

RESEARCH

Adoptive parents' experiences of birth parent contact in the years after placement

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Abstract

Objective: We analyzed longitudinal data from adoptive parents to consider changes in the nature and experience of indirect contact with birth parents.

Background: Adoption can offer stability to children who are unable to remain in the care of their birth family. Indirect contact between adopted children and birth parents can be beneficial, but poor implementation can be destabilizing.

Method: We used survey and interview data from a prospective longitudinal study of adoptive families in Wales. Descriptive analysis was used to characterize contact and support needs. Thematic analysis enabled consideration of why contact changed over time.

Results: Indirect contact decreased over time. Key themes included adoptive parents' perceptions and experiences of contact, perceptions of birth family, and varying experiences of services affecting the seeking of professional support for contact.

Conclusion: The study demonstrates adoptive parents' commitment to contact but gives new insights on why indirect contact can be hard to maintain. We also consider these findings alongside research into direct contact where adoptive parents reported greater long-term contact but a different set of challenges.

Implications: Adoptive and birth parents should be supported when implementing indirect contact and if contact falters. Resolving implementation issues for individual families should be prioritized.

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KEYWORDS

adoption, birth parents, contact, letterbox

INTRODUCTION

The Adoption and Children Act (2002) introduced a new framework for adoption and, with some minor amendments, sets out the current legal framework for adoption in England and Wales. Prior to the 1980s, many adopted children were voluntarily relinquished by their parents (Neil et al., 2013; Talbot et al., 2024), though this was often due to stigma and societal pressures of the time (Joint Committee on Human Rights, 2022). This had changed significantly by the new millennium, as most children with adoption as their permanency plan will have been removed from their biological family (referred to in this paper as their birth family) because they are at significant risk of harm. These risks include maltreatment, neglect, or exposure to family issues, including substance misuse or domestic violence (Selwyn et al., 2019).

For these children, adoption is endorsed by the court if reunification with birth parents or a placement with family or friends cannot meet the child's needs. Once the plan for adoption has been approved by the court, a Placement Order is made. Ten weeks after a child has moved into their adoptive placement the prospective adopters can, with the agreement of the Local Authority, apply for an Adoption Order. When the Adoption Order is made, the Placement Order is revoked, and full parental responsibility passes to the adoptive parents (Meakings et al., 2021). A Contact Order can also be made at the time of the final Adoption Order, making any agreed contact arrangements between birth and adoptive parents a legal requirement, though there is no evidence of arrangements being imposed against the wishes of the adoptive parents (Public Law Working Group, 2024).

The rights of adopted children have been ratified under the United Nation's Convention on the Rights of the Child (UNCRC; Doughty et al., 2019; United Nations, 1989). Central to the Convention is that the best interests of the child are paramount (Article 3), allowing for the removal of children from the birth family in the event of neglect or abuse. Once removed into care, children have the right to maintain a relationship and have direct contact with their birth families "unless contrary to their best interests" (Article 9, UNCRC; United Nations, 1989). They should be provided with alternative care that is respectful of their culture and background (Article 20). This aids with the development of an identity reflective of a life history and their birth and adoptive families. Furthermore, Article 21 sets out several safeguards in the adoption authorization process. A further important right under the UNCRC is Article 12, which sets out children's right to express a view and for their opinions to be given "due weight in accordance with the age and maturity of the child" (United Nations, 1989). This includes judicial proceedings such as the decision to remove the child from the birth family, their being adopted, and any agreement for birth family contact.

Similarly to the UNCRC, fundamental changes introduced in the Adoption and Children Act (2002) included putting the best interests of the child at the center of adoption, but the Act also details the rights of the birth family to appeal against the adoption order being made if evidence of substantial changes in the circumstances of the birth parent can be proven. The Act also sets out statutory adoption support responsibility for the adoptive parents (Doughty et al., 2019). Attempts to satisfy these competing rights have resulted in increasing regulation, and professionals have strived to apply this in their work. These efforts aim to ensure that adopted children and adults thrive, while also seeking to reduce the negative impacts on those birth parents whose children are adopted from care (Neil et al., 2013).

The experiences and outcomes of domestically adopted children

Studies of adoptions in England and Wales have found that most placements are successful (Selwyn et al., 2019), with a comparison of different types of care order or placement types indicating that adoption is beneficial to the child, adoptive family, and society (Clifford et al., 2022). The age at which the child is removed is particularly important. Early adoption into a loving and stable family can enable concerns to be addressed before they have a lasting impact, and support for the child and adoptive family is important when the effects of the early adversity are more significant. Although this suggests that adoption is a good permanency option for many children unable to live with their birth family, their outcomes still compare less favorably to children in the general population, with evidence that adopted children are more likely to have socioemotional, mental health, and academic difficulties (Anthony et al., 2019; Brown et al., 2017), as well as being more likely to be in the clinical range for mental health and neurodevelopmental disorders (DeJong et al., 2016).

The effects of precare adversity on child development are documented, with these experiences linked to some adopted children having medical complexities (Talbot et al., 2024) and a range of behavioral and emotional problems (Paine et al., 2021). In the extreme, the difficulties adoptive families can experience contending with the psychological outcomes of early adversity can increase the risk of placement disruption. Estimations of disruptions include 3.2% over a 12-year period (Selwyn et al., 2019), and 7% and 5% in England and Wales, respectively, according to the 2023 Adoption Barometer (Adoption UK, 2024a, 2024b). These studies also report large numbers of additional families in, or at risk of, crisis. There remains discussion, however, about the variable outcomes of adoption and the relative and differing roles played by children's experiences of adversity, their time in care, and their experiences in the new adoptive family as influences on children's health and well-being. Indeed, all of these factors have the potential to affect children's development and their psychological adjustment within the context of their adoptive family (Lo et al., 2023).

