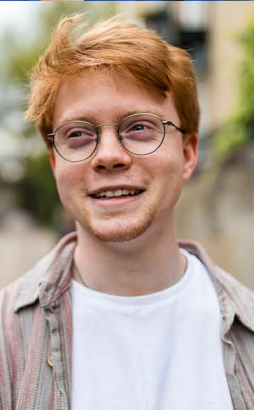




The Adoption Barometer

A stocktake of adoption in Wales

September 2025



WALES

AdoptionUK

Teulu gyda'n gilydd
Together we're family

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A note about language

The language used to describe the people and processes involved in adoption is constantly under scrutiny. There is a valuable, ongoing conversation around the need to ensure that the language we use is empowering and reflects the views of those with lived experience of adoption.

As the *Adoption Barometer* aims to evaluate existing government policy and assess how effectively it is being put into practice, where necessary, we will use the terms that appear in government documentation in order to ensure clarity for the reader. However, we recognise that some of these terms may be considered outdated or inapt and that there are differences of view between individuals and groups.

The following terms will be used in the report:

Adopted person / adopted child / adult adoptee: we know from consulting with adopted people that there are differing views on the appropriate terminology. In the report we will use both adopted person/child and adult adoptee to reflect the breadth of views that have been shared with us.

Adoptee-competent: a professional (e.g. counsellor or therapist) with extensive training and expertise in the impact of adoption on the adoptee (including adoption and relinquishment trauma) and who may also have lived experience as an adoptee.

Birth family, birth relative: this term is most frequently used in government policy to describe the biological relatives of those who are adopted. We know from consulting with adoptees and adoptive families that a variety of terms may be preferred, including 'first family', 'natural family', 'biological family' and others. In this report, 'birth family' and 'birth relatives' are used for clarity.

Care experienced: a child or young person who is looked after, or has previously been looked after, whether they have returned to family, left care as a result of a legal permanence order (including adoption) or left care as a 'care leaver'.

Child leaving the family home prematurely: sometimes referred to as 'disruption', 'family breakdown' or 'adoption breakdown', this phrase aims to describe the situation that occurs when a child leaves their adoptive or permanent home prematurely, including those who then become looked after under any legal order.

Contact: formal or informal arrangements made for adopted and previously looked after children to communicate, meet, or spend time with members of their birth family. The report also uses the phrase 'establishing and maintaining relationships with birth relatives' as a broader description.

Early permanence: an umbrella term to describe pathways (including concurrency and fostering for adoption) designed to minimise the number of moves through the care system that a child will experience before permanence.

Looked after child: a child or young person who is currently in the care of the local authority.

Previously looked after child: a child or young person who has left local authority care as a result of adoption or other legal permanence order.

Data and respondents' comments

At the time of completing the survey, all respondents gave permission for free comments to be quoted in this report, in full or in part. All comments included in *The Adoption Barometer: Wales* are from respondents who were living in Wales at the time of completing the survey, except for comments from adopted 16-25-year-olds which may originate from any UK nation.

Where statistical data is included, this data is usually from Wales respondents only, unless stated otherwise. Where low numbers of respondents in particular categories result in unreliable statistical data, or where the national context is unlikely to be a significant factor on outcomes (e.g. in individuals' assessments of the personal outcomes of accessing therapeutic services), UK-wide figures are sometimes included to provide a more statistically valid analysis. In each case where data is not based on Wales responses, it is described as 'UK-wide'.

Foreword

I am currently working as an intern on the Adoption Alliance project in Wales – the first adopted young person to fill this role. Before this, for many years I had been a member of Connected, the Adoption UK group for young people

I was adopted as a baby and have never had contact with my birth parents but in recent times I have been attempting to make contact with them. Personally, I believe the amount of post-adoption support provided for contact with birth parents is underwhelming. The results of the *Adoption Barometer* reinforce this. The fact that 49% of respondents in Wales “...do not feel that their agency manages arrangements for direct and indirect contact effectively”, shows just how much of a struggle it is to have any form of contact that is maintained in a smooth manner.

There is not enough discussion around this topic in later school life, and it doesn't prepare you to navigate these times. Young people need the option to get help with this hard part of their lives as well as their future.

The *Adoption Barometer* also shows that post-adoption support is not up to standard. The number of families who declare they are “facing severe challenges” is on the rise. This is reflected in the fact that the majority of parents of children and young people aged 13 and over do not feel that there is appropriate support for teens and young adults from adoption support services.

Another concerning statistic is that “Only 33% of parents were aware that their child's school had ever received any appropriate training regarding adoption, and education funding for care-experienced children (the Pupil Development Grant) is not always being used to support adopted children.” Also, “Three quarters of adoptive parents in Wales say that their adopted child needs more support in school than their peers, and 42% of children are reported to have social, emotional and mental health needs.” In my role with Adoption Alliance, we are looking to change that by providing teacher training on these matters in schools across North Wales to enable adopted young people to get the right support that they need to have a successful and accommodating school life.

I am glad to see that more families are getting support from adoption services in Wales, although I would still like to see this number improve and for support to be more effective for the service users. It is great that the *Adoption Barometer* is now collecting the views of young people and enabling us to reflect on what we feel and think about our provided services and where we can change them for the better.

Matt Price

Intern, Adoption Alliance project, Wales

As a young adoptee, I am very passionate about making positive changes for adopted young people – I aspire to be a trailblazer in this field.

I got involved with Adoption UK through Connected, the group for adopted young people in Wales. Then I joined the AUK youth advisory group and the Wales-wide youth forum, CONNECT Voices, as I wanted to make a difference. Having been in these groups, I've learnt how to deal with friendship fallouts and loss. I've also learnt to be more mature and how to work through obstacles in my life. It has also been a lot of laughs.

A worrying *Adoption Barometer* statistic that resonates with me is that 63% of adopted young people across the UK have had negative experiences of secondary school. Problems with being understood in school has been a constant issue for young people in every group I attend. Adoption UK Cymru have recently asked me to chair the steering group of the north Wales-based lottery-funded project, Adoption Alliance. The project, shaped by young people, trains teachers right across north Wales, in English and in Welsh, encouraging them to move towards a more relational approach to education.

I want to help people understand the complexity of factors that mean we appear to act up in school sometimes and to share advice on how to better support us through these stressful situations. Working with other adopted young people and using research such as the Barometer is helping to direct our training.

The *Adoption Barometer* also reports recurring themes such as poor connections with CAMHS - 55% of young people have accessed CAMHS but the majority didn't feel supported. Many people that I know have had similar bad experiences. We hope that by getting involved with Adoption Alliance, adopted young people in north Wales can make supportive connections with each other and with our youth workers as trusted adults.

I want to get involved in campaigns that will change things for the better for adopted young people.

KMT

Chair of the Adoption Alliance steering group

Executive summary

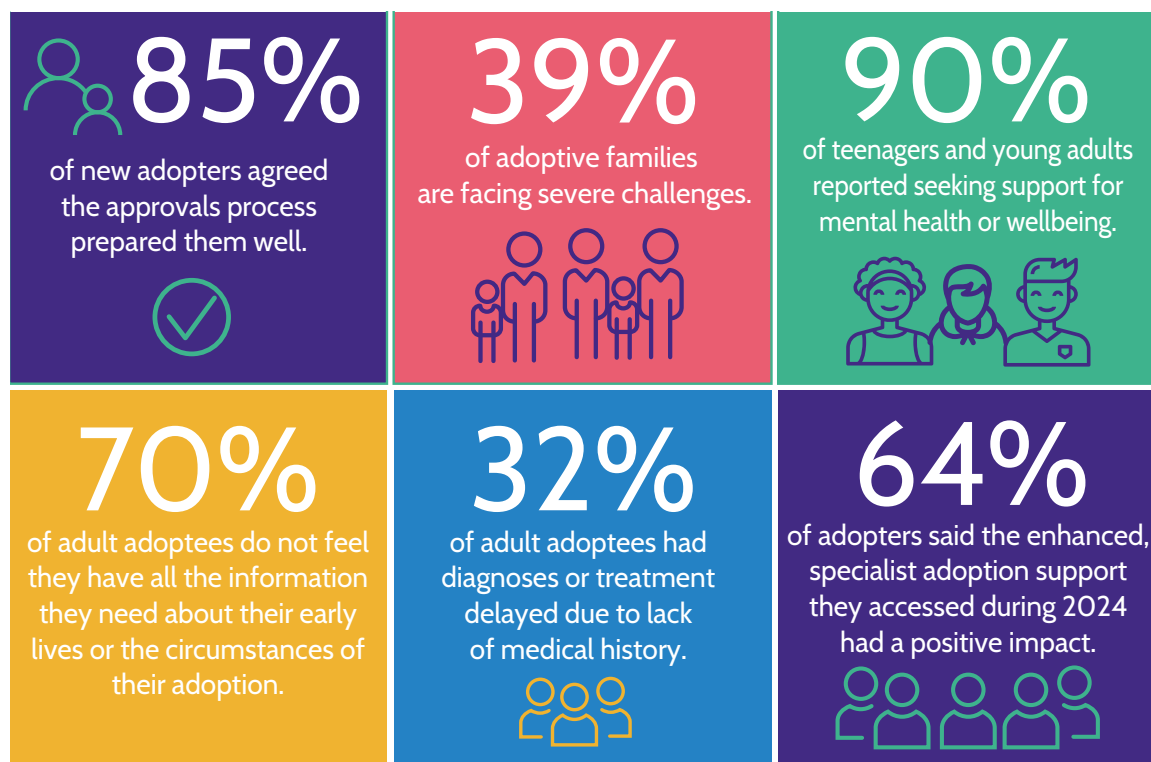
The *Adoption Barometer* is Adoption UK's annual stocktake of the impact of policy and practice in adoption and related issues on the lives of adoptees and adoptive families. Now in its 7th year, this report is based on the results of a nationwide survey open to adoptees aged 16 and over, adoptive parents of children aged 0-25 and prospective adopters, mainly focusing on respondents' experiences during 2024.

In Wales, prospective adopters reported very high levels of satisfaction with their approvals process, outperforming other nations, but, among established families, last year was another year of challenge. More respondents than ever before described their family as facing severe challenges or at crisis point and although the majority felt the adoption support they accessed had a positive impact, more than three quarters felt it was a continual struggle to get the support their child needs.

Adopted young people across the UK described very challenging experiences in education, and very few felt that mental health services understood or met their needs. In Wales, there is some cautious evidence that the National Adoption Service's strategic focus on accessing records is having a positive impact for adult adoptees, but too many face serious health consequences because of lack of information about their family medical histories.

Over the past seven years, the *Adoption Barometer* has shown that where policy makers and sector leaders in Wales commit to driving forward change, outcomes for adoptees and adoptive families improve. There are, however, still opportunities for further gains in Wales, especially in the support available for adult adoptees.

Summary of findings for Wales



The early stages

Assessments of the training and preparation process in Wales remain very strong, with 93% agreeing that their social worker understood and supported them through the process.

“Amazing supportive social worker and agency as a whole. I feel like we have been treated with dignity and compassion and adjustments made when requested.”

Timescales to approvals panel have worsened slightly in recent years, in common with the rest of the UK, and 62% said they experienced delays due to bureaucracy and paperwork. The majority agreed that everything had been done to find the right match for them and their child, but unexplained or unexpected delays during the matching process or before introductions created frustrations for some.

More new adopters than ever before received their child's life journey materials by the end of the year in which the adoption order was obtained, and two thirds agreed that the quality of these materials was 'adequate' or 'good'. Almost all new adoptive parents had at least one agreement for indirect contact in place, but only 19% had direct contact arrangements in place, significantly fewer than elsewhere in the UK, despite more than half being willing to consider direct contact.

Established adoptive families

As in the rest of the UK, adoptive families in Wales continue to face significant challenges and fewer than ever before said they felt optimistic about their family's future. Satisfaction with core adoption support services remains generally good, with 74% agreeing that the support they accessed had a positive impact, making a strong case for Regional Adoption Services to make greater efforts to engage adoptive families with these services.

Just over half of respondents had contacted their agency with a specific adoption support need and, of these, one fifth, more than ever before, said they were at crisis point when they asked for help. 67% of families with the highest needs were offered enhanced, specialist support – a significant and encouraging increase since 2023, representing a return to pre-pandemic levels.

“We received help in the form of therapeutic life story work in 2024. Our post-adoption support worker was excellent.”

However, families find it difficult to access adoption-informed support from other services, including health, mental health and education. Only 10% of parents felt that mental health services had a good understanding of the needs of adopted children and young people. Problems in education were the main reason why parents contacted adoption support services. Just one third of parents were aware that their child's school had ever received any appropriate training regarding adoption, and education funding for care-experienced children (the Pupil Development Grant) is not always being used to support adopted children.

The number of children in Wales maintaining direct contact with a birth relative has been increasing across all seven years of the *Adoption Barometer*, mostly with siblings, but families' assessments of the support they receive for maintaining contact are not very positive, with only half saying they feel well supported. 89% of respondents had agreements for indirect contact, but fewer than half of these remained active on both sides in 2024.

Teenagers and young adults

The support needs of teenagers and young adults and their families differ from those of younger children, but adoptive parents in Wales have persistently low rates of confidence in the ability of adoption services (21%) and other services (19%) to meet the needs of adopted young people. Across the UK 90% of adopted young adults reported having sought help with mental health or wellbeing, and 55% had accessed CAMHS, although the majority did not consider the support they received there to be effective. Young adults stressed the importance of consistency and choice when accessing support and also highlighted the benefits of peer groups and activities.

“I have enjoyed being with other adopted teenagers. It wasn’t something I knew I needed but I must have as it really helped me.”

Nearly one third of 13-18-year-olds in Wales had direct contact with a birth relative outside of any formal agreement, and two thirds of these were unplanned and initiated either by the young person themselves or their birth relative. Around two thirds of adoptive parents do not feel well prepared for the possibility of unplanned direct contact during the teen years.

Across the UK, adopted young adults reported largely negative experiences of secondary school. Most who were able to access post-16 education said that was better than school, but 29% still said it was negative overall. 35% of 16-25-year-olds in Wales were reported to be not in education, employment or training (NEET), more than twice the UK national figure. Young adults were thinking ahead to their futures, with 68% saying they had goals and were confident they could achieve them, but 80% are worried about what the future might hold for them.

Adult adoptees

Services and support for adult adoptees continue to be patchy and inconsistent on the whole, although there is some evidence to suggest that those who attempted to access their records within the past five years had a better experience than those who did so longer ago. This has been a strategic focus of the National Adoption Service. Lack of information about family medical history is a serious concern for adoptees across the UK, with nearly one third of respondents from Wales saying they have experienced a delay in diagnosis or treatment for a health issue because of this, and adoptees who were parents reported disappointing experiences of NHS care around pregnancy, maternity and early parenting in relation to their experiences as adoptees.

