90% of group 1) saw contact leading onto direct contact as a teenager. Indeed, two did not envisage direct contact, ever. However, despite negative feelings, and possibly disadvantaging long-term consequences, these letterboxes were functioning and 'working as intended' and participants felt clearer than other groups about the process of 'who goes first'.

Adopters felt supported in the actual process of letterbox, but most were expressing grave concerns about the impact on the children of the letterbox and would have welcomed pro-active in-depth discussion about their children's best interests.

Other influencing factors
These were troubled children who had experienced multiple rejection/emotional abuse – any inconsistency or lack of child focus in incoming letterbox would only reinforce that rejection.

Birth families merited support if they were going to offer consistency, and have sufficient insight to appreciate the needs of their children. These adopters were a group for whom the theoretical concepts of post adoption contact dominated. They were convinced that contact could reinforce the children’s identity and/or preserve existing attachments. However the reality, that letterboxes were serving to remind their children of earlier rejections, was frustrating them. Five years into placement and nearing adolescence, with developing attachments to their carers, these letterboxes merited sensitive professional input, as of right.

'We cant move on in our lives – I have to keep prompting her (to write) again! —Surely it is better for children to get to 18 without the extra emotional pressure of reinforced rejection – they would be emotionally stronger to cope at 18. The whole thing was set up for the mother not the children’

Adoptive mother

Subgroup D – working, but viewed as banal or superficial (3 children)
These were three different but illuminating situations masking very different situations, each letterbox of debatable benefit to the children.
Objectives of the letterbox participants

There were no foster/adopt families in this group, whose average age was the oldest of any subgroup, adopted at 7.79 years. Two out of the three families birth families opposed the adoption. All three adoptive families felt letterbox had been initiated by social workers rather than court/GAL influence, only one believing they had had any choice. That adoptive mother felt a very high empathy level with birth mother, whom she viewed as the sole beneficiary of letterbox. She was prepared to continue for her sake – despite the triviality of content and frustration for the child.

Life story, identity and attachment issues

All the children were felt to have accepted adoption. One birth mother remained, 5 years later, very, very angry, with a high level of denial. She conveyed no responsibility for what had happened.

Relationships

These adoptive families were more preoccupied by difficulties the children were experiencing. They stressed the importance of anonymity and ongoing superficial letters, exchange of photos. However one adopter described being present as a foster carer when K was removed from the care of her disabled mother as a newborn baby.

'Ve sort of bonded when we took K off her – we were all upset – the contact is just for her, not K'

Adoptive mother

Content, process and support issues

All three adopters felt the content was unhelpful for the children, whereas the three birth members were satisfied by their incoming content. One adoptive mother resented any element of meaningful 'exchange', rather than both sides separately inputting into the 'letterbox system' but she was in the minority. The others were frustrated by the constraints of an annual input – one side was always left in limbo for a year before they could respond, thus obviating more meaningful exchange.

The adoptive families felt the birth family were not saying what the children, now, on average aged over 9 years were wanting:
‘Letters don’t really address the reality of her life or the past, just 2 way ‘happy families’.’

Adoptive parent

‘It’s a big issue now. Until now I have done it for her (aged 14) but now she won’t participate because she can’t say what she really wants to say’

K’s adoptive mother

However, in terms of contact being meaningful, it was apparent that social workers in the letterbox scheme were in a no-win situation. Such individualised work is time consuming. In screening they need to understand the child’s current context, e.g. one birth mother had been deterred from sending the more meaningful content that another adoptive family would have welcomed. But K had lived a chaotic, abusive, neglected life between family members for six years, and several letterboxes had been set up for him to relatives. Now aged 13, his adoptive mother commented:

‘It is annual two-way exchange, but not interactive. He will only write to his sister, and then it is a pleasant, superficial update with a positive spin. There are some benefits for maternal grandmother and half sister – for him they are small – there were more when he was younger’

Adoptive mother

‘I get no help, I wrote to the adopters that I’d not had a chance to say goodbye, but they (letterbox system) sent it back, as ‘not suitable”

Birth mother

and the birth father added:

‘They open the letters and I’m not happy about that’

Birth father

However adopters also acknowledge that more meaningful content could be difficult to handle. The tendency to superficiality is increased by the time lapse – one birth grandmother was still writing to the "eight year old" (now 13) she remembered. A high risk of sexual abuse underpinned one child’s removal, yet letters were written with the assistance of ‘the abuser’ as the mother described her partner to the researcher. Photo exchange was apparently viewed more positively than other sub groups, but one child, aged 8 when placed, lived locally, her
sporting achievements featured in the local press but 'we got her to stand at the back for the team photo, with her adopted name'.

Asked if letterbox would lead on to direct contact, there was a greater uncertainty than for other groups, and more than one birth family member spoke of fearing the approach.

'If he does come to look for me I can't explain why he was adopted, I am very, very angry. No support would help me and I hate Social services'

_Mother still living with partner who denies the abuse_

For another child, birth and adoptive parents had very different expectations about searching and moving on to direct contact.

'Not if we can avoid it, although we will support K. He was embarrassed by his mother last time they met, (in town) and he hasn't forgotten that experience – his mother gets so emotional'

_Adoptive mother of K_

But the birth mother was inexplicably, though adamantly confused:

'My lawyer is still looking at possibility of direct contact – letterbox is enjoyable – it is for me to find out what he is doing'

_Birth mother of K_

Overall although it appeared that for at least two of these three children, both parties would have been open to mediation – the frustrations of superficiality could have been ameliorated with focused intervention, and a greater understanding of each other's position. But there remained key differences of life stories and acceptance of responsibility. Letter writing in one instance was being shared with the abusing father.

Subgroup E – Goalposts have changed (10 children)

This was almost a quarter of the children, for whom some form of letterbox continued to function but the process had changed somewhere along the way from the set-up to the time of research interviews. These children were marginally younger than the whole group, averaging ten years. For most of them the letterbox had, de facto, changed to one-way, with adopters and usually children continuing to send information via the letterbox, sometimes uncertain if it was getting through to the birth family. Two children had other direct contact arrangements
with other birth family members, so child and birth mother were also receiving information through other routes.

**Objectives of the letterbox**

Both birth and adoptive family members were interviewed for nine out of these ten children. It was evident their objectives were incompatible;

'I see no purpose at all (in replying) – letterbox was all that I was told I could have. It should be direct contact or nothing!'

*(Birth mother)*

'I don't want to write – I didn't put her in to adoption. They told me about the scheme and I said I wanted to hear from them, but I'd only send to them if I wanted to and I don't'

*(Birth mother)*

Interestingly these birth families were more likely to have opposed the termination of direct contact (60%, n=6) but were more likely than other groups to have agreed with the adoption order (90%). More birth families spoke of letterbox as 'all we could get' at the contact stage. They were depleted by the legal system and resigned to the later adoption outcome. This indicated that letterbox decisions are being made prior to panel matching, in earlier court proceedings either because social workers believed it to be intrinsically good, the court had indicated a view, or parties, excluding adopters, had negotiated informally.

These adopters, presented with a fait accompli, were likely to be using theoretical agreements for maintaining links. Many used the words 'social workers prioritising needs/wishes of birth parents over children', 'perceived wisdom' or 'social work' fashion. For the three children under the age of two, adopters spoke of having no option but to accept it, but did not consider the contact decision-making reflected their child's long-term interests.

Asked if they had any choice in the set up, two adopters replied:

'No, it was a requirement by the LA – it was the basis on which the adoption was set up – the social worker has all the power'

*Adoptive parent*

Or, more constructively:
'I thought it might be useful to get a more positive picture of her (birth mother) — so much written down is so negative and that's not good for a child'

Adoptive parent

The contradictions were reflected in the low score of matched objectives; for only half the children was the match viewed as good or workable.

Life story, identity and attachment issues

They were typically children with a history of neglect and sexual and emotional abuse, with fathers with a history of violence. They had experienced a higher number of pre-care moves. In the adopters' opinions, a higher proportion of these children had made sense of their histories and life stories and the termination of direct contact. They were, perhaps a group of children and birth families for which letterbox may always have been less significant.

Relationships

These letterboxes were less likely to be underpinned by pre-placement meetings, but half the birth and adoptive families valued the meetings highly. For some birth parents the pre-placement meeting appears to have been what they needed to ease resolution and closure.

'She seemed scared. I felt she was taking K away but felt better about it after. I couldn't have settled if I'd not met them. Now I trust'

Birth parent of K

Only one birth parent found the meeting unhelpful

'I didn't like it. They asked me questions, I was depressed'

Birth mother

Overall these adopters scored more highly on the empathy scores towards birth parents and the birth family was less punitive towards adopters.

'I could have cried with her, I wanted direct contact'

Adoptive parent of K
Content, process and support issues

70% (n=7) of the children had one letterbox and the remaining three had two, a higher figure than for other groups. Literacy, and the cultural abnormality of letter writing may have been a bigger issue than appreciated by those running the scheme, with 70% of the mothers having learning difficulties, and five with identified mental health problems.

'It hurts, I don't want a letter I can't read'

Birth father

One adoptive parent felt she had failed her child and the birth mother when her own marriage had failed. She described pouring her heart out to the birth mother. These birth families tended to be less happy with the photos they were receiving through the one-way system. Photos getting lost in the post rapidly affected feelings of trust in an already fragile system. However, as time passed some adopters became sad and angrier, on behalf of the children that the letterboxes were only one way. They were finding it increasingly difficult to write into a vacuum.

The findings point to a need to review and possibly renegotiate arrangements after say 4-5 years, or one year after no 'exchange' when the expectation is two ways.

'SSD's have not got the power to sort out what they have set up'

Adoptive father

'We had agreed to the letterbox in court but there should be the option of not going on having to keep giving and getting nothing back. Adopters are very low down in priority – it's not an equilateral triangle, it's a chain with adopters below the cat and the dog'

Adoptive mother

However, it is important to record that a real potential for change appeared to exist, especially given the higher empathy score and the increasing frustration with what had become established as a one-way system. Skilled social worker negotiation that took on board the needs and views of the children and their adoptive and birth parents would be beneficial and help to re-establish two way, more meaningful contact. One birth mother with literacy problems justified not responding and asked:

'How can I explain to S and T that I can't look after them?' Birth mother
'I don't think you can say the things I want to put down, i.e. I love them. Now they are older I want them to know I didn't abandon them, and I haven't forgotten them. I feel like it's all my fault – I so want to see them – no-one helped me, I still have flashbacks”

*birth mother with learning difficulties, herself sexually abused*

Another mother was frustrated and bewildered by the rigidity of an annual system that operated by letters only and would not accept birthday and Xmas cards

‘It’s stupid, I buy cards, and they won’t pass these on – what’s letterbox for?’

Several adopters expressed exasperation when they had ‘chase up’ letters from the system, reminding them of overdue contributions to the letterbox, especially when they felt that the birth parents had not kept their side of the bargain. They had no information about why the birth family were rejecting the child by not responding – significantly all but one child knew of the letterboxes and 40% of them were contributing. The young people had been helped to see the one-way positively, but some adopters felt very frustrated:

‘Social workers should be around to facilitate the contact, not just leave it in this passive way’

*Adoptive mother*

Although appreciative of the support of their friends and families a lower proportion of adopters felt positive about the professional support available to them. All the birth families felt unsupported.

These children, with three sibling groups, highlighted the difficulties of balancing competing sibling interests and merit further more detailed analysis, especially as they reach adolescence. Letterbox meant different things to each sibling; the older children had faced their history – and were clearer about being placed for adoption, the younger ones, with less experience of abuse and rejection tended to fantasise more.

**Subgroup F – not working but adopters relieved (2 children)**

**Objectives of the letterbox**

Both of the adoptive families viewed themselves as forced by the court processes to have letterbox contact, each as a bargaining position for obtaining parental agreement to the adoption. One resulted from unacceptable pressures on adopters on the first morning of an
opposed, multi-day hearing to dispense with parental consent, when both birth parents were
serving prison sentences for sexual offences. The other was on the recommendation of the
Children's Guardian. He had no apparent regard to sustaining this letterbox, or assimilating
the view the birth mother had of the adopters:

'I have never met them – I don't want a dangerous black family for him'

Black birth mother

Although the letterbox had ceased, adopters expressed concern about how they were going to
tell children of their history, or reinstate contact with troubled older half siblings whose
placements had disrupted.

Content, process and support issues

The first incoming missives had filled one set of adoptive parents with horror and revulsions.
The adoptive mother described an initial letter having been sent by birth family addressed to
the child, saying that his removal and placement for adoption was 'all the fault of the social
workers and nothing they said about the parents was true'. There had been no further
correspondence from them but letters from the adopters, as agreed in court, stack up in the
letterbox scheme until the child is ten years old. The child does not know.

Both families blamed social services for allowing the letterboxes to be set up and may not have
been willing to turn to the Agency for the post adoption support they seem likely to need.

One family appreciated the complex dilemmas for social workers, addressing the needs of
children placed for adoption and continuing to work in partnership with the family when there
were other children, often on the child protection register, and still within the same home:

'We felt that if we hadn't agreed (to letterbox) the hearing would have gone against us. The
social workers said we'd got to do it as a condition of the adoption. The social worker was
involved with mother and sister (remaining at home) and was trying to keep the mother happy.
The social worker was for K but she didn't want to give up on Mum'  

(Adoptive parent)
Subgroup G – not working at all and sad about it (12 children)

None of these letterboxes were functioning by the time of the interviews and for the most part the adoptive families and children regretted it – the children were a slightly older group (8.49 years), none fell within the foster/adopt group, and eight were placed with a sibling.

One sibling group had received from two letterboxes, of disparate significance. One was to a grandmother, the other to a family friend, Rita, who had recently died. The difference in the quality of relationship and the 'meaningfulness' was stark. Had Rita not died her letterbox would have fallen within Subgroup 1.

Birth family members were only interviewed for three children. Three were already troubled teenagers, one had disrupted, and the sexual abusing behaviour of another had contributed to the breakdown of the adopter’s marriage. However a higher proportion of birth parents (81% n=9) had opposed the termination of contact and 63% opposed the adoption.

'I fought a big battle for contact over B!'

Birth mother of B & E

'It didn’t come from them (birth family) last year and now the boys don’t want to do it – letterbox is not an issue for them – it is in the past now

Adoptive mother of B and E

The majority of adopters had viewed the letterbox as a form of ongoing information/identity/open door whereas the three birth parents interview saw it as ‘all we could get’ in opposing the adoption. Adopters expressed concern about a younger half brother about whom their children worried – they had hoped the letterbox would alleviate those anxieties. Another adoptive mother of a young 2 year old spoke of her own vulnerability and difference of opinion from her husband:

'I was more open minded, but I would have done anything, I gave the commitment to N (older sister) when I met her and I write the letter – he disagrees'

Adoptive mother

The future

Adopters expressed concerns about how they would tell their children about their history and reinforced rejection implicit in the failure of letterbox:
'How economic should we be?'

'The half sister wrote and then stopped - should I go on writing, how will we tell C?'

**Life story, identity and attachment issues**

A higher proportion of children (63.6%) were considered to have made sense of the termination of contact and even higher (90.9%) of their placement and life story work.

'The chemistry was right – he wanted a white house, a car and a dog called Albert, and he got it all – we were filling such a big hole in his life – and now our house is alive, fun, and they are a joy'

*Adoptive father*

**Relationships**

63% of the adoptive families valued the pre-placement meetings with the birth family although the remainder were disappointed when the birth family had not shown up'. Despite feeling sad, 72% of the adoptive families felt some empathy with this most vulnerable birth family group – a higher proportion of these birth mothers had themselves been in care, abused or had learning difficulties. 71% had experienced domestic violence.

'I had a violent relationship, B was 2 years old, I had three children, too much, I couldn't cope, I went back to partner, we met outside a pub, it was awful, and I regret it – depression, I got pregnant with E, I wanted adoption for her, but B wanted me'

*Birth mother, B & E*

'She (B) talks about Mum and Dad, it's still very hurtful, she wants to continue, she wants photos but SSD fear a snatch'

*Adoptive parents, B & E*

**Content, process and support issues**

These letterboxes had only had sporadic action, and nothing in recent years. Overall, this was, by the time of interview, the most detached group, for whom a greater level of informed, proactive monitoring and support would have been appreciated. These adopters spoke of the tensions in the content when they had written. They echoed many other adopters wrestling with content and remaining sensitive to the relative poverty of birth families.
"We are underplaying our lives – e.g. going to Disneyland"

Adoptive parents

One of the 3 birth family members in this subgroup that it was possible to interview reflected on the cessation:

'It's very, very hard, I did not know what to say, I don't know what A likes now, I need help'

Birth mother

It can be seen from the Table 7.2 below that the children were aware of the cessation in arrangements – seven of them had been sending and receiving information in the earlier stages.

Table 7.2 Children’s earlier responses to letterboxes that had ceased – Subgroup G

<table>
<thead>
<tr>
<th>children's responses</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid excited/ very significant</td>
<td>3</td>
<td>25.0</td>
</tr>
<tr>
<td>disinterested</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>very unsettled</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>does not know</td>
<td>4</td>
<td>33.3</td>
</tr>
<tr>
<td>refusing to write, not had letter from Mum</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>not known</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Asked about the direct contact in the future, 74% of adopters saw it as 'not until adulthood' and as less likely after the failure of the letterbox – for only one child was direct contact envisaged in teenage years.

'We hoped they would meet in their teens, but stopping letterbox makes that less likely'

Adoptive parent

Although the adopters felt unprepared for contact, it was surprising that half of them still felt supported by their former social workers.

Interestingly, foster carer contact proved a bigger issue for children who had lost contact with their birth families. Five adopters viewed foster carers as the most significant person for the child were and very critical:
'She (the foster carer) was very, very important. The foster carer resisted contact and SSD did not promote that relationship enough'  

Adoptive parent

Subgroup H – adoptive parents had not replied (1 child)

C's adoptive parents had separated, and had not responded for the last two years, despite chase up letters. The birth mother, with learning difficulties, had continued to write until last year, when she had been told that her letters were not getting through so, with regret, she stopped writing.

'It is sad; it was for me to know how he was getting on. I met them and it was good and they seemed the right sort of people. There is no one to help me and I would like that. I wrote that I was living alone with two cats and I hoped he was well. It was hard to do'.

Birth mother

Summary

In summary, from the analysis of letterboxes set up 4-5 years earlier there was a measure of overlap in the subgroups. Each group however highlighted the need for a more discriminatory approach to earlier decision-making and the opportunity for reviewing, negotiation and flexibility over time. Letterbox is complex and is unlikely to be of benefit to the child when used as a bargaining counter between disparate objectives, particularly within the legal context. All participants and their legal and social work advisers need to understand its significance for the child and the longer-term consequences of changes for children and their families. Before drawing more detailed conclusions however, the observations from the more limited 8-10 year follow-up study of Group A are relevant.
Key Messages of Chapter 7

1. Within five years of the panel decision for 138 children to be placed for adoption, interviews were undertaken for the 47 children for whom letterboxes were set up at the time of the adoption. Adoptive parents were interviewed in respect of 97.9% of the children, at least one birth family members in relation to 74.5% (n=35), plus an additional 7 birth family members. More significantly, interviews were undertaken for 33 `adopted sets` of birth and adoptive families.

2. Trinder et al's (2003) definition of `working well` in contact in private law specifies criteria for contact: there is no risk of harm to the child, all are committed to the process and contact is positive. These criteria would have been satisfied for very few of the 47 study children.

3. The use of grounded theory led to four main groups within the 47 letterboxes being set up

- 21% Working well (n=10)
- 47% Working with reservations (n=22)
- 4.25% Not working and relieved (n=2)
- 28% Not working and sad (n=13)

4. Within those main groups there are eight subgroups

Working well
- A – 21% (10 children)

Working with reservations
- B - High maintenance – 4.2% (n=2)
- C - Creating confusion and rejection for the child - 14.9% (n=7)
- D - Banal/superficial content - 6.3% (n=3)
- E - Goalposts moved - 21% (n=10)
Not working and relieved

F - Adopters relieved – 4.3% (n=2)
G - Birth family not responding – 25.5% (n=12)
H - Adoptive family not responding – 2% (n=1)

5. Subgroup A. working well (10 children) had high match of objectives, with children having made sense of their histories and termination of contact. The adopters perceived their primary attachments for 90% of them as being to the former foster carers. All participants have valued the pre-placement meetings. The letterbox content was meaningful for 90% of the children and there was a higher expectation that letterbox would lead to direct contact as a teenager.

6. Subgroup B. working, but high maintenance (2 children) were experiencing difficulties that were predictable at the point of adoption. A low key review mechanism could have led to a re-negotiation of objectives, and the opportunity to reassess the children’s needs, even if it meant a pro-active return to court to terminate contact.

7. Subgroup C. working but creating confusion or reinforcing rejection (7 children). These were more troubled, older children with a higher incidence of emotional abuse and birth parental difficulty and a history of litigation. The adopter objectives were more theoretical and linked to ‘identity’ or meeting the needs of birth family. The pre-placement meetings had been valued but there was a misfit of life stories. Half of the birth and adoptive families scored low on the empathy factor. Content was not viewed as helpful for over two thirds of the children. Photos were more contentious and although functioning, and ‘working as intended’ some pro-active professional intervention appeared essential – support of birth family and negotiation was necessary if children’s earlier experiences of rejection were not to be reinforced.

8. Subgroup D. Working but banal and superficial content (3 children). Whilst the superficiality and lack of ‘meaningful exchange’ was felt to be damaging to
children, the frustration could have been ameliorated with focused intervention/mediation. There were though markedly disparate ‘life story’ accounts, and little acceptance by birth parents of their responsibility for the child’s need to be placed for adoption.

9. Subgroup E. working, but goalposts have moved (10 children). Objectives were less compatible, contact termination (but not the adoption) was more likely to have been opposed. Letterbox had often been negotiated at the earlier stage of care proceedings and were perceived by adopters (for whom letterbox was presented as a requirement), as reflecting social work wisdom or fashion. The children, with a history of significant harm had made sense of their lifestory, so letterbox contact with their birth families may have been less significant. BUT as time passed, adopters and children were becoming increasingly unhappy about the one-way communication. There were interviews with 90% of these birth family members, adopters scored highly in the empathy score. Together, this indicated the potential for mediation and a frustration with a letterbox system that was too passive. The disparate needs of siblings placed together was highlighted.

10. Subgroup F. not working and relieved (2 children). Both adoptive families were relieved that the letterboxes were not working and resented the social work involvement that had allowed court pressures to dominate and set up letterboxes they strongly believed to be inappropriate.

11. Subgroup G. Not working and sad (12 children). Fewer birth family members were interviewed (25%) but a high proportion of these older children had made sense of their adoption and the termination of contact. These birth parents were the most vulnerable group. Some of the letterboxes had functioned in the earlier stages and may have contributed to a sense of closure for birth families. Adopters saw these letterboxes as less likely to lead to direct contact, even in adulthood, and would have welcomed more informed monitoring and support. The lack of ongoing foster carer contact was a more significant issue for many of these children.
12. Despite the overlap, each group highlights the need for a more discriminatory approach to decision-making and the need for flexibility over time. Letterboxes cannot be viewed as a bargaining tool in the court proceedings or social workers for birth parents, if the disparate objectives mean they are less likely to work well. There needs to be greater awareness of the consequences for children and their families of any changes in the incidence, quality or frequency of letterboxes.
CHAPTER 8

THE FOLLOW UP STUDY

The original group of 21 children of Cohort A averaged 14.2 years when they were followed up between 2002 and early 2003. Five of them were over the age of 17, but were still living with their adoptive families. After the initial letter, no further contact was attempted with two children for whom the court ordered letterbox had ceased before 1993/4. It was possible however to make telephone or face to face contact with adoptive families in respect of 19 of the 21 young people, and birth family members for 8 of the 21. Four of the young people talked to the researcher about their feelings about letterbox, and another 14-year-old ‘birth family’ sibling to whom one child had had a letterbox was also interviewed. For eight of the young people it was possible to interview both their birth and adoptive families, i.e. there were ‘adoption sets’ in respect of eight children, 9-10 years post placement.

It has been stressed throughout that this was the pioneering group, when families were not as prepared for letterbox and professionals associated with the setting-up were not as clear about the limits. Having said that, X authority was considerably in advance of other local authorities, many of which are still operating post adoption services with very limited professional staff. The outcomes however after 9-10 years highlight the danger of statistical analysis or extrapolation from a small, individualised group of children. The variables associated with these letterboxes are too numerous to state, in terms of their own history, before and after placement, their birth families and their adopted families. However, in case study terms, particularly when triangulated, these letterboxes illustrate many fundamental, albeit cautionary issues. There are also interesting lessons arising from the follow up interviews when, for at least 3 young people, their situation felt more stable 9-10 years post placement than it had done 4/5 years earlier.

Of the original letterboxes in respect of the 21 children, eight were still ‘functioning as had been planned’. However there remained much pain and anguish associated with the majority of the letterboxes, either because they were working but not meeting anyone’s needs or had prematurely ceased to function.

Whilst exploring the experiences of these families 9-10 years after placement, the letterbox objectives associated with identity, sense of belonging, genealogical connectedness and maintenance of existing relationships were borne in mind. Some of the cases are described in detail because the issues highlight the fundamental dilemmas of open adoption, and the increasing complexity as time and the lives of those parties to the adoption triangle change,
and the children move into more mature stages of dealing with the loss, and search for self that is implicit in adoption.

Where necessary further steps have been taken to conceal identities, since information elicited is not known to all sides of the triangle. There is an emphasis too in this chapter on letting the children and their families speak for themselves, with analysis deferred to Chapter 9.

Table 8.1

<table>
<thead>
<tr>
<th>Letterboxes</th>
<th>Numbers after 9/10 years</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing to function</td>
<td>8 (4 x 1 way)</td>
<td>38%</td>
</tr>
<tr>
<td>Changed in intervening 4 years</td>
<td>6</td>
<td>28.6%</td>
</tr>
<tr>
<td>Still not functioning</td>
<td>6</td>
<td>28.6%</td>
</tr>
<tr>
<td>Changed to direct contact</td>
<td>1</td>
<td>4.76%</td>
</tr>
</tbody>
</table>

THE YOUNG PEOPLE FOR WHOM THE LETTERBOXES CONTINUED TO FUNCTION (8 YOUNG PEOPLE)

There were eight young people for whom the letterboxes were still functioning as had been envisaged in 1993/4. For four of them, the letterboxes had been set up as one way, including one child with significant disability. In 1998 adopters commented that although they had not thought through the long-term issues of letterbox at the time of placement—it had seemed ‘a good idea’ to maintain one-way contact. Letterbox issues had assumed less significance for the adopters 4/5 years after placement when the children’s behaviour and adjustment problems had consumed all their emotional energy. As the placements matured however adopters were less sanguine and more serious frustrations were emerging. For instance the attitudes within one sibling group were more divergent with the anger of the eldest child towards birth family increasing, at the same time as the idealism of younger siblings’ fantasies developed.

'We should have thought it through, one-way letterbox was fine but it is not sustainable — children need something back. As the years go by - why? Children find it weird to send letters into oblivion. Last time we wrote differently, asking questions but we got no reply. We put a lot of thought and discussion and yet got nothing back — we felt bad for the children

Adoptive mother of V & V.

Meanwhile from the children's birth mother, with an indicator of her deep underlying and continuing problems:
'I am frustrated that the girls don't write themselves – we get this computer letter. But I am happy to know they are doing well. Letterbox doesn't help because I can't understand why they don't write to me. I am unclear about the set up – I can receive but I am not allowed to write back to our kids – the kids will think we don't love them – it's bad news when you can't send a birthday card. Social services should never have taken them off me. I'm sure S was interfered with by the social worker who came to court - he used to take them to court. One day they'll come looking for me. I admit I had a drink and drug problem six months ago and was hospitalised for six weeks – the drink drowns the memories and blanks it out'.

Birth mother of V & V

For F, the adopters had also agreed to keep sending, without getting anything back.

'Only the first year did the grandmother send anything back'. But it is important – we know they are picking the letters up and each time we write saying that it would be lovely to hear from them, and that we hope one day they will send a photo – our other adopted son has a photo of his brother.'

Adoptive mother of F

However, F's maternal birth grandmother highlighted the missed potential for mediation and probably 2 way letterbox, if not direct contact:

'I know I am supposed to reply in April but I put it off past the deadline – I don't know what to say, it has gone on so long and life has moved on – I have 8 grandchildren and it feels strange not to send at Christmas – I wonder if it is best to leave well alone – she has another family. She has a disability so it is more difficult – now she is growing older and doing better and playing the violin, it is less painful. It is definitely better for me to hear via the letterbox – I feel more at ease and know she has a better life than she would have done with her Mum.

Maternal grandmother of F

For the three remaining young people, aged 15,15 and 12 when re-interviewed, the arrangements had continued, this time on a two way basis, two with their birth mother and one a grandmother. The birth family member was also interviewed for two of these children; the difference in attitudes over the intervening four years was striking. Each adopter expressed profound frustrations with the letterboxes; two described the ongoing reinforcement of the rejection to the child, i.e. the initial neglect and abuse, the actual placement for adoption and now the frustration associated with letterbox as a triple sense of rejection.
K (aged 15) had been profoundly rejected by both parents and had started out with two letterboxes: one-way contact was being maintained with his mother, but his father has stopped collecting them. He also maintained direct contact with an older sibling, J, living with his mother. He knew that his brother, J, had subsequently been adopted by his mother and stepfather, and that they now also had their own son, Y.