Contact between adoptive families and birth parents

U.K. social work practice carries an expectation of openness that includes the adoptive family informing the child of their unique adoption experience (Jones, 2016; MacDonald & McSherry, 2011). This openness enables the evolution of communication within the adoptive family on the subject of the child's adoption at different stages in their development (Wrobel et al., 2003). Adoptive parents initially provide information to the child at an early age about their life history, commensurate with their age and level of understanding, and this evolves in line with their psychological and physical development. To support this, most are provided with life journey materials from social workers containing photographs and information. According to Wrobel et al. (2003), this openness can enable the child to develop a personal narrative of their life history that is beneficial to their adoptive identity. In contrast, a lack of communication about the birth parents, sometimes due to the adoptive parents having limited information to share, can result in the child struggling to construct a narrative (Grotevant et al., 2017). Lo et al. (2024) identified longing for more contact and challenging existing contact as common subthemes of negative experiences of birth parent contact in a group of "unsettled" adopted adolescents. Both these studies considered how these struggles in forming an adoptive identity affected children's adjustment to the new family, their relationships with birth and adoptive family members, and their perception of themselves as an adopted person.

Supporting contact between the adoptive and birth families is another key part of openness. In addition to enabling the sharing of updates with the child, indirect contact can lay the foundation for their reconnection with the birth family as adults when they can make their own choices concerning if they want a relationship, and of what type. Longitudinal research with adopted children has found that most who have some form of contact are satisfied with their

contact arrangements, compared to dissatisfaction among those with no contact in place (Neil et al., 2013). Those satisfied with contact are also those more likely to thrive (Lo et al., 2023; Neil et al., 2013). Overall, in exploring the journey from confidentiality to openness, Jones (2016) found that communication within the adoptive family and contact with the birth family does not risk destabilizing the adoptive family. Instead, it may act as a protective factor, with benefits including positive well-being, adjustment to living with the adoptive family, and the development of an adoptive identity.

Despite the evidence that contact can be beneficial, there have been concerns that problematic contact could be a further risk for families close to disruption. Jones (2016) has advocated for the need to consider the circumstances of the individual child on a case-by-case basis when considering the potential risks and benefits of contact, and Neil (2018) argued that this approach can aid decisions on whether contact is appropriate, with which family members, and through which contact type. In a systematic review by Boyle (2017), contact that was planned at an individual level for a specific child was found to aid identity development and help reduce feelings of loss and anxiety. Risks associated with contact included birth parents not engaging in contact, rejecting the child, and the potential for the continuation of abuse. Boyle (2017) also found that positive contact experiences can lead to idealization of the birth parents, where some children may blame themselves, or their adoptive parents, for being taken into care.

Challenges of contact

There are multiple forms of contact, which can be difficult to manage and maintain. Neil et al. (2013) found that some forms of contact had been set up with an adult birth relative in 81% of families, but with fewer than 30% of fathers. Contact with any adult birth relative had fallen to under 60% 16 years later, and as low as 38.5% for the birth mother and 15.4% for the birth father. In exceptional circumstances any form of contact may be deemed inappropriate for some children due to their early life experiences, but for the remainder there have been multiple suggestions as to why contact remains limited.

A key suggestion concerns indirect contact (known as letterbox contact in the United Kingdom) that remains the dominant form of contact in England and Wales. Letterbox contact usually involves written correspondence within agreed timescales, with the Local Authority acting as the conduit between adoptive family and birth family to ensure that the address of the child remains confidential (Goodwin et al., 2025; Neil, 2018). Although most adoptive parents are supportive of contact, other parents have mixed or negative feelings that may reflect dissatisfaction with letterbox contact (Selwyn et al., 2019). Neil (2018) has also argued that some adoptive parents are less committed to contact, with a lack of response by birth parents perceived as a lack of interest in the child and enough for them to cease contact. At the same time, Neil's (2006) interviews with birth parents suggested that they appreciated receiving letters but found responding to them to be emotionally challenging because it reminded them of the child who had been taken away.

Studies have also attributed the challenges of contact to a lack of professional support for adoptive and birth families (MacDonald & McSherry, 2011). Further work by MacDonald (2017a) explored the relationship dynamic between the adoptive and birth parents, the importance of both groups being recognized as legitimate parents, and the role of social workers in supporting them to negotiate contact in the best interests of the child. Notably, rates of contact are far higher in Northern Ireland, where there is both a presumption of direct contact and the majority of adoptive families are accessing support (MacDonald, 2017b), suggesting that either or both of these factors are important considerations.

Collectively, this literature shows that adopted children and their families often contend with the lasting effects of early adversity. More generally, they face a unique set of challenges in

relation to the development of relationships with the adoptive family, the maintaining of links with the birth family, and the development of an identity that incorporates both parts of their life history. It is also clear that contact can be beneficial for the child but that there are possible issues relating to the suitability of the selected contact type and the capacity or willingness of adults to sustain it. This has resulted in concerns relating to ethical issues, children's identity and well-being, and the expectations and emotions of birth parents and adoptive parents coming to the fore. This complex issue raises matters at the heart of the adoption experience and this research aims to enhance the evidence base about barriers and successes in contact arrangements.

This paper focuses on letterbox contact, which was the predominant form of contact reported by respondents in a longitudinal study of adopted children, and considers how and why levels of letterbox contact with birth parents change over time. Previous papers from the Wales Adoption Cohort Study on relationships and contact with birth siblings have shown that adoptive parents are often motivated to maintain contact with siblings that are not in the same adoptive family, but raised concerns that contact with the birth parents was often seen as more complicated (Meakings et al., 2017, 2021). There has, more generally, been a lack of research focus on birth parents contact, despite rates of contact being low (Neil et al., 2013), their position as potentially key figures in the child's life before adoption, and their figuring so prominently in the reasons why most children are removed into care (Meakings et al., 2016). We used a mixed-methods approach to present findings from the Wales Adoption Cohort Study, where adoptive families were recontacted over an 8-year period. We considered adopters' experience of maintaining letterbox contact arrangements.

METHOD

Participants

Of the 96 children reported on by their adoptive parents in the first survey wave, 47 (49%) were female (Table 1). Children spent a mean of 522.9 ($SD = 611.75$, range 0 to 2,344) days with their birth parents, including 41.2% who were removed at birth. They spent a mean of 537.1 ($SD = 285.74$, range 203 to 1,401) days in care, and were placed for adoption at a mean age of 2.4 ($SD = 2.20$, range 0 to 9) years. Twenty-nine children (30%) were adopted as part of a sibling group, and 55% were living with other children (i.e., other adopted children or birth children).