Confidence in the support available for tracing and reunion is quite low and almost half of those who had traced had done so without professional support. 18% had been contacted ‘out of the blue’ by a birth relative. Of those who did seek professional support for tracing, only 38% were offered counselling although 60% of those who were not offered counselling would have accepted the offer.

There was a slight increase in the number who felt they knew where they could access suitable counselling, therapeutic or mental health support compared to last year (41%), and slightly more respondents felt that an appropriate range of support was available (29%). Where respondents had accessed adoptee-competent therapists, outcomes were considerably better on all measures than for those whose professional support was not considered adoptee-competent. All respondents agreed that adoptee-competent counselling, therapy and mental health support should be available to all adoptees at any stage in life, at no cost.

“I’ve had counselling from an NHS counsellor in the past which I didn’t find helpful. However, I am more recently receiving counselling from [an adoptee-competent therapist] and this is helping. I feel this is because she has more understanding of adoption.”

Summary of recommendations

- Robust support plans that are regularly reviewed, particularly at moments of major change, such as the move between primary and secondary school and the transition to adulthood.
- Training for health and education professionals from the start of their careers to equip them to understand and meet the needs of the adoptees they will be expected to support.
- Ring-fenced, permanent funding for well-evidenced therapeutic support for adoptees of all ages, combined with opportunities for adoptees to connect with each other for mutual support.
- Reliable support for adult adoptees to access personal adoption records, connect with birth families, and get the health treatment they need, even if the family medical history is unknown.

Detailed analysis





The early stages

The early stages include adopter preparation and training, the matching process, the moving-in period and applying for the adoption order. These processes are crucial to ensuring that children who cannot live with their birth families and are being placed for adoption can be cared for by adoptive parents who are well prepared, well supported and able to meet the children's needs.

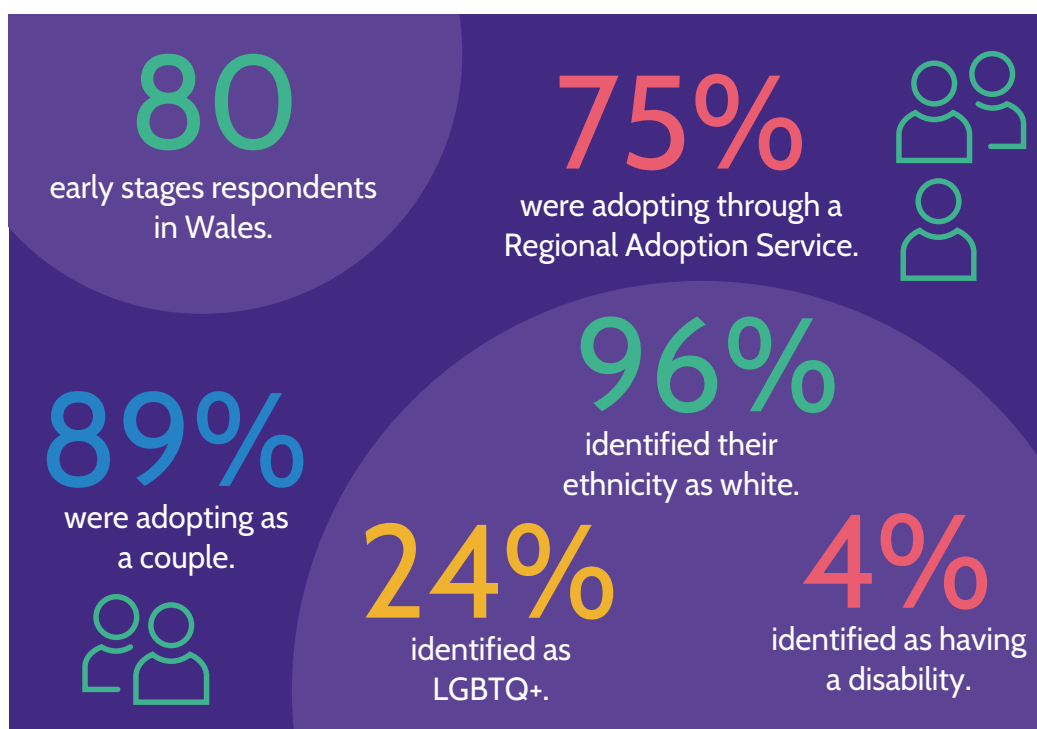
What does 'good' look like?

- The approvals and matching process is clear and fair and prepares adopters well to meet the needs of the children they will be parenting.
- Social workers and prospective adopters work closely together in a proactive search for a match.
- Adopters receive comprehensive information about their child before placement and are clear about how their child and the whole family will be supported once they are placed.
- Introductions are well planned and supported.
- High-quality life story materials are provided during the early months of placement.
- Arrangements for ongoing birth family contact focus on the needs of the child and include a commitment to provide support to all involved.
- Every family receives a programme of core support designed for the first year as a family.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There are nationally agreed timescales for each stage of the adoption approvals process	GOOD	POOR	FAIR	GOOD
There are nationally agreed standards for the training and preparation of adopters	FAIR	FAIR	FAIR	GOOD
There is tailored preparation and support for early permanence adopters	GOOD	FAIR	FAIR	GOOD
There are national standards determining the quality and delivery of life story materials	FAIR	POOR	POOR	GOOD
Every child receives a multi-disciplinary assessment of support needs before placement, shared with adopters and informing robust support plans	FAIR	POOR	FAIR	GOOD

Assessment of lived experience	Score				
	UK	England	Northern Ireland	Scotland	Wales
My approvals process ran smoothly and with no delays	38% ➡	41% ⬆	45%* ⬆	31%* ⬇	16% ⬇
My social worker understood and supported me during the approvals process	86% ➡	85% ➡	93% ⬆	84% ⬇	93% ⬆
I feel that everything possible was done to find the right match for me and my adopted child	82% ➡	81% ➡	92%* ➡	91%* ⬆	78%* ➡
I feel as though I was given all the information I needed about my child before they moved in	72% ➡	69% ➡	66%* ⬇	68%* ➡	85%* ➡
The approvals process prepared me well for becoming an adoptive parent	73% ➡	71% ➡	72%* ➡	77%* ⬆	85%* ⬆
Our introductions were handled well and ran smoothly	74% ➡	69% ⬇	100%* ⬆	85%* ⬆	82%* ➡
I have a written adoption support plan in place	28% ⬇	28% ⬇	33%* ⬆	23%* ⬇	29%* ⬇
I received life story materials by or soon after the adoption order	64% ⬆	64% ➡	33%* ⬆	46%* ⬇	86%* ⬆

* - Fewer than 30 respondents were eligible to answer the relevant question(s)



Training, preparation and matching

For many, the decision to pursue adoption will only come after a long period of consideration and reflection. Prospective adopters will often research their options extensively and consider a range of factors when deciding whether and how to proceed.

Most prospective adopters (92%) were therefore aware that they had choices about which adoption agency they used. The most common motivating factor in choice of adoption service was the promptness of the response to an initial inquiry (42%). Respondents were also motivated in their choice by reassurances about the availability of adoption support (30%) and the quality of the information event they had attended (27%). 28% of respondents said they had been influenced by a recommendation from another adoptive parent.

Perceptions of the training and approvals process were very strong. 90% felt that the training days they attended were informative and useful, and 93% agreed that their social worker understood and supported them well throughout the process, more than in any previous *Adoption Barometer* report.

“Amazing supportive social worker and agency as a whole. I feel like we have been treated with dignity and compassion and adjustments made when requested.”

However, 60% somewhat or completely agreed that there were times when the process seemed so difficult they wondered if they could continue, which was fewer than in 2023, but more than in any previous *Adoption Barometer*.

“The whole process was awful. It was incredibly stressful and intrusive (which we had been made aware of but until you are in that position it is difficult to understand the level of questioning). We dreaded every meeting with the social worker both pre and post panel.”

93%



said their social worker understood and supported them throughout the process.

Timescales to approvals panel

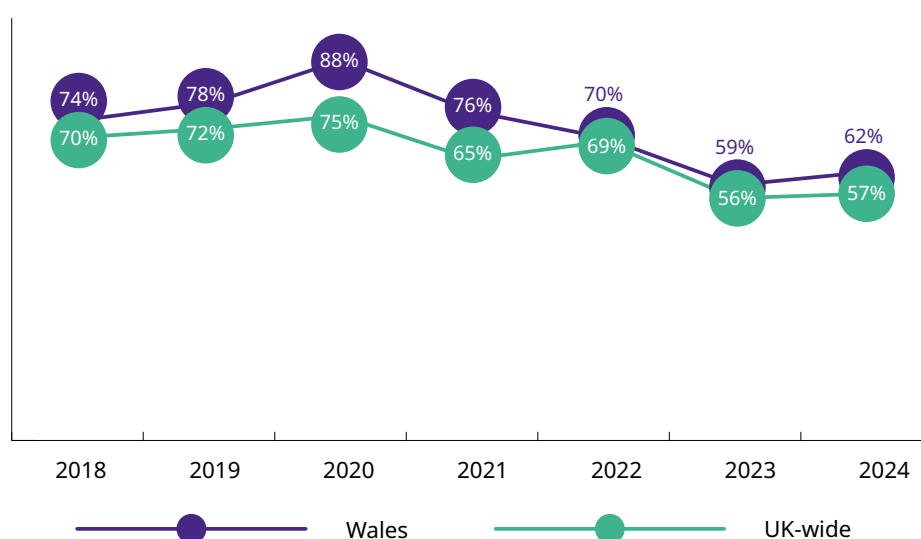
In common with the rest of the UK, reported timescales from the introductory meeting with a representative of the adoption service to approvals panel have worsened in recent years. Although there has been a slight increase in the proportion reaching approvals panel within 12 months during 2024 compared to the previous year, this has not yet returned to pre-pandemic levels and the proportion who said their process took longer than 18 months increased from 12% in 2023 to 19% in 2024.

62%



experienced delays caused by difficulties obtaining or completing paperwork, medicals, criminal records checks, etc.

Figure 1: Proportion of respondents who reached approvals panel in 12 months or fewer



Although the proportion who reached approvals panel within 12 months is slightly higher than last year, and broadly in line with the rest of the UK, it does appear that this particular group of survey respondents may have experienced particular challenges around timescales which may not be completely reflective of the experiences of prospective adopters in Wales as a whole. For example, when asked about the causes of any delays in the process, 62% of respondents said they experienced delays relating to paperwork, administrative difficulties or other bureaucratic challenges – in previous years this figure has never risen above 26%. Just 16% said their process ran smoothly and with no delays which is lower than in any previous year. The National Adoption Service's own data for Wales records that 93% of approvals processes were completed within 9 months from registration of interest, suggesting that those whose process took longer were over-represented in respondents to this year's *Adoption Barometer* survey.

However, for those who felt they experienced delays, these were certainly a factor in how difficult they found the process. 93% of those whose process took longer than 12 months to reach approvals panel said there were times the process seemed so difficult they wondered if they could continue, compared to just 52% of those who reached panel within 12 months. Not only were delays frustrating, but they had financial impacts for some.

“Our medicals cost us £120 each and we had to do them twice because the process took so long which was a huge expense and inconvenience.”

“We attended the first training and induction days and received our social worker's details saying they would be in contact in 10 days. Four weeks later we had not had contact from anyone and we had to chase.”

The matching process

At the end of the training and preparation process, prospective adopters are approved at panel – an experience which 69% described as ‘good overall’ – and move on to the linking or matching process. After being linked with a child or children, most will go through a matching panel to approve the specific match. 78% of those who had been through matching panel agreed that they felt that everything possible was done to find the right match for themselves and their child/children.

“Very straightforward. We were matched a few days after being approved with a perfect match.”

Adoption Barometer respondents frequently report that matching can be a difficult part of the process. There are no set timescales involved because the priority is finding the right family for each child. However, respondents' comments frequently reported long delays once a match had been identified, particularly long waits for matching panel, and after matching panel before children moved into the family. Sometimes respondents were unclear as to the reasons for these delays and there was a strong sense that the best interests of the child were not always being prioritised.

“We were linked in April 24 and still do not have our children. First was that our children had not had a medical despite being looked after for over a year and a half... then their first mother appealed... the foster carer was not told of the delay and booked a holiday so we are unsure where our children will be over the Christmas break. I feel as though our children have just been further neglected by a system that should protect them.”

“From the initial inquiry to transitions with our adopted son only took 4 months, whereas with another child we inquired about it took 4.5 months just to get a home visit. I would argue that's not good enough.”

78% 
agreed that everything possible was done to find the right match for them and their child.

The Early Weeks

For most adoptive families, a period of introductions will take place before a child moves into their adoptive home. This normally takes place over a period of around two weeks, with the child gradually increasing the amount of time they spend with the adoptive parents. All respondents from Wales whose children moved in with them during 2024 had undergone a period of introductions and 82% agreed that the introductions period had been handled well and run smoothly.

Once a new family comes together, the preparation they have received is really put to the test. Encouragingly, 85% of new adopters agreed that their training and approvals process had prepared them well for becoming adoptive parents, although there was also a sense in respondents' comments that no preparation can really encompass the reality.

“The first weeks were busy, exhausting and a total whirlwind. 19 months in and we're all so much more settled and familiar with everything and we can't imagine life without our little boy!”

“Nothing will prepare you for becoming an adoptive parent. It's an emotional rollercoaster.”

For many, navigating their new situation as a family will also mean navigating the demands of working as a parent. In comments, prospective adopters highlighted the difficulties of attending the frequent meetings required as part of the approvals process while also working. Many used their annual leave and some were forced to take unpaid leave. 43% said it had been difficult to get time off work.

85% 
of new adopters agreed that their training and preparation had prepared them well.

“You are only entitled to 2 unpaid appointments and working full time it would not be possible to accommodate this... there are several mandatory appointments that both adoptive parents would have to attend, aside from the introductions. This really needs to be reviewed.”

Once a child is placed in the family, employees are entitled to statutory adoption pay and leave, but this does not extend to self-employed adopters. Of survey respondents in Wales who were in employment at the time of adopting, 8% were self-employed. Across the UK approximately 13% of workers are self-employed¹, suggesting that self-employed people may be under-represented in those who come forward to adopt. Lack of access to statutory adoption leave and pay could be a factor that discourages self-employed people from considering adoption.

Even where leave is available, it is not always sufficient to meet the needs of the new family, especially short paternity leave entitlements which can be swallowed up during the introductions period.

“Paternity leave does not factor in the process for adoption... It does not give scope for introductions, often leaving families having to take unpaid leave, leaving families financially stressed at a really challenging time.”