"Letterbox was just for his mother's sake – the only one getting anything out of letterbox is his Mum. He just feels rejected and cast off by her – a child can only take so much so I haven't told him that his Dad isn't picking up the letters. He had known about the letterbox, and for 2-3 years I asked him to contribute, which he did, but not since. When he sees his older brother, who is living with his Mum. J hands him the mobile to ring their Mum but K won't – the letterbox contact has made his rejection worse.

Adopted mother of K

Sadly, back in 1997, when more effective professional mediation might have been offered had the letterbox team had the depth of background information to appreciate the difficulties, K's birth mother had said:

'No one has told me the rules and why I can't send anything – I feel part of him and not shut out of his life – I feel envious of J when he sees him, and I feel jealous of all their foreign holidays

Birth mother of K in 1997

All parties talked freely to the researcher and the lost potential for mediation was self-evident.

P too had also had very damaging early life experiences and it was inevitable that he would struggle with adolescence. By 1997/8 he was 12 yrs old and acting out badly and very angry with his adoptive mother for taking him away from his birth mother. Four years later, his adoptive mother commented:

'She sent cards that were OTT, 'thinking of you every minute', with no recognition that he was adopted. He would veer from responding maturely, then get angry because his mother had thrown him away, then get angry with me for taking him away from his mother – he wanted to ask his mother why his Dad had abandoned him, and was his stepfather still in jail. What would really help him would be a letter of truth – anything else is titillation. He needs to grieve, but letterbox is feeding into his fantasy of a loving mother. The letterbox 'system' must adapt to the long term nature of the issues – e.g. was their judgement right to send on the last flowery letter – P wont have sex until he has asked his mother why she didn't prevent
it all from happening. Letterbox just raised expectations of a mother that she was never going
to be able to keep up to the

Adoptive parent of P

For ethical reasons, recognising the fragility of K’s placement, a decision was made, with the adoption support worker, not to seek attempt to re-interview the birth mother. The first interview with the birth mother had been followed by change in the content of the letterbox.

E’s letterbox had also continued on a two-way basis, with his grandmother, but had remained at what the adopters described as a frustratingly superficial level. Whereas in the initial interview the superficiality had met E’s needs, he was now 13, and was demanding answers.

‘Letterbox plateaued and is now sterile and repetitive, our lives have moved on but the letterbox has stuck. The last two years the big life questions have increased – he wants to know ‘why’? Letterbox is a trigger for all these questions, but at 12, we wonder with hindsight if the trigger should have waited till he was older. Policies and practice changed so quickly, letterbox became the norm without thinking about the long-term implications.

Adoptive mother of E

E’s grandmother too talked about her frustrations and sense of void:

‘Letterbox is all right, but I cant ‘hear’ any more from what they write. I had hoped that E would write to me by now – but no-one ever explained how the system would work – I have never written about his Dad, and I don’t know if I should, or if E reads the letters or not.

Grandmother of E

However, what E’s adopters did not appreciate was that letters were being passed on to the seriously abusing parent. Grandmother continued to view her son as innocent and wrongly imprisoned for a very serious offence. Potential child protection issues were therefore more significant than the adoptive parents or letterbox system appreciated. As direct contact becomes increasingly likely to be contemplated it would seem essential to have that background information. Although E wanted to make sense of ‘why’, the sanitising medium of letterbox was not answering his more fundamental questions of identity.

In summary, despite the fact that superficially these eight letterboxes are functioning as intended, all but one of them highlighted the need for skilled and time consuming intervention at an earlier stage, and certainly now. Each situation was complex and professionals would need to read files, interview birth family, adoptive parents and the young people, in order to
understand the history and current situation before establishing common ground, and perhaps helping individuals to move on. The one letterbox, with a grandmother, that was unchanged, moving forward and meeting the needs of the child at the time of the re-interviews had been an infant who had been effectively voluntarily relinquished. Each of these young people too were now at a stage in their development when they were needing to know ‘why?’ - the superficial medium of letterbox was not answering those fundamental questions of identity, and their frustration was increasing. However few of the adoptive families interviewed had approached the support team for help, so only a pro-active review or informal telephone call would be likely to elicit the subtleties or explore the possibilities for change within a safe environment. Most of those young people remained understandably fragile, and quite small changes had the potential to destabilise them.

THE LETTERBOXES THAT HAD CHANGED IN THE INTERVENING 4 YEARS (6 YOUNG PEOPLE)

For half siblings, M and C the cessation of letterboxes was particularly sad - they were, placed apart but sharing a common inherited physical condition from which their shared father had died. C, (the birth family member with letterbox) who was three years older, was interviewed on both occasions – in 1998 when the letterbox was working well:

'I like it, I think. It feels nice to have something from my brother – I don’t get many letters. It's not that bad that it’s a brother I don’t see, that I would like to. It is confusing, it makes me think of P (birth sister) – and I don't know where she is either.' 10-year-old C, in 1998

C’s carer felt positive about the letterbox and envisaged it moving to direct contact within the next year or so. However she did not know that M’s adoptive parents had separated, acrimoniously and M was now with his adoptive father.

By 2002, having not had a letter for two years, C was unaware of researcher knowledge of the marital separation of M’s parents. She reflected in a way that typifies the low self-esteem of these vulnerable young people;

'Is it something I said that he hasn’t written for two years. Letterbox should find out why!

C aged 13

The researcher finally traced and spoke with M’s adoptive mother in 2003. In the interim she had acquired a residence order, and on M’s behalf, had attempted to resurrect the letterbox contact with C’s carers, only to find that, 14-year-old C had left her foster home in an unplanned way. Whilst in 2000, M’s adoptive mother and C’s foster carer would have
welcomed the opportunity for the half siblings to move towards direct contact, neither were now prepared to allow C, a currently more alienated, confused teenager to have M’s address. So, by 2003, both M and C were both left feeling sad, each with many unanswered questions, and frustrated by the non-functioning of their letterbox. With hindsight, M’s mother had no regrets that the letterbox had been set up:

‘M reached a better understanding of who he was, and his past, and why they were both in care. They have a better sense of their identity, but we will wait now before we tell M what has happened. She has special needs and is dealing with lots of other issues, and I couldn’t take C in if she just turned up on our doorstep – even though M would want that.

Adoptive mother of M, 2003

With hindsight, in a cautionary lesson, M’s mother was relieved that they had not moved prematurely to direct contact.

10-year-old N had been in a similarly anxious state, in 1998 she had been interviewed and had emphasised the importance of the letterbox in ameliorating her sense of rejection from her mother, but also knowing that her younger sister was safe and well. However, her adopted single carer bemoaned the unreality of letterbox, but was weighing up dilemmas for adopters and the fact that N did not know that her young sister, E, had just come into care too.

‘I worry about what’s best for N, and feel guilty about E, when I am trying to decide whether to adopt E too – she has special needs and I have a new partner.’

Adoptive mother - 1998

Meanwhile N herself had added:

‘I feel happy about the letter – I’ve not seen Carol (birth mother) for a long time. I’m happy that she writes me a letter and thinks about me. I’m unhappy that I can’t see my little sister, E - I look forward to the letters’

N in 1998

By 2002, E had been placed with N. But neither had had letterbox communication from their mother in recent years. This time, N was more reflective and spoke to the researcher of writing letters regularly,

‘I worry about not having heard – something could have happened – I still got to talk to her in a way, and knew she wanted to know me. With the letterbox she told me how she’s getting
on - letterbox made me want to see her more – but now E (little sister) is with me, I know she’s doing OK too’.  

\[ N \text{ in 2002} \]

However in an indication of the difficulty of reading too much into a (confused?) child’s responses in a researcher interview, his adoptive mother commented that N had actually had no interest in the letter writing and that in fact she had been writing the letters for her! Two weeks ago N had said to her adoptive mother:

‘I bet she (birth mother) wont write this year because I’ve not bothered!’ 

\[ N \text{ aged 14} \]

J’s situation raised the complex issue of court-prescribed contact – power without any longer term responsibility for the child’s well-being, and agreements or orders that are cast in tablets of stone and parties perceive as non-negotiable. The longitudinal nature of the research from 1993 to 2003 highlights these difficulties.

‘We are still doing it (letterbox) but getting nothing back for him (now aged 10). When we first started it we told him and wrote with him, but now we don’t involve him. The court said we had to do it till he was 16, and we pushed for R (birth mother) to respond, but now we have given up and stopped pushing. Everything in adoption should be for the child, but now letterbox is nothing for the child at all. I spoke to the (placing) social worker and she made sure I’d sent the letter or I’d be in court. I’m not happy, it’s not good. My own job relies on me having a clean police record and if there were to be court proceedings about J, I would be vulnerable.’ The system is more focused on the mother and we are very disappointed. J hasn’t asked recently but when he knows, he will be so hurt. It sets up false expectations. It is no good having a system that sets something up and then fails the child.

Adoptive mother of J

However the birth mother continued in 2003 to deny any responsibility for J being in care.

‘I’ve done no harm, he wasn’t abused really, and anyway now I have got C (half sibling to J), and a new baby coming and no social services involved!’ 

\[ Birth \text{ mother of J - 1998} \]

Amazingly, J’s birth mother went on to describe the letterbox as going well, of reading the letters to her younger son. She implied to the researcher that she was sending letters regularly and conveyed no awareness of J as an individual:
The adopters write to me, it would be nicer if J wrote himself. It’s not hard for me to write. This time I will wait for the result of the scan and write when I know the sex of the baby. Two years ago there were problems and I had to wait ages for the letter, I rang 6-7 times because it was late and they (letterbox people) got very fed up with me. I said, ‘don’t write me daft letters’ (about asking for a response from me) – the system should be more flexible. The good things about letterbox are that I know J is all right, I feel at ease and there is a benefit for C (younger son) too.

Birth mother of J

F is now 11 years old – his letterbox had shifted from two-way to one-way, and then ceased the year after the first research interview. In order to set up the interview with a mother with learning disabilities and mental health problems, arrangements were made to interview her in the day hospital with a support worker present. That worker gave a commitment to helping and supporting F’s mother to write, and for the first time in two years, F’s adoptive mother says he received a lovely, happy, newsy update, that he really appreciated.

Perhaps the compensation for F of the poor functioning of his letterbox was that he had retained direct contact with his brother, separately placed in a foster home near to his birth mother. In a message repeated in many of the cases, the child’s individual social worker had played a key and facilitating role, in mediating on behalf of F and his family, and his sibling and his foster family, i.e. holding all the strands together. Once that worker left, the adoptive mother reflected that the quality of support was never the same and contact with the brother ceased. Echoing Cleaver’s (2000) findings that families welcomed pro-active social work intervention. She reflected:

'It is sad that the letterbox has stopped. We get his life storybook out and it just stops when that last letter came, we wonder if direct contact would have been more reliable? Should I push? I don’t feel it is my job to push the sibling contact, but I would love the social worker to be more active and just take the initiative (because of the failed letterbox) and trace her and let us know how she is'.

Foster/Adoptive mother

Interestingly, this experienced foster mother said she had not initiated contact with the Support after Adoption Team, all her trust had been placed in an individual worker.

Finally a case scenario with five articulate contributors that encapsulates the dilemmas of adoption and contact for children and their adoptive and birth families. R and W were full sisters, placed separately, aged 10 & 8 years, in close proximity, with informal and frequent
direct contact with each other. Both had had a very high number of moves within the care system, and there had been a universal acceptance of the lack of sibling compatibility and the decision to place separately. R had been the parenting child with a special relationship with her mother. R's letterbox fell within the subgroup of 'working but with confused feelings'. W in contrast was accepting of less meaningful contact, wanting to put the past behind her and needed endless 'nagging' to write. W had had multiple moves, a disrupted adoption, and by the time of her placement with her adopted family she was ready to cut her ties:

'She cut everything the moment she moved here. We and the social worker even tried to bribe her with a computer to do her life story work. We have to nag, and nag to get her to write – it is a major chore. When she does write, its very superficial, a sort of holiday postcard. It's embarrassing. We feel we are making her do something she is not interested in.'

Adoptive parents of W in 1998

W, for whom the letterbox had clearly contributed to closure, confidently and cheerfully met with the researcher.

'Getting them (letters from mother) stops me worrying; it helps a bit that she writes about Dad. But I would prefer to write just when I want to and not every year. For younger children letterbox may be a good thing and not boring like it is now. The best thing in my life is Mum, Dad, my friends, computer and my sister R'

W aged 14 (1998)

Her birth mother appreciated the differences between her two daughters and confirmed her differential response to them.

'W wouldn't remember me, but I didn't want her to think that I favoured R. I needed to treat them alike even though it didn't feel the same; I wanted to know how she was. W writes, calling me by my first name, not Mummy S like R does. I don't push her into remembering the past like I do with R. I haven't had a letter from her this year like I have from R, and I feel upset. Does she care? I don't have a sense of what W is thinking'

Sadly, birth mother’s letterbox exchange to W and R ceased shortly after that interview, and she failed to respond to R’s last letter in 1998. She had moved without a forwarding address. It was not possible to trace her for re-interview.

The letters had been of far greater significance for 15-year-old R, who had been in the parenting-child role. In 1998 her placement was significantly more vulnerable than that of W, she was pushing herself and her carers to the limits; stealing, staying out, etc. The placement was judged to be too fragile to risk interviewing her in 1998.

By 2003 however both girls (now aged 20 and 19) were still in their family homes but happily agreed to be interviewed together. R was the more dominant, outgoing, ‘streetwise’ young adult, W readily conceded she could wind R up but that she had less of a temper, was quieter, less angry, less mature for her age and with less experience of life with boys, drugs etc than R. W reflected on letterbox;

‘There is only so much you can say in a letter, I just didn’t want to carry on’

W in 2003

But R had had some counselling as a 16 year old and understood more about their history than W. R was adamant that she would have preferred direct contact and had never agreed with letterbox. Both girls knew that R had been their mother’s favourite: indeed W said she knew that their mother had wanted to keep R and not her and insisted that she no longer cared about that! R commented:

‘But the decision was made to limit contact to letterbox because it was in W’s interest, I wrote to my Mum, like she did to me that ‘I can’t wait to see you, and it was sent back to me by the letterbox system. My letters should not be censored’

20-year-old R in 2003

And she added, in a statement that encapsulates the complexity of adoption, sibling interaction and post adoption contact:

‘I am angry at social services that had moved me around to 13 families. When I was placed I wanted just one thing off them – to have direct contact with Mum, but they wouldn’t let me. And now I can’t trace her, and they don’t know where she is. BUT, I love my Mum and Dad (adopted) to bits. I’ve shit on them enough times but I still love them and they love me. I left home and came back, I did everything, I stole from them, I overdosed, but when I came back I realised how much they really care for me. I need to know about my Mum, but I would never
leave my Mum and Dad now, and I will always keep their name, but I am not complete
without knowing my parents. I don't blame her (birth mother) for what happened. I'm not
bothered about Dad (birth) He pissed off and has another family and he agreed my adoption.
Mum opposed it so she cares.’

20 year old R in 2003

Reflecting though on the merits of letterbox, direct contact and no contact, R acknowledged
that it was an impossible call for social workers, and that although they had opposed her
wishes and feelings they had been right she added

‘Maybe if I had had direct contact with Mum I would never have made the commitment to my
adoptive family and really settled eventually, and although I am upset not to be able to trace
her, I wouldn't want anything other than my Mum and Dad forever. They are my real family’

20 year old R in 2003

Meanwhile, recognising R's sadness that the letterboxes had ceased and she was unable to
trace their mother, W reflected:

‘Maybe it is my fault. I stopped writing first because I saw no need, but R kept on and got no
response. Did she (birth mother) stop, and then move on without a forwarding address
because I stopped writing?’

Perhaps these sisters, both of whom also expressed regrets that they have no contact with a
third half-sister separately placed for adoption, sum up key issues both for adoption and
contact:

• The immense commitment and persistence of adoptive families, particularly if they
are well prepared and well supported
• Outcomes need to be measured, as Howe (2000), Rushton (2003) found, over the
longer run. The 5 years post placement interviews relating to R gave a misleading
picture of the longer-term prognosis.
• Sibling needs can be profoundly disparate, reflecting different life histories,
personalities, levels of maturity, adoptive family cultures, other relationships, and their
own personal resilience. Early historical differences are greater and more mutually
exclusive than professionals recognise in an ideological belief that siblings want to
live together. Few siblings too are secure or mature enough in their individual
placements, in close proximity, to acknowledge that – the more vocal expression is
one of ‘loss of a sibling’, albeit a relationship that may never have been sustainable
throughout a placement. The professional dilemmas are acute, but the need for transparency in decision-making is essential, so that in later life they can be helped to understand the 'no win' situation social workers face.

- Direct and possibly emotive letterbox contact for some emotionally fragile and rejected young child may be too emotionally confusing, and prevent them from forming the attachments to a new family. It is those attachments that will equip them throughout their whole life, not just the late teens and early 20’s.

- Where birth parents are struggling with the subtleties and complexity of letterbox, they will need pro-active and skilled support. W and R’s mother understood the issues but was unable to deal with them, and her associated feelings of loss and guilt. It would be understandable if she had moved on after R’s response. With hindsight, she needed skilled, professional support back in 1998.

- All young people should be entitled to pro-active, and sometimes sophisticated and expensive support in searching for their birth parents.

The still non-working contact arrangements (n=6)

Four of the children are covered in previous chapter. Two fell within the ‘relieved not working’ category, one from within a wider system of sexual abuse, and the other a mentally ill mother, where letterbox made no sense for her, or the young person. Both had been imposed by the court and arguably should not have been set up. However of the remaining four children, two were sibling groups who had experienced multiple changes prior to placement. One, T, was a parenting child on whom the birth mother has depended.

T and L’s letterbox for the first two years had worked well after a successful pre-adoption meeting. Thereafter it became erratic which had worried T particularly:

‘T (aged 11) was initially pleased and then got very, very anxious and disturbed by the letters. L (9) was pleased and not upset. She was happy enough but it was not a big deal’

Adoptive mother of T and L

After a two-year interval, which had distressed the children, the research ‘harassment’ to seek an interview had appeared to elicit one final letter from the birth mother. It was a sad letter. The adoptive mother reflected in 2002 on the probable current situation of the birth mother and her poor health. She said the children had been writing ‘we’ve done this, been there etc’ to their mother and she had been unable to influence that tone. T and L’s adoptive mother had scored highly on the empathy ‘scale’ and high on her commitment to contact. She said she could understand why their mother had abandoned letterbox, and she viewed the two years when they had received letterboxes as a bonus. She recognised however that
its cessation made the children's decision to search out their mother less likely. By 2002 she felt the children had moved on and accepted the situation, with less feeling of rejection by their birth mother. She remained concerned that the foster carers of three years standing had been important attachment figures and had cut off from the children. She said this had been, and still was more profoundly hurtful for the children.

'When letterboxes are not working SSD should put in some real work. Don't let social workers set up expectations of contact and then not come up with the goods - families and children should also be better prepared that letterbox may not work out.'

Adoptive mother of T & L

E had been the subject of neglect and sexual abuse, and by the time she was placed in her adoptive home, she had spent four years in residential care. She had initially resisted being placed for adoption but had three siblings adopted separately. Contact arrangements included direct contact with her separately placed siblings, letterbox with her fourth older sibling, L, at home with her Mum (the parenting child). Her adopted mother also scored highly in empathy factor towards birth mother and encouraged the contact.

'E was very, very pleased to be with us - she had had some good work done with her and had a very good relationship with her social worker. Letterbox will help her to keep her past in perspective - if it becomes a mythical story its more difficult to move forward. The Guardian got closest to acting as a go-between for her mother and us. We wanted photos of E as an infant, and the Guardian got the dialogue going'

Adoptive mother - 1998

However, even in 1998 birth mother and sister, L, had ceased to respond, and said they were not keen on letterbox. They spoke of feeling pressurised into writing a letter because letterbox contact had been all the court would give them. Significantly, L was also very jealous that E was able to retain contact with their other adopted siblings and she was not.

'I thought E should come home - she bawled me out for not coming home and that I came home. This is her home this is where she should be. I have had no counselling - its like writing a letter to no-one - it's like you've died- it should be direct contact or nothing - I bet they screen every bit of it, its wrong that they do that, they should rip it up and I don't know - it should be private'

L, 17-year-old sibling of E in 1998
Three years later, E was 17 and the letterbox was still not working – E had gone on writing for a year or two but had had no replies. In a response that articulates another objective for letterbox, i.e. the opportunity for E (but not her older sister) to reach some sense of integration and possible closure, and ability to move forward, her adoptive mother commented:

"Letterbox has made her more resistant to contact - she resents they didn't respond. I saw her mother as a sad person but E would write and say 'I've got this, and that' and refused to change the letters that were unconsciously baiting of them – she would not tell them of the bad bits of her life. But, overall letterbox did fill that big gap initially, she has information, she is less driven and it has inadvertently removed her curiosity and need to know more. She has moved on and can leave the past behind – she is happy and contented and feels in control. I put her increased security and ability to cope with the future down to:

A letterbox that did work in the beginning
Good 'later life' letters and explanations of her past
Her own memory of the past
A good adoptive match
Adoptive mother of E

Finally, E, who is in direct contact with her other siblings adopted said to the researcher:

'At the beginning I enjoyed letterbox, but now I've got a better family and I'm enjoying myself – I can deal it – I would have liked to write and talk to Y. She is still my sister and part of my life but if she isn't interested in me, I'm not in her. But it's wrong that you are left not knowing if your letters have been received. It will be easier to go back to them one day, even though letterbox has stopped now. I think they're jealous and didn't want to know I was having a good time – they want me to say that adoption is not great and that I wanted to be with them. But I didn't, so they don't like it and I feel 'sad you.'

E (17 years) in 2003

But in a final confirmation of Brodzinsky’s (1992) prophecy that a child's fear that contact could increase her confusion, anxiety and apprehension about searching:

'A meeting will be difficult, what sort of people are they? I believe Mum did try her hardest. Will it confuse me? Mum (adoptive) will come with me and I may be confused, but I couldn't hug either and say 'I love you and not you'.

E – aged 17
L was a child whose rejection was linked with her disability. Contact had again been court led, set up via the birth parents to her half brother, despite the birth parents objection. Their experience exemplifies the additional mediatory work that needs to go into making sense of a letterbox where a child's rejection is linked in with their disability. For L it was the adoptive parents who found the hurt and rejection somewhat painful, as they recounted, in 1998:

'It was a very very difficult letter to write; we wrote back (presumably to the parents). It took ages, and for it to be left with SSD letterbox felt an enormous waste. The failure of the system was painful for us, not L because she never knew. We'd had a previous good experience with a letterbox so it's even more disappointing that it's not working out. SSD wanted me to write a second time and I refused. We so want her and for her to be rejected it hurts.

Adoptive mother

Finally, for one child, 14-year-old W, direct contact had replaced the letterbox. With her adoptive parents' permission her situation is described in more detail as it highlights the complexity of one of the most quoted aims of letterbox, to effect a more seamless transition to direct contact 'at a later stage'.

In April 1998 her adoptive parents and maternal aunt were interviewed. W was then 8 years. Her birth mother had had significant alcohol problems and W had had many moves within the care system and possible diagnoses of reactive attachment disorder. Foetal alcohol effect was also on the agenda. Her mother had committed suicide two months after the adoption. When she died the letterbox arrangement was transferred to her aunt, without the scheme apparently appreciating that the aunt had at one time wanted to care for W, and indeed knew her well until the age of 3 years. Her father's whereabouts were unknown.

By the 1998 research interviews the placement was very fragile – W was blaming her adoptive parents for the termination of contact with her parents. Her behavioural problems were extreme and she had been referred to a specialist therapeutic unit. Her adoptive parents traced W's aunt through a mutual acquaintance and they arranged to meet. There followed an increased level of direct contact with W going over to see her newly found birth family. This was having its own impact on W's separately placed adopted older brother, for whom any form of post adoption contact had been ruled out. In 1998 the future looked bleak, as though W's placement was going to disrupt, and she could return to her birth aunt. Her behaviour became highly manipulative as contact increased. Her adoptive brother was suffering and:

'It was as though we were fostering her'

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Adoptive mother in 1998

Meanwhile her aunt, whilst very appreciative of the care W was receiving was deeply ambivalent, dealing with her own agenda of anger with social services, and blaming W's adoption for the death of her sister.

By 2002 however the whole situation had moved on to a far more positive outcome. The therapeutic centre had acted as mediators: their in-depth work had identified the subtle, but destructive forces that had been apparent to the researcher in the 1998 interviews of both parties. The centre had gone on to undertake direct work on W's needs and placement. Of greatest importance though was that they had also been able to engage and undertake some work with W's aunt, so that she too could move on and accept W's placement. Now, with a really 'happy ending' for W, if not her adopted sibling B;

'It's worked out incredibly well, the turning point was when (maternal aunt) came to the therapeutic centre and she realised just how bad things had been for W with her Mum, and we realised how she had been more of a mother than we knew she had been. Now she has reverted back to being an aunt. We all go over there, and can talk about Mum, although W has more freedom over there than here'. There are still some issues about religion, and they refuse to talk about her Dad, but the involvement of the therapeutic centre made a huge difference. W is liveable with now and has got it into perspective. The splitting has stopped, but it needed that specialist therapy. The Child and Family Psychiatric Services was awful in comparison. The success though for W has been really hard for B, (their other adopted son). His agency refused to contact his birth family, we'd love to put feelers out now but fear another rejection for him. It was especially hard on his 18th birthday, that W has all this contact etc. It's hard on these children caught in the middle of social work trends'

Adoptive mother, 14 year old W

There are though lessons to be learned from this situation where the adults were able, with skilled and informed (and very costly) intervention, to make mature, and child focused progress:

• It was an aunt involved, who had some feelings of guilt about W's situation, but had not been the primary carer responsible for her ill treatment
• In depth work was undertaken with W, her adoptive family and her birth family
• Further mediation/negotiation sessions were then undertaken
• In terms of research methodology, the observation 4 years after placement would have been totally misrepresentative of the more successful long term outcome
Sibling issues

A strongly emerging theme throughout these longitudinal interviews was the complexity of sibling relationships - and an acknowledgement that in most situations, and without professional involvement, one sibling's needs were being prioritised at the expense of another.

Summary

The findings confirm many of Wrobel et al (2003) findings from their infant study, that adoptive relationships must be understood in a lifespan context, and that the ability of birth families to provide information at the time it is requested may not be in tune with the children's timescales. Many of their birth mothers had a high need for information, and reassurance in the beginning of placements, but as time moved on and the children wanted more information, birth mothers were less able to meet that need.

'It is important to know that than an asynchrony of need for communication can exist so that a lack of response is not interpreted as a rejection but an inability to respond at that the specific time of the request', p 61(Wrobel)

There are however crucial differences in this longer-term study:

- Letterboxes - both continuing and ceasing - can, and did reinforce the adopted child's fundamental feelings of rejection. Given their early histories it is harder to help them make sense of the changes and rejection
- Nice but superficial letters don't answer the essential questions as children reach adolescence
- Birth families will require considerably more professional intervention, not just peer group support, if they are to move to a position of being able to meet their children's needs of explanations. Their situation was markedly different from those of mothers who voluntarily relinquished their children in an era of stigmatisation, need for secrecy etc.

By 2003, there was potential for mediation in respect of nine of the children about whom interviews had taken place, for others those opportunities had been lost. The difficulty though will always be in knowing what effect the alternatives with regard to letterbox might have had for those particular children.
Key messages from Chapter 8

1. 9-10 years post placement, the original group of 21 children had reached an average age of 14.2 years. Interviews (many by phone) were conducted with adoptive parents in relation to 19 children, birth family members for 8 children. 4 young people were interviewed.

2. Of the 21 letterboxes, 38% (n=8) continued to ‘operate as intended’, 4 of which were one way. Only one was working without problems — to a grandmother of one of the very few voluntarily relinquished infants in the study.

   28.6% (n=6) of the letterboxes had changed
   28.6% (n=6) were still not working
   1 letterbox had changed to direct contact

3. These young people highlighted the individual ways they had satisfied their curiosity. Their feelings of rejection by birth family had been ameliorated by 9-10 years of stable adoptive placement. Failed letterboxes had, for many years, reinforced their loss and the limited extent to which some had been able to move on.

4. Whereas their problems in adjusting had assumed a priority 4-5 years after they were placed, after 9-10 years the frustration with the letterbox was more apparent. Although successful in terms of being a 'still working exchange', neither the sanitised superficiality nor the change to one-way communication was meeting the needs of the young people. Both birth and adoptive families highlighted the need for skilled mediatory intervention now. The young people were struggling to make sense of their past experiences and needing to know 'why?'

5. With contact more likely to move to direct contact, the researcher became aware of the higher risks of sexual, physical and emotional abuse than may have been anticipated. It was clear too that the 'Why' would not be answered from the information provided by the birth family members, most of whom did not accept responsibility.
6. The cessation of some letterboxes had left children in a state of anxiety, speculating why had the letterboxes stopped, and were the birth family members OK?