At the time of the adoption, parents were a mean age of 40.6 ($SD = 6.99$, range 22 to 62) years old, and most (99%, $n = 94$) were White British. Most parents were in a relationship (87%, $n = 84$) and 13% ($n = 12$) were single adopters. Just over half of respondents were in full-time or part-time paid employment ($n = 72$, 54.2%). Their education levels were substantially higher than the U.K. average with 37% having postgraduate degrees, and 12% had an annual income over £75,000 (Office for National Statistics, 2019).

We reviewed the social work records of all children placed for adoption in Wales between 1 July 2014 and 31 July 2015 ($N = 374$) to determine the representativeness of the 96 families in the study. The sample was representative in terms of child gender and experiences of abuse and neglect. However, parents of sibling groups (30% in Wave 1) were asked to report on the older sibling, resulting in slightly older children than the mean age at placement in the social work records (see Meakings et al., 2017, for more details).

Design

The Wales Adoption Cohort Study (Meakings et al., 2017) is a prospective longitudinal mixed-methods study of a sample of children placed for adoption between July 1, 2014, and July

TABLE 1 Key characteristics of the child, adoptive parents, and placement.

	W1	INT	W2	W3	W4	W5	W6
Responses	96	18	81	73	68	63	70
Respondent mother	84 (87.5%)	(83.3%)	71 (87.7%)	70 (95.9%)	63 (92.6%)	57 (90.5%)	62 (88.6%)
Adopter status							
Heterosexual couple	79 (82.3%)	13 (72.2%)	66 (81.5%)	59 (80.8%)	54 (79.4%)	52 (82.5%)	55 (78.6%)
Same-sex couple	5 (5.2%)	2 (11.1%)	4 (4.9%)	4 (5.5%)	4 (5.9%)	3 (4.8%)	4 (5.7%)
Single adopter	12 (12.5%)	3 (16.7%)	11 (13.6%)	10 (13.7%)	10 (14.7%)	8 (12.7%)	11 (15.7%)
Age at adoption							
Under 12 months	23 (24.0%)	5 (27.8%)	19 (23.5%)	18 (24.7%)	15 (22.1%)	13 (20.6%)	15 (21.4%)
13–47 months	43 (44.8%)	9 (50.0%)	36 (44.4%)	34 46.6%)	32 (47.1%)	30 (47.6%)	32 (45.7%)
Over 48 months	30 (31.3%)	4 (22.2%)	26 (32.1%)	21 (28.8%)	21 (30.9%)	20 (31.7%)	23 (32.9%)
Child gender							
Female	49 (51.0%)	7 (38.9%)	41 (50.6%)	37 (50.7%)	35 (51.5%)	30 (47.6%)	34 (48.6%)
Male	47 (49%)	11 (61.1%)	40 (49.4%)	36 (49.3%)	33 (48.5%)	33 (52.4%)	36 (51.4%)
Sibling group placement							
No	67 (69.8%)	14 (77.8%)	55 (67.9%)	51 (69.9%)	49 (72.1%)	45 (71.4%)	47 (67.1%)
Yes	29 (30.2%)	4 (22.2%)	26 (32.1%)	22 (30.1%)	19 (27.9%)	18 (28.6%)	23 (32.9%)
Other children in home							
No	43 (44.8%)	10 (55.6%)	36 (44.4%)	31 (42.5%)	32 (47.1%)	29 (46.0%)	29 (41.4%)
Yes	53 (55.2%)	8 (44.4%)	45 (55.6%)	42 (57.5%)	36 (52.9%)	34 (54.0%)	41 (58.6%)

Note: INT = interview; W1 = Wave 1; W2 = Wave 2; W3 = Wave 3; W4 = Wave 4; W5 = Wave 5; W6 = Wave 6.

31, 2015). The study aims to provide understanding of the early and ongoing support needs and experiences of these children and their adoptive families. Local Authority adoption teams across Wales were asked to send out letters on behalf of the research team to every family with whom they had placed a child for adoption. The 96 families who returned the initial questionnaire at 5 months postplacement formed the study panel. The panel was followed up longitudinally at five further time points. A subsample of adoptive parents from 40 families were interviewed at 9 months postplacement.

Ethical considerations

Ethical permission for the study was granted by the Research Ethics Committee at Cardiff University. Permission to access Local Authority social work data and to contact social work teams was granted by the Heads of Children’s Services. Informed consent was obtained from all participating families via letters of invitation distributed by Local Authority social work teams.

Procedure

We used data from six waves of questionnaire data and one set of qualitative interviews to understand how and why contact with the birth parent changed.

Questionnaires

Questionnaires were completed at six time points (approximately 5-, 21-, 36-, 48-, 60-, and 96-months postplacement, respectively). The number of responses ranged from 96 at the first wave of data collection to 63 in Wave 5 (Table 1). Questionnaires were completed by either the mother (lowest at Wave 1, 87.5%; highest at Wave 3, 95.9%), father, or nonbinary parent. Attrition analyses showed no differences in sociodemographic characteristics (child gender, age at adoption, parent age, relationship status, education, employment status, income, and ethnicity) between those who participated in Wave 1 and Wave 6 of the study (all $ps > .05$).

The Wave 1 questionnaire was conducted at 5-months postplacement. Parents were asked to “indicate the contact agreements that have been agreed,” with response options for direct, indirect, and no contact. Wave 2 included a question on the type of contact that had taken place since the placement had begun, and all subsequent waves included questions on contact that had happened in the last 12 months. Waves 3, 4, 5, and 6 included open-ended questions asking respondents to “outline their experiences of contact. Highlight, if you can, any benefits or difficulties encountered.” At Waves 1 and 2, adopters were asked if they had “had any support needs to date in managing contact?” and the nature of the support needed. All except Wave 6 gathered data on whether support was being accessed.

In-depth interviews with adoptive parents

Participants ($n = 40$) were drawn from 96 families who had completed the questionnaire at Wave 1 and had agreed to be contacted for an interview. Interviews took place 9 months after the child moved in with the adoptive family. Parents were interviewed by a researcher in the family home for approximately 2 hours. The interviews were semistructured with the researchers developing a schedule of key questions relating to their reason for adopting a child, the process of adoption (preparation, assessment, matching, meeting the child), family life, and support. Supplementary questions were included depending on the responses of the parent. Data were analyzed on adopters' views and experiences of the contact arrangements, their view of the birth parents, the circumstances for the child going into care, the support being accessed from social services in relation to contact, and whether the parents would seek support in the future. Additional information about the interview schedule can be obtained from the last author.