Prospective adopters undergo financial checks to ensure that they are in a reasonable position to adopt, but the process itself can have an impact on family finances, including expenditure such as paying for medicals, purchasing everything needed for a new family, and any alterations needed to the family home. There can also be loss of earnings through taking unpaid leave to attend training and meetings, and being available for introductions and, for the parent who is not the primary caregiver, being available after the paternity leave period for supporting children to settle and attending ongoing meetings with social work professionals. In some cases, limitations in eligibility for statutory adoption leave and pay can impact the amount of time adoptive parents can afford to take off from work in the early months.

“I was working part time when I adopted my daughter but due to my low earnings I was not entitled to any statutory adoption pay. I found this really hard as I wanted to take time off to bond with my daughter but lost my wages... so I only took 6 months off instead of the 12 months I really wanted to.”

Considering the importance of the early weeks and months in supporting the child's transition to their adoptive family, helping them to settle in and begin to develop strong attachment relationships with their adoptive parents, it is essential that adoptive parents can take the time their children need without incurring financial stress. Employers can support this through well-crafted adoption pay and leave policies which take account of the complex, lengthy process involved in becoming a parent through adoption, but there is also a role for government to play, particularly in equalising entitlements for statutory adoption pay and leave between employed and self-employed adopters.

¹ <https://researchbriefings.files.parliament.uk/documents/CBP-9366/CBP-9366.pdf>

After the Adoption Order

Shortly after an adoption order is obtained, the adoptive family should receive life journey materials for their child. These materials, prepared by social work professionals, should provide children with an age-appropriate story of their lives so far, helping them to explore and understand their history.

Among respondents in Wales who obtained an adoption order during 2024, 86% reported having received their child's life journey materials by the end of the year. This is the highest proportion ever recorded in seven years of the *Adoption Barometer* and higher than in any other UK nation. Two-thirds of these described the quality of the materials as 'adequate' or 'good', which is lower than recent years, although the reasons for this are not clear from the data and no respondents left comments about their life journey materials.



Most new adoptive parents will agree to maintaining some form of ongoing contact with one or more of their child's birth relatives. In Wales, 95% of new families had one or more indirect contact agreements in place (usually in the form of an exchange of letters), more than any other UK nation. Arrangements with birth mothers were the most common (81%).

Arrangements for direct contact (face-to-face meetings, direct messaging, phone calls, etc.) are historically much less common in Wales than in other parts of the UK. Among those who obtained an adoption order in 2024, just 19% had arrangements for ongoing direct contact in place, mostly with their children's siblings living elsewhere (14%). Across the whole UK, 42% of new adoptive families had direct contact agreements in place.

However, there is evidence of some cautious openness towards the idea of direct contact among new adoptive parents in Wales. Fewer than half (43%) said that they did not have direct contact and were unlikely to consider it, but the same proportion said they would consider direct contact with their child's siblings. A smaller proportion were prepared to consider direct contact with their child's birth mother (10%) and wider family members (5%).

While decisions about ongoing contact must always be made with the best interests, safety and emotional wellbeing of the child at the centre, it is encouraging that so many new adoptive parents are willing to consider the possibility of direct contact. This creates an opportunity for ongoing conversations about maintaining relationships with birth family members which should be re-visited as the child grows older to ensure that their views are known and responded to.

The National Adoption Service's Good Practice Guide on contact emphasises the importance of continuing support and regular reviews of contact, especially at key times of change, such as the transition from primary to secondary school, or during adolescence.

Recommendations

- To help recruit the broadest possible range of prospective adopters and find families more quickly for the children who spend longest in care and those on the Adoption Register for Wales, adoption agencies should improve diversity amongst the social care workforce and on adoption and matching panels.
- To improve the way prospective adopters are prepared for adoption, the current standardised adoption training should be set out in statutory guidance. This should be in addition to any tailored training, specific to the individual needs of the prospective adopter and the needs of the child they will be adopting.
- Pre-placement support planning meetings should include representation from the adoption support team and, where indicated, professionals such as clinical psychologists.
- To help new families build strong networks of support, adoption agencies should ensure new adopters have access to peer support as part of their core offer from the time their child is placed with them. This could include peer mentoring, buddying, community groups.



Established adoptive families

Established adoptive families are those with one or more adopted children aged 0-25 whose adoption was finalised before 2024. For these respondents, the *Adoption Barometer* focuses on experiences of accessing adoption support, education, health and mental health, and services related to maintaining or establishing relationships with birth relatives (contact) during 2024.

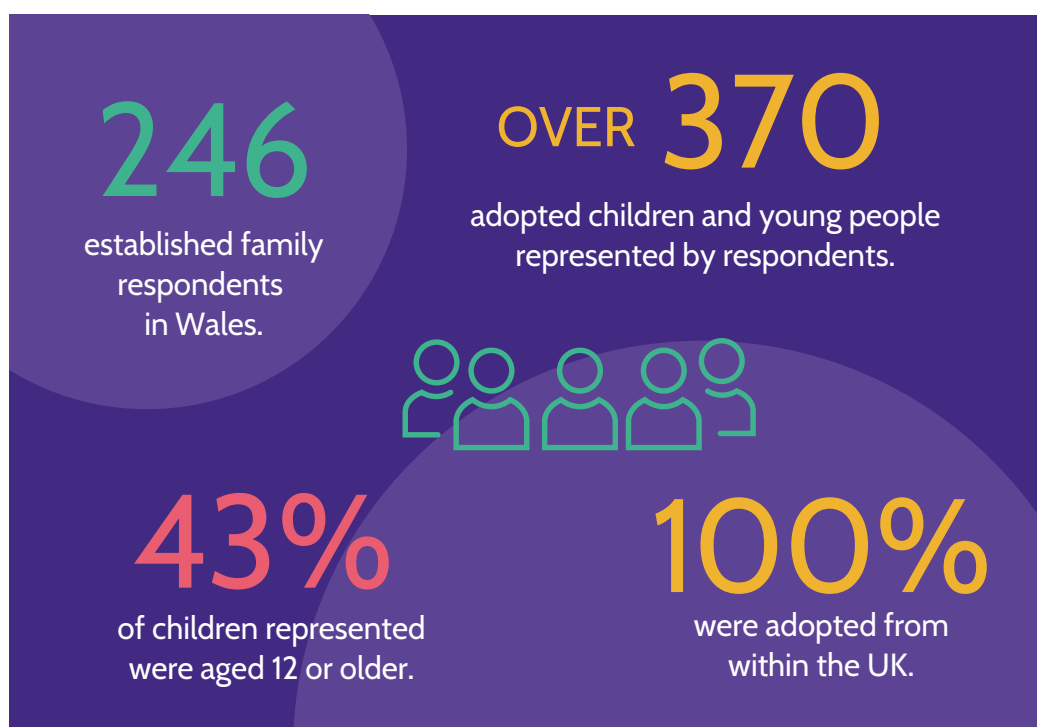
What does 'good' look like?

- Every adoptive family has access to a good range of core support, including support groups, training and online resources.
- All those who need it can easily access high-quality, enhanced support that is free for families.
- Birth family contact is managed effectively, well supported and reviewed regularly.
- Other statutory services, including health and education, have trained staff and sufficient resources to properly support adopted children and their families.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
High-quality therapeutic support services are accessible to all adoptive families via a defined route and paid for through a nationally established ring-fenced fund	GOOD	POOR	POOR	GOOD
There are nationally agreed minimum standards for core adoption support	GOOD	POOR	FAIR	GOOD
There are national standards defining support for birth family contact	FAIR	POOR	POOR	GOOD
Training on the needs of care-experienced and adopted children is included in initial teacher training and education settings are resourced to support their needs through a dedicated funding stream	FAIR	POOR	FAIR	FAIR

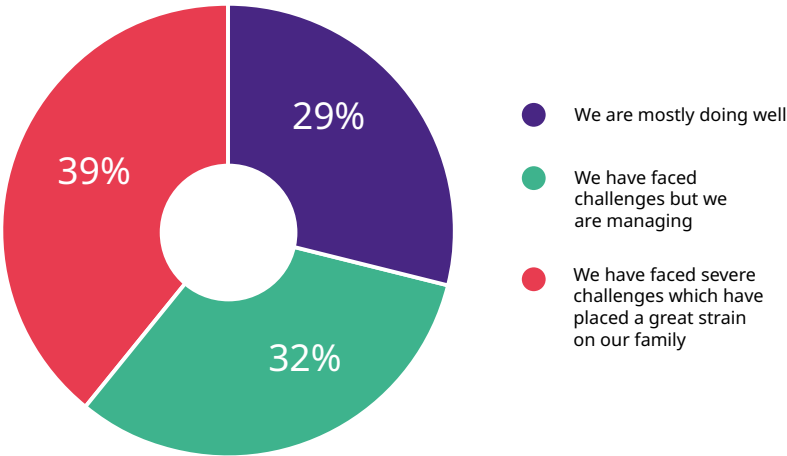
Assessment of lived experience	Score				
	UK	England	Northern Ireland	Scotland	Wales
I am satisfied with the quality of the core adoption support I have accessed via my adoption agency	69% →	72% →	60% ↑	64% →	65% ↓
Families with significant or urgent needs are provided with a package of enhanced adoption support	65% →	68% →	42%* ↑	44% →	67% ↑
I am satisfied with the quality of the enhanced adoption support I received via my adoption agency	51% →	52% →	26%* ↓	48% ↓	55% ↓
My agency manages arrangements for direct and indirect contact effectively	46% ↓	46% ↓	53% →	40% →	51% ↓
My child's school works with me to find the best ways to support my child	74% →	74% →	61% ↓	78% →	73% ↓
My child's teachers have a good understanding of the needs of care-experienced and adopted children	51% →	55% →	42% ↓	52% →	51% →

* – Fewer than 30 respondents were eligible to answer the relevant question(s)



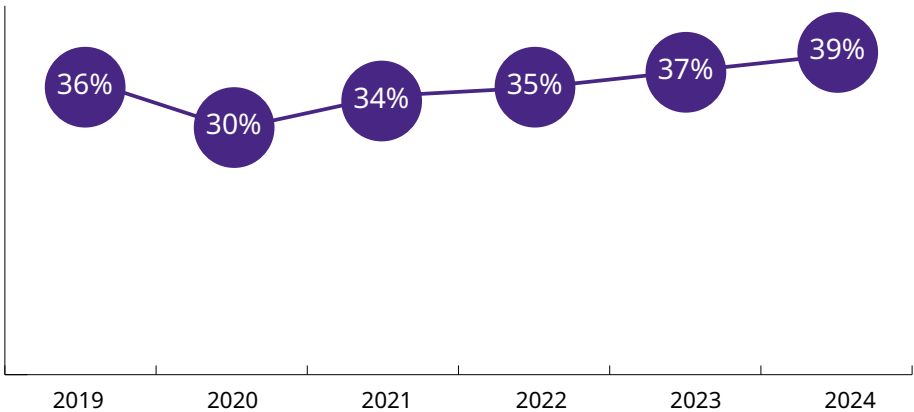
Worryingly, adoptive families in Wales, in common with others across the UK, continue to report the high levels of challenges that were seen in last year's *Adoption Barometer* report. A record 39% said that they were facing severe challenges as a family in 2024, and fewer than ever before said they felt optimistic about their family's future (73%).

Figure 2: Status of adoptive families during 2024



Recent years have seen disruptions caused by the Covid-19 pandemic, followed by a period of economic uncertainty, all of which will have affected adoptive families. However, there is no sign of recovery and instead there is a long-term trend of gradually increasing difficulties since 2020 with more families facing severe challenges now than before the Covid-19 pandemic.

Figure 3: Proportion of families in Wales who describe their status as 'facing severe challenges'



Adoption support

In view of the struggles experienced by many adopted children and their families, timely, high-quality adoption support services remain essential to ensuring that adopted children are given the best chance of security, stability and support.

Core adoption support services

A core adoption support offer may include information and advice, signposting, access to general training relating to parenting or adoptive parenting, and access to support groups for parents and/or adopted children. The Welsh Adoption Support Commitment² states that every family should have a point of contact in their Regional Adoption Service or Voluntary Adoption Agency for accessing adoption support, and provides information about advice lines, online materials, including training, and the 'Connected' peer groups for adopted children and young people.



Currently, awareness of the Welsh Adoption Support Commitment among survey respondents is low (9%) although this has increased slightly since 2023 (6%). However, 43% said they had used the National Adoption Service's website for information, news and events, 40% had used it for information about adoption support and 19% had used it for information about life journey work, suggesting that these centralised resources have a fairly wide reach among adoptive parents in Wales.

During 2024, 49% of respondents said they had accessed general training or a support group (for themselves or their child) provided or funded by their agency. This is higher than in previous years which is encouraging since the *Adoption Barometer* 2024 examined how early access to core adoption support can help families and professionals to identify more complex support needs earlier, leading to better outcomes in the long term.

Satisfaction with these core services remains generally good, with 65% saying they were satisfied with the quality of the support they received, and 74% agreeing that the core support had a positive impact on their family.

“The Connected group has been invaluable for both my child and me. We never want that to end.”

“I have to say that [my Regional Adoption Service] are extremely supportive and I feel like they are getting it right for us. They are great.”

Considering the benefits of maintaining ongoing supportive links between adoptive families and adoption support teams and the level of satisfaction with the quality and impact of core support, focus should be given to engaging more adoptive families with these services. Just 39% of respondents said their agency communicated regularly with them about the core adoption support services on offer, and difficulties finding out what support was available were highlighted in respondents' comments.

“It's hard to know what's on offer. I feel the agency could meet with adoptive parents for longer after going through the process. Once you have adopted you do feel dropped and it's up to you to go searching.”

² https://adoptcymru.com/app/uploads/2024/10/AS-Commitment_ENG_v6.pdf

“We receive emails about events which may be interesting, but they have already occurred or are at such short notice we cannot attend. There should be a programme of events with all dates clearly posted on websites and in emails to avoid this piecemeal and inefficient approach.”

The challenge of attending training and events in person was also highlighted especially for solo adopters, those with children who have considerable support needs and those living in rural areas. However, while online options were valued by many, others appreciated the opportunity to attend in-person events for the opportunity to network and build relationships with other adoptive parents. It is therefore important that services are flexible in the format and timing of events and activities to have the widest reach.


“I find the webinar training useful as the ‘watch it later’ links means I can access it without losing pay.”

“Training courses are always at the same time – middle of the week when I’m working, or in the evening when, as a solo adopter, I am dealing with challenging bedtimes. It would be lovely to have some on Monday or Friday when more part time workers are generally available.”

“I find there is a lot of core support, but most of this is online which does not support meeting other adoptive families face to face to build real relationships. Having adopted during lockdown this is something we have struggled with.”