7. It was evident that children, when interviewed for research can be 'economical with the truth', say what they believe people want to hear about contact or even what they feel they ought to be thinking.

8. One case that had changed to one-way was court ordered letterbox contact, emphasising the role of a court, with no responsibility for reviewing the long-term consequences, even if they are detrimental to the child. Another ceased letterbox illustrated that a newsy, updating well received missive had been provided, after the researcher interview, with the help of an informed mental health worker. Without that support the birth mother had ceased to write.

9. R and W are an important case studies, highlighting the dilemmas of siblings, placed separately, with close contact with each other, and differentiated letters from their mother reflecting their unique relationships. R (now 20) had the greater investment in contact, and after innumerable crises was relatively stable in her placement, but searching for her mother. W was more peaceful and indifferent to the cessation of letterbox. Adoption had offered them opportunities for belonging and identity that they both valued.

10. The original six non-functioning letterboxes had not been resurrected, although 3/4 years later, the young people had moved on in their lives and were more at peace with the reinforced loss/rejection. Two valued the fact that the letterboxes had been set up, albeit that they had only functioned briefly. Adoptive families thought the children were less likely to seek out their birth family as a direct consequence of the letterbox difficulties.

11. Ten years after placement the competitive or destructive and ever changing nature of some sibling relationships was further highlighted. These are complex relationships and need to be kept under review, balancing the needs of individuals and recognising that here may not
be a satisfactory compromise position and that the needs of one may be sacrificed for the other.

12. There was ongoing pain associated with the refusal of some former foster carers to play an ongoing part in the children's lives. Adoptive parents reported the children still had attachments to these carers and would have valued some form of continuing contact.

13. The needs of the young people associated with contact with their foster carers, their birth parents, their sibling networks etc continued to change over time. Adolescence was posing severe problems for some young people.

14. Ceased and changed letterboxes had, at times, reinforced the child's sense of rejection. However for some, after ten years, the cessation had reinforced the stability of their placement, and sense of permanence. It remains to be seen if this further rejection has consequences in their later life.
Special Note

Page 179 missing from the original
Some of the failed letterboxes, or those running into difficulties even at the earlier stage were having a detrimental impact on the children and their families. For some children the difficulties were reinforcing their sense of rejection, for others the interviews of birth and adoptive parents revealed the potential for intervention and missed opportunities for more effective communication. It was apparent though that letterbox issues are inextricably linked with more fundamental issues about removal/separation from birth family by adoption, fostering or even kinship, particularly as children move into adolescence. It was impossible to separate out the influence of letterbox or measure whether difficulties were associated with the losses implicit in their adoption and now focused on the contact provision, or whether the letterbox contact was reinforcing, or denying the reality of their abusive experiences. Is it possible to identify potential opportunities to intervene and offer support to promote the quality of letterbox or ameliorate the negative impact of letterbox on some very vulnerable children, and better anticipate or address the harm?

In November 1999, the letterbox system of X authority undertook their own five year audit and found that letterboxes had been set up for 202 children, 79% of which were two way, and 68.9% with birth parents. That letterbox system defines success as 'information being sent through on a regular basis', rather than a measure of quality. Most of the fifth which had ceased, had occurred for children placed in the early years of the system (e.g. Group A) although these were also the more longstanding letterboxes that may be less likely to function anyway.

From Chapter 7 and 8, it is clear that whilst within each subgroup there are some determining influences, the effectiveness of each letterbox is a complex interactional process and cannot be attributable to one variable. The interviews confirmed the quantitative study predictions: the majority of the children were going to be very challenging to parent. With few exceptions, the adopters presented as impressively child focused, non-judgemental of birth family, and anxious to do what was in the children's best interests. Where they were expressing negative views about contact, it reflected the likely consequences for their child of further rejection or confusion. These adopters had received intensive preparation and understood the needs of children being placed in the 90's. There was little evidence of the stereotype of childless
couples wanting to 'mould children' or deny their heritage. As part of the statistical analysis, the group of children for whom letterbox was working well was separated out, and all possible variables relating to the adoptive parents were cross-tabulated. The only variable of significance ($p = 0.036$) was whether adopted parents had older children living outside the family home, i.e. mature experienced parents.

However, letterboxes for the majority of adopters were not working out as they had anticipated – and many at the same time were experiencing severe behavioural difficulties with their adopted children. Interestingly some of the more seriously abused children had been able to accept and move on in their lives but several adopters spoke of their younger, less abused siblings living in more of a fantasy world about their birth family. For others, the reality of learning through letterbox of other, newer siblings remaining with birth mother was painful and confusing.

Some general themes emerged in terms of what helped to constitute a 'working well' letterbox. But, there was the opportunity to reflect on whether the general expectations of letterbox are merited, or whether the 'ubiquitous' letterbox as described by Hodgkins, P., (2003), was being used because of a 'fear of direct contact' or as the panacea for the loss implicit in adoption. What could be done to better support those for whom it appeared from the qualitative bipartite interviews that opportunities had been missed? If it was clear, particularly from the follow up study, that for some children and their birth families the expectation of an annual letterbox was not right, what processes could address that?

Finally, the research process has confirmed that no research interviews are without consequences. Although it was hoped they did not further destabilise fragile placements, all parties had to face painful memories during the interviews. The interviews appeared to lead to a flurry of individuals feeling empowered to make pro-active contact with the Post Adoption Team. This must be some indicator of the effectiveness of some pro-active intervention 4/5 years after the letterboxes are set up. For one young adult however, it may have proved a significantly destructive experience.

WERE THE ANTICIPATED OBJECTIVES MET?

Murch et al (1999) & Sykes, M., (2000) emphasise the importance of adoptive parents feeling positive about contact for it to be of benefit. The literature review stressed the difficulties arising from the fact that letterbox contact was rarely separated from direct contact, and that decision-making was underpinned by both legal and social work influences, the two often closely linked. Interestingly Cleaver (2000) had found that contact was not expected to have a particular objective - just for contact to occur was sufficient. It is nonetheless important to
test the objectives against the reality of letterboxes over time. The main objectives of contact (Thobum, J., 1990; Douglas, A., & Philpot, T., 2003; Bryer, M., 1998; Grotevant, H.D., 1998) were summarised:

1. Maintaining existing attachments or relationships
2. Identity issues
   a. Self esteem
   b. Child able to move on with increased confidence
   c. Adopters seen to be showing respect for birth family
   d. Reality not fantasy about the past
   e. Avoiding the need to have to undertake a search that is acknowledged to be a painful process
3. Continuity
   a. Consistency
   b. Joining the past with present
   c. Maintaining an open door
4. Enabling the birth family to know how their child is progressing.
5. Sibling relationships

The literature promoting open adoption stresses the need to avoid the creation of divided loyalties, with the birth family undermining or interfering with the placements, or increasing the child’s sense of confusion or pain. Children, it is agreed should have the right to say ‘no’. However in Chapter 6 it was seen that, apart from the foster/adopt nature of the placements, there were no significant links between the profiles of children or their families and the decision-making about post adoption contact, direct, letterbox or ‘no contact’.

Asked what they saw as letterbox objectives, adoptive and birth families identified a wide range of issues, and there were inevitably some overlapping answers. 44.7% of adopters and 10.6% of birth families saw it as ‘reinforcing their child’s sense of identity, or providing them with information about their birth family’. Those two objectives were linked in adopters’ minds. 8.8% saw letterbox as providing a more positive image of their family, knowing that parents care for them or had not forgotten them. A third of birth families (n= 16) though viewed it as ‘all we could get’, when they had opposed removal and care orders. Eight adoptive families spoke of doors being kept open. Asked about their element of choice 23% of adopters saw it as imposed upon them, more in Group A than Group B.

The findings indicate that for just under half the children there was a mismatch between the objectives of birth and adoptive families. Given such divergence of objectives it follows that the content of letterbox over the longer term is unlikely to be meaningful for the child unless
one or both sides are helped to modify their expectation. It would seem essential that objectives are made more explicit at the outset. A disparity of objectives would not predicate 'no letterbox,' but it could indicate a need for professional input. Cleaver, H., (2000) had found that birth parents' involvement in early decision-making about contact was positively associated with contact.

Just under half the adopters and two thirds of interviewed birth families considered they had no choice. Contact had often been decided at an early stage by the child's/birth parents' social worker or the court, either at the care proceedings stages, or later. They viewed the lack of choice though in two ways, the explicit influence of court proceedings, and negotiations, and the implicit influence of what so many of them described as fashion, or perceived social work wisdom. Interestingly birth parents were more likely to believe the court/lawyers/GAL were the primary influences (27.7%) in comparison with the adopters, 68.1% of whom saw it as social worker influence and only 17% as court influenced.

The legal influences

It has already been seen that plea-bargaining in court on behalf of birth families led to extreme pressure on adoptive families. However many birth families later confirmed they had had little understanding of that process, had no understanding of the long term limitations created by their lack of literacy, or the cultural abnormality of letter writing. This indicated that some legal representatives and Children's Guardians might have promoted letterbox without fully anticipating the consequences for the birth family, their need for support or the necessity to modify attitudes. The complexity of issues for the courts and the potential for compromise though cannot be underestimated:

'The mother really wanted direct contact to get B back, but did not want A, therefore B sacrificed having direct contact, and letterbox was decided for both of them' 

adoptive parent

or

'I made an application for (direct) contact in 1992 and the court gave me indirect contact' 

Birth mother

and

'I tried for five years to have them back, and they would have preferred direct contact (E was 8 years old by this time). I settled for letterbox as the third and only option' 

birth mother

Where legal influences were viewed as pivotal, adoptive families went on to experience an overriding pressure to comply, influenced by the following case, which fed into local training and court awareness:
'If on the making of the adoption order the adopters had agreed to a form of contact (it would seem direct or indirect) and after the adoption they changed their minds, they should expect to have to give their reasons for doing so. If they did not do so an application seeking leave to apply for an order might be granted'.

Re T (minors) Adopted children: contact (1995) 2 FLR 792

Adoptive families believed this meant that if, on behalf of the child they defaulted on court expectations, then they must be prepared to go to court, and oppose a birth parent; something they sought to avoid, for the child’s sake. There is no system to change the court led expectations that contact ‘will happen’. Families described social workers feeling powerless to do other than continue to cajole and remind adoptive families and children to continue to keep their end of the ‘bargain’, even if birth families did not reciprocate. Adoptive families spoke of social workers being fearful of returning to court to oppose birth family members, even when the letterbox was not working two ways as agreed.

Moreover, birth parents may not have been as legally disempowered as earlier research (Ryburn, M., 1998) suggests. The majority had valued their legal representation during care proceedings, and believed their voice was heard in legal disputes;

‘It’s hard to put the pain of the courts behind me – but if they’re late, (with letterbox) I go straight into my solicitor’

Birth mother

One maternal grandmother subsequently asked for letterbox with a child already the subject of one letterbox ordered by the court with her father. The social workers were uncertain whether they would have to return to court to ratify this wish, and how it would impact on the existing contact.

Or, for a child, replaced with foster/adopt carers after an earlier adoptive disruption:

‘Letterbox had been set up before the disruption, so it continued into this placement, even though the child was even more insecure. We didn’t agree with it ’

Current adoptive mother

Observations and potential for change

The long-term significance of letterbox has been seen to be too great to trivialise by using it for plea-bargaining, to gain consent to adoption, or as a placatory measure. Every letterbox
ratified by the court should be decided on its own merits in relation to individual children and specific letterboxes. It may well be appropriate for a letterbox to be set up to meet birth families' needs but this should then be made explicit. This situation could be avoided:

- If courts and Guardians had greater understanding of the complexity of letterboxes, and insisted that the objectives were comprehensively explored, set out, and agreed
- If all parties accepted the possibility of a reviewing system after, say, two, and then five years. Social workers working with the pain of birth families' loss would then have more time to explore support systems, and define birth family objectives after the pain of a decision to place for adoption

It would seem wrong too that some multiple letterboxes are promoted on the grounds ‘what is fair to the adults’. Such ‘fairness’ may be the appropriate initial decision, but the mechanism should exist to review it from the child’s perspective at a later stage.

The social work influences

Cleaver, H., (2000) found that when social workers and carers worked in partnership and had a common understanding of objectives, then carers were more likely to support it. In general adoptive families in this study felt that social workers supported a presumption that post adoption contact was good for children:

‘The social worker said D just couldn't have 'no contact' for later life. They said that you can't say to a child that her family weren't interested enough to want any contact. But they are not interested enough to have or want contact, so (by setting it up) the rejection is reinforced. You (as adopters) are on such a roller coaster that you cant argue, you're bamboozled and frightened to go against the prevailing social work view.’

Adopted mother

Those who had adopted previously, or worked with different areas or agencies spoke of the rapidly changed, prevailing attitude within SSD and their preparation groups. They described being schooled into believing ‘contact was best’. One adoptive parent felt very positively about letterbox contact and was determined that it would lead to direct contact at the earliest opportunity. She had worked with two different area offices.

‘One course was so orientated to the benefit of contact – it was hammered in to us to try and put ourselves into the place of parents, emphasising that 'It can't be good for children NOT to have direct contact.' But, all individual workers have different views’

Adoptive parent
and

'We did feel really positive about indirect contact – but now we wonder who it was for and why. When R (the older adopted child) was placed the emphasis was on her welfare but by the time J was placed all this had disappeared and all the emphasis was on the mother'

adoptive mother

4.5 years after placement Group A adopters appeared willing to accept what they were viewing as 'professional wisdom', but after a further four years more doubts were creeping in. Group B adopters regarded themselves as better prepared for their role, and questioned the objectives of letterbox at an earlier stage. It is important therefore to ask whether the social work optimism for letterbox is warranted under the headings identified at the beginning of the chapter, and if so what can be done to address the evidence that it may not be meeting the anticipated needs.

Maintenance of relationships

Some of the letterboxes were based on pre-existing relationships, but given that the average age at placement was just over six, with their last birth family contact, averaging 1.8 years previously, it is a significant fact that many of the children had little, if any recollection of the family member.

Even the 17% (n=8) of foster adopter placements, were not all based on prior working relationships with birth family. Some carers had known birth families well, and were able to talk with children about them, for the most part with compassion and understanding. However some birth parents had met the foster carers, agreed the contact, but either did not know where they lived, or did not know they had gone on to adopt the child. A foster/adopt placement did not necessarily therefore indicate a good working relationship underpinning a letterbox. Those foster/adopters incidentally were almost significantly more likely than other adopters to rate the preparation they had received for letterbox unfavourably, i.e. as poor or non-existent. (p = 0.05)

The nature of the relationship of letterbox recipients

Three quarters of the 47 letterboxes were to birth parents, the remainder to wider family or separated siblings. The nature of the relationship between the children and the wider family member to whom the letterbox was set up had seemed critical in Group A when the majority
of those still functioning were to wider family members. This proved less significant within
Group B or the follow up of Group A.

The increasing majority of letterboxes were to birth parents, as indicated in Table 9.2 for
Group A and Table 9.3 for Group B.

Table 9.2 Group A letterboxes

<table>
<thead>
<tr>
<th>letterbox form</th>
<th>birth parent</th>
<th>relatives alone</th>
<th>siblings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>working or not</td>
<td>Count</td>
<td>Expected Count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>working, albeit</td>
<td>9</td>
<td>10.7</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>with problems</td>
<td></td>
<td>2.9</td>
<td>1.4</td>
<td>15.0</td>
</tr>
<tr>
<td>not working</td>
<td>6</td>
<td>4.3</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>- sad and glad</td>
<td></td>
<td>1.1</td>
<td>.6</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>15.0</td>
<td>4</td>
<td>21</td>
</tr>
</tbody>
</table>

Table 9.3 Group B letterboxes

<table>
<thead>
<tr>
<th>letterbox form</th>
<th>birth parent</th>
<th>relatives alone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>working or not</td>
<td>Count</td>
<td>Expected Count</td>
<td></td>
</tr>
<tr>
<td>working, albeit</td>
<td>14</td>
<td>13.7</td>
<td>17</td>
</tr>
<tr>
<td>with problems</td>
<td></td>
<td>3.3</td>
<td>17.0</td>
</tr>
<tr>
<td>not working</td>
<td>7</td>
<td>7.3</td>
<td>9</td>
</tr>
<tr>
<td>- sad and glad</td>
<td></td>
<td>2</td>
<td>9.0</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>21.0</td>
<td>26</td>
</tr>
</tbody>
</table>

The slightly different likelihood of letterbox continuing to function over 4/5 years was linked to
the nature of the relationship, but even in Group A it was not at a significant level (p= 0.186)

The identified recipient within the birth family is however misleading, despite the fact that it
may feel different for the adopters and children. Importantly, the interviews revealed that the
circulation of the letters was not as restricted to the addressee as envisaged, and letters
were passed around family members. For two children, apparently convoluted letterbox
systems had been set up between siblings with, in one case, their mother acting as the
intermediary! This was at the instigation of her solicitor, and against social services
recommendation. However as time went on, it proved to be a meaningful communication.
But, their birth and adoptive mother revealed important potential for mediation and change:
It was my decision to put N into care, and adoption. I did try and get her back but failed. It wasn't fair leaving her in fostering but I'd only sign (adoption consent) if letterbox were twice a year. I was told not to put anything in myself, just my daughter, L. I was told contact was for the children, N & L, not me. I was upset but have got used to it, I am learning to cope as time goes by, it does secure me knowing she's looked after and happy. It is frustrating and upsetting that I am never mentioned, (in letters to N) and she calls them Mum and Dad. L usually avoids mentioning me too, but I put it into a letter to the adopters to help them prepare N because I'm pregnant again, and L had written that to N. I didn't know how N would take it. L keeps asking to see N but she wont ask the letterbox people and I cant. But, I couldn't have chosen nicer people to bring her up. They are childless too so that's good.

Birth mother N and L

This mother was clearly able to respond in a child-focused way. She viewed herself as having relinquished N. She was appreciative of the two pre-placement meetings and would have been open to mediation or even a meeting to renegotiate the objectives. She was however unaware that the adopters for N were similarly positive about retaining the links with N's sister but anxious to make sense of the birth mother's earlier attachment to N and subsequent rejection.

'Letterbox is really important. Her sister means as much to her now as she did years ago. The door has been kept wide open, we wouldn't be without it — it is much healthier — but it may make it harder for her to make sense of her mother's rejection when she is a teenager.'

Adoptive mother of N

For Group A it was striking that the meetings between adopters and birth family members had been valued highly by 63.8% adopters and 38.3% of birth family (higher for both categories in Group A than B) and that the relationships established underpinned the successful letterboxes. By Group B, with 75% (n=20) having meetings, primarily (77%) birth parents, the links were less clear. More frustrations, from both parties were expressed about the brevity of the meeting, or its superficiality or venue.

For one sibling group participants were sufficiently mature and child focused to use the relationship established at the meeting and go on to agree terms of a letterbox (although there was no subsequent forum to re-negotiate eight years later). Others, as illustrated above felt sufficiently empowered by the meeting to write separate notes to adopters, and for a child:
‘She wrote and said we all miss you; we’ve let you down. Letterbox rang and asked us if it was OK to send – of course it was.’

Adoptive mother

However there were also two very successful letterboxes that were not underpinned by meetings. Both parties would have welcomed the opportunity for that meeting to be set up, even now, but no one had felt able to approach the letterbox system to instigate it. Again, a low key phone call would have elicited this information.

Children placed for adoption as a direct consequence of their physical disability present different issues. Three children at least were placed on that basis, but it was not known how many others might have been presenting birth families with acute behavioural problems that contributed to the stress on families and neglect or rejection.

The issues are very different, and it is misleading to routinely include children with disability in this or any other cohort. These, often slightly older adoptive parents were welcoming of birth family members able to play a role in the longer term.

‘We thought letterbox was a good idea – and still do. The parents appeared to be going along with it but after the adoption they were not prepared to enter into it properly. It was done for the sake of their other son, the fact that it hasn’t worked out as intended is very painful for us and for him. We so want him, and for him to be rejected and then it be further reinforced by their (very short) letter, was the ultimate hurt. We wanted K to know his brother – he may never have the maturity to seek him out’

Adoptive mother of K in 1997

But six years later she reflected again:

‘It’s in the past now and we are sad - but we don’t feel so angry as K has done so much better than we had ever thought possible – he will be able, with help, to trace when he is older’

Adoptive mother of K in 2003

Racial and cultural issues

As has already been seen, five of the 47 children with letterboxes were of dual heritage, and one of African Caribbean origin. All but one of the five children of dual heritage, a child of Anglo Asian origin were matched appropriately, with their birth and adoptive fathers of the same racial origin. One of these children was the only one for whom the system had lost
contact with the adoptive parents, who had separated, but there is no reason to believe that was of significance in cultural terms. One child, of African-Caribbean origin was matched appropriately and had been in placement for several years, but his black birth mother was deeply resistant to him being placed with a black family. She suffered from a mental illness and learning disability and was unable to see letterbox, or fostering or adoption from the child’s perspective – both she and the foster/adopt mother expressed a similar view that after no contact for many years, letterbox had been imposed by the Guardian ad litem and the court.

Observations, challenges and mediatory possibilities for maintaining relationships

Any letterbox system needs to be flexible, sufficiently resourced and able to accommodate changes, or the potential for meetings between adult parties when they are mutually agreed. It is essential for those administering the letterbox to understand the historical context of the relationship, if may, between both the child and their adopters with the letterbox recipient, and the potential for those relationships to change over time.

With the benefit of hindsight and interviewing both parties, space within the pre-placement meeting or agreed time thereafter, to talk about the proposed letterbox, and potential expectations and risk factors could have elicited greater flexibility in the long run, and agreed potential for mediation, or even direct correspondence. Consideration could be given to some form of written agreement, the basis of which could be negotiated at the meeting. However since emotions tend to run high at that point, any agreement reached would need to be formalised afterwards. For at least 17% (n=8) of the children, adopters described movingly the last minute pressurised decision-making in court.

The study of Trinder et al (2002) on contact in private law highlights the importance of the workable relationship between parents in establishing non-conflictual contact. They describe two trajectories, the vicious and the virtuous cycles that were set up at the early stages. Once contact became problematic, it was extremely difficult to get it back on track. In this study the potential for mediation appeared greater, given that the majority of adoptive families perceived a benefit for the child of maintaining a relationship via a letterbox. Where it was not working out, they were expressing sadness.

IDENTITY

This is explored within the three concepts: self-esteem, moving on with increased confidence and peace of mind, and the child’s sense that adoptive families respect and value their birth parents/wider family.
Self esteem

Owusu-Bempah and Howitt, D., (1997) argued that one way to help a young person achieve a fuller sense of identity and connectedness between the past and present would be giving them information about their origins and family history. Inspection of files and interviews of adoptive families confirmed that all the study families had very full information, and later-letters for the children. It must be questioned therefore whether letterbox contact has been able to reinforce that search for identity, and connectedness, or ameliorate the loss implicit in adoption.

Brodzinsky, D., (1990) argued that the experience of loss in adoption is usually felt in the context of a search for self. The notion of self included several components:

- Physical self
- Psychological self
- Social self

He described self-esteem as the overriding, evaluative concept of the self that integrates the three. Defining self-esteem as a judgement about whether aspects of the self are good or bad, likeable or dislikeable, and valuable or not, Brodzinsky suggested that the concepts of open adoption were new - and could lead to a more profound confusion about why the child had been relinquished, abused, or rejected. These questions, he argued may be more difficult to address if the child retains contact with their birth family. Phase 1a and 2a studies, undertaken before the children faced the reality of direct contact, would seem to confirm Brodzinsky's concerns. Many of the children will face confusing difficulties at the point of the move to direct contact, especially with older siblings who have had different care pathways.

The common ground between these study children that marks them out from voluntarily, compensatory relinquished children is that, as time moves on, they have come to feel more rejected - with no sense that their birth parents chose this plan as best for them. The interviews, even when letterboxes were with wider family members, highlighted young people, at different ages and stages of development having to internalise several uncomfortable components:

- Rejection, and often abuse or neglect by that birth family member
- A birth family member continuing to confirm a preference for a partner rather than their child
- Existing siblings remaining at home, or new ones arriving
For example, K, aged 13 years was becoming increasingly frustrated as the explanation that
had satisfied him as an eight year old, i.e. positively framed life story and background
information, was patently not the reality. Letterbox was unhelpful in that it provided regular,
‘happy letters’ reminding him that he alone within his sibling group had been singled out and
rejected.

From their research on searching and reunion associated with voluntarily relinquished
children (now adults) Howe & Feast (2000) extrapolated their findings to children currently
being placed and anticipated the experience of remaining in indirect contact as helping
adoptees to achieve a fuller sense of identity and connectedness between the past and the
present – the adopted person would be given information about family history. For those who
had indirect contact, Feast hypothesised, the search would ‘inevitably be more
straightforward’. In reality however for these study children, the situation was more complex.
For only a few of the children at the time of the study, was there the sense that letterbox
aided connectedness between a past that they were old enough to recall. Indeed two of
those who had achieved the connectedness, appeared able to move on, with less rather than
more likelihood of reunion.

‘My (adopted) family have been keen to promote contact (with birth family) but I’ve got a
better family, I have enjoyed myself. Maybe they are not interested in me, but now I can deal
with it. I’d like to see them to show how well I have done’

E aged 18 in 2002

and

The (failed) letterbox seems a long way off now, it’s all hazy to them. They have moved on
and accepted more, and so feel less rejected’

Adoptive mother in 2002 of 17 & 15 year olds

For a minority of children however the letterboxes were undoubtedly the focus of enhanced
self-esteem – they felt valued and not abandoned by their birth family. But they were still at
the pre-adolescent stage, before what the longer-term study has identified as the phase of
increasing difficulties.

Adopters showing respect for birth family

Bryer, M., (1998) and Cleaver, H., (2000) considered that contact could offer this opportunity
and as Chapter 5 showed, such mutual respect proved a legacy of the pre-adoption meeting.
The overall empathy score revealed that 74% of adopters scored a strong, or not so strong
empathy, with only 23.4% of them angry and punitive. This would confirm the findings of Sykes, M., (2000) and Wrobel et al (2003) of adopter empathy at the 5-6 year post placement stage. But, as Chapter 8 indicated, more anger was present as more time elapsed and the consequences of the children's early abuse or rejection are reworked in adolescence. The majority of 'angry, punitive' adoptive families were those situations in which the letterbox was not functioning, and birth family not interviewed — i.e. when the letterbox was working, the adopters were more empathetic. The corollary of this would seem a risk of double jeopardy for birth families — when a letterbox has been set up, albeit without adequate appreciation of issues then, and it doesn't work out, adopters may, in the longer term be conveying a less positive/empathetic message to children about their parents. In other words, a failed letterbox can be worse for birth parents and child than no contact.

Table 9.4 Adopter empathy with birth family member

<table>
<thead>
<tr>
<th>Letterbox sample</th>
<th>Empathy with birth family member</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strong</td>
<td>Not so strong</td>
</tr>
<tr>
<td>Group A Count</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Expected Count</td>
<td>7.6</td>
<td>8.0</td>
</tr>
<tr>
<td>Group B Count</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Expected Count</td>
<td>9.4</td>
<td>10.0</td>
</tr>
<tr>
<td>Total Count</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Expected Count</td>
<td>17.0</td>
<td>18.0</td>
</tr>
</tbody>
</table>

Meanwhile birth family members interviewed in respect of 75% of the children, scored less highly on the research measure of empathy. There was no significant link from Group A through to Group B (p = 0.723) between objectives of birth family and their empathy factor.

Table 9.5 Birth family member's empathy with adoptive family

<table>
<thead>
<tr>
<th>Empathy with adoptive family</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong</td>
<td>13</td>
<td>27.7</td>
</tr>
<tr>
<td>Not so strong</td>
<td>13</td>
<td>27.7</td>
</tr>
<tr>
<td>Angry/punitive</td>
<td>10</td>
<td>21.3</td>
</tr>
<tr>
<td>Not known</td>
<td>11</td>
<td>23.4</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>100.0</td>
</tr>
</tbody>
</table>

There was also a small group of children for whom direct contact with another family member, but not the abusing party, could prove reassuring. The potential could exist, Bryer, M., (1998) had suggested, for the child to know that not all of their birth family was 'bad'. However few children were helped in this direction by the letterbox process — despite the
wishes of the adopters for it to happen. For two cases where this objective would have been relevant there was also a high level of denial on the part of the extended birth family.

**Children able to move on with increased confidence**

Regrettably, no separate attempt was made to ask this specific question of adoptive parents. However looking back on the interviews, for those children for whom letterbox was working well, (subgroup 1), the early stages of a functioning letterbox was enabling them to move on in their lives. For a further 7 children, even if the letterbox had changed or ceased functioning, adopters were framing the experience positively. For at least 2 of the children, the failure had contributed to the closure and ability to move on in their lives. For the majority however the experience appeared to the researcher, albeit after only 4-10 years to have not had the significant impact anticipated. The inclusive and empathetic attitude of the adoptive carers to the children's lifestory would appear to be more influential in enabling children to move on with increased confidence. But, as Chapter 7 revealed, the outcome of this objective may need a much longer time evaluation.