Analysis

The paper was conceptualized by KHS and ALP. EJ identified potential data from the six waves of parent questionnaires and the single set of interviews, and all four authors (EJ, ALP, SH, and KHS) agreed on the content to include in the analysis. EJ analyzed the survey responses for the full sample of 96 families. Initial descriptive analysis related to the diversity of the sample. Change in amount of letterbox contact was analyzed over time and compared against the plans for contact at Wave 1.

Given the amount of data and the longitudinal nature of the study, the interview data were included for families that had completed all six questionnaires ($n = 18$). We also used information collected from Child Assessment Reports (CAR), social work records that contain information on the characteristics of all children placed for adoption, as well as details about the adoptive family and placement. Of the 18 interviews, 15 (83.3%) were conducted with mothers, and 11 (61.1%) were reporting on children who were male. Thirteen of the parents adopted as part of a heterosexual couple (72.2%), with three single adopters (16.7%) and two in a same-sex

couple (11.1%). Four of the adoptions were sibling group placements (22.2%). Full details of the interview subsample are included in Table 1.

Interview data and open text responses to survey questions were analyzed using thematic analysis. Responses to specific questions from the transcribed interviews and open-ended questions from the six questionnaires were extracted by EJ into NVivo (Lumivero, 2017) for thematic analysis (Braun & Clarke, 2006). Keyword searches of the interview transcripts were conducted to identify other relevant text in the wider interviews that were also extracted. The data were ordered by family and analyzed in order of time point to increase the potential for the identification of longitudinal stability or change within each family. All data were independently analyzed by two coders, EJ and SY, who initially read and reread all material to promote data familiarization. Codes were applied to help identify the relevant information and draw out the emerging and recurring themes in the coded data. The two coders met after completing a subset of the first interview to discuss initial emerging themes and resolve disparities, and this informed the continuing analysis. These meetings were repeated regularly during the initial stages of the analysis, then were reduced in the later analysis as disparities lessened.

This approach resulted in a shared understanding of the data set and enabled the defining of parameters for each theme and the production of a coherent account of the narrative. The narrative underpinned decisions by the authors on the selection of key themes, and quotations were attributed to these themes to illustrate the data. When quotations are included in the manuscript, the adoptive parents are labeled alphabetically in the order that they are first quoted in the Findings section. We have highlighted the longitudinal case studies of three families where particular themes recurred at multiple time points. These case studies are in addition to reporting on the wider sample throughout the text. EJ led on the production of the paper with ALP, SH, and KHS refining and editing the manuscript.

FINDINGS

This section will focus initially on the level of letterbox contact between the adoptive child and the birth family, starting with the plans for contact, and then consider whether those plans were realized and whether and why contact had changed over time. The thematic analysis resulted in a central organizing concept that successful letterbox contact is possible if adoptive parents, birth parents, and social workers are all engaged and invested, but that there are challenges concerning both the practicalities of letterbox contact and how these groups work together over time. Within this organizing concept three main themes were identified: adoptive parents' perceptions and experiences of letterbox contact, their view of the birth family and why the child was taken into care, and experiences of accessing support, which could affect the seeking of support with contact in the future.

Contact with birth parents

At Wave 1 of data collection, all but one adoptive family (99%) had contact with birth parents agreed when the child was placed with their adoptive family. This was specified for each of the 95 families as letterbox contact. No children had experienced direct contact, though three birth mothers at Wave 2 had met an adoptive parent (without the child) since the placement began, and one birth mother had met an adoptive mother within the previous 12 months at Wave 5. There was a downward trend in letterbox contact between the adoptive family and the birth parents over the length of the study. For birth mothers, contact fell from 73.7% at Wave 2 to 53.5% at Wave 6. For birth fathers, contact initially increased from 46.5% (Wave 2) to 48.5% (Wave 4), before falling to 36.6% at Wave 6.

Adoptive parent perceptions and experiences of letterbox contact

Many parents were initially willing to commit to contact and were “not too concerned over a letter twice a year” (mother A, interview). Some also recognized the long-term benefits and how “If it helps him when he is older then it’s worthwhile, if it helps the parents heal then also good” (mother B of child <5 years at adoption, Wave 4), resulting in many remaining committed to contact several years into the placement. One respondent to the Wave 5 questionnaire reaffirmed the commitment that “we will actively pursue and encourage contact as [child] grows up” (father C, Wave 5). This effort appeared to be perceived to be worthwhile for the ongoing relationship and the long-term benefits for the child:

Our daughter’s birth mother writes a letter once a year and sends cards several times. We write a letter once a year and feel that this arrangement is very positive and that it benefits her birth mother and will benefit our child in the future. (mother D of child in nonsibling placement, Wave 5)

Although many parents acknowledged the benefits for their children and the birth parents, it could be more difficult for the adoptive parents themselves, with one feeling that each letter was “just a constant reminder of them being adopted” (mother E of child <12 months at adoption, Wave 4). Another felt like they had “stolen” their child from the birth parents at times, though “less and less the longer he’s with me, so it’s all good” (single adoptive mother F, interview). There were also examples of cognitive dissonance, where parents struggled with the contradiction of acting to maintain contact for the benefit of the child while believing it affected themselves adversely. These feelings about contact and the varying impacts for the adopted child, adoptive parents, and birth family are, of course, more complex than single quotations taken at one time point might suggest. Examining change of attitudes and experiences over time with our primary sample enabled us to gain insight into the mixed feelings that arise from this aspect of the adoptive experience. Case Study 1 details the experiences of an adoptive parent (mother G) who valued the importance of positive contact with the birth mother for the child and worked to maintain letterbox despite it being personally difficult for them. The positive contact also led to the children increasingly asking questions about their background that were difficult to answer, resulting in anxiety among the adoptive parents that adolescence could be a time when the child might struggle with their life history and blame the adoptive family.