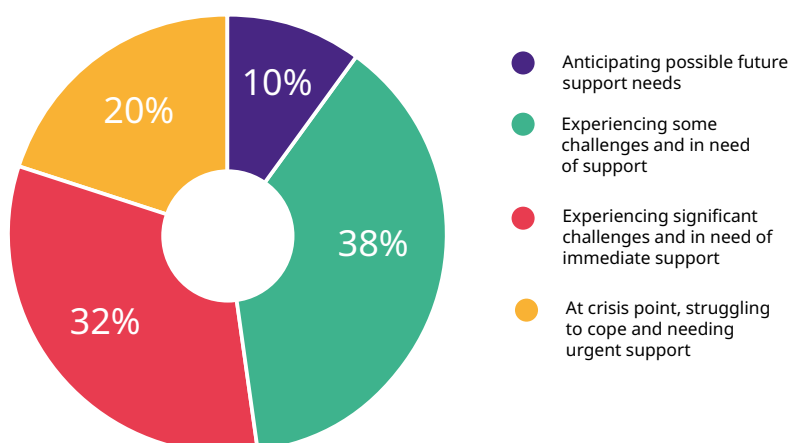
Enhanced adoption support services

The Welsh Adoption Support Commitment includes a statement about “prompt and equitable access” to “targeted or specialist services” and notes that each Regional Adoption Agency has a dedicated adoption support team which not only provides core support but will also carry out assessments of adoption support needs and provide a range of support services, including by referral to other specialist services. These enhanced support services could include specialised training for parents, therapeutic support for children and families, financial support or short breaks.

64% 
said the enhanced adoption support they accessed during 2024 had a positive impact.

During 2024, 51% of respondents had contacted their adoption agency for adoption support. Of these, 90% were experiencing specific challenges and were therefore likely to be seeking specialist, targeted support. One fifth described themselves as being at crisis point and needing urgent support, the equal highest ever recorded in the *Adoption Barometer*.

Figure 4: Status of adoptive families at the time of asking for adoption support

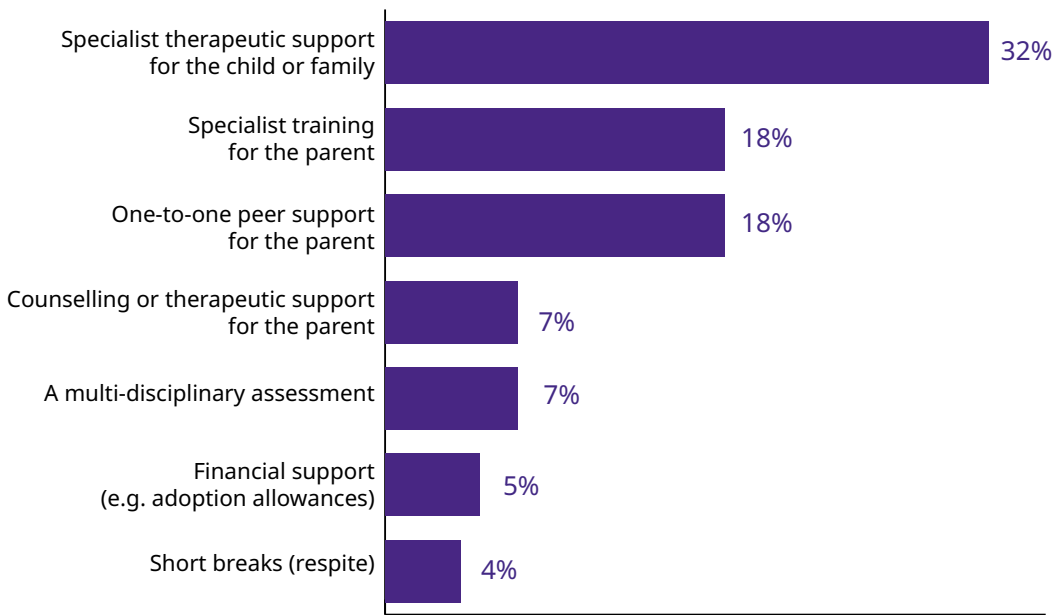


When a family who is experiencing these kinds of complex challenges approaches adoption support for help, they are likely to need enhanced, tailored support, rather than core support. In 2024, 67% of these families with the highest needs were offered at least one targeted, specialist support option – a significant increase since 2023, representing a return to pre-pandemic levels.

“At the moment, we have had the initial assessment and made an agreed plan. I was very pleased with how this process was so thorough and knowledgeable.”

“We received help in the form of therapeutic life story work in 2024. Our post-adoption support worker was excellent. Her understanding of trauma and non-judgemental approach was a lifesaver for us. However, we really needed her help much earlier than we got it.”

Figure 5: Enhanced support offered to adoptive families seeking help with the highest levels of need in 2024



However, this still leaves one third of families with high levels of support needs accessing only core support services, and only 32% were able to access specialist therapeutic support, such as creative therapies, therapeutic life story work or specialist counselling for their child.

“I’m inputting everything I’ve learned into improving my understanding of my child’s behaviours and see a positive impact. However, I really need some direct work with my child also. He needs access to therapy services I simply can’t afford.”

“We asked for a package of life-story work and attachment-based counselling for our daughter. We were told that we could not have this because we had had an extensive package several years ago. All we were offered was for a Social Worker to “have a chat” regarding birth family and life story. This has never happened.”

When asked if the support they received had a positive impact on their family, 59% of the highest needs group said that it did, compared to 75% of those with the lowest level of needs, further highlighting the importance of reaching families early with targeted support, before they reach crisis point.

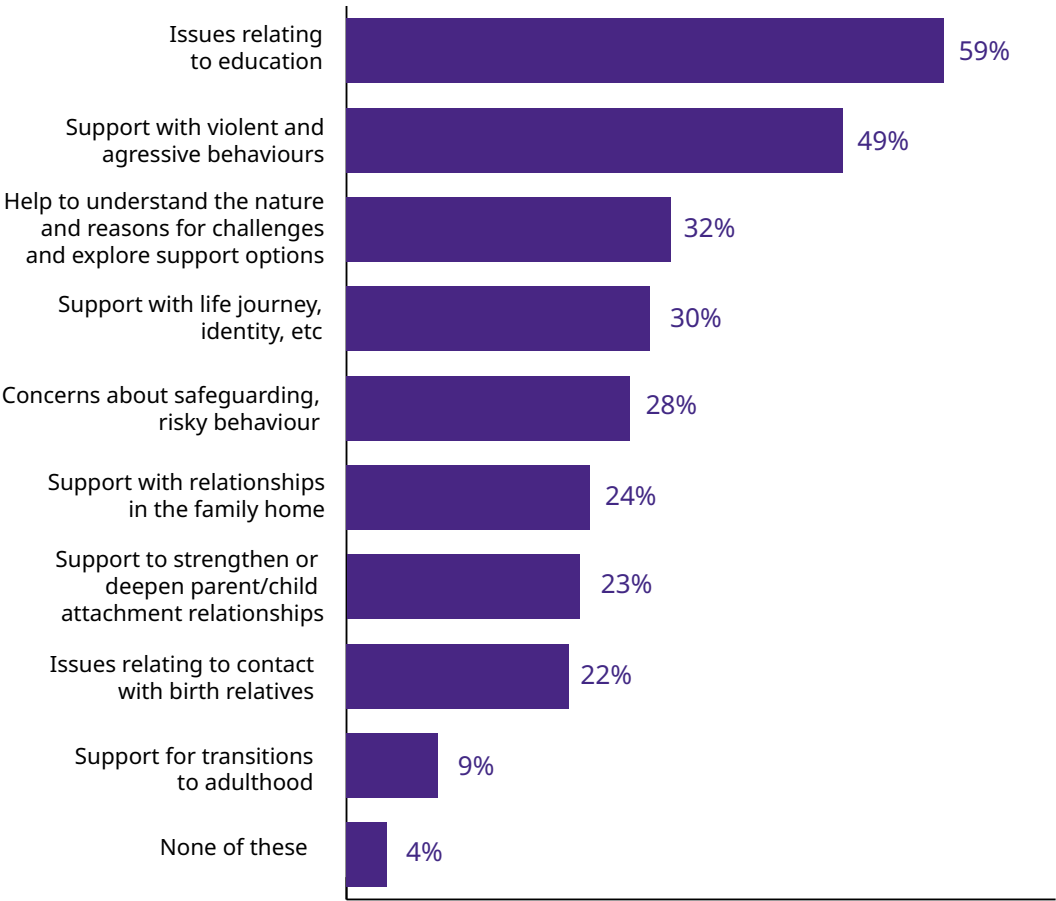
Among all respondents who had asked for or received enhanced adoption support during 2024, 58% said that their agency had responded to their request in a timely manner, slightly lower than in 2023. In comments, concerns around delays being allocated a social worker and long waiting lists to access support were common.

“Support has been ongoing. More recently there have been challenges with the local authority agreeing funding. This has resulted in a long pause between therapy.”

“It took nine months for us to be dealt with by a social worker, by which time we were nearly broken.”

“We were told there is no funding for our child's needs and to wait and see if there may be more money after April.”

Figure 6: Which, if any, of the following were reasons which prompted you to seek support?



When asked about their reasons for contacting adoption support, the most common, by some margin, was for issues relating to education. Adoption support services are not necessarily resourced or equipped to support adoptive families with challenges in education, which can frequently be complex.

“I asked for help and support for school but was advised the wait for a social worker was very long and that they probably wouldn't have any more knowledge than I already had.”

It is therefore essential that education services are equipped to meet the needs of adopted learners both to improve their experiences of education and to reduce the demand on adoption services for help with education issues.

The Welsh Government is already funding training for schools to support the sector's understanding of the needs of adopted learners. However, while essential, training is only part of the solution. Several local authorities in Wales have been piloting the creation of a Virtual School model to promote the education of care-experienced children. Evidence from these pilot areas shows improvements in attendance, a reduction in exclusions and an increase in care-experienced children staying in mainstream education ³. In England, where Virtual Schools have included previously looked after children in their remit since 2018, the impacts have varied between different local authority areas, but where there is a close relationship with adoption support teams and support has been provided to individual families, there have been positive results. Should Virtual Schools in Wales continue and be rolled out nationwide, adoption support services will benefit from having a close relationship with the Virtual School Head.

Issues relating to violent and aggressive behaviour were the second-most common reason prompting contact with adoption support services. The link between exposure to complex childhood trauma and difficulties regulating emotions is well established ⁴ as complex trauma can impact a child's biological, psychological and emotional development. 61% of all respondents reported experiencing violent and aggressive behaviour in the home during 2024, and nearly half of all respondents who requested adoption support cited this as a reason for seeking help. Among those who described themselves as 'experiencing significant difficulties' or 'at crisis point' at the time of asking for help this rose to 76%, overtaking issues with education as the most common reason for seeking help.

Many respondents who had ever experienced violence or aggression in the home reported having been involved not only with adoption support services (67%), but also emergency or duty social work teams (20%), early help or child in need teams (28%), GPs or other health professionals (46%) and the police (26%). 14% said they had been involved with child protection social work teams.

However, when families are referred to other social work teams, too many do not find that the professionals they work with have a full understanding of the specific needs of adopted children and their families. 63% of respondents who had ever experienced violent or aggressive behaviour from their child said they worried that professionals would blame or judge them for what was happening in their home if they asked for help.

“Having to be referred to local authority children services because adoption services have limited post-adoption services was on reflection damaging. They are not trauma informed and blame and disempower.”

“Soon after accessing support, we were given a safeguarding referral for emotional abuse, which seemed to be because we weren't coping, which is why we requested support in the first place. This severely impacted us and set us back considerably on getting any help.”

“My son was moved into the 14+ team in Social Services who appear to have limited understanding about attachment, early life trauma or how extreme the behaviours can be.”

It is therefore important that adoption support teams continue planning and providing support for adoptive families and adopted children in cases where other social work teams become involved. 80% of respondents considered their adoption support social worker to be knowledgeable and understanding. These professionals are a valuable asset to any team around the child and must always be able to bring their expertise to bear, including in cases of family instability or where a child

³ <https://www.gov.wales/sites/default/files/statistics-and-research/2024-01/virtual-school-model-of-integrated-education-for-care-experienced-children-initial-evidence-gathering-from-local-authority-pilots.pdf>

⁴ <https://uktraumacouncil.org/trauma/complex-trauma>

has left the family home prematurely.

In 2024, 7% of respondents from Wales reported that one or more of their children had left the family home prematurely, an increase from 5% in 2023. Almost all of these children were aged 12 or older at the time of leaving the home, and nearly half were 16 or older. The most common destination was a move to semi-independent living (44%), with 6% reported to be in residential schooling, and the same proportion living with other members of their adoptive family or with birth relatives. However, 38% of these children were reported to be in local authority care, either voluntarily or following care proceedings.

In cases where adopted children become accommodated by the local authority, it is particularly important that adoption support teams remain involved with the family and the young person. Respondents who had been through this experience commented on a serious lack of understanding of the impacts of early life trauma, attachment disruption and care experience among some of the professionals engaged with their families.

“Local social workers don’t get adoption. Our daughter has been estranged from us for 9 months... [our Regional Adoption Service] post-adoption team have pulled our social worker. No help in maintaining or rebuilding our family. We have all been let down.”

“We had a positive outcome of a parenting assessment yet they still accused us of being emotionally and physically abusive. The local authority hold us accountable for our child’s complex needs rather than the early years of trauma.”

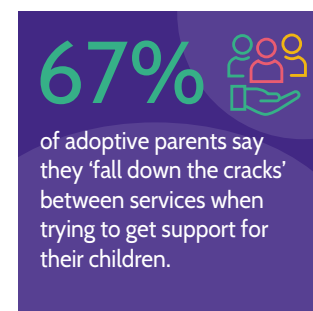
The majority of respondents with children living away from the family home were either expecting their child to return home or were continuing to ‘parent from a distance’. Wherever possible, professionals supporting families in this complex situation should be seeking to maintain and even strengthen relationships between parents and children.

Health and mental health

Many adoptive families interact not only with adoption support services, but also with other services, including health, mental health and disability support services due to their children’s needs. 36% of respondents reported that one or more of their children had ever been in receipt of Disability Living Allowance. Navigating these services can be challenging for many families, and 66% agree that the range of different services they deal with to get the right support for their child can be overwhelming.