**Reality and fantasy**

Another stated objective of letterbox, the opportunity to enable children to face reality, was born out for some children. For E & S the letterboxes were working well, although triangulation revealed that the adoptive parents believed the birth family was benefiting more than they described themselves. For the eldest ten year old, E, particularly, the regular reminders were painful:

"They had had brilliant foster carers for 3½ years and placement for adoption made sense for them. But they see a lot of "finding a family" (search and reunion on TV), without knowing the consequences. Letters from Mum are meaningful and helpful but maternal grandmother just goes on about herself, her diet, stopped biting her nails etc. That's fine for now. Mum asked whom they supported in football – even simple things like that are difficult – it locates us. But she is a real person to them. The reality is better than thinking of Elvis Presley as their Dad."

Adoptive mother of E & S

"I don't know what to say, (in a letter) for example missing them or loving them. It is really hard trying to write everyday things to my own children, it is unreal."

Birth mother of E and S

And as an extra complication for the longer term, there was evidence of inter-family conflict, this time on the paternal side:
We wanted the children to live with us but she (birth mother) opposed us – if she hadn’t we’d have had them. Now she has moved on in her life, and I need the counselling, I’ve lost my children, but I have no rights in the system

*Birth paternal grandmother of E and S*

Although some children were helped to face reality, an increasing number of adoptive families were talking about ways in which children were not being helped to face reality, and the way in which letterbox was reinforcing the problems and creating a widening split:

- Situations in which letterbox was reinforcing the original inconsistency of parents that had been apparent from the early records. This was happening either where loving, gushing and flowery correspondence, often the result of parents’ guilt and denial, was at odds with the reality of the child’s experiences of rejection, or where the superficiality denied the child’s needs to have more real, meaningful contact

- The positive (fantasy?) image of birth parents was being regularly reinforced by letterbox. This led to the children projecting their anger onto adoptive family and viewing them as bad parents

This frustration was more evident by Group B than had been the case in the first interview with Group A. By the second stage follow up for Group A, however the dilemmas were also acute. For three of the eight children the superficiality was not meeting their needs and was failing to deal with the child’s sense of reality. The children’s needed to know ‘why’ was not being addressed.

K’s birth parents had been accused of gross neglect, threatened manslaughter, and had failed a residential placement. His adoptive parents highlighted the reality/fantasy and other core issues of a letterbox that was functioning as intended, but not without stresses:

‘It is working, but now how we envisaged. I wanted a friendly approach, but it’s hard to write when I am having serious problems in the placement to someone who is in prison for very serious offences. It just isn’t real. It’s harder than you think. She should explain why things have happened. Even though I had not wanted letterbox, I started out with great hopes and now I feel let down. When the placement is tough and you feel a failure the last thing you want to do is write a superficial letter to her. I’d like to say how it really is, but know that then she’d think ‘well I could do better’. K’s (birth) Dad had personality problems and his adoptive parents hadn’t coped with him. I worried that I’d be like them. I rang for help and someone should have rung back but they never did, and I don’t live in the area.

*Adoptive mother of K*
It was proving impossible for adopters to deal with psychological splits on their own, or help children to make sense of confused letter content, when children either knew the reality of their rejection and neglect or abuse, or they had no memories and fantasised the scenario. At various times adopters knew they were being split off, as 'the bad parent' but were the only accessible mother/father figure. Any attempt to convey negative reality meant going against the general advice, highlighted by Owusu-Bempah (1997), of trying to emphasise the positive aspects of the child's early history!

Professionals scrutinising the letterboxes without knowing the context faced similar dilemmas – the necessity to understand the reality as well as the child's current needs, level of understanding and functioning. What may be appropriate for one child at a specific point in their development might not be right for another. Even for siblings, those needs will not be similar:

'I worry as they grow older and they realise the significance of the two half siblings, and E's Dad. E is the one who will need help with the reality, he remembers more'

Adoptive mother of E and S (above)

One child though had additional direct contact with sisters who did have clear memories so:

'Her siblings will put her off meeting them, and will tell her the truth '

Adoptive mother

Observation, challenges and mediatory factors associated with identity issues

Overall, in a bleak finding, there was little evidence from the study that the letterbox had enhanced the identity, or self-esteem for the majority of the children, or help them face reality rather than a fantasy about their birth families. There was evidence from several of the adoptive families that the letterboxes, which avoided facing reality was actually feeding into the fantasies in the longer run. The adopters' hopes and expectations of letterbox had been high, but they were not being met, particularly in the longer term follow up with young people in teenage years.

However, the process of the research interviews suggested that it would be possible after one interview with each party, 4-5 years after placement, to know for which children letterboxes should have ceased, or been re-negotiated, or left on the back burner for either party to resurrect at a later stage. More detailed knowledge of family dynamics at the start of the letterbox, and monitoring throughout would enable identification of those letterboxes
which could be modified. It would seem wrong for letterboxes to be set up without an agreed system built in to review the process, and avoid further undermining of the children’s sense of self-esteem, or lack of opportunity to explore the reality of their placement. Adopters, who were in general less empowered than predicted, would benefit from more training to demand help, without feeling they are failing in what they perceived as a social work maxim that ‘contact is good for children’. If necessary they need to challenge letterbox functioning on the child’s behalf, rather than accept the need for compliance at any cost.

All concerned in the sphere of adoption need to accept some form of individually agreed review mechanism. Letterboxes should not form part of a plea-bargaining or compromise position, either explicitly or implicitly. Birth families require a greater level of professional input to understand the expectations of them, and it is unlikely that this can be undertaken at the emotive stage of care, contact termination or even adoption proceedings.

CONTINUITY

In experiencing an average of 3 pre-and-post placement moves these children were likely to benefit, in resilience terms, from the continuity of a relationship that could run as a single thread through their fractured lives. In many cases it had clearly been anticipated that letterbox would offer that framework.

Consistency

As has been seen, only the minority of letterboxes were offering consistency, or a sense of continuity for the child. Over the longer term continuity was proving even less likely, although it has been recognised that Group A were set up in the early stages. However, at the 4-5 year post placement stage, there was a slightly improved likelihood of consistency from the Group B, it was not at the statistically significant level ($\phi^2 = 0.34$) There were indicators of inconsistency which could have been picked up an earlier stage of 1-2 years. If at that earlier stage it became apparent that consistency was not an achievable objective for specific children, it would be possible to renegotiate or counsel parties, and explore other timeframes etc. Inconsistency may not, in itself make a letterbox inappropriate, but the basis of the letterbox expectations need to be changed so that predictable inconsistency, by birth parents who were themselves in a traumatised state, is not perceived as rejection. Similarly they will not feel as though they have been set up to fail, especially if they are motivated by their child’s best interests.

Joining the past with present

If the past is to be connected with the present, then there has to be some consistency, or the potential to make sense of the ‘connectedness’ that Bryer, M., (1998) favours exploring, in
preference to attachments. Of concern therefore is the 'disconnectedness' that the researcher was in a unique position to explore. Both adoptive and birth families were asked why the child had been placed for adoption. Together with a detailed perusal of files it was evident that there was a lack of coherence. This meant that at some stage the child would need to internalise fundamentally conflicting stories if:

- The letterbox is perceived as superficial, and not answering the child's big questions
- The letterbox is couched in inappropriate flowery language that has no resonance with a child's knowledge or experience
- Other family members tell them otherwise, e.g. older siblings with whom they are in direct contact
- A child chooses to seek out their birth family.

Interviews with birth and adoptive families, and the file information enabled a researcher coding of the 'fit of life story'. As can be seen from the table below, for only 40% of the children was the fit viewed as a good or workable fit.

<table>
<thead>
<tr>
<th>fit of life story (Form E, birth family and adopters)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid good fit</td>
<td>14</td>
<td>29.8</td>
</tr>
<tr>
<td>workable fit</td>
<td>10</td>
<td>21.3</td>
</tr>
<tr>
<td>significant misfit</td>
<td>14</td>
<td>29.8</td>
</tr>
<tr>
<td>not known / 1way only</td>
<td>9</td>
<td>19.1</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>100.0</td>
</tr>
</tbody>
</table>

This 'disconnectedness' is one of which both adopters and professionals need to be aware for specific children, especially if a move towards direct contact is contemplated at the earlier teenage stage. W's detailed history in chapter 7 emphasises the movement that was necessary on the part of the maternal aunt before she was able to contribute towards the relief of W's undoubted attachment problems. Several adopters argue that an already confused young person is less able to cope with the further rejection, mixed messages or potential child protection issues in adolescence.

Overall letterboxes were not always providing the hoped-for connectedness. Moreover it was apparent to the researcher that the self-esteem of some children would not be raised by a premature move towards direct contact. It is essential that those running the letterbox are alert to issues of disconnectedness, or fit of life-story, in offering support to all parties,
working towards a more meaningful letterbox for the child or facilitating direct contact for the future.

Open door

'Open door' is the most frequently mentioned objective in support of letterbox contact, but 5 and 9 years after placement has letterbox facilitated the open door? Half of the adoptive parents viewed either 'open door' or 'identity and information throughout their childhood' as the objective of letterbox. They saw indirect contact as a means of keeping children in touch, reassuring birth parents and maintaining a link for when children are older and may wish to establish direct contact. For a third of the children adopters were aware of the children's residual worries about non-adopted siblings. Three families saw the sole function of letterbox as 'good for the birth mother'.

One adoptive mother was very keen to facilitate contact between her child and his older half sibling (at home with her birth mother) so she proposed that she also wrote a note at the same time to the birth mother about content. She recalled her social worker thought that would be a very good idea, and now:

'It is so much healthier. From Day 1, he has wanted to see them, and envisaged it at 18. I wished it could be sooner, but not yet!'

Adoptive mother of 13-year-old K

Birth families were much less likely to cite an objective of 'open door' illustrated in Table 9.7. As seen in the various subgroups, they laid more emphasis on the negotiated outcomes and letterbox was 'all we could get'.

Table 9.7

<table>
<thead>
<tr>
<th>Count</th>
<th>letterbox sample</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td>birth family objectives</td>
<td>open door</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>all we could get (wanted reunification/direct)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>maintenance of existing relation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>identity /information throughout childhood</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>no purpose</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>child would know birth family had not forgotten</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>not known</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>parent/s to know child is OK</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>26</td>
</tr>
</tbody>
</table>
One grandparent, who said she would have welcomed counselling was, at the time of interview delaying her response, and felt very unsure about the long-term merits of letterbox.

`Should we let sleeping dogs lie with her having a new life`? -

*Birth grandmother*

This grandmother talked through her ambivalent feelings with the researcher. Until then she had not felt justified in contacting the Post Adoption Team to talk through the doubts that were leading to the superficiality and possible cessation of letterbox on her part. Shortly afterwards, encouraged to ring the Helpline, she had direct dialogue with the support team.

It has already been seen that for the 20% `working well` subgroup, a transition to direct contact was viewed as more likely at an earlier teenage stage. For a further 10% letterbox had never functioned effectively, but for the remaining 75% of the children, are letterboxes more likely to lead onto direct contact, and if not, what are the inhibiting factors? Adopters' views in respect of 47 children can be seen from the following chart, (Table 9.8) with 60% of adoptive families believing that letterbox would lead on to direct contact as a teenager or as an adult. Those proportions were matched almost exactly by birth family responses, although not always for the same children. Whilst the 12.8% `don’t know` factor for birth parents reflected the lack of researcher knowledge about some birth families, the equivalent measure for adoptive parents represented their pessimism or uncertainty.

In interviews adopters were asked simply if they thought the adoption was working as intended. For all ten children in Subgroup 1, the adopters considered it was working, and for a further 11 children where from the research classification of working, with reservations, the adopters also described the letterbox as `working as intended`. Cross tabulations were undertaken of the `working as intended`, and `leading on to direct contact`. The finding that the young people for whom adopters believed the letterbox was not `working as intended` were less likely, almost at a significant level, (\(p=0.064\)) to search in later life, is an important one.
Table 9.8  The likelihood of letterboxes (working or not) leading on to direct contact, working as intended (adopters) * lead on to direct contact (adopter) Crosstabulation

<table>
<thead>
<tr>
<th></th>
<th>lead on to direct contact (adopter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes as teenager</td>
</tr>
<tr>
<td>yes Count</td>
<td>12</td>
</tr>
<tr>
<td>Expected Count</td>
<td>7.1</td>
</tr>
<tr>
<td>no Count</td>
<td>4</td>
</tr>
<tr>
<td>Expected Count</td>
<td>8.9</td>
</tr>
</tbody>
</table>

It is probable, though less provable that similar doubts operate in respect of birth family members, already fragile and vulnerable, and with low self-esteem. W's mother revealed that she was very hurt by the steady decline in content and then cessation of letterbox by one of her two daughters.

'I think it is hard for a child to write when she doesn't have to. I haven't had a letter from L this year and I feel very upset. Does she care? I'm scared but prepared for it and in my own mind I've built a bridge up so that I won't get hurt. I know she's contented and not bothered about her Dad or me. I am glad though that I have exchanged 2 or three letters and she knows that I care, so I don't regret setting it up.'

*birth mother*

Observations on the challenges and mediatory issues associated with continuity

Although the evidence does not support an objective of the majority of letterboxes leading to continuity or an open door, it is impossible to measure those links with any certainty and view the variables in isolation. All these children, as has already been noted were achieving a high level of stability in their adoptive homes, despite their challenging and distressed behaviour. Even though many letterboxes are not functioning as intended, it is not possible to say whether the stability of the placements had been enhanced by an open attitude on the part of adopters, (whether trained or instinctive) or the fact that children felt that at some level, there was an open door to the birth family, even though letterbox was not functioning. All the children had good 'later life' letters — although R made a point worthy of note. At the age of 16 she says she left home and ran off, insisting she took all her precious belongings with her. She moved around, staying with other young people in the town and at some point her property was lost or stolen, including her original pack of letters, photos and birth certificate. She said that a year later she saw the error of her ways, and returned to her adoptive home!
She thought this must often happen to other adopted young people and she suggested that life storybooks should be routinely scanned and a copy held on file?

The effect on birth families of protracted and/or opposed hearings can be long-lasting — and they may, individually have been encouraged by their legal representatives to believe strongly that they had a justifiable case to oppose the adoption planning, and that social workers were wrong. It may therefore take some considerable while before they feel able to access post adoption services. They will need the space before they can explore the objectives of letterbox, and make an informed decision about the option. They need too the space to consider the fact that if the objective of their letterbox is to provide continuity or consistency for the child, then the consequences of defaulting on the agreement will leave the child in a more vulnerable state and themselves further disadvantaged by less likelihood of direct contact.

Similarly, if their legal advisers or social workers used letterbox as a bargaining tool or compromise position then it is unlikely that birth parents have really addressed the longer-term significance of adoption or letter box for themselves. In any 'door of the court' agreements it is improbable that parties would have had the opportunity for the effective counselling required under the adoption regulations. Meaningful counselling with birth families may not be viable in the more confrontational atmosphere of court proceedings when, as has already been noted, 60% of families opposed the hearings of either termination of contact or adoption. (Not including care proceedings). The process may in itself have made it more difficult for parents to move to the point that the study children clearly now need, answering 'why?' This is especially for many of the children who will not be able to accept a complete denial of parental responsibility.

**Figure 9.1**

![Figure 9.1](image-url)
The research interviews, whilst not explicitly interventionist, did appear to empower participants to seek out the services of the post adoption team. This was evidenced by referrals to the team within days of the interviews. This form of open questioning, albeit within the context of very full background information, many of the later ones by phone, about progress and feelings in respect of each letterbox may provide a model for brief intervention and an important indicator of the pro-activity necessary with these birth and adoptive families if changes are to be made in the effectiveness of letterboxes.

Alternatively, a review process built in at an earlier stage, say one year, would enable the more focused look at this ‘open door’ objective and identify those children for which a more flexible, but informed approach may have kept the door ajar for longer. A door negotiated to be held ‘just ajar’ would seem preferable to it being closed by default, with the rejection implicit in a failed letterbox.

MAINTAINING SIBLING RELATIONSHIPS

The maintenance of healthy sibling relationships proved to be one of the most complex and contentious issue highlighted by the study. Ever changing dynamics occurred when full or half siblings, with individually developing needs were:

- In the same placement
- In a separate placement
- Newly formed (not biologically related) in an adoptive home
- Returned home to birth family at home
- Been born later to birth family
- Moved into independence

It has been seen throughout the study that, as Bentovim (in Jones 1985), Rushton et al (2001) suggested, the functionality of the sibling relationships is rooted in their history. In some cases foster carers and adopters have gone to painstaking lengths for ten years or more to create and facilitate links, reduce the destructive influences, and minimise (though rarely prevent) unhealthy rivalry. Yet, these sibling relationships remain the focus of deeply unmet need, and fantasy, particularly in the adolescent.

With 47% of children having an existing sibling remaining at home, and a further 28% having a sibling placed separately, and 40% placed with a sibling, the sibling networks within the cohort are large, and typify the complexity of family structures of children in the care system. There were examples of half siblings being more important than full siblings, of the influences
of age and gender and paternity, but above all of siblings experiencing different relationships at different times. Sometimes siblings had been separated, but never without thought, and careful balancing of risks, and an awareness that to place multiple siblings in one home defined the sort of family home available, e.g. often families without children at home, and increased risks of not giving sufficient attention to individual children within the sibling group. Similarly, when one or more siblings had remained within the birth family home, it was never without reason. More usually the isolation of the adopted child had resulted from experience of rejection by birth family, or new step-parent issues.

In most cases the siblings placed together were reacting differently to the same letterbox. At least two were younger siblings who had not been abused but were fantasising about their home life. Several groups had been split when they first come into care, and with skilled and committed work had been reunited, but adopters spoke of it taking five years before the intense rivalry eased. Contact however adds yet another dynamic for dysfunctional siblings, one that pushed one placement beyond its limits.

Interestingly, the three children whose placement disrupted were all sibling placements, two together and one painfully leaving a sibling intact in placement. Sibling placements are usually seen as a protective factor in outcome. (Wedge, P., and Mantle, G., 1991; Dance, C., and Rushton, A., 1999). K and D survived, just, and their situation highlights the complexity for siblings:

'Then they disrupted in their previous placement, the adopters had wanted to keep K, not D. (half sibs). Now the letterbox they have, with Mum’s descriptions of younger siblings at home, just reinforces the rejection from Mum and those first adopters, and Mum’s failure to protect from abuse by Dad. For D, who is emotionally insecure and hyperactive, letterbox raised the spectre of a fantasy full sister, compared with her older half sister (sharing her placement). Whereas K has real memories, D’s are fantasy. The needs of the two of them are so disparate, and letterbox reinforces the rivalry that was so strong – till recently'

Adoptive mother of K and D

However if this is the case, and letterbox reinforces the rivalry, is the adoptive mother of K and D above right when she emphasises, (and supports Wedge, P., and Mantle, G., 1991 in terms of promotion of identity) that the sisters do at least have each other in their placement? Their primary needs for maintenance of a relationship and a sense of belonging may already be met by each other, without the additional and competing need for letterbox with another extended family member?
On a more practical level several adopters, including those in Chapter 7, voiced anxiety about confidentiality that arises from contact with older siblings who may themselves be traumatised and confused. N was 15 years older than D, and had been sexually abused. Both birth parents were schedule 1 offenders. D’s adopters reflected:

'We did it for N, but now we are paranoiac about the parents tracing us, even though N would not want that either. We told N that if we were searching for their parents, when D is 18 then we could find N first. When you adopt you are catapulted into contact – we can't see any benefit now, but maybe in the future..........., but it isn't helped if letterbox doesn't work out – maybe for an older child it is more straightforward!'

Adoptive mother of 6-year-old D

Finally, several adopters spoke of their role in maintaining sibling links between separately placed siblings, contact which Smith, C., and Logan, J., (2004) found could work satisfactorily. Often perceived as a lower, problem-free form of contact, this proved not always to be the case. One adoptive mother bemoaned the lack of support, and her inability to compel the other adoptive and foster families to co-operate, especially when the distances between placements were so great, and usually one family perceived the other sibling as a threat to their child/ren’s placement.

BIRTH FAMILIES KNOWING THE CHILD HAS SETTLED

Whether as a result of negotiations in court, or agreements at meetings, several letterboxes were set up ‘for the sake of the birth family’ – sometimes older siblings. This was clearly a valid objective, and for several birth family members, their need for information appeared to be satisfied by the pre-placement meeting and the first year or two of letterbox communication. The fact that three birth family members spoke to the researcher of the letterbox exchange as though it were ongoing, when there had been no exchange for some while was strange, and may suggest they felt guilty about their non-involvement. Researcher interviews suggested that they too would have been helped to a more peaceful closure by a one off session to explore ways of keeping the door open without setting up unrealistic expectations and the risk of alienating the child and previously well motivated adopters.

Access to information

Several families viewed letterbox as a mechanism for potentially accessing information, often medically based. On an initial, simple, factual level this was successful, but it usually masked the deeper motivation of retaining links with the accompanying need of the child to understand the reasons for the placement, and working with openness and honesty. This
objective proved less sustainable over time although it felt as though these families were always going to be prepared to open up letterboxes again if the need arose.

Birth family links between motivation and empathy with adoptive family

Although the cohort of 34 birth families interviewed were too small for statistical analysis, the 16 'all we could get' group, (Table 9.7) had a lower empathy score. Those saying that they wanted children to 'have information throughout their childhood' or 'know their birth family hadn't forgotten' scored high on the empathy score. Interestingly, whilst one adoptive mother commented:

'It's nice to feel that Mum's mind is at rest and that she can see how they are alright and it is nice for them to know that'

_adoptive mother of E and S_

The birth mother was less sanguine, with lower empathy scores:

'I thought they'd write by now, and I don't know what she's telling them because I don't hear from them and I don't know what they know about me. I'm told they have life storybooks but I don't know if the children have them. I could be made out to be the one who hurt them, not the one who did her best to protect them.'

_Birth mother of E and S_

Challenges, mediatory issues associated with continuity

Given the complexity of sibling networks, and current family and societal structures, it may be more appropriate to recognise that some sibling links cannot be maintained unless the resources are available to support all members. Individual sibling needs change more rapidly than adults, and must be taken into consideration in weighing up the options. Clearly decisions are being made that sacrifice or prioritise one siblings needs over the other – that may be inevitable, but an ethical perspective would suggest that the decision-making process needs to be transparent, and available to the children at a later stage. K’s adoptive mother, (who was also a kinship adopter) was right to want to protect 12 year old K from the influence of a less stable half sister, but she would have welcomed sharing the responsibility for that decision, rather than take on K’s pain on her own, and know that in future years both siblings would probably blame her for their separation?

Contact with birth family members for their sake is a viable objective, although particularly after 9-12 years it felt increasingly less meaningful or sustainable. Where it had ceased it was proving difficult to explain to children that their families didn’t care enough to pick up the letterbox communication that was being sent for the birth family. It would have been
preferable to routinely redefine the objectives and re-check the motivation of all parties, and explore alternative resolutions.

Trinder et al (2003) identified that no single ingredient was responsible for making contact work, or not, and referred to the direct determinants of the contact, the challenges, mediating factors and the effects of time on all concerned. The most important determinant shown by this study is the wish for the letterbox to work, and to view it as being in the child’s interests. This study has identified the challenges as being the child’s early history, and the changing dynamics within the adoptive family as the consequences of the earlier history manifest themselves within a family structure unused to such challenges. The birth families too bring their skills and agendas to the process. Added to these dynamics are the issues of content, and the letterbox system itself, and the support available to all parties which are discussed in the next chapter.
1. The process of an individual letterbox is inextricably linked with fundamental issues about removal and separation from birth family, and the dynamics of the newly constructed adoptive family. It is difficult, if not impossible to isolate the variables that contribute to its success. 4-5 years post placement there was a much lower than nationally average disruption rate of 5.8%. The 9-10 year follow up of 19 children revealed no further disruptions (children now mean age of 15 years).

2. 32% of the 47 letterboxes were `not functioning` 4-5 years after the adoption panel decision. A further 47% were `working`, but with difficulties. By the 9-10 year follow up of Group A, eight (38%) were still functioning, but of those six were problematic.

3. For 71% of the children adopters envisaged them seeking out direct contact with birth families at a later stage; 39% as teenagers, 31% as adults.

4. Half of the adopters and 60% of birth families considered they had no choice in having a letterbox, with birth parents more likely to believe that court/lawyers/GAL were the primary influence. 68% of adopters saw social work influences as more influential on contact. The long term significance of letterbox `working well of not` is too great to trivialise it by using it for plea bargaining, gaining consent for adoption or as a placatory measure. They felt a pressure to continue complying with court expectations, even when they felt it was not in the child's interests.

5. Adopters speak of the rapidly changed prevailing attitude of social workers towards contact, and being schooled into believing that `contact was best`. Group B were challenging the professional wisdom at an earlier stage.

6. A primary objective of letterbox was the maintenance of relationships:
   a. Three quarters of letterbox were to birth parents, but, relative to wider family contact, this proved statistically insignificant in outcome of functioning. The identified recipient though is misleading, letters were being
circulated to other birth family members
b. Pre-placement meetings (75%) were highly valued, and underpinned most successful letterboxes. Space within a pre-placement meeting, or shortly thereafter could incorporate discussion about the proposed letterbox, e.g. expectations, risk factors, agreement to a review or mediation
c. Children placed as a result of their disability raised very different issues and merit more research and focused assessment of need for contact
d. Letterbox systems need to be flexible enough and adequately resourced to accommodate changes in relationships over time. The potential for further mediation/review needs to be explicit at the beginning

7. A second objective is around encouraging a developing sense of identity and connectedness with the past, developing self esteem, moving on with increased confidence and the child’s sense that adoptive families respect birth family. All the families confirmed having very full information, and ‘later life letters’ for the children which may itself have achieved this objective. Brodzinsky argues that loss in adoption is felt in the context of search for physical, psychological and social self, (self-esteem) and that open adoption could lead to more profound confusion about why the child had been relinquished, abused and rejected. Interviews supported this anxiety of young people having to internalise previous rejection and abuse, their loss reinforced by reminders of existing siblings remaining at home or new ones arriving. For few of the children did letterbox enhance a positive sense of connectedness with the past, enhance self-esteem or meet the hopes and expectations of the adopters.

8. Whilst 74% of adopters scored highly in empathy of birth families, the majority of those with less positive feelings were those where the letterbox was not working appropriately. For birth families this was a double jeopardy, if letterbox was set up as a bargained position, and did not work out, adopters were feeling less positive towards birth families. All professionals need to be aware that heavily opposed court proceedings may limit the capacity of parents to change and move on from the denial of responsibility that may not help their children’s long term wellbeing.

9. Children for whom letterbox was working well were able to move on with increased confidence and face reality. But more adoptive families considered that letterbox was reinforcing the difficulties children were having in facing
reality when:

- Loving, flowery correspondence was at odds with the child's experiences
- Superficiality denied child's needs for more meaningful content
- The positive, often fantasy image of birth parents was being regularly reinforced and children projected their anger onto adoptive families as the bad parent

10. The research suggested that it was possible after one interview with birth and adoptive parents, 4/5 years after placement to know which letterboxes should have ceased or left to be re-negotiated, or resurrected at a later stage. It seemed wrong for all parties if letterboxes were being set up without a reasonable chance of working. There needs to be a low key agreed way of reviewing the process to avoid further undermining of the self esteem of some children. Birth families require a greater level of input to understand the expectations of them

11. Continuity is another stated objective, but only a minority of letterboxes were offering consistency

12. Adoptive parents were less empowered than would be expected, and proved reluctant to challenge the inadequate/unhelpful functioning of letterbox on the child's behalf

13. There is a need for children to have a sense of connectedness with their past, but the study revealed disconnectedness between the life stories from adoptive families and files, and birth families. This will be particularly relevant if children move at an earlier stage to direct contact when, as teenagers, they are less able to cope with further rejection/confusion. For the young people for whom letterbox was not working as intended adopters anticipated they were significantly less likely to search in later life.

14. Cited more by adoptive than birth families, 'maintaining an open door' is another objective, but is not possible to measure those links with any certainty at 5 years – it is as likely to link with other variables such as adopters open attitudes, or children knowing/ feeling that at some level there was an open door, perhaps as a result of the pre-placement meeting.
15. Reflecting a changing structures of families. 47% had existing siblings at home, a further 28% had a sibling placed separately, and 40% were placed with a sibling the maintenance of sibling relationships is extremely complex. Support for each sibling will be essential.

16. Maintaining contact for the sake of the birth family is a valid objective although after 9-10 years it proved less meaningful or sustainable. Where it was the motivation and it had ceased, it was not easy to explain to children in a constructive way.

Ways forward

More detailed knowledge of family dynamics at the start of the letterbox could help to identify existing issues and changes as they emerged, and knowledge of which could be modified and may need support. It would seem wrong for letterboxes to be set up with little chance of working – without an agreed system built in to review the process, and avoid further undermining of the children’s or birth family members’ sense of self-esteem.