A common challenge with letterbox contact was a lack of engagement by the birth parents. There was also variation in the children’s interest. Some children enjoyed “getting photos and a letter” (mother H of child <5 years at adoption, Wave 6), whereas others were “currently not wanting any contact, he says we are his parents” (mother I of child >5 years at adoption, Wave 6). For those children who were keen to receive letters, the decline or loss of contact over time due to birth parents’ nonresponse could be experienced as a rejection. This perceived rejection also affected some adoptive parents’ view of the benefits of contact, and one parent spoke of “both-way letters between the birth mother and us but since the birth mother stopped writing it has upset my daughter and she feels rejected all over again ... It is too upsetting for my daughter” (mother J of child >5 years at adoption, Wave 6). Once contact had ceased, these parents were reluctant to “restart in fear she will stop it again and that [will] be more harmful” (mother K, Wave 6).

There were also challenges over inappropriate behavior by the birth family, including letters that could not be shared with the child at the time, parents sending “money and social services sent it on to us, £20, I felt uncomfortable with this” (mother L, Wave 2), and the posting of “YouTube and Facebook posts about the letter—she has a ‘gagging’ court order not to do this! It’s very frustrating!” (mother M of child <5 years at adoption, Wave 4). It appeared that this use of social media was not resolved by the next wave of data collection as the parent reported

that “we actually want to stop all contact with birth mother as we believe our letter is being used inappropriately” (mother M, Wave 5) to try and find the child.

Case Study 1: Experiences and perceptions of letterbox (mother G)

Context

The child had been taken into care at the age of 6 months due to neglect, as the mother had been assessed as unable to provide basic care but also reportedly refused to engage with services. In addition, there were wider issues of parental conflict, violence in the home, and fears about the father’s behavior. The child was adopted by a couple who had no other birth or adopted children.

The adoptive parents worked to develop a positive relationship with the birth mother early in the adoption. They partly attributed this to the letterbox contact and the birth mother writing “us a lovely letter, and we wrote her a lovely letter back, and actually it’s made letterbox a bit easier then” (interview), but the adoptive parents were also aware that the letter could be read by their child as an adult:

I did put I wish you all the best ... I wrote a letter to her that I would be proud for him to read when he’s 18, because I thought well, I could say this, this and this, but then that reflects on us as parents ... I want to make it the best for him. (interview)

This positivity continued, and the parents reported in later waves their hopes that contact would help the child build “a picture of his continuing life journey, helps him in the future” (Wave 4). Contact was still regular at the fifth wave of data collection, with the child becoming increasingly involved:

I showed him his birthday cards shortly after his birthday. He wanted to write a letter to birth family (I have always got him to draw a picture on the bottom of my typed letter. (Wave 5)

Although positive for the child, letterbox was more difficult for the adoptive parents. They reported how “it’s not nice, because it just reminds you that not that he’s not yours” (interview), and this feeling persisted with them later reporting it being “physically difficult, it’s the only time of year I feel he’s adopted” (Wave 4). The successful contact had also resulted in questions that were challenging to answer:

More questions about why they didn’t want him, couldn’t keep him. Is asking for more details “because I’m grown up now!” Didn’t like that birth mother signed Mum on card. Asked if they had other children that they kept? Asked if it was ok to meet them one day. (Wave 6)

This linked into a wider anxiety about the future and how they would support an adolescent attempting to make sense of their life and adoptive identity. However, they recognized that the contact could enable this:

We’ve got a lovely photo album ... Every photo has got something written on the back. And I love you and mummy loves you, but then when you put it into context and you think, well actually we’re going to be the ones that are putting him to bed every night. When he’s 14 and 15 and we’re the worst people in the world ... when he is feeling a bit lost about it then if it brings him any comfort then great. He’s got

a timeline that I don't think many [adopted children] have or may never have, so we've got to suck it up. (interview)

Adoptive parent view of the birth family

There was widespread agreement among the adoptive parents that the decision for their child to be removed from the birth family was correct, but feelings toward birth parents varied. Many were sympathetic toward birth mothers who had not abused their children but had been “unable to be strong enough to parent him in the complex family she was in ... but it sounded that she actually wanted the best for him” (mother N of child >5 years at adoption, interview), and felt “real sadness that they can't have him, they can't keep him safe” (mother F, interview). There was also a recognition that many birth parents had also faced adversity, including spending time in care as a child or having mental health issues that affected their ability to care for a child:

We only had the information from what [social worker] has told us in terms of you know they're not able to look after their children, not because they are bad people ... they're not spontaneous, they can't feed the need. If you said your child needs changing nappy at 10 and 12, they could do that. But if she suddenly cried out they're like, oh why is she crying? And they don't really know what to do. (mother O of child <12 months at adoption, interview)

Disapproval of birth parents was also a feature of several parents' comments. For a minority of parents, this was rooted in their own deeply personal difficulties of having a child:

There's me wanting a child and trying desperately to have a baby and there's her not caring about hers, I think that's what struck it home. Her priorities were not her children, her priorities were drink and drugs. When I read [child, female]'s profile it said that her birth mum was an abuser and to do with stereotyping you automatically think, oh a young girl gone down the wrong path, but to find it was someone of my age who should be responsible, I found that quite ... she didn't care. (mother A of child >5 years at adoption, interview)

When one parent was asked if they hoped the birth parents received a letter, their resigned response was that they hoped “it does [reach the birth parents], depending on [if] he's in prison for hitting her in the street, and she might be in prison for shoplifting ... I really want them to receive it, I really do. I'm sad” (mother P, interview).

Some parents were apparently attempting to reconcile these differing positions. One parent reflected that the birth mother had not contested the adoption, stating, “I'd have more respect for her if she'd put up a fight ... when he's bigger I can then say to him look she loved you, she wanted you, but she wasn't the right person to look after you” (mother Q of child <12 months at adoption, interview), but they also sympathized over the mother's own childhood in care. For these adoptive parents it was “really difficult to be angry but sympathetic towards [the birth parents], because one of them is always trying to outweigh the other” (mother Q, interview). Case Study 2 shares the varying attitudes of a single adopter of three children from two birth families (*mother R*) towards the different sets of parents.

Case Study 2: Concerns about birth parents (mother R)

Context

In this family there were three adopted children, of whom two are biological siblings. The adopter is a single parent. The child who is part of this study had been removed from home at the age of 4 months following neglect, emotional abuse, and gender-based violence.