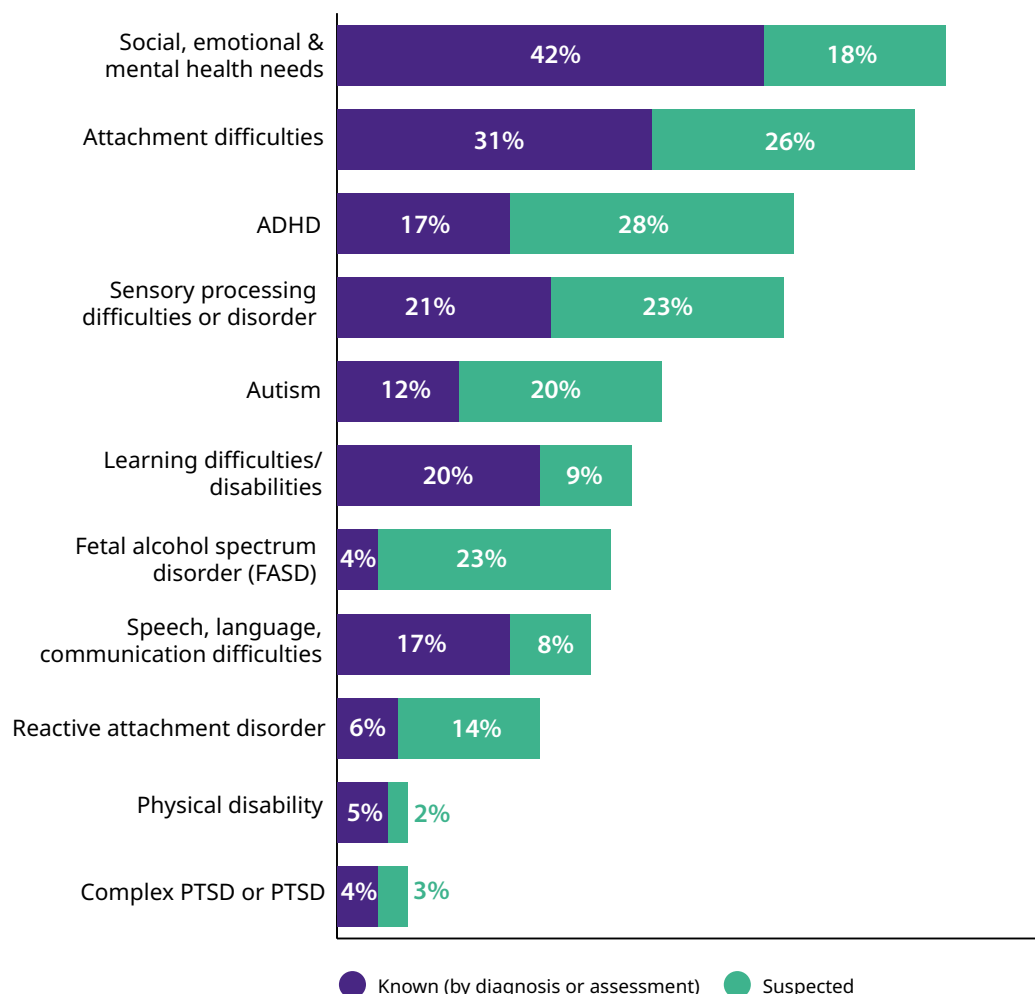
Families find that their children often do not fit neatly within a service’s definition of eligibility due to the complexity of their needs, or because they have several co-occurring diagnoses. For example, disability support services may not be equipped to support children with a history of trauma, but adoption support services may not be equipped to support children with learning or physical disabilities. 67% of adoptive parents say they ‘fall down the cracks’ between services when trying to get support for their children, with many finding that services are quick to refer adoptive families back to adoption support, even if adoption support cannot offer the assessment or intervention that is recommended for the child.

“CAMHS threw us out twice the minute I said ‘adopted’. People put it all down to trauma and attachment and we have to fight harder for our children to be referred for ASD assessments, etc.”



The range of known and suspected diagnoses and conditions reported by adoptive parents provides an insight into some of the reasons why accessing support can be difficult.

Figure 7: Rates of commonly occurring conditions, known and suspected, among adopted children of respondents



The majority of adopted children are known or suspected to have social, emotional and mental health needs (SEMH), likely connected to the impact of trauma, loss, disrupted attachments (evident by diagnosis or assessment in 37% of adopted children) and early instability, added to ongoing challenges around understanding complex life histories and navigating issues of identity and belonging.

Unfortunately, where healthcare or mental health professionals had been involved with their children's care, only 6% of parents felt that healthcare professionals had a good understanding of the needs of adopted children and young people, and just 10% felt that mental health professionals had a good understanding.

In addition to challenges in meeting the social, emotional and mental health needs of adopted children, it is evident that many will need to access several services to obtain appropriate support or treatment where more than one diagnosis is confirmed. The chart above shows that it is likely that many children have two or more co-occurring needs or conditions and that rates of diagnosis among children of *Adoption Barometer* survey respondents are considerably above national prevalences for several conditions.

For example, methodologies for calculating prevalence rates of autism differ from study to study, but the BMA⁵ states that 1 in 100 children have a diagnosis (although this in itself is probably lower than the true number due to challenges accessing assessments). Among more than 370 children represented by *Adoption Barometer* respondents in Wales, 12% have a diagnosis of autism.

Fetal alcohol spectrum disorder (FASD), a notoriously under-diagnosed condition, is thought to have a prevalence rate of 3-5% in the UK⁶ and is likely to be much more prevalent among care-experienced children (including adopted children) than in the general population⁷. Among children of survey respondents, 4% had a confirmed diagnosis of FASD, but 23% of children were suspected to be affected but not yet diagnosed, highlighting the challenges faced by many in obtaining referrals, assessments and diagnoses. Developing effective pathways for identification, diagnosis and support for those affected by antenatal alcohol exposure and FASD should be a priority area for policy makers in Wales.

“...little has been provided for our son who we believe to have FASD (waiting list is over 3 years for NHS assessment)... We are paying privately for community paediatrics support due to suspected FASD/ADHD/ND to help us to identify the correct support and parenting techniques to support his needs.”

While there are significant challenges meeting the health needs of adopted children, adoptive parents can also face health and mental health difficulties, impacting their ability to effectively care for their children.

Adoption Barometer respondents were asked several questions about their general health, based on questions in the European Health Interview Survey (EHIS). Compared to the most recent EHIS data (from 2019-20) available from the Office for National Statistics, adoptive parents in Wales reported worse general health than the average population. 59% reported that their general health was ‘good’ or ‘very good’ compared to 75% in the EHIS survey, and 38% reported being ‘limited’ or ‘severely limited’ in daily activities due to their health, compared to 25% in the EHIS survey.

“My partner’s mental health has been greatly impacted and now I find myself effectively a lone parent and a carer for my partner.”

Meeting the physical and mental health needs of adoptive parents strengthens the support available to the adopted children they care for. Parents who can access appropriate support for their own health and wellbeing are more able to be consistent, supportive and empathetic towards their children’s needs, and have more capacity to advocate on their behalf with services and professionals. Where adoption support services are providing interventions for adopted children and young people, assessing the support needs of parents should be an essential part of this process.

5 <https://www.bma.org.uk/what-we-do/population-health/improving-the-health-of-specific-groups/autism-spectrum-disorder>

6 <https://www.sign.ac.uk/our-guidelines/children-and-young-people-exposed-prenatally-to-alcohol/>

7 Gregory, G., Reddy, V., & Young, C. (2015). Identifying children who are at risk of FASD in Peterborough: working in a community clinic without access to gold standard diagnosis. *Adoption & Fostering*, 39(3), 225-234. <https://doi.org/10.1177/0308575915594985>

Through our eyes: CAMHS

More than half of the 16-25-year-olds across the UK who responded to the *Adoption Barometer* survey had ever accessed child and adolescent mental health services (CAMHS) but their assessment of the services they had received were very poor, with the majority not agreeing that they felt listened to or understood as adoptees, or that the support they received made a positive difference.



“The assessment process was highly retraumatising as they asked me to talk about lots of very sensitive issues without first establishing any relationship or safety.”

Adopted young adult

“They don’t really help with mental health. They gave me six 15 min phone calls and told me I was fine. I felt rushed and not listened to in these phone calls.”

Adopted young adult

The importance of being able to access adoptee-competent professional mental health support cannot be under-estimated. 81% of young adoptees consider their experiences and identity as adoptees to be integral to their whole sense of identity and 89% agree that only another adoptee can really understand what it feels like to be adopted. However, some respondents noted that their adoption and early life experiences were not seen as particularly relevant by the professionals they encountered.

“[CAMHS] would not see me as being adopted is not a mental health disorder apparently.”

Adopted young adult

“They said I wasn’t depressed and didn’t offer me the support I really needed.”

Adopted young adult

Adopted children and young people need to be assured that when they are referred to mental health professionals, they will receive adoptee-competent support that takes a holistic view of their situations, including the impact of complex early trauma, care experience, adoption and any co-occurring conditions.

Employment and Family Finances

Becoming a parent can impact anybody's employment and financial situation, but adoptive parents often face particular challenges from the very beginning of their journey to parenthood. We have already seen how inadequate adoption pay and leave policies can cause significant challenges for prospective adopters and new adoptive families, but these challenges do not diminish once the adoption order is issued.

80%

of adoptive parents in Wales have changed their job, reduced their hours of work, or stopped working in order to better meet their children's needs.

Prospective adopters are subject to checks to ensure that they are financially well placed to care for any children they adopt, but this does not account for how circumstances may change over the course of the following years. While just 11% of prospective adoptive parents and new adopters reported annual family household incomes of £39,999 or less, this rose to more than one third of families with children aged 13 and older, and 57% of solo parents.

“Since becoming an adoptive parent I have had to give up the high paying career I had when I first adopted... I now earn a third of the salary that I earned at the beginning of our adoption journey which means the life we lead is vastly different from what I had imagined and hoped.”

Four out of five respondents reported that they had changed their job, reduced their hours of work or stopped working altogether in order to prioritise caring responsibilities for their children. Among those who were self-employed, 40% said that being better able to meet their children's needs was the main reason for choosing self-employment, and a further 28% said this was part of the reason. While self-employment or part-time work may be more financially precarious, the benefits of flexibility and availability for meeting the needs of their children often outweighed financial considerations.

“I took a career break from teaching whilst the children were small, intending to return. However, the number of school/hospital appointments and the children's needs mean this is not possible.”

“I left my professional career of over 20 years to get a minimum wage job that enabled more flexible working and fewer responsibilities so that if I wasn't able to go into work I wasn't letting people down, and also so I could be home after school, attend meetings and therapy sessions and school events to support my children.”

Parental health and mental health problems can also impact employment. 86% of respondents were in full or part-time employment or self-employment during 2024, but 19% of these reported that they had missed 20 or more days of work in the past 12 months due to physical or mental ill health.

“Lack of sleep due to my children's needs has directly affected my mental health and resulted in my inability to work effectively or full time.”

“I hit rock bottom last year with nervous exhaustion and mental health issues due to the combined stress from managing work pressure whilst caring for a child in crisis which led to me being signed off work for six weeks. My child was also put on a reduced timetable at school for several weeks which impacted us further financial and emotionally. My employer was somewhat sympathetic, but it proved an extremely tense situation with HR becoming involved.”

Not only do some families face reduced incomes, but many also face the increased costs of caring for children with significant additional needs, including purchasing equipment to support sensory and therapeutic needs, needing specialist support for childcare and recreational activities (including 1-1 support), costs of travel to appointments, repair or replacement of damaged or lost items,

etc. Respondents also reported paying privately for therapeutic and other support for their children, including private diagnostic assessments, private tutoring and other educational support.

This double challenge of reduced income and increased costs has a negative impact on the wellbeing of adoptive parents, potentially creating a vicious cycle - 60% of all respondents said that their family's financial situation was a source of worry for them and nearly a third were worried about meeting their family's essential basic needs. It can also force some families to turn to the benefits system for support. 55% of respondents said that they or somebody in their household had ever been in receipt of benefits since they became adoptive parents.

Most concerning of all is the impact of these challenges on the children themselves. Parents facing severe financial constraints cannot afford to fund the additional support and equipment their children may need, yet those whose children need the most support are most likely to be unable to work. Parents who are worrying about being able to afford basic essentials are drained of the emotional energy they need to keep on fighting for their children. The financial health of families is not separate from the mental and emotional health of families and children.

Maintaining birth family links

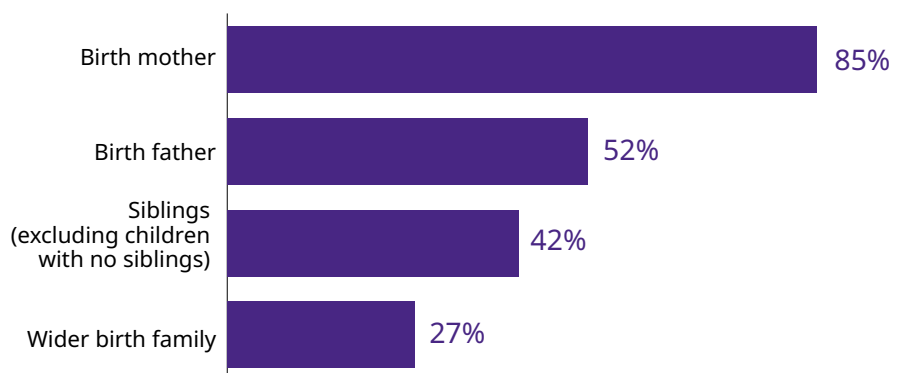
Indirect contact

The overwhelming majority of adoptive parents will agree to some degree of ongoing contact with the birth relatives of the children they adopt. Most commonly, this will be through a formal agreement for ongoing indirect contact, arranged around the time of the adoption order, which could include birth parents, siblings and wider members of the family. Indirect contact is most likely to take the form of an exchange of letters, annually or more often, via a service provided by the adoption agency, often referred to as 'letterbox'.

Among respondents to the *Adoption Barometer* survey in Wales, 89% had ever had an agreement for continuing indirect contact, similar to the rates of indirect contact in England, but considerably more than in Scotland or Northern Ireland. These arrangements were most commonly with children's birth mothers.

49% 
of respondents from Wales do not feel that their agency manages arrangements for direct and indirect contact effectively.