- Adopters were clearly being better prepared in terms of the positive objectives of letterbox. When these expectations were unfulfilled, 9-10 years later, with children now teenagers asking questions, they were becoming increasingly frustrated. Adopters, who were in general less assertive than might be predicted, would benefit from more training to empower them to demand help, without feeling they are failing in what they perceived as a social work ideology that ‘contact is good for children’. If necessary they need to challenge letterbox functioning on the child’s behalf, rather than accept the need for compliance at any cost.

- All concerned in the sphere of adoption need to accept some form of individually agreed review mechanism; letterboxes should not form part of a plea-bargaining or compromise position, either explicitly or implicitly. The relatively low key researcher model is one model – a ‘safe and well?’ phone call would elicit missed potential for more successful exchanges of letters in an inexpensive way.

- Birth families require a greater level of professional input to understand the expectations of them. A plea-bargained outcome or heavily opposed adoption/court case of letterbox may prevent them from receiving and understanding appropriate counselling. It is essential that professional
negotiation takes this into account if birth parents are not to be doubly jeopardised. Such counselling cannot reasonably be undertaken at the more emotive stage of care proceedings or contact termination, but the legal system could help to prepare the way.

- Inconsistency may not, in itself make a letterbox inappropriate, but the basis of the letterbox and expectations need to be changed so that predictable inconsistency by birth family members is not perceived as a further rejection.
CHAPTER 10

CONTENT, SUPPORT AND SYSTEM ISSUES

Having explored the objectives of letterbox and the extent to which they appear to have been met, there are lessons too to be learned from the grouped participants' views of the content, the support offered to them, and the system set up to operate the letterboxes. The Guidance attached to the Adoption Support Services Regulations (ASS Regs, 2003) summarises the requirement on local authorities to provide a range of services and the new duty to carry out an assessment of need for support services, and then, in what can only be a postcode factor, 'act reasonably in deciding whether to provide those services'.

Any party to the adoption can ask to be assessed for the provision of services. After consultation in 2002, the Regulations were extended to incorporate a limited service for birth relatives, but restricted to their contact arrangements with the child, 'as long as the contact arrangements have been established before the time of the application for services.'

The study findings as they relate to letterbox content, support and system will be relevant to resourcing the provision of specific adoption services for all parties involved. Although the Regulations carefully delineate responsibilities when children are either placed, or move into another authority, this chapter will also address the reality of providing an integrated and coordinated post adoption service on behalf of children given that 57% were placed outside X authority. (X authority is now divided further into two authorities, Urban and Shire, with the disparate resource implications identified by Clifford et al (2003)). Birth families, and siblings remaining at home and often siblings placed separately have tended to remain within X authority.

CONTENT

The content of a letterbox is complex and reflects the dynamics of each individual adoption, and the emotional and physical needs of each child and their birth and adoptive families, at any one stage in their lives or development. How a letter is received will vary according to the recipient's situation and well-being. Content, as Chapter 8 has revealed, cannot therefore be met by the simple prescription that many adopters recalled from their preparation seminars - i.e. "avoid emphasising holidays, recognise the relative poverty of birth family, and maintain a superficial, unidentifiable, anonymous level of content". The answers to the detailed researcher questions to all parties about the contents of incoming and outgoing letters proved impossible to code. Generalisation was difficult and no two letters, even from the same person to the same child a year later felt the same.
As seen in Chapter 8, subgroup 3, blandness and superficiality was proving increasingly frustrating over time. What emerged from the various subgroups where content issues have already been described in detail are the changing demands associated with the child's needs, and the increased questions arising from children, for which the letters merely offered, as one adopter put it, titillation. Before addressing ways forward, general themes that emerged from the interviews about the content of letters are identified.

**Literacy**

There were justifiable concerns about the capacity of birth family members to write the quality of letters the children needed. Literacy was obviously a major component – given that over half the birth mothers, and a third of the identified fathers were known to have learning difficulties and/or mental health problems (that data was not known in relation to other birth family members). Somewhat surprisingly too, the links between learning difficulties of the mother and selection of contact in the form of letterbox, rather than direct contact or no contact has been seen in Chapters 6 as almost significant \( p = 0.048 \) and positively linked, so difficulties were predictable from an early stage.

Within the 'working well' subgroup, less mothers had learning difficulties. It should not however have been impossible to link these parents in with a support worker as suggested in the Guidance. No birth families spoke of such support being available to them. The study has emphasised the complexity of children's needs and their expectations and hopes for the content of letterbox from birth family members. These demands on birth parents particularly are unlikely to be met by the support of their peer groups. They would need experienced and skilled professional support to work through issues, and a need for change. A few birth family members referred to an inability to utilise support from any social worker, although most spoke of having good, trusting relationships with individual social workers that they didn't feel had been transferred to the post adoption team. Understandably, given that so many parents had themselves been in Care, their trust, or occasionally the lack of it, was based on known individuals rather than a faceless, and perceived inaccessible bureaucratic system.

However, one mother who had been able to work with the Support After Adoption team, was enthusiastic:

'I hate social workers, but letterbox is different. I asked their advice on telling N that I was pregnant again and they were very helpful. Now I know that I can ring them and they will ring me back'
Birth and adoptive family on incoming and outgoing content

All participants were asked their views on the letters coming to the children and their adoptive families. Only 30% of adoptive families found the content helpful or meaningful whereas 40% of known birth families members (47% of the total, n=22) were expressing satisfaction about what they were sending through to adopters and children. Given the lack of any preparation for birth family members this may say more about their limited expectation of their own contribution to the letterbox. Adopters and children however were laying greater store by the content and had a more sophisticated range of expectations.

Figure 10.1

incoming (to child) content satisfaction

There was a similarly disparate view of the content sent from the children or their adopters to their birth family. This time there was a higher level of satisfaction expressed on the part of the adopters than the birth family.

Figure 10.2

birth family satisfaction with incoming content

Birth mothers, especially in the longer term follow up, wanted direct communication from the child, or more identifying, 'real' information. They were, as could be anticipated, ambivalent about the apparent contentedness of the children in their adoptive home.
siblings left within the birth family, and new siblings

The impact of this important information about siblings varied from child to child. Few birth family members were insightful or empowered enough to ask adopters, or the Letterbox System, if and how to send details. It is clear that children do need to have that information about new siblings at some point, but the sense they make of them is complex. The limited information from birth parents was usually upbeat and positively framed and conclusions could only be drawn by a child that other siblings were not apparently subject to the same risk of significant harm. Interviews with birth parents revealed a justifiable sense of satisfaction that they had had another child without SSD involvement. However the messages that such information gives to a rejected/abused or neglected child is at best confusing, and at worst seriously undermining of the child’s self-esteem or sense of responsibility for what many of them saw as their own badness that had led to their removal.

‘Now he thinks ‘I must be bad, it must be me’. What is happening now doesn’t fit with the life story book he has, explaining that Mum gave him up because she couldn’t manage two children.’

Adoptive mother

Improved support of birth parents could enable them to give vent to their triumph in other ways, and convey news in a sensitive, informed and preferably agreed way. One birth mother had had sufficient confidence to develop a separate line of communication with the adoptive mother, explaining the background to information she was imparting to the child. The letterbox system was happy to pass this on. Other birth family members would undoubtedly have benefited from setting up similar lines of communication, but had either never thought about it, or did not have sufficient confidence to make that first approach. Either way, the way forward must be a more individualised pro-active approach on the part of the system, so that those needs are picked up and heard and the damage of communication minimised.

The time warp

The lack of 'common currency of exchange' over time proved another longer-term obstacle; especially as letter writing skills play such a small part in current social communication. The time warp was more significant for articulate birth family members, who were frustrated by their ignorance about the child as he/she now was. How could this be remedied? Could adoptive parents be encouraged to send separate letters updating birth family members and suggesting ways of enhancing communication? If this had been an agreed plan and the risks had been recognised in advance, and additional communication agreed at the pre-placement meeting, the chances of children receiving appropriate, relevant information could be optimised.
Imparting good and bad news

This was the source of much soul-searching for adoptive families. There had been an emphasis in adopter preparation groups of providing 'good news' in outgoing missives. It was evident from birth family interviews that they were fragile, and often receiving their letters in distressed isolation. Bad news therefore, such as for instance, the marital split of adopters, which had occurred for at least four cases, or medical or severe behavioural problems of the child, would have been very painful for a birth family, powerless to do anything. Many of them spoke of their distress at receiving their letterboxes anyway — but being relieved to know the child was alright. Perversely, some were looking for evidence that the adopters were not coping either! In general terms, the 'positive spin' principles of the training and preparation appeared correct, albeit that the predominant slant towards good news was colluding with the sanitised, superficial version of life that both parties were deploring. It would seem that there could only be honesty with bad news if there is some vehicle for adult communication or adequate help for the birth family to ensure appropriate interpretation.

Who are Mum and Dad?

Titles and names were another contentious, but soluble, or at least negotiable issue. Children describing their adopters as 'Mum and Dad' in a letter was painful for some birth families. Other birth family members, usually not birth parents, rejoiced that the children seemed happy and secure with another family. Some adopters and children found the signature of Mum, or 'real mum' painful, and increasingly unreasonable, others took it in their stride. This can only be an individual decision, and one on which views could be taken both at the beginning or re-negotiated as time moved on. Again, better support offered to birth families could enable them not to see the use of 'Mum and Dad' for adoptive parents as the ultimate rejection.

Birthday and Christmas cards

Many letterbox systems seek to avoid these more emotive times for exchanges, partly because of the physical/practical pressures on the professional system at Christmas, but also an awareness that Christmas is an emotive and important 'bonding time' for newly constituted families. Many children, after multiple moves in their lives, find the second Christmas in placement a significant and reassuring event. Whilst some agencies (Elliot, L., 2000) have endeavoured to handle the deluge at Christmas, X authority excluded cards, although some were enclosed at earlier stages in the year. Several birth family members voiced their frustration and bewilderment at what they saw as an unnecessary and unreasonable policy decision. If the system is able to cope with such an uneven flow of exchange, then this topic could be part of the initial planning agreement. There was no
overview from adoptive families that an appropriate card at Christmas was not acceptable. If agreed in advance it could be a normalising experience. Other authorities have taken a different no Christmas approach, but caution the risks of birth families minimising ‘information’ when a child gets only a card and has no sense of what is happening in the birth family (Vincent, A., & Graham, A., 2002).

Multiple letterboxes

It was easy to see how multiple letterboxes for each child had arisen, but when the disparate quality, and respective benefit for children of the individual letters was explored, it was apparent that a greater robustness needed to apply at the set-up stage. If, as seemed apparent, the letters themselves are circulated amongst other family members, then should letterboxes be set up merely on the basis of equity or fairness between adults?

Although the majority of letterboxes were to birth mothers, they were addressed to both parents when they were together. However, several fathers interviewed with mothers spoke of being marginalised. The majority of parents however were no longer together, and this caused difficulties:

'He resents not being involved formally and it is all through me'

Birth mother of 12 year old

Several cases in Chapter 7 highlighted the ‘two grandparent’ scenario, when an early review would have elicited the disparity, thus avoiding the build-up of frustration and anger over the years. Similarly, if one letterbox is not working, but is the important one for the child, some work needs to be done with birth families to recognise the child’s sense of loss. That loss was not being compensated for by a less meaningful secondary letterbox.

Photos

It was clear that photos gave immense reassurance to some birth families whereas many adopters experienced them as threatening to the confidentiality and subsequent safety and stability of the placement. Issues of uncertainty about whether the child should be recognisable or not, the photos be current or not, include happy, sunny holidays or not – were all raised. Risk of identification/loss of anonymity were linked with the perceived risk for the child of further emotional or physical abuse in the short or the long term.

'It's OK sending recognisable photos to the aunt, but we worry about the birth parent/s being shown up-to-date ones.'

Adoptive parents
For birth families, photos were a mixed blessing, and a painful reminder of loss:

'It's not so painful when I see the photos – she always looks so happy!'  
Birth mother

'I'm upset to see her growing up – she's altered so much'  
Birth mother

In general terms however the photos were highly valued, with only a fifth of adoptive families and less birth families expressing dissatisfaction. The loss of one set in the post, gave rise to intense, angry and distressed feelings on all sides and highlighted the significance of sending and receiving photos. Given however the prevailing adopter fears for the child of being traced in an unplanned way, then moves to more high-tech solutions such as videos, digital photos, etc. etc would appear inappropriate until children are older, better able to make their own decisions, and risks can be reassessed and agreed.

When are children involved in writing?

The guidance issued from X authority suggested that letterboxes were to be an adult-to-adult communication, but that as children grow older ‘they may want to contribute.’ Most birth family members were longing for that day and many were frustrated that although the young people were now teenagers, the day had still not arrived.

'I'd hoped they'd write themselves by now – it was what I asked for as soon as they were old enough. I need to know off them how they really are.'  
Birth mother of E and S

'I'd love it if the children wrote to me –I don't understand why they are not writing now.'  
Birth mother of teenage child

Doubts were creeping in over the years too about whether the adopters were ‘telling the truth’. Birth family members reflected that their doubts would only be satisfied by hearing directly from the child. It was marked though that many of them had expectations that the children would have the same recollections of their birth family as they would have had when placed five years earlier. i.e. a freezing in time.

At the same time many adopters were speaking of trying, without success, to involve the children, and feeling increasingly aware that the young people had the right to influence
what, if anything, was being written. The letterbox event was being taken very seriously and there was no evidence that adopters were excluding children, or discouraging the contact or involvement with their birth family. These days texting and mobile calls are a more usual teenage form of communication. However, mobiles are increasingly locatable and traceable. The study has shown that letters from the letterbox system were being circulated around other family members, including convicted and alleged abusers, so caution about a move to texting, even between siblings, without some form of risk assessment would appear inappropriate. Adoptive parents too were becoming increasingly aware of risks associated with older birth siblings, separately placed, often in some form of direct birth family contact, and now moving into independence.

**SUPPORT**

Underlying the content issues is the need for early agreement about individual objectives and reviewing processes, ongoing advice, support, and negotiation.

The Regulations require the creation of an Adoption Support Adviser (Regulation 4) within each authority to 'signpost people affected by an adoption' and have a brokerage role to ensure the best possible arrangements are in place to support each particular adoption placement. An anticipated national network of 'informed ' experienced advisers, with skills to advocate and influence service provision is envisaged to ensure a national consistency of support service response. There is an assumption in the Guidance that birth families would have access to an independent support worker (para 36)

Regulation 5 and 6 detail the assessment framework for the support of individual children (based on the Framework of Assessment of Need for 'Children in Need'). The objective is to improve the outcomes of adoptive placements. It is not envisaged that all adopted children, their carers or their birth families will require the assessment. The Regulations specify however a duty to assess and identify individual’s need for support if they request it. This study has revealed the missed opportunities, the need for more pro-active intervention and an overall lack of support for birth families. The Guidance however indicates a belief (para 48) that many children will be helped simply by 'advice and practical services or short term intervention,' rather than the need for assessment, or longer-term service provision. There is scant recognition that contact, even in a letterbox form, is complex, or that changes over time will demand the ongoing use of skilled social work resources, significantly above that anticipated. Paras 41-47, which address potential needs of support makes no specific reference to the needs of birth parents, yet under Reg 9, the local authority must decide whether ‘that person has needs for adoption support services and if so, whether to provide...
those services'. The door is open therefore to apply and be assessed, but service provision could remain elusive.

The SSI (2000) suggested that a 'placement agreement be drawn up of current and future support needs, so the plan provided for under Regulation 11 ((2003 ASS Regs) Plan will indicate the services the LA will provide. The pre and post adoption practice of X authority is recognised to be of a higher than average standard, as proven in the outcomes of this study and their short-listing (2002) for consideration as a Beacon agency in this part of their service provision. Considerably more resources were committed to the letterbox and post adoption support than in many other authorities but study participants still reflected, as seen in Table 10.1 below, on their lack of individual support.

Support of adoptive families

Cleaver, H., (2000) found that where there were problems over contact, carers valued the expertise and support of social workers. Despite the emphasis on the need for post adoption support, and changing views on 'shutting the door' with children with such complex needs, the support that adopters in this study perceived as available to them was not encouraging:

Table 10.1

<table>
<thead>
<tr>
<th>Support available to adopters</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>46.8</td>
<td>46.8</td>
</tr>
<tr>
<td>not good</td>
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<tr>
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<td>25.5</td>
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</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Given the other differences apparent between the 3 years elapsing from Group A to B it is also surprising that there were no significant difference between the two groups when adopters were asked to evaluate the support available to them. At present the Post Adoption team provides adoption provision with a service level agreement to both the Urban and Shire authorities. Whilst there are obviously other variables distinguishing the profile of children originating from each authority, when cross tabulations were undertaken on the support available post-adoption the support available for the 16 Urban young people was significantly less, ($p = 001$). One particular Shire office scored noticeably highly in terms of support.
There were various groups/courses for birth and adoptive parents, although geography, with 51.7% of Group B placed outside the X authority boundaries, was going to influence attendance. However those adoptive families who had participated in group support found it very helpful indeed – they were used to preparation within a group setting and some had maintained links with those original group members. Others, who had linked with the Post Adoption Support system, (SAA) found that team highly supportive. The difficulty appeared to be in making the initial connections with SAA. Depleted adopters described their experiences of SAA, and failure to return messages from workers they did not know personally, as undermining. It didn’t inspire their confidence. Indeed most adopters were surprisingly disempowered in accessing supports services in relation to the letterboxes. Some were surprised by their own reticence!

‘Why am I incapable of being assertive, I felt they (letterbox scheme) were flippant when I rang. I rang several times and first they said the letterbox was not active, then they couldn’t find the family and then there were photos that got lost – it’s not easy to get the girls together, so I felt bad for them’

Adoptive mother of two siblings

Stereotypes of adopters welcoming the landmark, and closure of adoption and wanting to ‘close the door’ on professionals seemed far from the reality. Many spoke of the demands and exhilaration of the matching and introduction processes, the early days of the placement and the court involvement leading up to adoption before a watershed and anti-climax:

‘Suddenly, it all stopped, and we were on our own. It was fine when A (early social worker) was still there but once he left, especially since we don’t live in the area, it wasn’t the same’

Adoptive parents
'We are both social workers - when we had difficulties with B, it was referred to our local CAMHS, but they closed the case very quickly and now we don't feel empowered to approach anyone with our problems with T.'

Adoptive mother of B and T

Adopters referred to external expectations that they would have a high level of confidence and competence after their assessment and preparation experiences. There was a sense in which they felt they had chosen the path of adoption, and therefore believed that they were expected to cope. They conceded the background information available to them had been full, and that there were 'no surprises'. However the reality of bringing up such troubled and often unattached children was far harder than they had anticipated. But, they still found it difficult to turn for help, especially when their local resources were not so well informed about the early life experiences and complex needs of their child.

At least four adoptive families (8.5%) had divorced or separated in the 4/5 years since placement. This is unsurprising given national averages. There is also a known ability of young and deprived children with attachment problems to 'tap into' adult weaknesses and losses, potential stresses, creating tensions in relationships. Without the placement of such troubled and often manipulative children, partner relationships may have survived intact. Adopters who had separated described their sense of guilt and sadness, and regretted that the child had been subjected to further loss and implicit rejection. One adoptive mother expressed her empathy towards the birth mother and wondered how to communicate the information about her marital separation and the child's sadness. Another family separated as a direct result of the adoptive child's abusive actions to their birth children. That adoptive parent could not envisage conveying that information to the birth family, but the reality of no contact with her own birth children was proving unbearable:

'The support had felt brilliant, but we were very, very let down by the professionals – they all underestimated the severity of her (abusing) problem, and then I had to chose between giving up her, or my partner and other children. Now I don't even see them – they didn't even make contact on her birthday - it is very hard'

Adoptive parent of 16 year old

Support available to birth families

There was little evidence that any of the 34 birth family members felt they could access support services. This is particularly sad given Cleaver, H.'s (2000) finding that parents
valued social work visits and communication especially when it was **instigated by the social worker**. Instead the study birth families complained of having similar difficulties to adopters when they tried to initiate contact with the Post Adoption social workers. Many of the birth families also reflected on their disempowerment and, of messages left and not being returned.

**Table 10.2**

<table>
<thead>
<tr>
<th>Support Available to Birth Family</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid good</td>
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<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>not good</td>
<td>8</td>
<td>17.0</td>
<td>17.0</td>
</tr>
<tr>
<td>not available</td>
<td>23</td>
<td>48.9</td>
<td>48.9</td>
</tr>
<tr>
<td>not known</td>
<td>13</td>
<td>27.7</td>
<td>27.7</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Some birth parents were angry, and able to seek what they believed to be their rights, and to challenge systems, but the majority felt silent, isolated and unsupported. Few birth family members saw membership of a group of other birth family members as a solution, although two grandparents thought it would help. One birth mother spoke for others and maintained strongly:

'I'd sooner deal with it on my own rather than with a group of parents who have lost their children. It took me years to get the way I am now (with two children at home) but a group would bring it all back.'

*Birth mother*

Unfortunately the Adoption Support Services Guidance in its response to media and political pressures focuses almost exclusively on the needs of adopters and children. Reg 2(1)(c) requires local authorities to provide services, inter alia to 'support contact arrangements between adopted children and their birth relatives' but lacks the pro-active emphasis on the birth family and their need for skilled support if contact is to be a positive continuing experience. Yet, as so many of the study cases have highlighted, letterbox may have been more successful for the young people if birth families had appreciated or understood the objectives, been equipped or supported enough to meet them, and able to access professionals to assist them to re-negotiate as their own lives changed and moved on.

The need for detailed, proactive and skilled post adoption and mediatory work for birth relatives within a letterbox scheme have been evident throughout the study. Whilst this is recognised in Adoption Standards (2002), the Support Services Regulations emphasise the
importance of assessment for post adoption support, and the funding responsibility (with the placing authority for 3 years) but as Allen, N., (2003) emphasises, the legislation stops short of a duty to provide those services. With placements outside the authority, which are discussed below, the problem becomes more complex. There can be no certainty, despite the legislation, that appropriate, pro-active or interventionist support will be any more available for birth families residing in X authority than existed in 2001-3.

Challenges and mediatory issues for post adoption support arising from the study

There are significant support and training issues arising from the longitudinal perspective of this study. It has emphasised the inevitable and predictable fact that the needs and situations of children, their birth family and their adoptive parents change over time. What may be appropriate in a letterbox for one child at one time may be seriously detrimental to another child, or the same child at a different time. The potential for change must exist, and potential for changes should ideally be underpinned by a pre-placement agreement, and a reviewing process. All parties need more ready access to support and it is salutary that even experienced adopters who were qualified social workers felt disempowered, and uncertain about seeking post adoption support.

The aspiration of collaboration between birth and adoptive families working together over the course of a child's life, on behalf of the child's well being, is emerging as the key issue from the Wrobel and Grotevant (2003) study. It is an ideal construct, but it is far from attainable for the letterboxes of these study children without significant changes in attitude and intensive and pro-active professional support and mediation. It was apparent that it would have been possible to negotiate with some parties more honestly. However this would be a risky strategy to undertake without being fully informed and experienced in mediation techniques. The timing would be all-important, and would need to take into account the child's current situation, sense of stability and belonging, and wishes. Interviews reflected that for some children at a particular point in their fragile placements, the sentiments that birth families wanted to express would have been unhelpful. For others, the ongoing birth parental denial of responsibility would have been undermining and confusing. Birth families would need far more support and insight if they were to provide, via the letterbox system, the calibre of information a child needed at a specific stage in their development.

The study has however indicated a surprisingly easy accessibility of parties to the researcher and willingness to discuss, in some depth, their current situation and needs associated with letterbox, albeit with someone not directly linked with the decision to place the child for adoption. In resource terms, one significant change from the interviews in 1997/8 and those
in 2002/3 was the increased likelihood that birth family members were accessible by telephone, often mobiles. It proved possible to elicit the information that would be required for a more meaningful exchange, or identification of support needs, within a relatively short period of interview time.

However it is essential that such intervention is well informed. One social worker for a child (16 years old) placed 100 miles away cautioned 'don't let him come back into this area — he will be sucked straight back into the family network [known sexual offenders] and won't be able to resist'

Adopter’s anxieties about anonymity were, given the children’s background history, justifiable. There were very real fears about wider family systems, and an unwillingness to expose children to that level of potential emotional conflict by searching, or being traced at a premature stage — the risks associated with premature searching were illustrated by L’s story in Chapter 6, when only the intervention of the extremely costly therapeutic residential unit appears to have resolved L’s fragile placement. Adopters were however being subjected to ambivalent pressures from children, and would have welcomed pro-active, informed support to manage the consequences of a letterbox that were not as straightforward as they envisaged.

SYSTEM ISSUES

If adopters and birth families were bemoaning their lack of contribution to the decision to set up letterboxes, this applied even more to those running the system. The decision had usually been made, without defining the context and separate objectives at an earlier pre-adoption stage, and without input from the letterbox system. The need for skilled and experienced workers in adoption is acknowledged (PIU, 2000), yet decisions about letterbox were being made by the 'child and family' social workers and family, or court based professionals. The need for pre-placement meetings, and contact meetings to discuss objectives, content, reviews, support systems etc has been highlighted throughout the study, and any flexibility can only result from negotiation, and agreement, with the opportunity to review effectiveness at an agreed later stage.

How often, who goes first, and is it an exchange?

This dilemma proved to be less clear-cut than X’s policy and guidance indicated. The system had been set up for ‘annual exchange’ although in reality it was sometimes more flexible than was published. Overall only 51% of adoptive families were clear about who goes first, with no
significant difference between Group A and Group B. All parties though were sad but accepting about the 12-month time lag for one side.

*We never comment on the partner she talked about the previous year – it is never the same a year later! It is a long time for a child to hold in mind.*

adoptive mother of 10 year old

*I ask these questions and it is too long to wait for an answer*

10 yr old child

*He says 'write soon', but I can't!*

Birth mother

By Group B a greater, albeit un-negotiated range of interaction emerged with far less certainty:

- One side going first, B respond, A then waits 12 months
- Both sending in at the same time, therefore no effective exchange
- Both sending in at different times but no sense of dialogue between the two

There was some limited resistance to the concept of exchange but it was a minority view, albeit strongly held, which might have been eased by earlier discussions about objectives:

*I had no views at the time it was set up – rose coloured spectacles – letterbox was a minor issue. I never signed up for exchange. I don't want that relationship. I don't want to personalise it – they can't acknowledge the reality of his day-to-day life.*

Adoptive mother

This aspect of the letterbox should prove amenable to resolution within a contact-planning meeting with opportunities to review and change over time.

**Screening**

Most participants accepted, if not welcomed the concept of screening. However it would seem essential that screening be undertaken by someone with knowledge of the child's history. Screening is not just an administrative function and information may flag up the need for urgent negotiation or filtering.

In general birth families resented the screening:
'The letterbox people were not helpful. I wrote to the adopters that I had not had the chance to say goodbye to the children and it got sent back to me, as 'not suitable'

Birth mother of D and B

And her husband added:

'They are open letters and I am not happy about that – we get three pages but only send one. I won't ask for social work support because they accused us about physically abusing children and I only tapped her. We can't explain why they've been put up for adoption and we are very very angry. If we don't hear we are going to our solicitor'

Stepfather of D & B

The majority of adopters welcomed the screening process. Confident that the content was being screened, many adoptive parents felt able to pass the letters straight to the children as they arrived. It is, however essential, as X does, to copy all exchanges in case of loss in the post, or in the event, as R described in Chapter 8, of having all his worldly goods stolen from his B&B accommodation.

Reliability, accessibility and chasing up

It is impossible to say whether the anger expressed on each side about the system's reliability is justified, or merely a vehicle onto which to project many of the ambivalent feelings associated with adoption and post adoption contact. It must be acknowledged that the 'exchange' of letterboxes between what may be less than willing parties, with nothing in common but fundamentally different relationships with the children, is fraught with the potential for allegations about loss, incompetence, unreliability and lack of an immediate rapid response.

However, not all participants knew if their letters were getting through to the recipients or not. Were parties picking them up or were they 'stacking' up in the system? It may have been an administrative oversight that no-one had let them know, but it loomed large in significance for young people who knew about the possibility of their letters stacking up, even when they had been set up on a one-way basis;

'It's not right that I don't know - if they haven't been picked up then they should come back to me'

E, then aged 13
Some follow up / chasing up when one or both parties are late in providing the letter is required. But those 'chase up letters' clearly aroused intense feelings from both adoptive and birth families.

'Reminders feel like a slap on the wrist, although we weren't as quick as we could be'

Adoptive parent

It emerged that the delays were rarely attributable to 'memory lapses', or inefficiency. The letters were significant for all participants, so delays in responses were reflecting real difficulties in providing a response, or turmoil in other parts of their lives, rather than forgetfulness. For birth family the delays usually reflected increased feelings of inadequacy, or lack of meaning, or other losses in their lives. Ceased exchanges were often preceded by increased delays in a previous year. For adopters the tardiness often appeared to reflect a difficult period in a child's life at home. The added pressure of communicating with a birth family member who may be perceived as responsible for a child's emerging pain and anger was too much. Chase-up letters may need therefore to be personalised and reflect some understanding of changes that may have taken place, or stages in the child development and response to their adoptive situation that may have led letterbox to be pushed onto a back burner for a while. A telephone call, if such a process had been agreed in advance may prove more illuminating, highlight some need for extra support.