The adoptive parent reported that they tried to maintain contact with the birth family. They wrote a settling-in letter at the request of the social worker who felt "It would be really good for the birth parents to hear that [they] are doing okay, because it's a long time until the official letter" (interview). However, there were issues with the birth family sending "large amounts of money. I informed them that I would be saving for [child] and not handing over, [the] money reduced" (Wave 4). The family also received inappropriate messages:

[Social worker] had read it ... she said to me "I wouldn't show this to the [child], if I were you, just put it in their memory box." The letter said, "looking forward to seeing you when you are old enough to come home." I will keep the letter, I won't throw it away, but they are not having sight of that for a long, long, time, maybe 18. (interview)

By Wave 6, the birth parents were not responding to contact, and the adoptive parent was concerned it was "quite rejecting for [them] not to hear from their parents twice a year as agreed" (Wave 6). The adoptive parent was mostly sympathetic because they recognized that the birth family would not feel "there is anything wrong with the way they were bringing up [the child]" (interview) and would feel unfairly treated:

It's awful because they live with that and that hurts them, and they have that to live with for the rest of their lives and they always feel that it's a lack of justice ... they never get it, because they don't understand what good parenting is, nobody ever tells them. (interview)

The same adoptive parent's attitude toward the birth family of the third child was noticeably different, and they viewed the other birth father as manipulative, violent, and an alcoholic. She was sympathetic of the birth mother's difficult upbringing and involvement with social services, but struggled to balance this with anger and disapproval that the mother could repeatedly have children who are then removed:

They are [the] biological parents but they were irresponsible, they are very stupid, is that their fault? No. Were they parented properly? No. Is that their fault? No. But most people know the difference between wrong and right. [Child]'s birth mother has just had another baby who has been taken away from the hospital ... have they changed their ways? No. (interview)

The adoptive parent had strong opinions about the birth parents but was keen to help the child "understand why they are adopted without being judgmental, it's the hardest thing in the world" (interview). They knew this was important, should the child decide to find their birth parents, but they were also unsure of how to do it:

I have said things sometimes when I think maybe I shouldn't have said that. But then on the other hand I think you can't necessarily treat them with kid gloves ... I think [child] needs to know because otherwise [they] will look through rose tinted spectacles and the danger is [they] would just get totally heartbroken because [their]

birth mother is never going to change and actually that's the truth, she had a choice. You know, leave this partner who keeps getting you pregnant and who is a danger to all of those children and you can keep that family together, what did she do? Go back to him, time and time and time and time again. (interview)

Support with contact

The third theme concerns whether adoptive parents felt able to seek support for letterbox contact. Parents' perceptions were affected not only by their previous experiences of accessing support for contact, but also their successes and challenges in obtaining services to meet their family's needs and their relationship with social workers and agencies.

At Waves 1 and 2, over a quarter of adoptive parents reported needing professional support with contact (27.3% and 28.7%, respectively), decreasing to 8.7% by Wave 6. Most of the parents who were seeking support needed help with writing the initial letters to the birth parents. The social workers gave advice on tone and content, including "whether or not that was the right thing to be saying, so not giving out information ... not giving out which school" (father C, interview). They also gave "samples of the wrong thing to say" (father C, interview), and "examples of letters which helped me know what to include. It also helped me to consider how it would be received by the birth parents" (adoptive mother S of child in sibling placement, Wave 2). The adoptive parents appreciated this support and spoke of social workers who had "restored our faith and we've relied on her heavily you know to help us" (mother T, interview). They became key people that the parents felt comfortable going to for support and guidance with future contact and other support needs. One parent knew that they could approach their social worker with urgent issues:

She's been very helpful throughout ... I think if we had a real problem or an awkward question, or in the future something happens to [child]'s birth mother, she died or something ... because of the nature of the birth mother's lifestyle that could be an issue in the future, and I just need to know that there's somebody there that would possibly help me with what I have to do. (father U of child >5 years at adoption, interview)

As previously mentioned, only a minority of parents had accessed support for contacting the birth parents. This was also reflected in the open responses with many not needing support at the time but knowing that "If I needed to go to her, I know that she would be there" (mother O, interview), and the decreasing need for support with contact over time may simply be due to them becoming comfortable with writing the letters and no longer needing the assistance. Although contact was successfully set up for many families and social worker support given with the writing of letters when needed, there were examples of challenges. This included several parents reporting that the letterbox contact had been set up, but with one receiving "no info on how, what, where letter is written as due to send this month" (mother V, Wave 2), and another had been promised "support and assistance on letterbox contact but no help including details of where to send letter have been forthcoming" (mother W of child >5 years at adoption, Wave 2).

On occasion, these problems with contact were one part of a larger issue; for example, the support plan had been lost and had resulted in "Contact not yet arranged as documents lost so needed advice on how to write letter as no supporting docs or info is sent out until agreement is finalized" (mother X, Wave 2). This was the case for one family who had contacted the Local Authority to "sort of say ... we've signed this letterbox agreement, I don't know whether it's working or not" (father Y of child in sibling placement, interview), and they also "had no formal plan given to us ... We keep being promised a copy of the contract and yet one hasn't been

forthcoming” (father Y, Wave 1). At the time of Wave 4 it was still the case that they had “Set up letterbox but doesn’t work properly.”

The adoptive parents’ relationships with their social workers were also viewed to be important. Many parents reported positive experiences that were characterized by the social worker ensuring the adoptive parent was fully informed about their child’s life history and “you know this means this, this and this” (mother R, interview), as well as the implications for future well-being. Others spoke of social workers going “above and beyond ... looking for the best family for [child, male]” (mother G, interview), or having a light-touch approach that resulted in the parent feeling able to approach them for support with contact if needed:

She came within a week but she just you know kind of had a cup of coffee, saw [child] and said it’s clearly going well you know pick up the phone if you need anything else really. And then I think she kept [doing] all the other formal bits that she had to do but often it was just popping in for ten minutes. (mother Z of child <12 months at adoption, interview)

This contrasted with parents who felt poorly supported by adoption agencies and professionals. One parent was concerned that information about the child had been actively withheld from them until the adoption had been approved, placing them between “a rock and a hard place because what are you going to do? Are you seriously going to go and give the children back ... It’s a wrong place to put someone” (father Y of child in sibling placement, interview). Parents with less positive relationships were less likely to feel that they had an open invitation to approach the social worker for support. In the case of one parent, they felt their social worker had realized they would not contact her and “she quite happily sat on my sofa telling me that she knows that we’re not going to ring her, and we wouldn’t ring [another social worker] either” (father Y, interview). Case Study 3 details the challenges faced by another family (mother N) not only in relation to the implementation of contact, but also their relationship with a practitioner who they felt had allowed inappropriate contact from the birth family.