Figure 8: Proportion of all respondents' children with an agreement for indirect (letterbox) contact with birth relatives



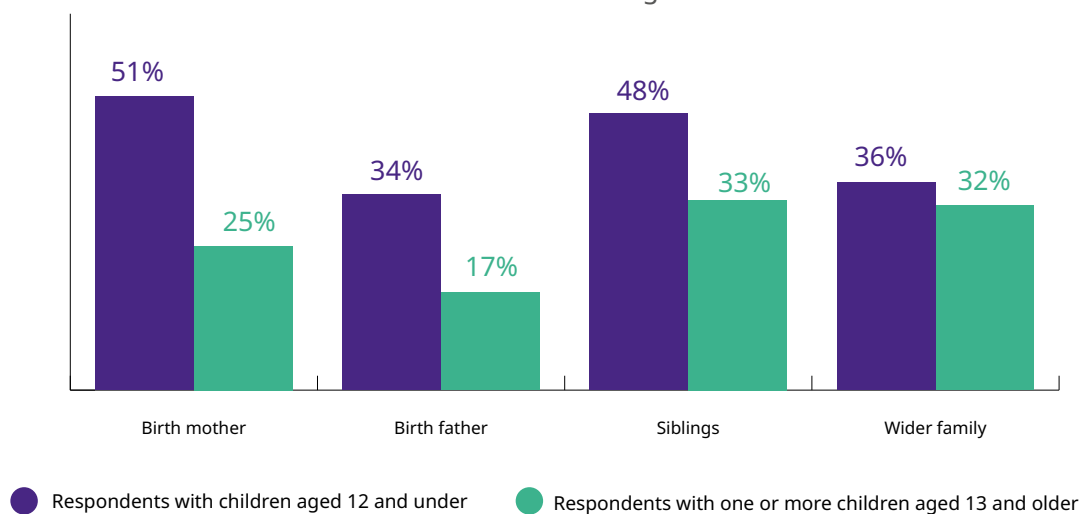
However, successive *Adoption Barometer* reports have demonstrated how the nature and frequency of

indirect contact agreements can change significantly over time. While indirect contact can be a springboard towards direct contact, especially between siblings, many agreements do lapse over the years.

When respondents who had at least one agreement for indirect contact were asked whether this contact was still active (i.e. there had been at least one exchange of letters within the past 18 months) a slight majority of arrangements were no longer active apart from those with wider family, where 53% were active.

However, when comparing responses from those with children aged under 12, to those from respondents with at least one child aged 13 or older, it is clear that while some arrangements do lapse within the first few years after the adoption order, many more lapse as children grow older.

Figure 9: Proportion of original indirect contact agreements still active during 2024



Respondents' comments revealed a range of reasons why indirect contact among families may have lapsed, including:

- Birth relatives had lost touch with the letterbox service, moved, changed their email address, or never signed the contact agreement
- Lack of responses from the birth relative – in some cases responses had never been received
- Poor administration of the system, including slow and delayed services, letters being lost, letters being sent to the wrong place, no notifications of receipt of letterbox letters and no follow up
- Letters containing inappropriate content or requests for information or photographs etc. that were not part of the original agreements leaving adoptive parents unsure how to respond
- Lack of support for birth relatives to engage with the process
- Lack of support for siblings in foster care (and their foster carers) to engage with the process
- Children requesting that letterbox contact cease

“Last year the birth family letter was initially lost and then sent to my old address even though I had updated our new address with the team. I have not had a letter this year but have asked about it as birth mum and aunt have written every year and I am concerned these could have been lost. I feel this is awful for both sides.”

“My daughter has chosen to withdraw from any contact with birth family members, even though I have encouraged this to continue.”

“We write letters every year but never hear anything back. We don’t even know if our letters get there.”

“My child’s birth mother does reply but only when she is supported to write the letter. This support is very hit and miss and is always driven by myself sending numerous chasing emails to my agency... When I have spoken to letterbox workers, they tell me they are extremely overwhelmed and under-staffed and cannot keep up with the workload which is impacting the service.”

Direct Contact

Although a minority of adopted children in Wales will have direct contact – face-to-face, via telephone, video chat, messaging, meeting up, etc. – with members of their birth family, this has been increasing across the seven years of the *Adoption Barometer* from 16% of children in 2018 to 28% of children in 2024.

Informal direct contact with siblings living elsewhere is by far the most common form of direct contact, with 24% of adopted children who have siblings maintaining such arrangements in 2024. This contact is usually managed entirely between the parents or carers of the children involved, although some assistance from social work professionals may be provided to begin the arrangements. A further 4% of children were having formally arranged direct contact with their siblings. Direct contact with other birth relatives is very uncommon. 5% of children had direct contact with their birth mother, 3% with their birth father, and 4% with a wider family member during 2024.

Respondents’ comments revealed that ongoing direct contact relationships could be extremely positive for some children, especially where the arrangement was carefully planned and well-supported.

“Last year we had our first direct contact with our daughter’s siblings and her birth grandmother who is a special guardian for the siblings. It was a great experience for our daughter and we will see them again this year.”

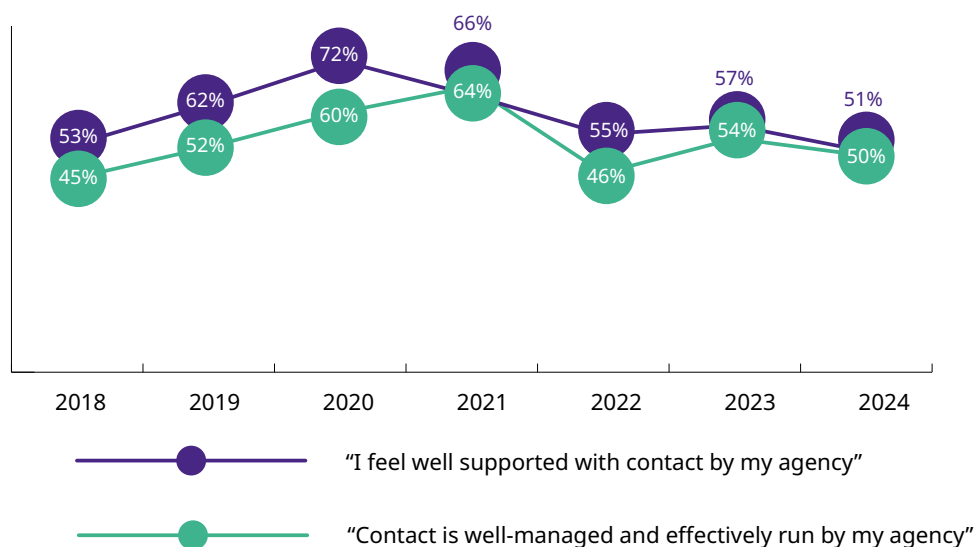
“Direct contact with birth brother and great grandparents has been a really positive experience and we look forward to our meet ups.”

However, others noted that there could be challenges involved, and highlighted the need for continuing support, not only at the time of establishing direct contact, but also as children grew older and their circumstances changed. Half of respondents said they did not feel well supported with contact (of all kinds) by their agency, and lack of support was cited by several respondents as resulting in direct contact being less successful or fading in frequency and quality.

“His half sisters had kept on about meeting him but when they did, they didn’t engage with him much as they were older than him. He felt let down and refused to write to them again or see them.”

“It’s been an awful experience for our child. Totally left by the adoption agency after the age of 18. Birth mother had no support from the adoption agency prior to meeting or after. Things went downhill very quickly.”

Figure 10: Proportion of respondents who 'somewhat' or 'completely' agreed with the statements about continuing contact arrangements



While a minority of adopted children are currently engaged in direct contact with birth relatives, this number appears to be growing, and the overwhelming majority of adoptive families are asked to engage in indirect contact from the start. Yet families' assessments of the support they receive for maintaining contact are not very positive and, if anything, have worsened somewhat in recent years.

A 2024 report from the Public Law Working Group⁸ highlighted research demonstrating the potential benefits of safe and well-supported face-to-face contact with birth relatives, noting that letterbox contact frequently failed to meet children's needs for maintaining connections with birth families. However, the report acknowledged that much needed to be done both in terms of training and equipping social care professionals, and providing ongoing support for children, adoptive parents and birth parents if these potential benefits are to be realised.

Education

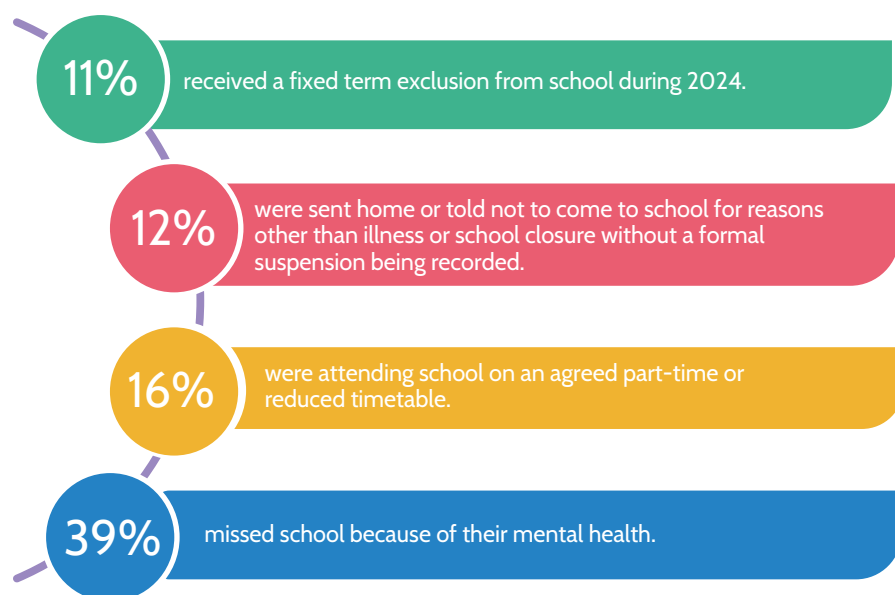
Issues relating to education are the most common motivation for adoptive parents to contact adoption support services, with 59% of respondents who asked for support in 2024 citing this as a reason. Three quarters of adoptive parents in Wales say that their adopted child needs more support in school than their peers, and 42% of children are reported to have social, emotional and mental health needs. For too many adopted children, the impacts of early instability, loss, complex trauma, neglect and care experience, coupled for some with additional learning needs and neurodiversity, are creating barriers to achievement in education.

51%



of parents feel their child's teachers have a good understanding of the needs of care-experienced children.

⁸ <https://www.judiciary.uk/wp-content/uploads/2024/11/Nov-24-final-report.pdf>



Yet only 33% of parents were aware that their child's school had ever received any training on the impact of early trauma, disrupted attachments, care experience and adoption such as that provided by Adoption UK in Wales. While 73% agreed that their child's school works with them to find the best ways to support their child, and 71% felt that their child's teachers listened to them and respected their expertise as parents, only 51% agreed that their child's teachers have a good understanding of the needs of care-experienced children.

“My son was asked to do a timeline of his life (when school had the knowledge that he was adopted at 4 years old). He was re-traumatised as a result of this which came out at home. The school's response was they were happy the mistake was made so they could learn from it, totally disregarding what was happening for my son and I during that time.”

“Transition to comprehensive has been challenging due to the number of different teachers and different approaches encountered in a day. The wellbeing team are very knowledgeable and experienced, but this does not always extend to the wider staff.”

“In Wales, within Welsh language education, we've found a genuine understanding of trauma and adopted children's needs to be very poor in our area. When trauma is presenting as behaviour, school had little patience.”

Support systems frequently focus on children who externalise their distress through their behaviour, due to the impact this has on the smooth running of the school and the education of all children, but 67% of adoptive parents reported that their child actually masks their needs at school, appearing 'fine', but internalising their distress and often letting all their strong emotions out at home at the end of the school day. Similarly, if a child's academic attainment is not an immediate cause for concern, it can be difficult for parents to convey how challenging their child may be finding the school environment. Failure to address these children's needs can store up problems for the future as the curriculum becomes more demanding and children are less able to remain regulated, affecting their behaviour and attainment.

- “When kids mask at school but kick off at home it’s really hard to feel believed by the school, to not feel blamed as “that’s not how they behave here” and to feel like your knowledge or understanding of the child is respected and you’re not just a neurotic person or rubbish parent.”*
- “...her needs are largely ignored because she is academically very good but her emotional and sensory needs were ignored until I spoke to school. Even then, they made adjustments but once a new teacher started, he completely ignored them and now eldest feels unsupported in school.”*
- “Our daughter has attended an independent school since Year 6. She could not cope in mainstream school and was a school-refuser. Her mainstream primary school refused to accept that she had any problems, because she was heavily masking in school, resulting in explosive behaviour and violence in the home. The decision to remove her from the state-sector was the best decision we have ever made, despite the financial commitment. Her small independent school has a totally inclusive supportive environment. It has absolutely transformed her from a school-refusing highly stressed child to a teenager who now loves school despite her complex learning difficulties and medical needs.”*

When children are facing significant challenges at school, this can impact on their attendance as well as their attainment. This can result in parents being put under pressure to keep bringing their children to school despite concerns about their child’s mental health. Over one third of parents did not feel that the school’s approach to promoting good attendance was supportive of families like theirs.

Some respondents reported changing their child’s school, including moving to independent education, or even removing their child from the school roll altogether to home educate. 6% of respondents reported home educating one or more of their children during 2024. Some families had given up on the idea of finding a school that could truly meet their child’s needs.

- “Previous to 2024, my experience of interaction with school staff bordered on traumatic, at times, culminating in threats of fines/prosecution due to low attendance cause by mental health and physical health issues. My child was also prevented from attending a trip due to “safety” issues and punished for non-attendance by being denied access to an extra-curricular event. But in 2024, we have been referred to the local authority for maintenance of IDP [Individual Development Plan] and we are now being supported to learn from home.”*
- “All 3 children are now out of school permanently. Primary needs for all 3 identified as rooted in attachment/early trauma. No suitable schools in entire county (or neighbouring counties) that match our children’s needs. We’re effectively just “winging it” home educating our 3 teens at home. The irony of their educational status now being “ELECTIVE home education” is not lost on us. They would love nothing more than to be in a school, with the same opportunities as peers. There is nothing elective about our educational situation!”*
- “Where do I start? On the whole we feel that the right school for our child doesn’t exist. He needs much smaller classrooms, more trauma aware staff, facilities to run, bounce and jump around and other breakout areas for difficult times. He doesn’t seem to have any actual learning difficulties and therefore a specialist school may not be suitable for him either. Wales needs more nurture schools with less barriers to access them.”*

The Welsh government has recognised that care-experienced children benefit from additional support in school and provides additional funding in the form of the Pupil Development Grant (PDG-CLA)⁹. The guidance for this grant clearly states that it is intended to support the educational achievement

⁹ <https://www.gov.wales/pupil-development-grant-pdg-overview-html>

of children looked after, adopted children and children with a Special Guardianship Order, yet the name of the grant, and the fact that funding is allocated on the basis only of the number of children looked after, not all care-experienced children, creates confusion for parents, carers and schools. Only 51% of respondents were aware of the existence of the PDG-CLA and, among those who were aware, it was clear that adopted children were not necessarily benefitting from initiatives funded by the PDG. Unlike looked after children, previously looked after children have no statutory entitlement to a Personal Education Plan (PEP) which is designed to bring together information about the child's education, document agreed actions and help children to fulfil their potential. Without such a plan, there is no standard framework within which previously looked after children's education can be monitored or supported in a planned way, including making provision for the effective use of PDG-CLA funding.

“I know that the Pupil Development Grant is for all care-experienced children – the school tell me it is only for children currently in care. I find this very frustrating.”

“The Pupil Development Grant does not seem to be used to support adopted children.”