Both birth families, adoptive parents and young people themselves spoke of their frustrations in accessing letterbox support systems, when telephone calls were unreturned following a tentative call. The interviews indicated that the first call might turn out to have been the only call, so response systems need to take that into account. A reliable rapid response rate would seem an essential part of an effective letterbox system; one aiming to optimise the impact of letterbox for the child, and recognise the vulnerability of all parties.

Provision of preparation, training and agreements for letterbox

Cleaver, H., (2000) had found that although foster carers did not particularly value training, the outcome of training was linked to their subsequent involvement in contact (p 271). It was apparent from this study that training was important, not just from the attitudinal, motivational reasons already discussed, but the meaningfulness of content. Just under half the adopters described the preparation for letterbox as 'good' but that proportion rose only slightly for Group B who were considered to be better prepared both for the reality of adoption of older children and for subsequent contact.
Table 10.3 Adopters views of this preparation and training

<table>
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<tr>
<th>Preparation Adopters</th>
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<th>Percent</th>
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<td>Total</td>
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<td>100.0</td>
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</table>

Most adoptive families volunteered information on their preparation for adoption. All but one (the disrupted family) felt they had been given comprehensive information. The files of the 12 year old that had disrupted did not support the adopters' views of their lack of available, informed and relevant information, and many of the difficulties they experienced were predictable. Several adopters who had had a previous adoptive placement commented on the changes in training and preparation over the last five years and the increased emphasis on contact with birth families, smoking and race issues. There was, they felt, insufficient emphasis and focus in their preparation and assessment on the behavioural challenges of the children and the task of managing the complex needs of such troubled children.

However some adopters spoke enthusiastically about role play/negotiation sessions on contact in their preparation groups, and subsequently improved understanding of birth family vulnerability. The study suggested that they would benefit from exploring pro-active advocacy on the child's behalf, without feeling that they would be disapproved of, or seen as failing by professionals. They saw themselves as running contrary to social work ideology on the promotion of contact if they felt it was not working out well for their child.

A higher proportion (70%) of birth parents described their preparation for letterbox as poor or non-existent. Given that only 19% of birth family members whose views were known felt they had any choice in the form of contact it is not surprising that many were sceptical about the benefits of the process. The strength of their views about preparation was markedly different, even taking in to account the higher proportion of 'don't knows' amongst birth family members.

Table 10.4

<table>
<thead>
<tr>
<th>Preparation Birth Families</th>
<th>Frequency</th>
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</thead>
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<td>Total</td>
<td>47</td>
<td>100.0</td>
</tr>
</tbody>
</table>
However, not all birth families would have used support:

'No, there was no preparation because I knew what to say and do – I didn’t need help. Social workers say they know how you feel, but they can’t know’

Birth mother

Training and preparation for adoptive parents, that includes sessions on post adoption services and contact is currently subjected to closer scrutiny by panels, and other evaluative mechanisms in the drive to step up the numbers of looked after children being successfully adopted. From the birth family perspective, there is a similar need for training and preparation, if and when there is greater clarity of expectations and objectives. The timing though of such input is not straightforward, as it may not prove viable until there is some acceptance of the plan for adoption, which may be some considerable time after the termination of contact proceedings. It is unlikely that everything can be cast in stone at the time of court proceedings, despite judicial hopes.

Additional areas for preparation suggested by this study could be incorporated into Support Services Plan, the framework of assessment of need under the ASS Regulations (2003) or the identified review system. It would be anticipated that any proposed letterbox would come within the fuller assessment framework, rather than the short-term provision of advice and support. Further consideration should be given to:

- Identification of the optimum timing and opportunity for parties to negotiate the objectives and expectations of letterbox. This may be possible at the pre-placement meeting, when the basis of the Support Plan could be drawn up
- Encouraging pro-activity in seeking ongoing access to help, and promoting empowerment to do so
- Identifying / seeking an opportunity to re-negotiate the contact framework and expectations
- Identification of appropriate preparation and, for instance, assessment of learning difficulties for birth families to inform ongoing support system
- Inducing a confidence in adoptive families to intervene on the child’s behalf if contact is not currently in the child’s interests
Monitoring

The guidance relating to the adoption support plan in Regulation 11 states that it should be developed from the child's developmental needs, the carers' capacity and the environment factors identified in the child's adoption plan. It went on (para 76) to state that the plan should set out clearly:

- The objectives of the plan and the key services to be provided
- The timescales for achieving the plan
- The worker responsibility for co-ordination and monitoring the delivery of services in the plan
- The respective roles of others responsible for implementing the plan
- The criteria that will be used to evaluate the success of the plan
- The procedures that will be put in place to review the services to be provided and the plan

This study has revealed that some form of framework within which to monitor and review the effectiveness of the service provision surrounding letterbox contact from the child's perspective, was a critical missing component. A latent need for support, and evidence of changed circumstances was readily elicited by one interview or phone call to the majority of the participants. Such a monitoring phone call could trigger an assessment of needs (Reg 5) or a review as a result of changes (Reg 11). The resources however would need to be considerably in excess of those envisaged even by Guidance, or individual authorities.

For a few adopters and children the adoption order had represented a sense of closure for children who would no longer be subjected to annual medicals, reviews and the duties to Looked after Children. But these were a minority – more complained of the door to support being closed, and being left to get on with it. The majority of adoptive families would not view some monitoring, even a 'safe and well' call, as intrusive especially if it was designed to be monitored and reviewed in the original Adoption Support Plan, in the less authoritative terms indicated by Guidance.

Similarly for birth parents, their needs should be identified by a team or individual whom they know face to face (turnover in adoption and home-finding teams is less than those in the child and family teams). It should be explained that the success, or mediated agreement about letterbox was in their interests too, and would be uncritical of their involvement (or non-involvement).
The message from the study is that the original measure of effectiveness established by the letterbox scheme, that ‘the letterbox is working as an exchange’ is not comprehensive enough in the longer term. If letterbox is to be meaningful enough for an individual child, or in exceptional and identified cases for the birth family member, then the effectiveness of the contribution of all participants must be monitored as suggested.

**Mediation**

The need for comprehensive availability of post adoption support for all parties, even for the task of letterbox is the wider message to emerge from the study. Whilst there is government emphasis on counselling and therapy the study has revealed wider missed opportunities for mediation. Whereas well-prepared and empathetic adopters could, as Smith, C., and Logan, J., (2004) found, renegotiate their own ways forward in direct contact, the opportunity only rarely existed in the exchange of letters. External mediation will be required.

Despite the increased awareness of health and educational professionals, adopters felt a sense in which the full history of the child was not taken into account in the overall post adoption support they were receiving. The Adoption Support Regulations and the accompanying guidance have dealt comprehensively with responsibility for the adoption support services within differing timescales, the placing agency (PA) and the receiving agency (RA). The consequences of 57% of the placements not falling within PA boundaries will be discussed later.

The Guidance rightly points out the need for the Adoption Support Adviser to have the skills to advocate for families and influence the provision of service. Throughout however, the study has identified the low bargaining position from which all the parties are coming. Mediation is an effective way of resolving conflict (Metcalfe 2002), but demands the understanding of individuals' agendas and an acceptance of what might, for each party, be the optimum negotiated and achievable outcome. Guidance (2003) and Wrobel et al (2003) refer to this mediation on behalf of the child. However in letterbox mediation there has to be recognition of the vulnerability and disempowerment of parties, that the position of participants changes over time, and that mediation requires training.

Birth and adoptive families have illustrated their need for mediation skills:

a. Between parties, ascertaining individual positions and putting the child's current interests into context
b. On their behalf with other external agencies
c. To seek resources to support the placement and adults
d. With the receiving agency, to access resources to support the placement and other parties (particularly birth family living within PA)
e. To accessing a review of the assessment of needs (PA or RA)
f. Monitor the content, timing and meaningfulness and relevance of the letterbox (PA or RA) and facilitate change

Geographic factors

The links between these requirements for support and mediation and the lessons learned from the study are summarised in the next chapter, but there remains one key issue that will have profound implications for the effective functioning of letterbox in the future; the geographic area in which the child's birth and adoptive family reside.

The study had indicated the need for more intensive and pro-active support, but despite the details and clarity of the Regulations, the location of a placement may still prove contentious and challenging. It is not known the extent to which the practice of X authority (B cohort) when the majority of placements are outside X authority is reflected nationally, or whether this is evidence of a more pro-active, relatively well resourced and successful agency.

Analysis of the placing agency reflects both a high proportion of the total, 37.5% (n=51) of placements are outside the placing authority, (without taking into account the Urban/Shire split). 27% of children in Group A were placed outside the area, but by Group B this had risen to 51.7%. Additionally, from the letterbox sample of Group A it was known that the adoptive families of at least 10% of the children had moved to live an average of 100 miles outside the boundaries. The changing pattern is illustrated in Table 10.5

Table 10.5 The placing agency, the changes from Group A to B

<table>
<thead>
<tr>
<th></th>
<th>X authority, inside boundary</th>
<th>with local consortium</th>
<th>with wider consortium</th>
<th>national</th>
<th>X authority placement, outside boundary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>Count</td>
<td>57</td>
<td>4</td>
<td>5</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Expected Count</td>
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<td>6.3</td>
<td>6.3</td>
<td>9.2</td>
<td>7.5</td>
</tr>
<tr>
<td>Group B</td>
<td>Count</td>
<td>28</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
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<td>Expected Count</td>
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<td>4.7</td>
<td>4.7</td>
<td>6.8</td>
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<tr>
<td>Count</td>
<td></td>
<td>85</td>
<td>11</td>
<td>11</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Expected Count</td>
<td></td>
<td>85.0</td>
<td>11.0</td>
<td>11.0</td>
<td>16.0</td>
<td>13.0</td>
</tr>
</tbody>
</table>
The adoptive parents of one sibling group living in a neighbouring authority suggested one reason for this dramatic growth in X's out-agency placements;

'We responded to an advert for a child in our own authority – and no-one made any contact – we contacted X authority about one of their sibling groups and the workers were there really quickly, enthusiastic, informed and supportive'

Adoptive parents of sibling group, now aged 8-11 years)

But, the study revealed that the demands of letterbox in post adoption terms are complex, and require informed and skilled support available in the area of the birth family and the adoptive family. Adopters in the study living outside the area reflected in the 9-10 year follow up that they felt less supported in the longer run. Whilst the Regulations provide for their support needs to be assessed by the receiving authority (RA), there is no guarantee that RA will be able, or prepared to prioritise their needs for resources. The assessment process too is likely to be extremely costly, and demanding of scarce skilled social work resources.

Another point that is not surprising, but has implications for service delivery is that both adopters, and children commented on the importance of their original social workers, and the trust they had developed in them. Sometimes it was their link worker, but in others it was the child's social worker. In the first follow up of Group A it was remarkable how many of those original workers remained accessible to the children, but by Group B this protective factor no longer featured so highly, doubtless reflecting social worker shortages and the short-term nature of agency social work. Parties were aware that they could turn to the Post Adoption team but they felt they did not know them personally. Often of course they were many miles away them. These dynamics will be affected by the new statutory location of responsibility for long term (post 3 years) support with the Receiving Agency, whilst the Placing Agency will retain the responsibility for the 'provision of the letterbox'.

In summary, the Regulations and Guidance have endeavoured to cover the cross boundary responsibilities but the evidence would suggest a need for a consistent national network of post adoption service provision. Without that, the potential risks and missed opportunities of letterbox systems will continue on a post-coded basis.

**REVIEW**

Reviews are an essential element of any service provision; either at an individual case level, the letterbox system, the whole adoption services. The SSI (2000) report on this national survey and PIU report (2000) revealed no robust systems for reviewing the provision of adoption support services, either of financial allowances or contact arrangements for a
specific child. Regulation 12 therefore provides for the review of the adoption support services offered:

'If it comes to the attention of the LA that there has been a change in the circumstances of the adoption support service user'

Guidance (para 85) whilst stressing the need for sensitivity goes on to suggest:

'The review should take place within four weeks of the change in circumstances coming to the attention of the local authority.'

Where the review has been conducted, then Guidance states (para 96) the authority must then decide whether to vary the provision of adoption support services. This could then lead to a variation in the plan, which would also need to be reviewed.

Whilst admirable in intention, the responsibility for the implementation of support services for at least 26 of the study children now lies with an authority other than X. Both adopters and birth parents have been seen to require more professional input if they are to be sufficiently empowered to demand a review. There are risks too of pathologising the child, e.g. attachment disorders, to access a review. If, however, the need for more pro-active involvement with letterbox participants has been accepted by X authority, then a new route to local support services will be a welcome change.

This study has highlighted the need for great precision in the administrative part of the letterbox — minor errors can have grave consequences, and issues of maintaining confidentiality and anonymity remain crucial for some children. It is important to stress though that this research was carried out with children whose letterbox arrangements were formulated in the very early days of a specialist post adoption unit when staff had not had the input into the planning.

Arrangements set up within a large and diverse authority inevitably reflected individual interests, skills and commitments at area level. The post adoption team within the studied authority is operating a focused and efficient letterbox system. By working closely with area child protection and 'looked after' teams they appear to have avoided the rivalry that Murch (1999) saw as a major disadvantage of centralised adoption teams. There was no evidence either that the birth families or adoptive parents viewed themselves as 'marred by the chaos and unpredictability' of the system. Like many authorities, many of the children with letterboxes are approaching 18, and letterboxes may be expected to cease. However this is
(Rajan, P., 2003) frequently a time for increased intervention and consideration of continuation to an age, beyond 18, when, some believe, young people have achieved a greater level of maturity, to search or aim for direct contact. The demands on the professional services of the letterbox system are likely to increase exponentially as children with letterboxes reach that age.

Murch (1999) and Morgan, M., (1998) emphasise the lack of information systems to inform adoption practice. It would seem essential that in such innovative and unresearched territory a performance review system be developed that incorporates the Plan and Review of individuals. Only then can the lessons learned from Quinton’s ‘social experiment’ of contact be properly evaluated. In any performance review system it is necessary to identify aims and objectives and measurable indicators. From this study, the necessity to identify competing aims and objectives has been established. Key indicators could include:

- Evidence of availability of sufficient background information for the letterbox organisation (including last minute court ‘deals’) to plan support. A focused paragraph attached to Form E could identify potential areas of difficulty, or need for support
- Number of hours of specific preparation offered to young people, adopters and birth families
- Plans completed for each party, short and long term
- Number of direct contacts made with the service and the response time
- Support offered on an annual basis for each party
- Evidence of the ‘chasing up’ that was proving necessary.
- Evidence of feedback of information to Party A when there has been no response from Party B
- Identification of support available for all parties when direct contact is being considered
- Evidence of counselling offered to child and other family members as the child approaches 18.
In summary, participants started out with high expectations of letterbox, but those objectives are not going to be achieved if adequate resources and social work skills are not available to undertake complex and sensitive support work, and systems set up to monitor and evaluate the effectiveness of the letterboxes for children.
KEY MESSAGES FROM CHAPTER 10

1. The needs of birth family, adoptive family and the child change so much over time that generalisations of the preferred tone, and impact of content are impossible. Themes emerging over time were:
   - A frustration with the blandness, superficiality and 'titillation' conveyed by content of insufficient depth,
   - A failure to meet children's increasing needs for answers about 'Why?'
   - Conveyed information about newborn siblings without enough information for the adopted child to make sense of a further implicit rejection.

2. There were predictable problems around literacy and no evidence of appropriate support for those with learning difficulties or mental health problems, or informed professionals, able to advocate and play a negotiating role on their behalf.

3. Both birth and adoptive families were more satisfied by the content of what they were sending out, than receiving. Frustrations around the impact of increasing time warp could be mitigated by pro-active mediatory phone calls from the letterbox team. The majority of content issues could be renegotiated if there was prior agreement in the agreed Post Adoption Services Plan (Reg. 11) to mediate, monitor and review. There was no evidence from respondents that Christmas cards would not have been an acceptable form of additional form contact. 'Who goes first' was not always clear and the time lag of 12 months for one party was frustrating and impeding spontaneity for some.

4. Interviews with birth families revealed that letters were frequently being circulated through the wider family, sometimes to alleged abusers. Some fathers resented correspondence only routed through the mother. Multiple letterboxes should be subjected to ongoing scrutiny on the child's behalf rather be used to placate adults with perceived equity.

5. Exchange of photos, although highly valued, were threatening to confidentiality and needs to be kept under review.

6. Many birth families were disappointed that the children were not writing themselves. This was not happening as often as might be expected, despite
adopter encouragement. However more up-to-date teenage methods of communication e.g. texting, would increase the risks of birth family tracing.

7. Adopters accepted screening, but it was resented by birth families, especially when the content was being censored and rejected. Chasing up letters when a party was late, aroused particularly strong condemnatory feelings from birth and adoptive families. The interviews revealed that delays were usually of significance and reflecting difficulties in the lives of the children, the adopters or the birth family. A low key ‘safe and well?’ telephone call might elicit these difficulties more easily than an alienating ‘chase-up’ letter.

Reliability and a rapid response from a Post-Adoption Support Team is essential – its failure assumed disproportional importance for vulnerable and disempowered adopters and birth family members.

8. The preparation process for adoption and letterbox was valued by adopters, although some noted a changed emphasis that they linked with ‘political correctness’ rather than addressing the core tasks of managing the complex task of parenting such troubled children with ongoing contact.

9. Adopters were surprisingly disempowered in seeking support; in part reflecting a belief that the preparation, assessment and background information had been comprehensive, and that they ‘should be able to cope’. The 4 families who had separated or divorced were left feeling guilty about a further loss for the child, and sometimes betrayal of birth family.

10. The perceived support available to birth families was inappropriately inadequate despite the high level of need noted throughout the study. The majority felt isolated and only a few indicated they would have resisted social work involvement, or saw group support as a way forward. A collaborative approach between birth and adoptive families towards letterbox would have been ideal (Wrobel, 2003) but would require well informed, professional intervention to alleviate significant changes of attitude for many birth families and if the letterbox dialogue is to be meaningful for the child. A basis for agreements underpinning the letterbox is identified.

11. Geographical issues were significant for the future with over half of the children living outside the placing authority. Despite the comprehensiveness
of the Regulations the study has revealed a high level of latent need that will require careful co-ordination by the two respective Adoption Support Advisers of Receiving agency (RA) and Placing agency (PA)

- Pro-actively co-ordinating, monitoring and reviewing a letterbox (within X authority)
- Addressing the needs of the birth family (mostly within X authority)
- Meeting the needs of the child and adopters placed far away (RA)
- Appreciating eligibility for assessment (Reg. 4),
- Developing a support plan (Reg.10)
- Instigating a review (Reg.12) in the receiving authority

12. Mediation is a skilled focused task requiring sensitivity and knowledge of individual histories, with a need to recognised changing power imbalance. The timing will be crucial and birth family members may not be able to look constructively at letterbox participation until they have internalised the outcome of earlier opposed proceedings. The study highlighted the missed opportunities for mediation.

13. The original measure of letterbox success 'it is continuing to work as an exchange', is not sufficiently comprehensive over the longer run. If letterbox is to be meaningful for the child, it's effectiveness must be monitored over time. A reviewing process, at an individual, system and policy level is essential. It will be necessary to incorporate this at the earliest stage, so that it is viewed as a positive opportunity to re-evaluate plans and instigate a new assessment.
CONCLUSIONS

INTRODUCTION

Emerging from concerns from social workers, policy makers and the legal profession about the dramatic growth in post adoption contact, this project has run for eleven years of profound change in adoption. The study of the letterboxes set up for 47 children and the impact on them, their birth and adoptive families raised the ethical dilemmas facing any researcher; where there were two potential safety issues, X authority was informed. But there were researcher/practitioner frustrations with the 33 birth and adoptive ‘family sets’, of not having taken a more interventionist/pro-active mediatory role. The interview process had been simple and the information was available to have enhanced the quality of the letterbox and work with the families. With hindsight, particularly after the follow up study, there was sadness about some lost opportunities for mediation, when birth families had moved on, and out of reach.

THE STUDY AND ITS CONTEXT

Summaries of the key messages emerging from each phase of the quantitative and qualitative studies are at the end of each chapter – this therefore offers the opportunity within these conclusions for a personalised overview of post adoption contact, and more specially that of a letterbox system.

The in-depth analysis of the files of 138 children was followed by a qualitative study of the 47 children for whom letterboxes were set up. This led to 87 ‘sets’ of adult interviews (ie partners interviewed together as one set), 7 young people, and the privilege of interviewing 33 adoptive/birth family sets. Surprisingly this ‘small scale study’ represents one of the larger adoption studies of older children, with the added benefit of being a complete sample over a longer period than most studies. Additionally, access to the letterbox files, with their copies of all correspondence, enabled issues raised by the interviews to be checked out. The opportunity to follow up the progress of 19 of the 21 young people some ten-eleven years into their placement added to the uniqueness of the study but also a frustration, that greater efforts had not been made to undertake the more rigorous study that Quinton et al (1997) advocate. Variables could have been held constant and measures of well-being or analysis of early ‘internal working models’ could have been used in 1995, if not earlier. More effort could perhaps have secured funding for a follow up of all 138 children, particularly those un-researched children with ‘no contact’. Contrast with another authority’s sample would have brought differing variables but enabled the triangulated analysis that the demands of confidentiality preclude for this study. Notwithstanding those limitations, there remains a rich
source of data from each perspective and the basis was established to return to the families for future interviews, and speak with more of the young people.

With hindsight, the most valuable part of the study was the 9-10 years follow up, many by telephone, based on relationships established in earlier in depth face-to-face interviews. Although appearing to offer a bleak outcome, the follow up into a mean age of 15 years begins to highlight issues at the young person's developmental stage, when the search for identity is becoming as important as earlier attachments, by now going back over 10 years. It shows the ways in which some letterboxes continued to work, others faltered but might, with proactive intervention or mediation have been saved. For many children either the failure of the letterbox or the security of their placement, or both, had enabled them to move on. Most, apparently, were successfully negotiating adolescence. This was no mean achievement given the turmoil of their early lives.

Post adoption contact has to be viewed within the wider context of adoption, and at no time more so than now amidst powerful government pressure to increase the proportions of looked after children placed for adoption and the emotive distorted media attention. For instance, with tales of adoptees searching for birth parents making prime time TV, does a child's letterbox become more frustrating? Tantalising but often superficial links with their increasingly fantasy birth families exist but fail to answer fundamental teenage questions.

Central government policy has influenced adoption in many indirect ways: local government reform has left small unitary authorities to provide an adoption service with financial and geographical restraints. Some have difficulties in providing complex and comprehensive post adoption services without the economies of scale of a larger authority or the ability to place 'in house' but away from unsafe birth family members. Even the newly imposed duty to assess the need for adoption support services depends on skilled and experienced social workers. This study has shown the importance of social work stability in terms of the better quality support perceived by Group A than Group B and the confidence and invaluable trust that a long-standing relationship with a 'former social worker' provided. The steady haemorrhage of social work skills leaving the profession, or moving voluntary or independent agencies or peripheral roles, reviewing service provision, CAFCASS, monitoring performance measures etc. only spreads the finite resource of skilled and experienced social work practitioners ever more thinly, removing workers from the coal face of effective, in depth, and fundamentally long term work with families. With out-sourced 'pieces of work' and short term agency workers, the trust in the individual and the basis of 'a casework relationship' — now ironically part of the vocabulary of the Probation Service, appears to have all but disappeared from the armoury of support. This is despite the powerful message from research (Parker 1999) that the features of social work support that adopters valued most highly were
'Readily available, warm and trustworthy relationships, reliability, (especially in doing what was promised when it was promised), unhurried discussion, informed guidance, and a sense of committed allegiance.' P 90

Local authorities vary widely in their own culture and policy implementation, even, as the study has shown, between areas within one authority. Some authorities have placed more emphasis on family support, and in the spirit of the Children Act, avoided the need for children to be 'looked after' or for a court order. Individual skills and influences, particularly at the executive level, as happened in X authority, can have a profound effect on practice and the release of resources to promote specific policies.

In the New Labour world of National Standards, Performance Assessment Framework (PAF) Indicators, ranked bar charts, task forces and Beacon Councils, the selection of measures for Quality Protects have profound consequences for failing authorities; named and shamed and at risk of financial sanctions, removal of responsibility for core functions and lower staff morale. The pressures for instance to achieve an annual growth rate target of 40% of 'looked after' children being placed for adoption is immense, and may not even be in the best interests of the children if it is at the expense of kinship placements or even reunification over a longer timescale. There was no research to highlight the reason for such wide disparities between authorities or indicate which performance extremes represented the best deal for children. Waterhouse (1997) noted a similarly wide disparity in the use of kinship placements but has not been asked if her high kinship users were the low adoption placers! Four of the 14 children's services measures are focused on adoption. The Protocol places the spotlight on 'report hungry' care proceedings, driving case planning to move faster, absorbing yet more resources for the few. Today's court spotlight becomes tomorrow's shadow. What is the cost to the children in unplanned, 'temporary' foster homes, from moving on, or the impact on the preventative spectrum of family support?

Delays are all now viewed as an unnecessary evil, and constructive delay rarely features. Yet the time elapsing from 'last parental contact to placement' has been shown by this study to be a crude, and not necessarily informative measure of outcome. Closer inspection revealed many examples of good practice in work with birth and adoptive families, and the children that underpin delays. Will the rush to place and adopt lead to unreasonable pressure on children or young people to make that commitment to adoption? Will it create less well-prepared adopters, lacking the space of an emotional pregnancy, or the time to reflect of their all too recent, emotionally draining IVF treatment? Direct work and quality decision-making cannot be rushed if it is to underpin the successful permanent homes that these children have achieved.
Will these new processes also lead to yet another pendulum swing, this time against the rights of birth parents, and their opportunity to take stock of their lives, and change a lifestyle that most of the study parents were almost ready to acknowledge had not been appropriate? Tunstill (2003) has pointed out that younger children who fall through the net of universal support may be at increased risk of subsequent removal and placement for adoption. With the influence of the Protocol, is the reduction of age of children being placed a measure of speedy, effective work, or is it massaging the statistics with robust, rigorous planning for some children at the cost of the new generation of ‘Children who Wait’? (Rowe and Lambert 1973) Was the British Agency for Adoption and Fostering (BAAF) right to celebrate the drop in age of children being adopted? A more cynical perspective would identify latent, unmeasured demand of the older children now left waiting, unallocated, on care orders, planned by default for long term fostering because the word on the street is that no adoptive families exist anyway for boys over the age of four and sibling groups. Are these children moving to unsupported kinship placements, or being returned home in an unplanned, unsupported and unresourced way?

The arrival of the Adoption Act, Adoption Support Standards, The Children Bill (2004) and the Protocol can only be welcomed. Hopefully this study will contribute to the awareness of the significance for children of the postcode lottery factor. Despite the duty to assess the need for a service, this is not matched by the equivalent duty to provide the post adoption services that must be essential for most children with ongoing contact or any form. Notwithstanding the lack of preventative services, once children have reached this position of adoption, it behoves all to support the placements to the highest standard possible. Over half of the study children were placed outside their placing authority - a factor, which will influence resources available to them after three years.

HEADLINES – THE STUDY FINDINGS

Smith and Logan (2004) made the following comment, against which it is salutary to measure the results of this study:

‘In our current state of knowledge it is not possible to calculate the long-term effects on children, adopters and birth families of different contact arrangements. We have not yet established the relationship between situation and personal variables and the risk of relatively harmful or beneficial outcomes associated with contact.’ P181

But, letterbox contact is taking place within a wider context of adoptive-family dynamics, children’s earlier life histories, cultural and societal norms and individual psychosocial
development. It is also self-evident that individuals’ needs change over time – how could we expect that a letterbox can stand still amidst external and cultural changes, and individuals moving on in their lives, dealing with past losses in different ways? Who could have dreamt when the 5 year olds were placed that, ten years on, peer group communication would be texting via their own mobiles? Despite this changing tapestry, it is worth identifying the main issues, and then explore the certain evidence to have emerged, and the less certain.

Adoption can work – within the right context

Regrettably, the measurement of ‘overall satisfaction with the placement’ was not an objective of the study. But these placements have survived way beyond all known adoption disruption data, and all but one of this group of 47 young people had achieved stability. It was, and to some extent still is, a very troubled group of children. The apparent success of the placements appears, to an experienced practitioner eye, to reflect good practice in preparing and matching, but also an agency culture of permanence, preparedness to resource the support, and a stable, experienced and innovative post adoption staff group.

The study also confirmed, though, the real pain that exists on both sides, years after the adoption. The confusion in children separated from their birth family, including their other siblings, remains. This has been shown to be the case despite the unsuccessfulness of their original situation.

In a similar finding to Smith and Logan (2004), and MacCaskill, (2000) the adoptive families in this study were impressive and had been committed both to the children and to the contact planning. Although their sense of security had been enhanced by adoption, there was little sense of them wanting to close the door on social workers. Most had been well prepared to view post adoption support as a right, rather than, as the minority saw it, an acknowledgement of failure. The families had been prepared to stick in with the immense challenges of a vulnerable and challenging group of young people. My own litmus test of belonging, identity, connectedness etc has been ‘who will they take the first baby scan picture to?’ Everything in these study families indicated the likelihood of success by that criterion.