Case Study 3: Negative experiences of services affect seeking of support with contact (mother N)

Context

The child was removed from the birth family at the age of 3, following an assessment, due to concerns of neglect by the parents and exposure to drugs and alcohol during the pregnancy. Wider family issues included parental conflict, domestic violence and controlling behavior by the father, and relationship breakdown. Adoption was by a single adopter who had no other children.

At Wave 1 the parent was keen to have good links with the birth family but they were “Still waiting [for] details of where this letterbox should go to. Needs to be timely for siblings’ Christmas cards. I have to chase” (Wave 1). Despite them being proactive, these issues had not been resolved at Wave 6, 8 years into the placement, with contact still “delayed. There appears to be no system.” This lack of a standard contact system resulted in processes outside of the agreed plan, and the adoptive parent highlighted poor practice by their child’s family finder who had passed on an upsetting letter to the parent:

The family finder sent on a Christmas card from dad which is not in the plan, Christmas card from dad, new partner and half-brother. Fortunately my [adoption] social worker was here at the time ... and she said, “Oh, that’s not in the plan is it?” I said no, she said, “What do you want to do with it?” I said, “I don’t know, you tell me, I’m a quivering heap here.” (interview)

When the parent asked why the letter had been passed on, the family finder's response was that "We thought [they] would like it." This key relationship had become increasingly strained with them describing the family finder as "judgmental" (interview) and not a person that they trusted to go to for support:

Sorry I've got to put this politely, put it like this, the court application nearly got lodged quite a few months ago because we needed her out of our lives. It hasn't been a helpful experience. (interview)

DISCUSSION

This paper has presented findings from the Wales Adoption Cohort Study concerning the changing levels of letterbox contact between the adoptive child and their birth parents and examined possible reasons why contact can falter over time. The findings are of relevance to adoption policymakers and practitioners in England and Wales, which come under the legislative remit of the Adoption and Children Act (2002). They should also be of interest and importance to the rest of the United Kingdom and countries where the primary role of adoption is the nonvoluntary removal of children who are deemed to be at risk of harm, though there are differences in policy and practice, particularly concerning the preference for direct contact with birth parents in Northern Ireland (MacDonald, 2017b). Although less relevant to countries where adoption primarily involves the apparent voluntary relinquishment of a child, the findings are still of practical relevance when birth parents, adoptive families, and services are interested in ensuring openness, communication, and contact.

Our research, including six questionnaires and one set of interviews completed over an 8-year period, identified similar decreasing trends to those found in the 16-year Contact After Adoption study (Neil et al., 2013). We found that letterbox contact was agreed upon with birth parents in all but one of the 96 families, but was never initiated with over a quarter of birth mothers and almost half of birth fathers.

There were various reasons for letterbox contact decreasing or ceasing. The findings of previous studies (Goodwin et al., 2025; MacDonald & McSherry, 2011; Neil, 2018; Neil et al., 2013; Selwyn et al., 2019) have included parents reporting negative feelings about contact as a reminder that their adopted child was not biologically theirs, as well as difficult experiences of dealing with inappropriate contact or lack of response. These experiences had the potential to reinforce negative feelings toward the birth family concerning the neglect, abuse, and other family issues their children had been exposed to before their adoption. These studies also reported that, whereas many appreciated the support that they had received for writing letters, there was a significant minority that reported initial issues with implementing contact and sometimes the wider support plan. The present study concurs with these findings, and the longitudinal nature of the evidence base allows the impacts of experiences related by parents in the early waves of data collection to be considered several years later.

Many parents recognized the expected benefits of contact for their child. We found that parents remained committed to making letterbox contact work several years into the adoption, and sometimes despite responses from birth parents becoming increasing irregular and unreliable. At times, it was only when contact completely ceased that parents expressed the opinion that it should not restart, and for some this was guided by a view that this was in the best interests of their child. For one respondent (parent J), quoted in this paper, their view was their child felt rejected by the loss of contact and restarting contact risked the same rejection, something that was not acceptable to them.

There was also evidence that letterbox contact can start and continue to be successful. Consistent with MacDonald and McSherry (2011), this appeared to start from a position of birth

and adoptive families recognizing contact was for the good of the child, with the adoptive parents writing early to assure the birth parents the child was settling in, and all parents using constructive communication. With this groundwork laid, there was evidence that letterbox contact could become something positive for our respondents, with adopters hoping this would increase the likelihood of the child having a positive relationship with their birth family when they are older. Professionals also had a key part to play through advice giving, a helpful attitude, and the open sharing of information about the child early in the placement. This enabled the development of trust in them as someone to help with contact problems in the future.

The analysis also enabled insight into the respondents' identity as adoptive parents. Respondents in the initial waves of data collection shared their feelings about contact. For some, it reminded them that their child was not biologically theirs and made them feel guilty when they reflected on the birth parents' experiences. Previous research has explored the dynamic relationship between the adoptive family and birth parents and how contact can be seen as a threat to the adoptive family (MacDonald, 2017a). However, even though this feeling was never fully resolved for some, their parental role became more secure, as evidenced in the protectiveness of their child when faced with inappropriate birth parent contact or birth parents attempting to find the child. They were also anxious about the formation of their child's adoptive identity with some parents already struggling to answer their child's questions that they perceived as awkward. For them, this foreshadowed a future where the child would struggle with their life history and even blame them if they felt the parents had made the wrong decisions about contact with birth parents. At the sixth wave of data collection, it was unclear if this fear of a challenging future relationship and potential instability in the family had become a reality, but a further wave of data collection with the adoptees in adolescence could investigate this.