Too many adopted children in Wales are attending schools where staff have not received the training and resourcing they need to support them effectively, and funding that might help with this is not being allocated or used effectively. This is limiting educators, no matter how dedicated, from providing an education that could be truly transformative. While some parents did report examples of excellent practice at their child's school, this should be the case for all children who have had the most difficult starts to life.

“I had to explain why, though my child loves school, she still struggles more with the transition to school in the morning than other children her own age. It would have been good if they had expected some needs around attachment but once we helped them to understand what was happening, they were wonderful.”

“The school worked hard to accommodate and optimise outcomes for our child, in small-group and reduced-hours provision. They appeared to regard her as their responsibility to educate, not a ‘problem’ child for the school.”

“We have been lucky that we’ve had the most wonderful support at school. I think we’d be in a very tricky place as a family if the school hadn’t gone above and beyond.”

Through our Eyes: Secondary school

During consultations with adopted young people for the preparation of the *Adoption Barometer* survey questions, it was clear that education was a strong priority focus for many. Overall, 16-25-year-olds across the UK reported challenging and often negative experiences of secondary school, with 90% feeling that they needed more support than their peers, and 63% saying that they struggled at school and found it negative some or all of the time. Only 7% said that they managed well at secondary school and found it a positive experience overall.

90% of 16-25-year-olds across the UK said they needed more support in school than their peers.

A key concern for many young people was bullying. 22% of 16-25-year-olds reported having been bullied 'a lot' for reasons related to adoption at secondary school and 44% were bullied 'a little'. Every single young adult who responded to the survey said that having teachers in school who took strong action to stop bullying was quite or very important to them but only 9% said this was available to them throughout secondary school.

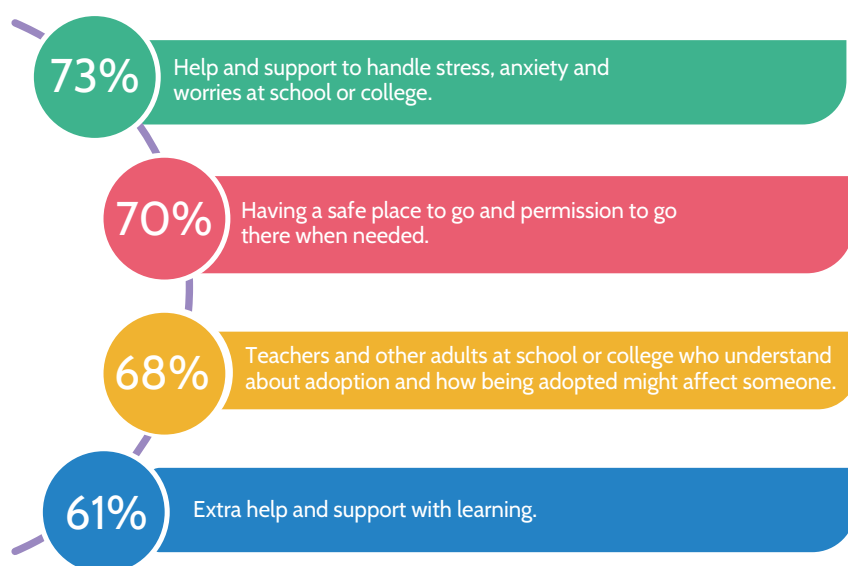
“The staff need to be more vigilant about all types of bullying, not just physical.”

Adopted young adult

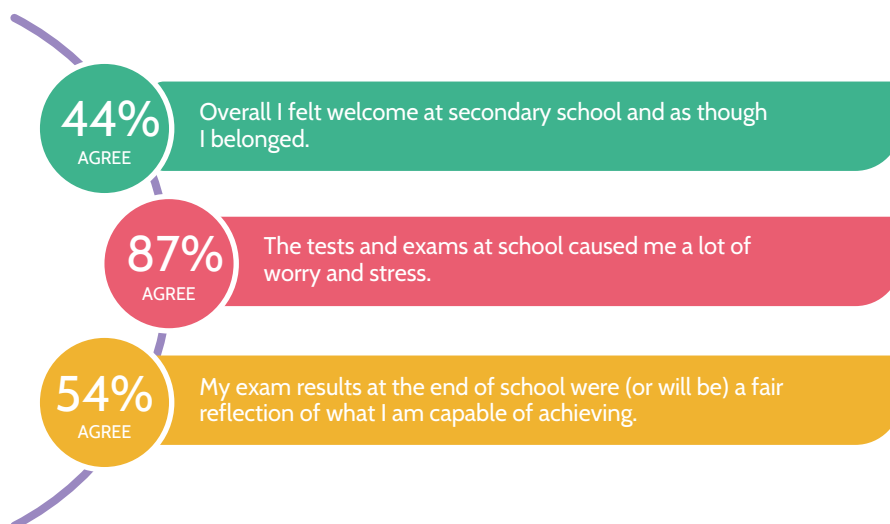
“I enjoyed most of the educational aspects but not the break times because of struggling with friendships.”

Adopted young adult

Supportive measures that 16-25-year-olds considered 'very important' to them at secondary school included:



However, while most 16-25-year-olds across the UK reported getting the help they needed with learning (70%) or support to manage stress and worries (67%) most or all of the time, fewer reported their other needs being regularly met. 45% said they never encountered adults at school who understood about adoption and its impacts, and 41% never had access to a safe space they could go to when needed. 29% of young people reported spending at least part of their secondary school years being educated at home.



When adopted young adults were asked what one thing they would change about secondary school to make it better for adopted young people, several clear themes emerged in their responses.

1. Most common were responses about training for staff and increased awareness about adoption and its potential impact on how children and young people navigate their school lives.

“Make teachers more informed about the struggles of being an adopted child within a school environment, in relation to trauma, etc.”

Adopted young adult

“A teacher said that adopted and fostered children are just kids that people didn’t want. I found this very upsetting.”

Adopted young adult

2. The next most common theme was around support for wellbeing and mental health, including support for children experiencing bullying.
3. Several respondents commented on difficult topics within the school curriculum, such as genetics, as well as a lack of teaching about adoptive families and care experience more generally.

“Have adoption discussed cross-curricular. Literature mentioning adoption, discussions in PSHE etc. Normalise that there is no ‘normal’ family dynamic, that all family dynamics are valid.”

Adopted young adult

4. Finally, young people wanted more support around friendship groups and social inclusion, including care being taken to keep personal information private so that young people were not at risk of bullying, teasing or unwanted questions from their peers.

Recommendations

- Updated guidance to be provided for adoption social workers in all regions to judge when a psychological consultation is required to explore a child's needs. National roll-out of existing good practice already happening in several regions.
- Government to commit to permanent ring-fenced funding for specialist therapeutic support for families who need it, including specific funds for families in crisis which agencies can access for families without delay, particularly for young people aged 14+, who are most likely to need this support.
- Government to ensure statutory training for all health and education professionals to develop an understanding of the challenges and needs of care experienced people including adoptees. Government should also provide guidance for health and education settings about continuing professional development in these issues.
- NHS to ensure their Looked After Children competencies framework¹⁰ includes Previously Looked After Children, including adoptees.
- Government to extend the mandate for all schools to provide a Personal Education Plan for all looked after children to those who are previously looked after.
- Government to ensure resources and training are in place so that all adoption agencies can follow best practice in support for contact.

10 Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing



Teenagers and young adults

The adolescent years can be a time of new challenges and opportunities for all young people, but many adopted young people face considerable extra challenges navigating this phase of life. The *Adoption Barometer* includes specific questions for families with teenagers and young adults and this year, for the first time, questions for adoptees aged 16-25 based on themes identified by adopted young people as being most important to them.

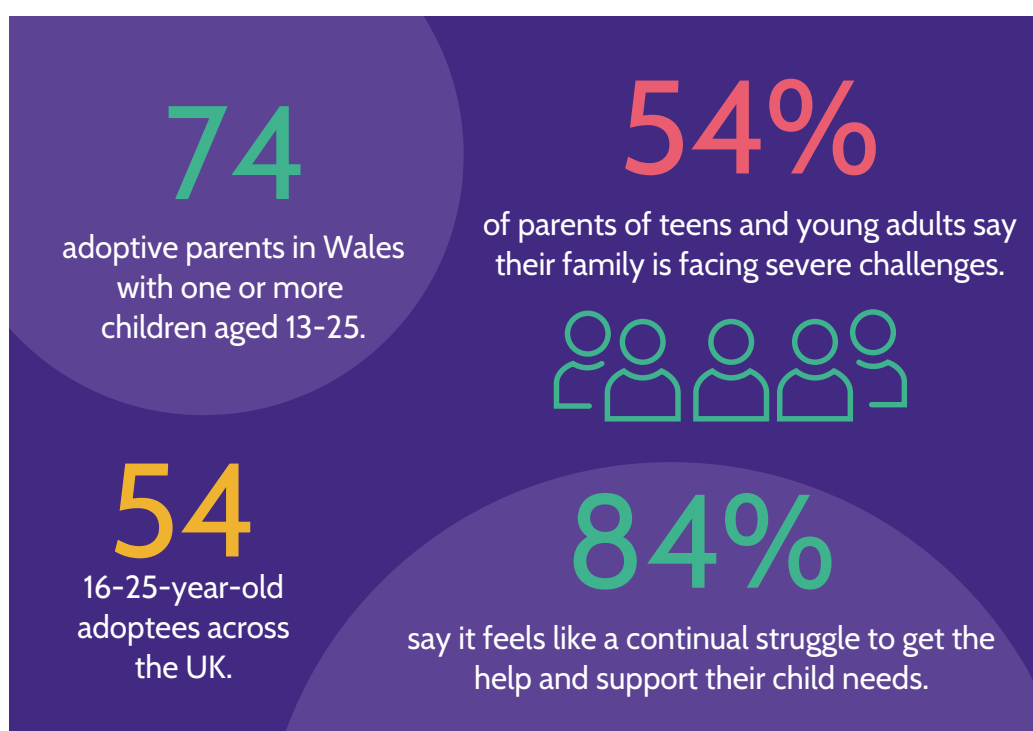
What does ‘good’ look like?

- Effective and timely support around establishing or maintaining contact with birth families is provided.
- Statutory services, including health, housing and education, are in a strong position to support adopted young people.
- All adopted young people have access to bespoke, funded support for their age group, including peer support.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There is a nationally agreed framework for supporting adopted young people as they transition to statutory services for adults.	POOR	POOR	FAIR	FAIR
Outcomes for adopted children and young people are tracked nationally and this information used to drive improvements in the provision of adoption support, education and health services.	POOR	POOR	POOR	POOR
Statutory services (e.g. education, housing, mental health, youth offending) are required to provide trauma training to all members of staff and engage a designated member of staff to oversee engagement with all care-experienced young people.	POOR	POOR	FAIR	FAIR

Assessment of lived experience	Score				
	UK	England	Northern Ireland	Scotland	Wales
I feel well prepared as a parent for the possibility of direct contact during the teen years	32% →	30% →	30%* ↓	47% →	37% →
I feel confident that appropriate support is available from adoption support services for adopted young people and their families	22% →	22% →	7%* ↓	20% →	21% ↓
I feel confident that other statutory services (e.g. mental health, housing, education) have a good understanding of the needs of adopted young people	10% →	10% →	0%* ↓	13% →	19% ↑
My young adult child is getting the support they need from statutory services	33% →	31% →	15%* ↓	41% ↑	44% →
My young adult child is in education, employment or training	69% →	70% →	93%* ↑	69% →	65% →

* – Fewer than 30 respondents were eligible to answer the relevant question(s)



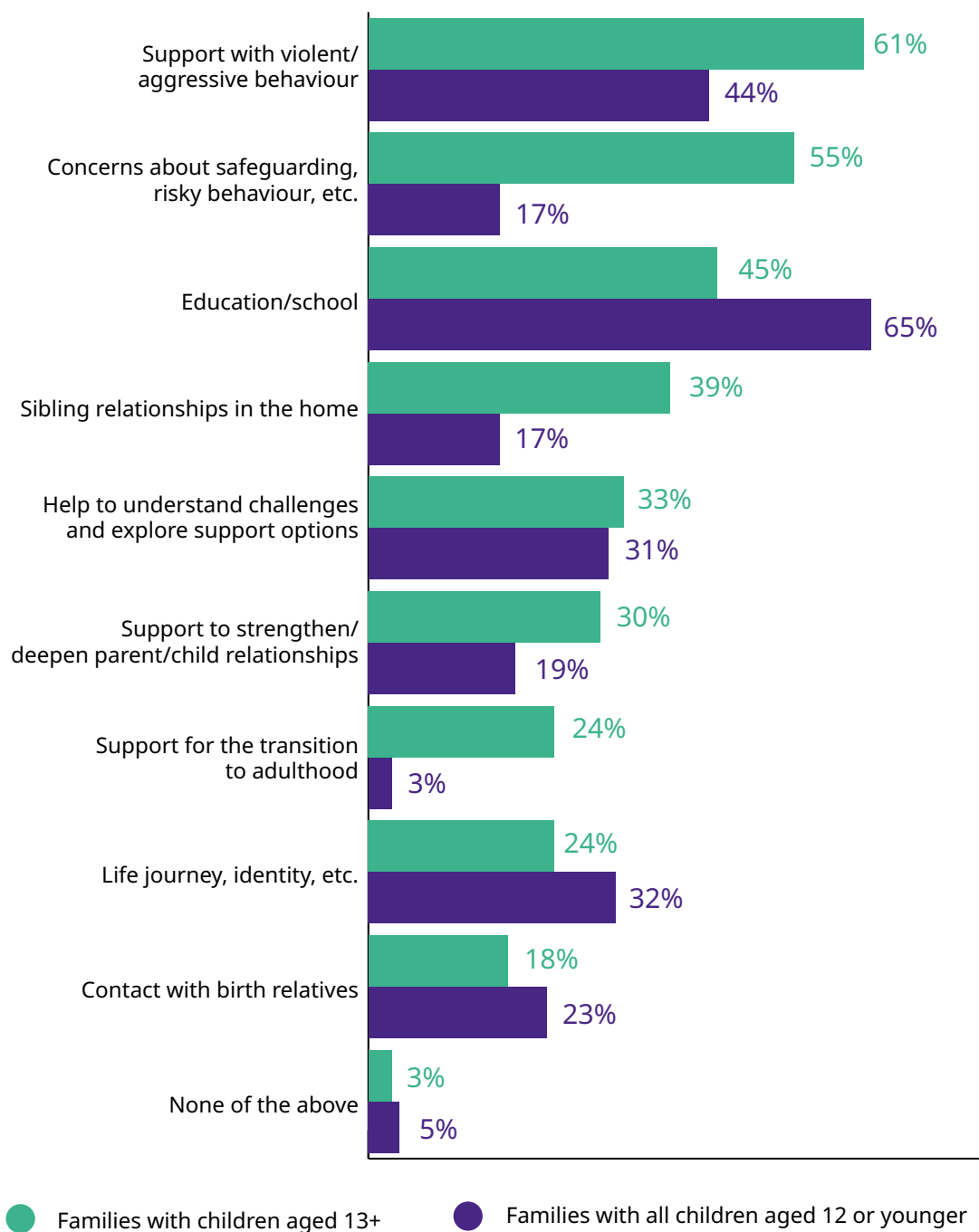
Accessing Support and Services

Adoption Support

As children grow older, enter the teenage years and face changes and new challenges, their support needs can also change. Families with children aged 13 and older were less likely to contact their adoption support service with a specific request for support (45%) than those with younger children (55%), but 39% of those with older children who did contact their agency described their family as 'at crisis point and struggling to cope', compared to just 12% of families with younger children.