Managing the risk of letterbox contact

Placement for adoption, and any form of post adoption contact is a risk; to be balanced against the risk of returning a child to their parents, a kinship placement, or fostering or adoption without contact. Ideally the evidence resulting from this study would inform future risk assessments. But Reddy (1991) argued that social work planning and decision-making is frequently characterised by uncertainty rather than risk, and that risk analysis cannot
provide certainty of what will happen in such a complex field. This suggests that every
decision about the selection of post adoption contact should be based on the best available
evidence. But, this decision must be flexible enough to take account of the individual needs
of the child and their families and accommodate the changes that inevitably occur over time.
Blanket policies and assumptions of letterbox functioning are wrong. The grounded theory
analysis couldn't predict outcomes, but, as a part of a longer-term process, it did give some
indicators of the variation in risk and protective factors relating to planning for letterbox.

It is clear from the study that every decision needs to be based on a detailed and accurate
assessment of the child's needs, plus those of the birth and adoptive family. There are some
indicators emerging from the study that need to be taken into account — but should not be
viewed as 'mandatory' or inflexible. There is a danger in the current climate of producing a
checklist similar to a competency tick box, which may constrain individual judgement. Indeed
the study and subgroups analysis has highlighted the exceptions to every general
assumption within each group. For example, even within the 20% 'working well group' there
was one case with a striking mis-match of birth and adoptive family objectives, yet the
letterbox process had successfully adapted.

Under half of the letterboxes were still functioning, but neither the definitions of 'functioning'
or 'non-functioning' told a full enough story of risk management for the children, in
emotional or potentially physical terms. The letterbox exchanges were important to most of
the children, and where they were working successfully, it was of significant short and long-
term benefit to them. However, some letterboxes functioned and were damaging, others
were not working but that felt right for the child. Some of the letterboxes that had failed were
seen, with hindsight to have reinforced the sense of loss and rejection. But either the stability
of the placement or the failure of the letterbox, the direct work undertaken with them, or the
full background information available had contributed to young people 'moving on' in their
lives. Probably the answer was multi-causal. Overall however the frustration of the failure of
letterboxes to answer important questions associated with identity had increased over the
years and adopters viewed the likelihood of their children seeking out those parents as less
likely.

The evidence suggests that over the longer run the management of risk for children with
letterboxes needs greater access to pro-active post adoption services. Adopters need to be
empowered to question or challenge the effectiveness of the letterboxes on behalf of the
child. Young people who have been helped through their identity resolution phases by the
availability of background information, knowledge gained from pre-placement meetings and
an open attitude on the part of adopters to their needs to search in later life may,
paradoxically have less need to search. For a significant proportion of children the letters
were raising more questions than they were answering; the risks of emotional harm, of reinforced rejection, confusion, or unanswered questions were high.

Time changes all things!

This was another common sense finding, but what else in the lives of the children their birth and adoptive families had remained constant? That there should be any expectation of letterbox process standing still for ten years, preserved in aspic, without the need for adaptation is perhaps more surprising. But, successful change requires negotiation and access to a structured and well-resourced post adoption service. It won't happen spontaneously because, contrary to direct contact arrangements, with few exceptions, there proved to be no vehicle for negotiation over time. It was a re-occurring theme of Chapters 9 and 10 that some reviewing system, albeit low key, must be built into the system.

CERTAIN EVIDENCE EMERGING FROM THE STUDY

The lack of clearly defined predictive factors!

Notwithstanding the caveat above, the indicators below for the 21% `working well` subgroup would be predicted by any experienced practitioner, and confirms the research evidence already available, with the exception of the finding that half of the birth family had opposed the adoption yet been able to move on. They were:

- Common objectives of letterbox, and a sense of child focus
- An agreed view of the history that led to removal
- Children had been able to move on with their lives, with a real sense of security and belonging
- Most had had significant attachments with their previous foster carers, which may have indicated a greater capacity to form and transfer attachments
- Letterbox content was viewed as meaningful
- It was envisaged that letterbox would move to direct contact before the child reached adulthood, with the implication that adopters considered the children had sufficient understanding of their history to take the risks for them, associated with direct contact

Of greater interest though, in managing future risks or uncertainty is to exclude the ten `working well` cases and the two cases that should never have been set up, and concentrate on 75% of the children, for whom families and children said letterboxes either were not working at all, goal posts have moved, or, children were being further emotionally abused, either by the ongoing reminders of rejection or the failure of letter boxes to meet their current needs.
For these children the number of variables was so great that it would seem impossible to attempt to predict outcomes, or indeed define what a successful letterbox outcome would be. A key issue for the assessment of needs of post adoption support must be to define objectives of each letterbox, from differing perspectives. There would be no right answers. What would be more important would be open, honest and transparent definitions of individuals’ objectives, on which future mediation and support could be based. The research clarified that not all letterboxes were set up for the benefit of the study child – some were primarily for the parents, of for other birth relatives, particularly older siblings. That proved to be a valid objective, but would require different longer-term monitoring on the child’s behalf.

In terms of ways forward of planning for these young people, they divided into two groups:

1. Those for whom letterbox can be helped to work,
2. Those for whom it may be preferable to negotiate a way forward, either to leaving the letterbox on the back burner so that its failure is not seen as yet another rejection of the child, or termination.

If, as often happened, and other research confirms, parents had moved on in their own lives, satisfied by early reassurance that their child was safe and well, than this statement should be captured on the child’s behalf as a planned and positive option. The alternative is that it comes to be viewed, by default, as a further rejection.

Few birth family members expressed the deep resistance to social work input that some research and independent agency professionals have argued. However, the skills to work with the loss, anger, pain, guilt and shame to which some families referred are unlikely to come from peer group, or un-informed support workers. Those parents that had moved on to successful parenthood, with increased maturity and usually with new partners were right to be triumphant; but those feelings need to be reframed for the study children who viewed the one-line news of new siblings as further rejection or proof of their unworthiness. Birth families need access to skilled support if they are to move to accepting the adoptive placement with a changed attitude towards their children in later life, and develop the capacity to deal constructively with the inevitably challenging question, ‘Why?’ that will arise.

For those whose letter content continues to be inappropriate or destructively inconsistent and birth families cannot be helped to move on, the mechanism needs to be developed for a return by professionals to court on behalf of the child. It is wrong that some letterboxes are viewed as abusive or the source of profound confusion, yet were continuing, out of a fear of court condemnation or of challenging ideological perspectives.
Pre-placement meetings and agreements are invaluable

Pre-placement meetings were clearly influential, with 86% of families valuing them highly, but the opportunity was not being taken to discuss letterboxes, even where they had been agreed beforehand. It must though be acknowledged that if the placement, and meeting were taking place shortly after opposed care proceedings, then birth family members may not have been able to look objectively at what they regarded as the worst option or fall-back position of letterbox. In that event, the possibility needs to be considered of a follow-up meeting some time within the subsequent 2-3 months to explore the boundaries, constraints and flexibility of an individual letterbox. It is important that those operating the system are part of that process, and that some form of un-intimidating written agreement is negotiated in a constructive way. It would be important for the agreement to emerge from the participants within a loose framework, rather than by the imposition of yet another court based pro-forma. It is particularly important that a potential mechanism to intervene, review, and initiate change is agreed, given the study finding of the extent of change over time.

Court based adult `deals` rarely lead to effective letterboxes

Set against the backcloth of drama and anxiety surrounding an opposed or even unopposed adoption hearing, many participants spoke of letterbox as being a peripheral issue at that time. If it was a bargaining tool, then all parties were unacceptably vulnerable. Birth and adoptive families were desperate to achieve other objectives, albeit disparate ones and letterbox was not a big issue. Adoptive parents were powerless in those negotiations, and birth families were settling for the least detrimental alternative, of letterbox contact, with no sense of a positive benefit for the child. Only years later did the implications of a letterbox which didn't have the child's interests at the centre, start to impact. The study revealed that when birth and adoptive families felt forced into letterbox, the frustrations were building up as time passed. Such plea-bargaining may also, if there is no opportunity for professionals to help by reframing issues for birth families, feed into resentment, blocking the capacity to modify their attitude. However the study evidence suggests that a letterbox can still go on to function effectively after hostility, opposition and pain. The important issue is the extent to which birth families can move on, or be helped to move on, to accept the child's current situation and explore the new role they play in the remainder of their lives. Too many of them were emotionally stuck with their anger, which could not bode well for the impact on children if they did seek their birth relatives out in later life.

The issue of timing, though, and supremacy of court decision-making versus the adoption panel who may have more information available to them, is complex. There are three reinforcing influences to speed up the process; or create a pressure to 'do a deal':
1. Government pressures on local authorities to deliver numbers of adoptions

2. The Protocol speeding up those processes of care proceedings and care plans

3. The Support Regulations state that services for birth families are only prescribed under Reg 2 for 'assistance in relation to arrangements for contact'. Reg. 5, specifying the requirement for assessment for services goes on to restrict to situations in which 'arrangements for such contact have been made before the requests for an assessment.' The likely implication and doubtless unforeseen consequences of this will be that representatives of parents, and Guardians will seek to put contact arrangement in situ before they concede to the making of an adoption order.

The study evidence reveals that parents need time, space and professional input if they are to be enabled to work through their loss and then take on a new role, and work constructively with letterbox, bearing in mind their levels of literacy, and social problems. A court based, pressured deal at the time of the adoption is unlikely to achieve that objective, and risks leaving alienated, angry and emotionally 'stuck' parents often believing themselves to be innocent, or as victimised as their lawyers may have chosen to present them in court.

The double jeopardy for birth families

Letterboxes were often set up on an 'all we could get' basis. The study evidence suggested that many birth families could and did move from that position, but they need also to be aware that if they default/move on/become inaccessible, then it is more likely the child will see that as a further rejection and be less likely to seek them out in later life. It is marked that for 75% of the children the adopters' envisaged less, and later likelihood of their children seeking out their parents. This did not correlate with the level of abuse experienced – some of the most damaged children were in the first 'working well' group. But the implication is that letterboxes should only be set up if there is informed and skilled support available for birth parents, and they are reminded of the possible consequences of defaulting.

The ability to write or read a letter, and have appropriate and acceptable support to stay in touch with the letterbox system proved more influential than parents or their advocates probably appreciated at the time. Despite their literacy difficulties, letterbox had been set up for the most vulnerable parents in the cohort without identified and funded support systems.

The need for post adoption support is absolute

The findings suggest that it is unlikely that any letterbox will not require professional intervention at some point, even if it is at the challenging age of 18 years, when the
contentious issues of continuation/maintenance and responsibility for making their own decision are faced.

The uniqueness of each situation has been identified, with its dynamic interaction. But whereas Smith and Logan (2004) point to the interaction of empathetic individuals in face-to-face contact, this scenario for negotiation was not open to these 'letterbox' families. A few participants demonstrated their capacity to overcome the obstacles and negotiate a way forward, through the letters – but for the majority, even with high mutual empathy scores, alternative methods of mediation were necessary. It was possible, of course, that the expressed initial enthusiasm of adoptive families for letterbox was reflecting their knowledge of 'perceived social work wisdom' as they put it, and masking a deeper resistance to what several referred to as 'the experiment of the in-thing of letterbox'. An initial agreement could establish the basis for another adult meeting, say three years down the line, with the restricted purpose of re-defining objectives, and lines of communication, and providing an updating picture of the real child.

The model of the researcher interviews revealed the potential to facilitate better communication, but was limited by confidentiality and an understanding that there would be no feedback of information from the other party. It nevertheless illustrated that a regular proactive 'safe and well?' call from a social worker, without the constraints on the researcher of confidentiality, and subject to agreements in the initial meeting, represented a constructive way forward. The call would readily elicit the background to any difficulties being experienced. It was an important study finding that very few of the delays in responses to letters from either adoptive or birth family were without significance.

This all indicates the necessity for an even greater resourced letterbox system than X authority were already providing, a system acknowledged to be more comprehensive than most. Accuracy and attention to detail proved essential in operating a system, with a high potential for grievance and misinterpretation. Apart from efficient administrative support the study illustrated the need for skilled, experienced pro-active social work intervention, from workers with knowledge of the child's history, the adoptive family and the birth family. Issues such as content, 'who goes first?,' multiple letterboxes, Christmas or not, photos or not, and child's involvement all require case by case intervention, and recognition that needs changed over time.

The study has demonstrated the increasing complexity of a child's letterbox over time. This, in turn, points to the need for further professional training in this area. The subtle nuances of the success of a letterbox however demands expertise in family placement, child protection
and an underlying understanding of the needs of children separated from their birth family. Mediation skills too are important. The new Government mode of a Support Plan and agreement and Review have yet to be produced, but it would appear a fine balance to maintain the adopters' rights to privacy and their authority to make decisions on their child's behalf. The evidence indicates a need to build in some form of reviewing mechanism of all contact arrangements. A review would result from an agreement negotiated, rather than imposed, at the beginning. If this system were known to all parties, and their advocates, at the beginning, then matters could be looked at from the child's perspective and letterboxes be modified. A return to court could be considered, without adopters feeling the need to take the initiative, or unnecessarily face conflict with their child's birth family. All participants valued the support from individual workers they knew, so longevity of commitment is important. A mechanism too for 'allocating each case' within the letterbox system to a key 'letterbox worker' would be preferable to an ad hoc duty team response to queries.

One of the most common findings from both adoptive and birth families was the need for an effective and efficient response to their first and possibly only phone calls. Just as the 'delayed' letterboxes proved to be significant, so a first tentative call often belied a higher level of need than may have been immediately apparent. Both birth family members and adopters were less empowered in seeking help and advice than anticipated and the majority, whilst recognising the pressures on professionals, spoke of the frustrations of unreturned phone calls. This is a salutary message for all agencies, given that the system within X is more professionally and well resourced than most.

Letter box is not right for some children at some points in their lives

The study revealed a powerlessness by adopters to influence the course of letterboxes, however unsatisfactory or abusive they were proving. This seemed to reflect a fear of court processes rebounding, or fear that adopters were failing if they didn't accept its positive value and were swimming against a powerful pro-contact ideological tide. Neil (2002a) emphasises the need for adoptive families to be 'helped to understand why contact is now a part of most adoptions. ' Whilst it must be right that adopter and birth families are helped to anticipate issues and tensions that will arise, it would seem from this study that adopters or Reviewing Officers also need empowering to say 'No' on behalf of the child, or at least request an assessment of the child's needs for future contact.

The views of children – a rights versus welfare issue?

Given the background experiences of so many of these young people it was inevitable that they would have the ambivalence in adolescence about contact that other research studies suggest. Asked by any researcher it is unlikely that they would have done other than express interest, sadness, or, fundamentally, a profound wish that relationships and experiences with
their birth family had been different. Young people with experience of the care system often retain their skills of cueing in to what they sense people want to hear. The quote from the 20 year old, (with the additional knowledge of having interviewed her birth parents) epitomised the subtlety and dilemmas of the rights/welfare issue:

'I am angry at social services that had moved me around to 13 families. When I was placed I wanted just one thing off them – to have direct contact with Mum, but they wouldn't let me. And now I can't trace her, and they don't know where she is. But, I love my Mum and Dad (adopted) to bits. I've shit on them enough times but I still love them and they love me. I left home and came back. I did everything; I stole from them, I overdosed, but when I came back I realised how much they really care for me. I need to know about my Mum, but I would never leave my Mum and Dad now, and I will always keep their name, but I am not complete without knowing my parents. I don't blame her (birth mother) for what happened. I'm not bothered about Dad (birth) He pissed off and has another family and he agreed my adoption. Mum opposed it so she cares.

Maybe if I had had direct contact with Mum (birth) I would never have made the commitment to my adoptive family and really settled eventually, and although I am upset not to be able to trace her, I wouldn't want anything other than my Mum and Dad forever. They are my real family’

The work of MacCaskill (2000) though, confirmed by many of these study interviews are salutary – to what extent should young people be protected from being subjected to further emotional abuse? With hindsight they will of course blame the system, social workers etc – but the reality of interviewing birth/adoptive 'family sets' and reading the files was a stark reminder of their vulnerability, and constant need to feel valued by the birth family that rejected/abused or discriminated against them in the first place. To what point should society continue to protect them – albeit in a way that will be interpreted as paternalistic? The only way forward in these situations must be to re-assess the individual situation and perhaps take expert advice and reach a transparent decision that the young person will appreciate in later life.

THE UNCERTAIN EVIDENCE FROM THE STUDY

It is clear that, despite the recent studies, Quinton et al (1998) are right that research has not provided evidence that any form of post adoption contact is beneficial for children, or their birth and adoptive families. This study too has failed to provide the constants against which valid comparisons can be made. Some children have undoubtedly benefited, but as Trinder (2003) found, this could have been the 'particular' child, and the particular family sets. The
success of letterbox may indeed be primarily attributed to the success of the adoption. Some children, as a result of their adoption, may be better equipped, in terms of self-esteem and confidence, to cope with letterbox. This may, in turn, relate to their early positive attachments or even the absence of early attachments. The resilience of some young people and ability to move on into a new life was striking. The study has heightened the awareness of the number of variables for each child over time and the extent to which it would be wrong to draw up checklists predicting outcome. Smith and Logan contended:

`Thus far research has not provided unequivocal evidence about the conditions under which particular forms of post adoption contact are likely to be experienced as beneficial by children adopters and birth relatives. In any event qualitative features of interaction, communication, relationships attitudes and so on will influence individual's experiences of contact. Decisions about contact must therefore be made in relation to the needs, characteristics and circumstances of particular children and their families rather than in response to general evidential rules or ideological commitment.`

This must, from this study too, be right. The difficulties of comparison with other studies are significant:

- Definitions remain blurred
- Sampling difficulties exist, with a lack of control groups, within the same authority culture
- The foster adopt factor – are these placements included or not?
- Complex and multiple forms of contact
- The role of siblings – at home with parents, separately placed or born subsequently.
- The quantity and quality of letterboxes

The study was primarily from an adult perspective, and the opportunity was lost for the children to be interviewed in a more structured way. Moreover insufficient attention was given to the needs of the ethnic minority children. However their numbers are small and whilst there were some interesting issues, they could not be spelled out in relation to their ethnicity without risk of identifying the children. There were several children in the study with disability, whose adoptive placement reflected birth families' inability to cope with their disability. Again confidentiality prohibits more identifying discussion, but the problems associated with contact for these children merit wider study.
Siblings issues need to be viewed from both sides

The study showed the complexity of these networks that are not met by a simple statement that siblings wanted to be together. 25% were placed together, others were known at placement to have siblings still at home. There is no knowing how many new siblings have been born subsequently; although the study sample suggests that for at least half of the children this is so. There is an extent to which the 'grass on the other side is always greener' - siblings would love to be together. It is rare, as happened with siblings in this study to reflect, in interview together, that the right decision had been made to place them in separate, but communicating homes – it was apparent from the files though that this outcome reflected a painstaking commitment by the authority and their adoptive families and the siblings to engage in the direct work offered to them throughout their lives.

CONTINUING CHALLENGES

Many of the study findings were not anticipated, and were the consequence of the privileged opportunity to focus on one small component of the complex field of adoption of older children, more than 92% of whom have been found to be at risk of significant harm. The research process was helped throughout by the constant tolerant and supportive presence of key skilled, professionals and thoughtfully innovative members of X authority within the letterbox and the post adoption system. The value of the knowledge base of each of them cannot be underestimated in working on behalf of the children, and the study findings need to be viewed within this context. Most other authorities have no such framework supporting letterbox systems.

The study has raised more fundamental questions about contact, but has confirmed that adoption has improved the prospect of the majority of these children. Letterboxes have been seen to be a complex, sophisticated and experimental tool with wider implications to each participant than may have been apparent when they were set up. Some have worked well with little professional input, but if the majority are going to be of benefit to all children, birth families and adoptive families in the longer run, the input of skilled, experienced social workers with training on post adoption contact will be essential. Increased and pro-active mediation could be challenging but fulfilling, and would highlight those few situations where intervention could assist, or the risks of maintaining a letterbox are too high.

The Support Regulations offer a valuable opportunity for authorities to take stock, re-evaluate the objectives of the individual letterboxes and attempt some measurement of their effectiveness. The longer letterboxes have continued, the more frustrations were emerging. 'Continuation of the exchange' proved not to be a reliable indication of successful outcome.
This poses the difficult question of how child centred is the process, and if it not, how can it be changed or reviewed? With the increasing fragmentation of commissioning post adoption services, it is hard to envisage another agency being able to co-ordinate the detailed need to support, covering at least two local authorities. Authority X placed over half their children outside their boundaries, the birth families lived within their authority. Authority X will retain the responsibility for providing the letterbox system, but the post adoption support duties will be elsewhere, possibly contracted out. Coherence and a child focus will prove a major challenge.

It appears customary to end with a need to identify further research, especially when the study findings are challenging perceived wisdom and practice. But in this case, some of the earlier findings of this study were fed into the national consultation processes of the last three years. The rapid implementation of the Support Regulations in 2003/4 will offer a unique opportunity to build a research component into the monitoring and evaluation. But it would be crucial to define the wider variables such as local authority priorities and value systems in relation to kinship, long term fostering or adoption as opposed to prevention and rehabilitation. These reflect some of the fundamentally different values in society on child care issues. Some attempt to measure comparisons of outcomes with say, reunification or kinship using measures of economy, efficiency and effectiveness might prove salutary.

The opportunity could still exist for qualitative interviews of those children for whom 'no contact' or direct contact was planned, bearing in mind, as ever the complexity of the variables for each individual child and their family and the subtleties of measurement. Some more focused analysis too of the apparently successful adoption placements of 138 children over the age of 6 years could only be illuminating.

However letterbox contact can work for the majority of children, even those for whom the placement is opposed by their birth families. But, its success at various stages of a child's life will depend on consistent, pro-active support being available to all parties, the existence of a review system, cross boundary collaboration and a determination that letterbox should not be routinely prescribed, without clearly defined objectives. As time passes the need for pro-active support and a reviewing system increases - the level of support required for a successful outcome cannot be minimised.
APPENDIX 1

Placement History (in months)

First date with mother
Date separated
Second date
Date separated
Third date
Date separated
Fourth date
Date separated
Fifth date
Date separated

First date with father
Date separated
Second date
Date separated
Third date
Date separated
Fourth date
Date separated
Fifth date
Date separated

Date placed with relative
Date separated

Date placed with foster carer 1
Date separated

Date placed with foster carer 2
Date separated
Date placed with foster carer 3
Date separated

Date placed with foster carer 4
Date separated

Date placed with foster carer 5
Date separated  (add other carers)

Dated placed in residential 1
Date moved

Date placed in residential 2
Date moved

Previous foster carer wishing to keep child

Number of foster carers

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<th>The Child</th>
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<tbody>
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<tr>
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<td>N</td>
<td>nk</td>
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<tr>
<td>Wanted by father</td>
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Recorded history of alleged or actual abuse to child or other child of household

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<tr>
<th>Evidence of pre-natal abuse</th>
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<tr>
<td>Physical abuse by mother</td>
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<tr>
<td>Physical abuse by father</td>
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<td></td>
</tr>
<tr>
<td>Physical abuse by cohabitee/step parent</td>
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</table>

| Emotional abuse by mother   |   |   |
| Emotional abuse by father   |   |   |
| Emotional abuse by cohabitee/step parent |   |   |   |

Y = Yes, N = No, nk = Not known
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<td>Sexual abuse by father</td>
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<tr>
<td>Sexual abuse outside family</td>
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<td>Neglect/accidental risk</td>
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<td>Multiple changes</td>
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<tr>
<td>Parents unable to set toddler limits, or meet toddler needs</td>
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**Other significant facts?**

**Attachments**

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<tr>
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**Adoption plan**

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<td>t/y</td>
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<td>Child agrees with plan</td>
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<td></td>
<td>dk</td>
<td>t/y</td>
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</table>

**Sibling/wider family**

Number of full siblings:
- at home with parent/s
- with wider family
- looked after separately
- adopted separately
Number of half siblings:
- at home with parent/s
- with wider family
- looked after separately
- adopted separately
- placed with child
- died

Number of step siblings:
- at home with mother
- at home with father
- with wider family
- looked after separately
- adopted separately
- placed with child

Noted significant attachment:

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<td>Sibling 3</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Contact plan proposed with sibling

Parents

Birth mother:
- Date of birth

Ethnic origin

Socio-economic

A

Ever married to father of child

Y  N

Living with husband

Y  N

Current stable relationship

Y  N

Learning difficulties

Y  N  Possibly

Recorded mental health problems

Y  N

Recorded depression

Y  N
<p>| Recorded schizophrenia type symptoms | Y | N |
| Recorded personality disorder       | Y | N |
| Other                               |   |   |
| Recorded experience of care system  | Y | N |
| Recorded experience of CSA          | Y | N |
| Recorded substance abuse            | Y | N |
| Recorded drug abuse                 | Y | N |
| Recorded alcohol abuse              | Y | N |
| Schedule I offender                 | Y | N |
| Offences of violence                | Y | N |
| Supportive of adoption plan         | Y | N | Ambivalent |
| Care Order agreed                   | Y | N | nk |
| Subsequent section 39 application   | Y | N |
| Number of section 39 applications?  | Y | N |
| Section 34 application              | Y | N |
| Number of section 34 applications?  | Y | N |
| <strong>Contact with mother</strong> envisaged at adoption panel** |   |   |
| Contact legally terminated          | Y | N | planned with adoption |
| Date last saw?                      |   |   |
| Opposed/opposing termination        | Y | N |
| Unhappy but passive acceptance      | Y | N |
| Knew adopters prior to application  | Y | N |
| Contact code desired                | NN |
| Contact code planned                |   |   |
| Bond with child                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | P |
| Degree of child focus               | 1 | 2 | 3 | 4 | 5 |   |   | Q |
| Birth father                        |   |   |
| Admitted paternity                  | Y | N |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Ethnic origin</td>
<td>A</td>
</tr>
<tr>
<td>Socio economic</td>
<td>B</td>
</tr>
<tr>
<td>Ever married mother of child</td>
<td>Y  N</td>
</tr>
<tr>
<td>Living with wife</td>
<td>Y  N</td>
</tr>
<tr>
<td>Current stable relationship</td>
<td>Y  N</td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>Y  N  Possibly</td>
</tr>
<tr>
<td>Recorded mental health problems</td>
<td>Y  N</td>
</tr>
<tr>
<td>Recorded depression</td>
<td>Y  N</td>
</tr>
<tr>
<td>Recorded schizophrenia type symptoms</td>
<td>Y  N</td>
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<tr>
<td>Recorded personality disorder</td>
<td>Y  N</td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Recorded experience of care system</td>
<td>Y  N</td>
</tr>
<tr>
<td>Recorded experience of CSA</td>
<td>Y  N</td>
</tr>
<tr>
<td>Recorded substance abuse</td>
<td>Y  N</td>
</tr>
<tr>
<td>Recorded drug abuse</td>
<td>Y  N</td>
</tr>
<tr>
<td>Recorded alcohol abuse</td>
<td>Y  N</td>
</tr>
<tr>
<td>Schedule I offender</td>
<td>Y  N</td>
</tr>
<tr>
<td>Offences of violence</td>
<td>Y  N</td>
</tr>
<tr>
<td>Supportive of adoption plan</td>
<td>Y  N  Ambivalent</td>
</tr>
<tr>
<td>Care order agreed</td>
<td>Y  N</td>
</tr>
<tr>
<td>Subsequent section 39 application</td>
<td>Y  N</td>
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<tr>
<td>Number of section 39 applications?</td>
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<tr>
<td>Section 34 application</td>
<td>Y  N</td>
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<tr>
<td>Number of section 34 applications?</td>
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<tr>
<td>Contact with father envisaged by adoption panel</td>
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<tr>
<td>Contact legally terminated</td>
<td>Y  N</td>
</tr>
<tr>
<td>Planned with adoption</td>
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<tr>
<td>Date last saw</td>
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<tr>
<td>Opposed/opposing termination</td>
<td>Y  N</td>
</tr>
<tr>
<td>Unhappy but passive acceptance</td>
<td>Y  N</td>
</tr>
<tr>
<td>Knew adopters prior to application</td>
<td>Y  N</td>
</tr>
</tbody>
</table>
Contact order desired
Contact code planned

Bond with child  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | P
Degree of child focus  | 1 | 2 | 3 | 4 | 5 | Q

From Form Fs
Male applicant
Area
Date of birth
Ethnicity
Religion
Socio economic
Full time work
Part time work on placement
Single applicant
Previous marriage/stable relationship
Capacity to empathise with birth parent
Significant medical history
History of stress related problems
Known infertility

Female applicant
Area
Date of birth
Ethnicity
Religion
Socio economic
Full time work
Part time work on placement
Single applicant
Previous marriage/stable relationship
Capacity to empathise with birth parent
Significant medical history
History of stress related problems
Known infertility

A
C
B
Y N
no work on placement
Y N
Y N
1 2 3
Y N
Y N
Y N
Y N

A
C
B
Y N
no work on placement
Y N
Y N
1 2 3
Y N
Y N
Y N
### Applicant partnership