Last, it is important to recognize that all planned and actual contact was in the form of letterbox (indirect) contact. The dominance of letterbox contact is reflective of current practice in England and Wales. In considering the strengths and challenges of letterbox contact, it can be contrasted with Northern Ireland (MacDonald, 2017b) and Australia (Ward et al., 2022) where there is a legal requirement for open adoptions and contact. There is a much greater focus on direct contact in these countries; these studies reported over 80% of children having face-to-face meetings with parents. Contact was also more likely to be maintained in the long term compared to our study of letterbox contact, and they gave examples of positive relationships. There were, however, similar issues relating to inappropriate gifts, poor engagement, and a failure to attend meetings. In addition, Ward et al. (2022) highlighted direct contact with birth parents who had abused the child prior to their removal from the family, and gave examples of the continuation of emotional and physical abuse during contact meetings, and MacDonald (2017b) highlighted how adoptive parents could feel powerless to challenge these difficulties when contact was a legal requirement.

Implications

This study provides further evidence that letterbox contact can be a positive feature of post-adoption family life. However, maintaining contact in the long term remains a challenge and much can be learned from adoptive and birth parents who develop a collaborative relationship. Professionals and services also have a key role to play in developing relationships with adoptive parents so that accessing support is normalized postadoption and in supporting birth parents who can struggle both practically and emotionally with writing letters to the child. Our findings suggest that adopted children may feel rejected when letterbox contact tails off and ceases, and that adoptive parents are then reluctant to restart contact if the opportunity arises. It is therefore important to not only move to an approach where professionals become involved if letterbox contact arrangements reach an impasse, but also for them to be more proactive in

reviewing the contact arrangements of all adoptions on a periodic basis. As detailed below, current practice guidance in Wales suggests that this proactive approach is now an expectation of services.

Limitations

The Wales Adoption Cohort Study has a relatively small sample of 96 adoptive parents, but the longitudinal focus, including six questionnaire waves and a set of interviews, has enabled in-depth consideration of change over an 8-year period. As is common in longitudinal research, there has been a loss of participants over that time, though the results of the attrition analysis suggested no loss of representativeness between Waves 1 and 6. It is unclear whether this loss of retention is random or if it either reflects the adoption going well or becoming challenging, both of which could affect parents' time to respond or their willingness to share their experiences.

The paper has reported quantitative figures relating to contact with birth parents, both planned and actual contact as the adoption progressed. All contact, both planned and actual, was letterbox, potentially reflecting Welsh policy and practice focus over this period. Each wave of data collection included questions on additional forms of contact that varied in form and focus; for example, Wave 6 only included questions on contact through social media whereas Waves 4 and 5 asked if the child was engaged in writing letters. As a result, these specific findings were not reported but the questions remain relevant, particularly as social media has become a key form of communication for children. Further waves of data collection would increase the potential for longitudinal study to elucidate other themes around contact. In addition, respondents were also asked about satisfaction with professional support accessed for contact. These findings were not reported due to the small number of parents who were accessing assistance; again, this could be a focus of future studies evaluating the types of support offered to adoptive families.

The present study was entirely focused on the experiences of adoptive parents. Future work would ideally encompass the views and experiences of birth parents, children, and social work professionals to gain a more complete sense of the advantages and disadvantages of letterbox contact and the role of support in enabling it. Work by Neil and colleagues (2006, 2013) has demonstrated the value of giving voice to these different groups and triangulating the evidence. Although some adoptive parents perceive the breakdown in contact as due to a lack of interest in the child on the part of the birth parents, Neil et al.'s research (2013) has highlighted alternative explanations including the emotional difficulties of communicating with a child who they profoundly miss, as well as the practical challenge of writing letters without support. In addition, further waves of data collection from our cohort could involve the adopted child. This would be consistent with Article 12 of the UNCRC (United Nations, 1989), which recognizes the right of a child to be heard on any matter affecting them and for their view to be considered. Involving children and young people from the cohort study in this research would be particularly valuable at this juncture, as all are now approaching or in their teenage years.

Finally, although the longitudinal approach enables consideration of change in contact over time, the challenges faced by some families, and the letterbox contact maintained in others, the experiences of families in our study should be understood in the context of having completed the first wave of questionnaires in 2016. Families who are now early in their adoption journey may have notably different experiences to those in our study, potentially shaped, at least in part, by policy changes in Wales. In particular, a Welsh approach to adoption was established by the Welsh Government in 2014, with Section 170 of the Social Services and Well-being Act (Welsh Government, 2014) inserting Section 3A into the Adoption and Children Act (2002).

The resulting National Adoption Service was developed to provide consistency in service delivery and improve adoptive family experiences. Adoption Barometer surveys by a

U.K. charity (Adoption UK, 2024a, 2024b) evidence that this strategy has succeeded in improving satisfaction with services. From the initial Preparation to Adopt training to assessment and beyond, prospective adoptive parents are now provided with training, information, and support about the potential contact arrangements that could be made in respect to any future child. Their attitude about contact with those important to the child now forms an integral part of the prospective adopter's assessment report. The National Adoption Service has also published several Good Practice Guides with clear recommendations to enhance models of consistent practice across Wales. Their guide on contact (National Adoption Service, n.d.) details the need for the support plan to detail not only the agreed postadoption contact but also how the decision was made including whether direct contact was considered and any risks that were identified. The guide also details the checks that should be conducted postplacement, the steps taken if the agreed contact is not happening, and the need to review contact arrangements regularly, recognizing that other forms of contact may become appropriate as the needs of the child evolve. Taken together, agencies and professionals are being guided to be more proactively involved in supporting contact in response to changing needs. It should be noted, however, that these Good Practice Guides are not mandatory, although recently introduced national key performance indicators on the differing types of contact arrangements will enable the gathering of quantitative data on trends.

Conclusions

This longitudinal study investigated change in letterbox contact between adoptive families and birth parents. The findings indicate that a substantial number of plans for contact are not initiated, but also that actual contact falters and ceases in many families. The reasons for this are considered, but the longitudinal approach also enabled the sharing of examples where letterbox contact was maintained up to 8 years into the adoption. The challenges of contact in some families, as well as the successes in others, can be used to inform support to ensure that contact is both long term and beneficial to the child. Considered alongside studies on the benefits and challenges of direct contact, our findings add to the evidence that policymakers and practitioners should not favor a particular form of contact but consider what is best for the individual child.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on reasonable request by contacting the research team at adoption@cardiff.ac.uk. Data requests will require institutional ethics approval. The participants of this study did not give written consent for their data to be shared on a data repository, so due to the sensitive nature of the research and privacy/ethical restrictions, the supporting data is not publicly available.

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