<table>
<thead>
<tr>
<th><strong>Marriage date</strong></th>
<th></th>
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<tbody>
<tr>
<td><strong>Length of relationship (years)</strong></td>
<td>1 2 3</td>
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<tr>
<td><strong>Sexual orientation</strong></td>
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</table>

### Birth children already in home:

<table>
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<th><strong>Number</strong></th>
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<tr>
<td><strong>Date of birth</strong></td>
<td>Child 1</td>
</tr>
<tr>
<td></td>
<td>Child 2</td>
</tr>
<tr>
<td></td>
<td>Child 3</td>
</tr>
<tr>
<td></td>
<td>Child 4</td>
</tr>
<tr>
<td><strong>Number of older children outside home</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **Other adopted child** | Y N |
| **Date of birth** | Child 1 |
|               | Child 2 |
|               | Child 3 |
|               | Child 4 |

| **Child death experience of either partner** | Y N |
| **Significant experience of parenting** | Y N |
| **Previous experience of fostering** | Y N |
| **Established infertility** | Y N |

| **Number of miscarriages** |  |
| **Number of IVF attempts** |  |
| **Months of other significant treatment** |  |

| **Need for child by female** | 1 2 3 4 5 S |
| **Need for child by male applicant** | 1 2 3 4 5 |
| **Flexibility of lifestyle** | 1 2 3 nk |
| **Husband involved in family management** | Y+ Y N N- |
### Adoption Application

- **Date applied**
- **Date approved**

#### Need for adoption allowance

| 1 | Y | N |

| 2 | Y | N |

| 3 | Y | N |

#### Age of child applying for:

- 1
- 2
- 3

#### Gender specific

| 1 | Y | N |

| 2 | N |

| 3 | N |

#### Ethnicity

#### Special needs capacity identified by social worker

| V |

#### Identified needs not able to meet

| W |

#### Acceptance of legal complexity

| 1 | Y | slight | N |

| 2 | Y | 3 |

#### Contact arrangements agreed on Form E

| N |

### Matching, Placement Plan

#### Family finding agency

| 1 | Y | 2 | 3 | 4 |

#### Number of families to choose from

| 1 | 2 | 3 | 3+ |

#### Date agreement signed

#### Date matching panel decision

- **Adoption allowance**
- **Contact arrangements agreed**

#### Date of adoption

#### Opposed

| Y | N |

#### Different contact agreed to above

| Y | N |

#### Code finally agreed

| Y | N |

#### Indicated opposition

| sw1 | swA&F | applicants | GAL |

#### If changed:

#### Court led influence

| Y | N |

#### GAL influence

| Y | N |

#### Post adoption support identified

| Y | N |
| INFORMATION OBTAINED FROM FORM E, MATCHING REPORTS AND PANEL NOTIFICATION LETTER. |
| NAME | NAME | NAME |
| Adoption number | | |
| Date of birth | | |
| Area SSD | | |
| Plan date | | |
| Placement panel | | |
| Placement date | | |
| Legal contest anticipated | | |
| Adoption date | | |
| Gender | | |
| Ethnicity | | |
| Disability/special need 1 | | |
| Sn/2 | | |
| Sn/3 | | |
| Placed with sibling/ half sibling | **Yes** / **no** | |
| Foster carer application | **Yes** / **no** | |
| Wider family application | **Yes** / **no** | |
| Concurrent planning | **Yes** / **no** | |
| Care order date | | |
| Freeing order date | | |
| Contact order | | |
| Subsequent application to discharge by mother | **Yes/no** | |
| Subsequent application to discharge by mother | **Yes/no** | |
| Final looked after date | | |
| No. moves prior to FLAD | | |
| No of times returned to mother prior to FLAD | | |
| No of times returned to father (sep to mother,) prior to FLAD | | |
| Ever placed with relatives? | **Yes** / **no** | |
| No of mpg placements | | |
| No of pgp placements | | |
| No of aunt/uncle placements | | |
| Other relatives | | |
| Neighbours/other | | |
| No of foster placements prior to FLAD | | |
| Date placed carer 1 (FLAD?) | | |
| Date placed carer 2 | | |
| Date placed carer 3 | | |
| Date placed carer 4 | | |
| Date placed carer 5 | | |
| Date placed carer 6 | | |
| Date placed carer 7 | | |
| Evidence of previous carer wanting to keep child | **Yes** / **no** | |

3 THE CHILD

Prematurity? **circled**

---

APPENDIX 2
<table>
<thead>
<tr>
<th>Evidence of pre natal abuse (code)</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RECORDED HISTORY OF ALLEGED OR ACTUAL ABUSE TO SPECIFIC CHILD</strong></td>
<td></td>
</tr>
<tr>
<td>Physical abuse by mother</td>
<td></td>
</tr>
<tr>
<td>Physical abuse by father</td>
<td></td>
</tr>
<tr>
<td>Physical abuse by partner of parent</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse by mother</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse by father</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse by partner of parent</td>
<td></td>
</tr>
<tr>
<td>CSA mother</td>
<td></td>
</tr>
<tr>
<td>CSA father</td>
<td></td>
</tr>
<tr>
<td>CSA partner/other</td>
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<tr>
<td>Suspicion will disclose CSA</td>
<td></td>
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<tr>
<td>Neglect mother</td>
<td></td>
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<tr>
<td>Neglect father</td>
<td></td>
</tr>
<tr>
<td>Neglect partner</td>
<td></td>
</tr>
<tr>
<td>Child removed on basis of harm to other child in family</td>
<td></td>
</tr>
<tr>
<td>Residence arrangement terminated</td>
<td></td>
</tr>
<tr>
<td><strong>SIBLINGS</strong></td>
<td></td>
</tr>
<tr>
<td>No of full sibs at home with parent</td>
<td></td>
</tr>
<tr>
<td>No of half sibs at home</td>
<td></td>
</tr>
<tr>
<td>No of Full sibs LA separately</td>
<td></td>
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<td><strong>PARENTS</strong></td>
<td></td>
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<tr>
<td><strong>Mother</strong></td>
<td></td>
</tr>
<tr>
<td>Interviewed for background information/planning</td>
<td>Yes/No</td>
</tr>
<tr>
<td>date of birth</td>
<td></td>
</tr>
<tr>
<td>Ethnic origin</td>
<td></td>
</tr>
<tr>
<td>Married to father</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Living with partner</td>
<td>Yes/No</td>
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<tr>
<td>Current stable relationship</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Recorded mental health problems</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Psychotic symptoms</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Experience of care system</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Experience of CSA</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Recorded substance abuse</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Recorded alcohol abuse</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Schedule 1 offender</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Offences of violence</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Supportive of adoption plan at time of panel</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Date last saw child</td>
<td></td>
</tr>
<tr>
<td><strong>FATHER</strong></td>
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</tr>
<tr>
<td>Interviewed for background information</td>
<td>Yes / No</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Refusal to be interviewed</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Disputed paternity</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Current stable reln</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Recorded mental health</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Psychotic</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Experience of care system</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Experience of csa</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Substance</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Schedule 1</td>
<td>Yes / no</td>
</tr>
<tr>
<td>History violence?</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Supportive of adoption plan</td>
<td>Yes / no</td>
</tr>
<tr>
<td>Last saw child</td>
<td></td>
</tr>
</tbody>
</table>

**APPLICANTS**

**MALE APPLICANT**

- Dob
- Ethnicity
- Religion
- Fit work
- Sign medic history
- History of stress related probs

**FEMALE APPLICANT**

- Dob
- Ethnicity
- Religion
- Fit work
- Sign medic history
- History of stress related probs

**APPLICANT PARTNERSHIP**

- Date applied
- Adoption allowance
- Age of child approved for
- Marriage date
- Sexual orientation
- No of birth children in home
  - dob 1
  - dob 2
  - dob 3
  - dob 4
- No of older children outside home
- Other adopted children
  - dob 1
  - dob 2
  - dob 3
<table>
<thead>
<tr>
<th>dob 4</th>
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<tbody>
<tr>
<td>Significant experience of caring for children</td>
</tr>
<tr>
<td>Previous experience of fostering</td>
</tr>
<tr>
<td>Established infertility</td>
</tr>
<tr>
<td>IVF treatments</td>
</tr>
<tr>
<td>Date of last IVF</td>
</tr>
<tr>
<td>Need for baby of own (male)</td>
</tr>
<tr>
<td>Need for baby of own (female)</td>
</tr>
<tr>
<td>Contact codes agreed on F</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

**MATCHING / PLACEMENT PLAN**

| Family finding agency | |
| Adoption allowance | |
| Meeting birth mother/father | Yes/ no |
| Post adoption support issues identified | 1 |
| 2 |
| 3 |

**NOTES**
<table>
<thead>
<tr>
<th>Case number</th>
<th>Code</th>
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<tbody>
<tr>
<td><strong>CONTACT PROPOSED AT TIME OF PANEL DECISION-MAKING</strong></td>
<td></td>
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<tr>
<td>Contact order?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>LA or GAL opposed order?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>Child placed with sibling</td>
<td>YES/NO</td>
</tr>
<tr>
<td><strong>DIRECT</strong></td>
<td>1</td>
</tr>
<tr>
<td>With mother</td>
<td>2</td>
</tr>
<tr>
<td>Father</td>
<td>3</td>
</tr>
<tr>
<td>Relative</td>
<td>4</td>
</tr>
<tr>
<td>Friend</td>
<td>5</td>
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<tr>
<td>Foster carer</td>
<td>6</td>
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<tr>
<td>Sibling at home with parent</td>
<td>7</td>
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<tr>
<td>Sibling placed separately</td>
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<tr>
<td><strong>LETTERBOX (a = 1 way, b = 2way)</strong></td>
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<tr>
<td>With mother</td>
<td>9a 9b</td>
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<tr>
<td>Father</td>
<td>10a 10b</td>
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<tr>
<td>Relative</td>
<td>11a 11b</td>
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<tr>
<td>Friend</td>
<td>12a 12b</td>
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<tr>
<td>Foster carer</td>
<td>13a 13b</td>
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<td><strong>NO CONTACT</strong></td>
<td>14</td>
</tr>
</tbody>
</table>
APPENDIX 3

SCHEDULE A - ETHNIC ORIGIN
1. Afro-Caribbean
2. African
3. Indian
4. Pakistani
5. Other Asian
6. Mixed afro-Caribbean/white
7. Asian/white
8. Mixed - other
9. White
10. Other

SCHEDULE C - RELIGION
1. Hindu
2. Sikh
3. Muslim
4. Practising Roman Catholic
5. Jehovah Witness
6. Practising other Christian
7. Non-practising Christian
8. Jewish
9. Buddhist
10. None
11. Not known
12. Humanist

SCHEDULE D - DISABILITY
1. None
2. Physical disability
3. Significant medical condition
4. Mild learning
5. Severe learning
6. Severe behaviour difficulties
7. Cerebral palsy
8. Severe asthma
9. Down's syndrome
10. Language disorder
11. Hearing impairment
12. Epilepsy

SCHEDULE E - EDUCATION NEEDS
01 Mainstream
02 Learning difficulties
03 Hearing impairment

SCHEDULE F - ATTACHMENT to mother
1. Secure attachment
2. Insecure ambivalent
3. Insecure avoidant
4. Unattached
5. Not possible to tell

SCHEDULE G - ATTACHMENT to father
1. Secure attachment
2. Insecure ambivalent
3. Insecure avoidant
4. Unattached
5. Not possible to tell

SCHEDULE H - ATTACHMENT to step mother
1. Secure attachment
2. Insecure ambivalent
3. Insecure avoidant
4. Unattached

SCHEDULE I - ATTACHMENT to step father
1. Secure attachment
2. Insecure ambivalent
3. Insecure avoidant
4. Unattached
SCHEDULE J - ATTACHMENT to wider family
1. Secure attachment
2. Insecure ambivalent
3. Insecure avoidant

SCHEDULE K - ATTACHMENT to foster carer
1. Strong secure attachment
2. Developing secure attachment with female carer
3. Developing secure attachment with male carer
4. Insecure hostile
5. Indiscriminate, unattached
6. Not known
7. None

SCHEDULE L - SIBLING ATTACHMENT
1. Strong positive attachment
2. Strongly competitive relationship
3. Parenting child
4. Parented child
5. None
6. Healthy links with separately placed siblings

SCHEDULE M - MENTAL HEALTH
1. Psychotic
2. Manic depressive
3. Reactive depressive
4. Eating disorder
5. Personality disorder

SCHEDULE NN - CONTACT
Mother:
1. Information, later life letter to child, no post box, none
2. Information and time limited post box
3. Information and post box ongoing
4. Birth family and adopters meet once, no identifying information
5. Annual visits on planned basis arranged at outset
6. Quarterly meetings
7. Monthly meetings
8. Informal, frequent direct meeting
9. Provision for re-opening adoption at later stage – at request of child/adopters

Father:
10. Information, later life letter to child, no post box, none
11. Information and time limited post box
12. Information and post box ongoing
13. Birth family and adopters meet once, no identifying information
14. Annual visits on planned basis arranged at outset
15. Quarterly meetings
16. Monthly meetings
17. Provision for re-opening adoption at later stage – at request of child/adopters
18. Sibling in substitute family placement indirect contact
19. Sibling in substitute family placement direct contact
20. Sibling with birth family indirect contact
21. Sibling with birth family direct contact
22. Grandparent direct contact
23. Grandparental contact with possibility of direct parental contact
24. Contact with previous carers
25. Other contact
26. Contact arrangements supervised by SSD staff
27. Other arrangements for supervision
28. Contact arrangements non-supervised/adoptive family responsibility
29. “Adopters would consider” contact with birth parents

Letter-box coding
29. One way – birth family to child
30. One way – birth family to adopters
31. Adopters to birth family
32. Child to birth family
33. Exchange of photos
34. Wider family letters
35. Fixed period
36. No contact with mother
36B. Mother not traced
37. No contact with father
37B. Father not traced

SCHEDULE P - Bonding of adult carers – birth parents and foster carers or Significant others
1. Secure
2. Inconsistent/passive
3. Inconsistent/hostile
4. Dependent
5. Rejecting
6. None
7. Indifferent

SCHEDULE Q - DEGREE OF CHILD FOCUS
1. Sufficiently mature to put needs of child ahead of self
2. Mature enough to put needs of child ahead of self some of the time – needs support to do so
3. Ambivalent and inconsistent
4. Unable to put needs of child first ever
5. Opting out

SCHEDULE R - EMPATHY CAPACITY
1. Strong potential to empathise with birth parents
2. Average potential
3. Weak potential

SCHEDULE S - NEED FOR A CHILD
1. High level of need for baby over a long period of time
2. Unresolved feelings of childlessness
3. Residual need/secondary childlessness
4. Apparent resolution of childlessness
5. Choice to restrict family
6. Altruism
SCHEDULE T - FLEXIBILITY OF LIFESTYLE
1. Rigid
2. Average
3. Flexible

SCHEDULE V - Special needs of a child that applicants feel able to meet
1. Significant medical problem
2. Mild physical disability
3. Severe physical disability
4. Mild learning difficulties
5. Severe learning difficulties
6. Need to be only child
7. Physical abuse
8. Down's syndrome
9. Unspecified
10. Sibling
1. Sexual abuse

SCHEDULE W - Applicants do not feel able to meet the needs of:
1. Child known to have been sexually abused
2. Child believed to have been sexually abused
3. Child likely to present sustained rejection of female applicant
4. Child likely to present sustained rejection of male applicant
5. Severe mental illness in parent
6. Incestuous relationship
7. Physical abuse
8. Mental disability
9. Special needs education
10. Unspecified

SCHEDULE Y - FAMILY FINDING AGENCY
1. Within Nottingham
2. Local consortium
3. Wider consortium
4. National
APPENDIX 4

BF1(7.4.98)
case no
Date of interview
who interviewed

1 GENERAL UPDATING INFORMATION

THE BIRTH FAMILY

1a What is your relationship with the child

1b Other children in the birth family and at home (ages and gender)

<table>
<thead>
<tr>
<th>gender</th>
<th>age</th>
<th>relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

other children being looked after

<table>
<thead>
<tr>
<th>gender</th>
<th>age</th>
<th>relationship to child</th>
</tr>
</thead>
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</tbody>
</table>

1d If you are not the birth parent, what contact do you have with the birth parent

2 THE CHILD and THE PLACEMENT

2a Summary of how the child was placed for adoption

2b Was the adoption application:

1) opposed adoption by one parent, 2) opposed adoption by both parents, 3) passively resisted
4) adoption agreed 5) opposed freeing by one parent, 6) opposed freeing by both parents,
7) freeing passively resisted 8) freeing application agreed

2c Was there an introductory meeting between you and the adoptive family and if so how did you feel about that? Who did you meet?
2d How did you feel about that meeting

2e Did the birth parent oppose the ending of direct contact

2f Was there a good bye meeting with the child and how did you feel about that?

3 THE SETTING UP OF THE INDIRECT CONTACT ARRANGEMENTS

3a What arrangements were set up in 1992

3b what did you see as the purpose of the indirect contact arrangements when they were set up?

3c The decisionmaking process
Who do you think influenced the decision to have a letter box arrangement, (eg you, the court, the social worker, solicitors, Guardian ad litem, adopters)

3d Did you feel you had any choice?

3f Training for indirect contact

Was there any preparation for your specifically in relation to indirect contact (eg how to write the letters, what to put in them?)

do you think that the child was prepared for indirect contact?
<table>
<thead>
<tr>
<th><strong>INCOMING</strong></th>
<th><strong>OUTGOING</strong></th>
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</thead>
<tbody>
<tr>
<td>who initiates the contact</td>
<td>who initiates the letter writing</td>
</tr>
<tr>
<td>how often do you receive information</td>
<td>how often do you send them</td>
</tr>
<tr>
<td>who is writing the letter to you</td>
<td>who is writing the letter( relationship to the child)</td>
</tr>
<tr>
<td>to whom is it actually addressed</td>
<td>to whom do you address the letter?</td>
</tr>
<tr>
<td>can you describe the letters (eg what sort of information is contained in them, how long are they)</td>
<td>can you describe the contents of the letters you receive?</td>
</tr>
<tr>
<td>Are current photos being sent</td>
<td>do you send current photos, and if so are they identifiable?</td>
</tr>
<tr>
<td>Any other issues relating to the arrangements for contact and how they are working out</td>
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</tr>
</tbody>
</table>
1 GENERAL UPDATING INFORMATION
- setting the general scene, but bearing in mind that I do have some basic information already about the placement

a) Birth, foster and adopted children (ages and gender)

<table>
<thead>
<tr>
<th>name of app.</th>
<th>Gender</th>
<th>age now</th>
<th>birth/foa/ad opt</th>
<th>age at placement</th>
<th>length placed</th>
<th>brief description of their contact arrangements (eg D, I/d and with whom)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

b) Placing agency

c) Was the adoption application:

1) opposed adoption by one parent, 2) opposed adoption by both parents, 3) passively resisted 4) adoption agreed 5) opposed freeing by one parent, 6) opposed freeing by both parents, 7) freeing passively resisted 8) freeing application agreed

d) On your form F what were the limits on the type or level of contact you felt able to accept? Did you, at that preliminary stage feel any pressures upon you to agree to have some contact?

2 THE INTRODUCTION
- looking at the introduction period, the information available to you and any meeting with members of the birth family prior to the placement

| Length of time the introduction between you and the child took? |  |
| Did you meet any members of the birth family. Who, where? |  |
| How did you feel about that meeting/s? Was there any differences between you (as partners)? |  |
| At the time of placement who did you feel was the most significant person in the child’s life? |  |
| In your view had the child made sense of being placed for adoption with you, (eg was direct work done?, is there a comprehensive life story book?) |  |
| Had the parents opposed the termination of direct contact? If so had that case been finalised before the child was placed with you? |  |
| Did the child understand why direct contact with birth parents/other relatives had been stopped? |  |
| Were there other issues around ongoing contact with previous carer/s? (eg has the child maintained contact with any previous carers - was there a strong attachment to previous carers?) |  |
3 THE SETTING UP OF THE INDIRECT CONTACT ARRANGEMENTS
(as seen at the time they were agreed)

3a) Can you briefly summarise the indirect contact arrangements (they will be discussed in more detail at a later stage)

3b) who did you see as the person taking the initiative in setting up the arrangements about indirect contact for this child (eg 1- adopters, 2- court, 3- GAL 4 -parents, 5-family social worker, 6 child social worker, 7 other?)

3c) what were your general views about the setting up of indirect contact., and what did you see as the objectives

3d) Did you feel you had any choices

3e) Were there any differences between you, as partners, in your views about indirect contact, and if so how were they resolved?

3f) What sort of preparation did you get specifically in relation to how you were going to handle indirect contact?

3h) Looking at indirect contact from your child’s perspective
   - was the child prepared for indirect contact
• Were the other children in your family prepared for the indirect contact that was being set up for this child?
### THE ACTUAL INDIRECT CONTACT ARRANGEMENTS

- looking at the mechanics of the indirect contact arrangements

<table>
<thead>
<tr>
<th><strong>INCOMING</strong></th>
<th><strong>OUTGOING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>who initiates the contact</td>
<td>who initiates the letter writing</td>
</tr>
<tr>
<td>how often does you receive information</td>
<td>how often do you send them</td>
</tr>
<tr>
<td>who is writing the letter</td>
<td>who is writing the letter</td>
</tr>
<tr>
<td>to whom is the content of the letter written</td>
<td>to whom</td>
</tr>
<tr>
<td>to whom is it actually addressed</td>
<td>to whom is it addressed</td>
</tr>
<tr>
<td>who in the home receives the letters</td>
<td></td>
</tr>
<tr>
<td>does the child know the letters are arriving? If the child does not know can you tell me your thinking behind your decision, and if and when the situation might change</td>
<td>does the child know it is being sent</td>
</tr>
<tr>
<td>can you describe the letters</td>
<td>can you describe the contents</td>
</tr>
<tr>
<td>(eg what sort of information is contained in them, how long are they)</td>
<td>of the letters</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Are current photos or any other specific items being sent to you - are there other significant people included on the photos?</td>
<td>do you send current photos, and if so are they identifiable?</td>
</tr>
<tr>
<td>If the child is getting the letters directly, do you screen them first</td>
<td>do you screen, or do you envisage screening what the child writes? What sort of information might you consider screening out?</td>
</tr>
<tr>
<td>Overall, how does the child react to getting the information? How do you help them?</td>
<td></td>
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<tr>
<td>Any other issues relating to the actual indirect contact arrangements</td>
<td></td>
</tr>
</tbody>
</table>
5 OVERALL VIEW OF HOW IT HAS WORKED AND ANY CHANGES SINCE THE INDIRECT CONTACT ARRANGEMENTS WERE ORIGINALLY SET UP

5a) Has it been working as intended, and if not what has been different?

5b) If there have been changes, what have been the consequences for the children?

5c) Do you see indirect contact leading on to direct contact and if so at what age?

5d) What are your overall views and feelings now about indirect contact and the impact on your child and the rest of your family?

OBJECTIVES AND POSSIBLE BENEFITS

THE RISKS OR POSSIBLE DISADVANTAGES
5e) Who do you turn to for support if there are issues arising from the indirect contact (e.g., support after adoption team, former social worker, each other, other adopters) (lead into the questionnaire and request agreement to their completion)

6 POST ADOPTION SUPPORT

a) Did you feel you were adequately prepared for managing indirect contact?

b) how do you feel about the post adoption support that is available for you, and have your views changed about the need for such support?

7 OVERVIEW OF THE PLACEMENT

7a) As an overview, what do you see as the pleasures, frustrations, rewards and anxieties

7b Are there any outstanding issues about indirect contact
INTERVIEWER OBSERVATIONS (INCLUDED POSSIBILITY OF RETURNING TO INTERVIEW THE FAMILY, interviewing the child, possible future use of the adult attachment interview, and re-interview in three years time?)
<p>|   | NAME OF CHILD | MAIN GROUP | SUBGROUP | Categorise biological relationships | Birth parent | Wider family | The child's history/lifestory fit - why is child placed for adoption? | Adopters views | Birth family | Matched view (1-3 coded of a match/agreement) | 1. GOOD FIT | 2. WORKABLE FIT | 3. MISFIT | Meeting | (i) Adopters views (1-5 coded - Believed not frustrated) | 1. HELPFUL AND MEANINGFUL | 2. /SUPERFICIAL | 3. GOOD EXISTING RELN (FC) | 4. POOR EXISTING RELN (FC) | 5. FRUSTRATED, NO MEETING | N/A | (II) Birth family (matched view 1-3 match) | 7 | Child made sense of placement | Yes/No – adopters |</p>
<table>
<thead>
<tr>
<th></th>
<th>Child made sense of termination</th>
<th>Yes/No - adopters</th>
</tr>
</thead>
</table>
| 9 | Birth family opposed termination/adoption | Yes/No - adopters' views  
Yes/No - birth parents  
(Match 1-3 code) |
| 10 | Views of who took the initiative in setting up letterbox | Adopters' views  
Birth family (matched view)  
1. COURT  
2. SOCIAL WORKER  
Match  
1. GOOD MATCH  
2. POOR MATCH |
| 11 | Preparation | (I) Adopters' views  
(ii) Birth family  
(Matched view 1-3)  
1. GOOD  
2. POOR  
3. NON EXISTENT |
| 12 | Shared purpose/objectives of letterbox for both sides (first use criteria below) and then 1-3 scale of match | Adoptive family views  
Birth family view  
Match (1-4)  
1. GOOD +VE  
2. AVERAGE, SOME FIT  
3. POOR  
4. GOOD -VE |
|   | Did you have any choice in |   |

1. Open door  
2. All we could get  
3. Maintenance of existing Relationship  
4. Wanted reunification  
5. All we could get (wanted No contact)  
6. More +ve image of parents  
7. Identity/information Throughout childhood  
8. "Told I had to"  
9. She'd know we'd loved her, but couldn't care.
<table>
<thead>
<tr>
<th>the letterbox arrangement being set up for child</th>
<th>Adopters views</th>
<th>Birth family</th>
<th>Match</th>
<th>1. GOOD</th>
<th>2. AVERAGE/SOME FIT</th>
<th>3. POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Content satisfaction – incoming to child (scale 1-3)</td>
<td>(vii) Adopters’ views</td>
<td>(viii) Birth family</td>
<td>Match (1-3)</td>
<td>1. HELPFUL AND MEANINGFUL</td>
<td>2. SUPERFICIAL</td>
<td>3. UNHELPFUL AND INAPPROPRIATE</td>
</tr>
<tr>
<td>17 Photos –</td>
<td>Satisfaction (scale 1-3)</td>
<td>Adopters views</td>
<td>Birth family</td>
<td>Match</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Screened by adoptive parents</td>
<td>MATCH 1-3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>19 Stated as working as intended (Yes/No)</td>
<td>Adopters views</td>
<td>Birth family</td>
<td>Letterbox system</td>
<td>MATCH 1-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>? Quotes and string of details</td>
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<tr>
<td></td>
<td>Will indirect contact lead on to direct contact</td>
<td>Adopters views</td>
<td>Birth family views</td>
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</tbody>
</table>
|   |                                            |                |                   | 1. YES – AS A TEENAGER  
| 20|                                            |                |                   | 2. YES – AS AN ADULT  
|   |                                            |                |                   | 3. NO – NEVER LIKELY  
|   |                                            |                |                   | 4. LESS LIKELY AFTER LETTERBOX  
|   |                                            |                |                   | 5. DON'T KNOW  
|   |                                            |                |                   | MATCH 1-3 |
| 21 | Benefits                                   | Adopters views | Birth family views | 1. BOTH HAPPY  
|    |                                            |                |                   | 2. OK  
|    |                                            |                |                   | 3. BAD FIT  
|    |                                            |                |                   | 4. BOTH UNHAPPY |
| 22 | Disadvantages                              | Adopters views | Birth family views | 1. BOTH HAPPY  
|    |                                            |                |                   | 2. OK  
|    |                                            |                |                   | 3. BAD FIT  
|    |                                            |                |                   | 4. BOTH UNHAPPY |
| 23 | Support available satisfaction             | Adopters views | Birth family views | 1. GOOD  
|    |                                            |                |                   | 2. NOT GOOD  
|    |                                            |                |                   | 3. UNAVAILABLE/INACCESSIBLE |
| 24 | Area in which adoptive family live (in authority or outside) |                |                   | In / out |
| 25 | Acceptance of how system works – who goes first, who can write, what can be sent? | Scale 1-2 on both sides |                   | 1. ORDER CLEAR TO ALL  
|    |                                            |                |                   | 2. UNCLEAR/CONFUSED |
| 26 | Children's responses – excited, ambivalent, negative, disinterested (need to categorise once I start analysing) |                |                   | 1. EXCITED, TALK ABOUT IT 1-2DAYS  
|    |                                            |                |                   | 2. DISINTERESTED – PUTS AWAY  
|    |                                            |                |                   | NOT ON SHELF  
|    |                                            |                |                   | 3. UNDERSTANDING AND 4. PARTICIPATIVE SHARED IN SENDING |
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Significant publications
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