78% of adoptive parents of children aged 13 and older do not feel confident that appropriate support for this age group is available from adoption support services.

Figure 11: Reasons which prompted respondents to request adoption support in 2024, compared by age of children



Among respondents with children aged 13 and older, violence and aggressive behaviour, and safeguarding and risky behaviour have overtaken issues relating to education as the motivating factors for seeking adoption support. These families are less likely to be seeking support with contact or with life journey than those with younger children, but one quarter were seeking help to support their child's transition to adulthood. The support needs of many families with older children are quite different from those with younger children.

As families face new challenges, it is essential that adoption support services can step up to meet the specific needs of teenagers and young adults, providing tailored services for parents and young people around the issues highlighted here. Yet only 21% of respondents with older children felt confident that their agency could provide specific, appropriate support for this age group. Among those who had contacted their agency for support, just 29% felt that the support services had a good understanding of the support needs of adopted teenagers and young adults.

Parents of 16-25-year-old young adults reported high levels of support needs for their children, especially around accessing training and education (63%), maintaining healthy relationships (62%) and skills needed for independent living (62%). Unfortunately, only 29% felt that their young adult child was getting the support they needed from adoption support services.

“My adopted children are now between the ages of 34 & 20. They are all classed as adults now and yet they all have needs that go beyond typical adults of their age.”

Adoptees aged 16-25 from across the UK who responded to the *Adoption Barometer* survey had some strong ideas about what help and support they might consider useful:

- 92% agreed that being able to make choices about what support they had and when they had it was very or quite important to them
- 80% felt that having the same people to support them over a long period of time was very or quite important to them
- 72% agreed that access to a counsellor or therapist they could speak to if they needed to, but didn't necessarily see all the time was very or quite important to them
- 48% agreed that spending time with other adopted young people was very or quite important to them

“I have enjoyed being with other adopted teenagers. It wasn't something I knew I needed but I must have as it really helped me.”

Adopted young person

The themes of consistency, agency and choice were very evident in responses from adopted young adults, but it was clear from their comments that many did not know what support was available or how to access it and adoptees from across the UK and adoptive parents in Wales described how support fell away once they turned 18 and began navigating services as an adult.

“There should be post-18 programmes available for those that are adopted about how to navigate life, including how to build relationships with birth family, and how to grieve if there isn't a relationship there!”

Adopted young adult

“Our daughter has severe learning disabilities and autism... I was very shocked to discover that as she's now an adult, the only 'support' available is to look at her file, which would be completely inappropriate. With so many adopted children with developmental delays, it's hard to believe that there is nothing suitable to help her or us at all.”

Adoptive parent

When families are at crisis point and young people are struggling, this is not an easy time to begin a new therapeutic relationship. Adoptive parents often report that their children find it difficult to engage with services at these times and are therefore excluded from receiving support.

“It is harder to get my daughter to access services available to her. Her involvement is patchy and she doesn’t trust CAMHS.”

Adoptive parent

However, where adopted children and young people have regular access to core adoption support services, delivered, as far as possible, by consistent individuals, available as needed throughout their childhoods, this can form a firmer foundation of trusting relationships through which access to more specific, targeted support can be provided if challenges do arise.

While 79% of young adoptees reported that they rely on their parents for support, 85% reported that they rely on their friends (UK-wide). This is a natural evolution in the lives of teenagers as they grow older and begin to develop wider relationships in preparation for later independence. Across the UK 59% of adopted young adults felt that spending time with other adoptees their own age was important to them, but only 19% said this opportunity had been always available to them over the past few years. Bearing in mind that some young adult respondents were reached with this survey via groups for young adoptees that they were involved with, or had previously been involved with, it is likely that this is an over-estimate of the regular availability of such groups for young adoptees more generally.

“I have enjoyed being with other adopted teenagers. It wasn’t something I knew I needed but I must have as it really helped me.”

Adopted young person

Social media can provide valuable opportunities for young people to connect with their ‘tribe’, but it is not always a safe environment, and young people are not necessarily well supported in that space. 39% of adopted young adults reported that they had used social media to connect with other adoptees and adoptee groups, but 56% worried that using social media had a bad effect on their mental health and wellbeing (UK-wide).


High quality opportunities for friendship and peer support through locally run groups and activities for adopted teenagers and young adults, such as Connected service in Wales, can be a safer option and also provide a basis for building a trusting relationship between adopted young people and the adoption support services that run the groups, which may make it less daunting for a young person to seek and accept further support if it is needed.

Other services

As adopted young people prepare to move towards adulthood, the range of services they and their families interact with can increase considerably, but confidence in the ability of these services in Wales to understand and meet the needs of adopted young adults is very low.

Services for health, mental health and education are prominent in the lives of most young people, and these are discussed in more detail in the following sections of this report. However, many young people will also interact with disability services, housing services and social care services for adults.

Among those families who had interacted with these services in Wales, adoptive parents did not rate their understanding of the needs of adopted teenagers and young adults positively.

81% 
of adoptive parents with older children do not agree that statutory services have a good understanding of the needs of adopted teenagers and young adults.



“Transition from school to young adulthood, further education and employment is a bit of a lottery. We often find ourselves needing to educate the care professionals whose role it is to advise and support us. The impact and ramifications of attachment disorder and developmental trauma is not widely understood.”

Adoptive parent

“If your child is likely to need support post-18 then get them on the radar of health, social care, housing, etc. as soon as possible. Don’t take “no” for an answer.”

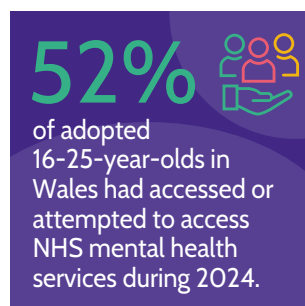
Adoptive parent

The challenge of co-ordinating the many services that some adopted young adults will interact with often falls to their adoptive parents, but once a young person reaches adulthood, services communicate directly with them, making it more difficult for parents to provide support where it is needed, for example to remember and attend appointments and meetings. This can be especially challenging where young people may have learning disabilities, be neurodivergent, or have social, emotional and mental health needs.

Therefore, planning for the transition to adulthood needs to begin early, with pro-active assessments of support needs well before an adopted child reaches the age of 16. This would allow time to co-ordinate a multi-agency support plan including education, careers, disability support, mental health, health, housing, etc. as required.

Health and mental health

More than half (55%) of adopted young adults from across the UK who responded to the survey said that they had ever been to CAMHS for help with their wellbeing or mental health. In Wales, parents of 16-25-year-olds reported high levels of engagement with children's and adult mental health services during 2024, with 31% of their young people accessing or attempting to access CAMHS and 21% accessing or attempting to access adult mental health services.



However, both adoptive parents and adopted young adults have significant concerns about the expertise and support available to them through health services generally, and mental health services specifically. Among those whose children had accessed these services, 94% of adoptive parents did

not feel that health services have a good understanding of the needs of adopted teenagers and young adults, and 90% did not feel that mental health services have a good understanding.

The importance of being able to access adoptee-competent professional mental health support cannot be over-estimated. UK wide 81% of young adult adoptees consider their experiences and identity as adoptees to be integral to their whole sense of identity and 89% agree that only another adoptee can really understand what it feels like to be adopted. Too many adopted young people feel alone and misunderstood as they navigate the teenage years and move towards adulthood. Only 45% said they felt they fitted in well with people their own age, 81% said they feel different from everybody else, and a shocking 72% said they do not feel as though they belong (UK-wide).

It is therefore essential that mental health services are equipped to recognise and respond to the specific needs of adoptees but, for many, challenges accessing mental health support intensify as young people grow older and are no longer within the age range for CAMHS. Nearly one third of those who attempted to access adult mental health services in Wales during 2024 were not able to receive support.

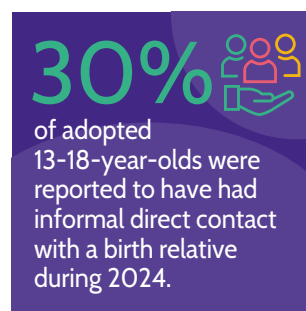
However, NHS mental health services are not the only source of support for wellbeing and mental health for young people. Among young respondents across the UK, 45% had accessed support from a school or college counsellor, 25% from a helpline or advice service, and 13% from a youth worker, sports coach or similar. With so many adopted young people reaching out, it is essential that all services offering wellbeing and mental health support have the training and expertise to offer adopted young people the understanding and support that they really need.

Establishing and maintaining birth family links

Across the UK, three quarters of adoptees aged 16-25 reported being aware that they or their adoptive parents had kept in touch (directly or indirectly) with members of their birth family at any point during their childhood. Most of these ongoing contact arrangements were with children's birth mothers (most likely indirect arrangements), but smaller numbers had also been in touch with birth fathers, siblings and wider family members.

However, once young people had aged out of adoption support services for contact such as letterbox, many had not been able to sustain indirect or direct relationships with these same birth relatives. 46% reported not maintaining any of these relationships after they turned 18, and only 29% 'somewhat' or 'completely' agreed that adoption support services had supported them to maintain these relationships in adulthood. Consequently, 50% 'completely' disagreed that keeping in touch with birth relatives as a child had enabled them to form relationships with them for life.

If arrangements for maintaining relationships with birth relatives during childhood are to translate into the establishment of safe and meaningful relationships in adulthood, more consideration must be given as to how those active contact relationships can be sustained once a young person becomes an adult, and what further support can be provided to all parties. With the publication of a new good practice guide for contact by the NAS in Wales, work is underway to improve the experience of maintaining contact during childhood, to support sustained participation by all parties, and to increase the likelihood of creating foundations for lifelong relationships.



Whether there are formally agreed contact arrangements in place or not, a considerable minority of young people each year will be in direct contact with birth relatives, sometimes in unplanned and unsolicited ways.

During 2024, 30% of adopted 13-18-year-olds in Wales were reported by their parents to have experienced direct contact outside of any formal agreement with one or more of their birth relatives, more than has been recorded in all but one previous *Adoption Barometer* reports.

Of these, 34% were informal arrangements which had been planned with the young person's involvement and supported by parents. The rest were all unplanned and initiated either by the young person's birth relative (38%) or by the young person themselves without their adoptive parents' support or knowledge (28%).

While not necessarily inevitable, it is understandable and natural that teenagers and young adults will be curious about their identities, their birth families and their own histories. Social media provides ample opportunity for discovery and the idea that young people must or will wait until they are 18 to establish contact is deeply outdated.

“I traced them on social media when I was 16 as I didn't want to wait until I was 18. I did this secretly without telling my adoptive family and with no support. I felt what I was doing was illegal and there'd be no support to have contact before I was 18 so I didn't want to ask, hence going behind their backs.”

Adopted young adult

However, the preparation and support that is needed for adopted young people, their adoptive parents and their birth relatives to navigate these relationships and possibilities is lacking. Just 37% of adoptive parents of 13-18-year-olds agree that they feel well-prepared for the possibility of direct contact during the teen years.

Adoption Barometer responses show a very clear difference in outcomes between those who had planned and prepared for informal direct contact, compared to those for whom it had come out of the blue during 2024. Among those who described their direct contact arrangements as longstanding and/or planned together as a family, 72% considered that, on the whole, the relationship had been positive for their child. However, among those for whom the contact had been unsolicited or initiated by a young person without support, only 20% considered it to have been positive for their child overall.

The proportion of adopted young people making contact with birth relatives during the teen years appears to be increasing, and there needs to be urgent and radical improvement in the support provided by adoption agencies for contact at all stages of a child's life, but particularly during adolescence and early adulthood.

Education, Training and Employment

Post-16 education

As young people move into post-16 education, the range of options at different levels can be bewildering. 70% of adopted young adults said that they needed a lot of help from parents, teachers, the careers service or other adults to help them understand all the options available to them, and 39% said that there were not enough good options for them to choose from.



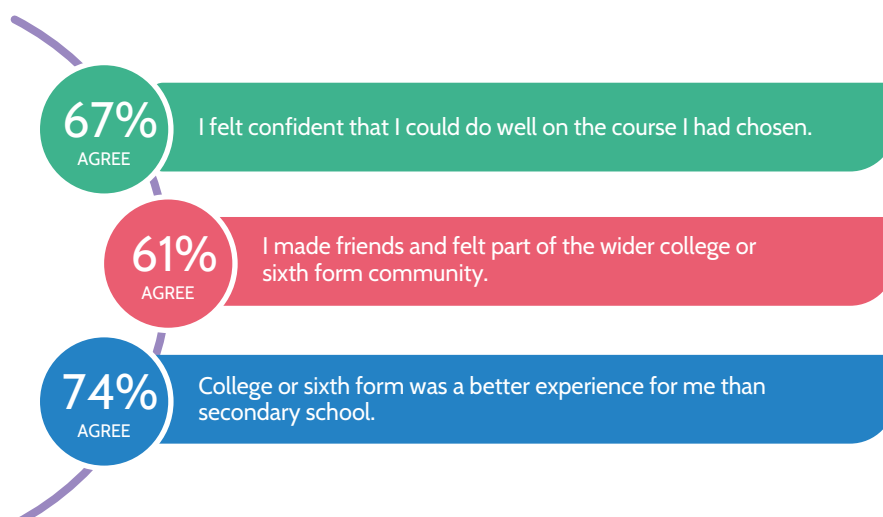
Such issues are surely contributory factors to the high levels of adopted young people who are not in education, employment or training (NEET) after leaving school in Wales. The Office for National Statistics estimates that 13.4% of all young people aged 16-24 were NEET during October-December 2024 (UK-wide data)¹¹. Among children of *Adoption Barometer* respondents in Wales, this figure stood at 35%, 2.5 times the national figure.

This is particularly disappointing when it is clear that some adopted young adults who did attend post-16 educational provision had a better and more fulfilling experience in those settings than they had previously encountered at secondary school. 26% said they managed well and found their time at college or sixth form a mostly positive experience. This is still very low but compares favourably to just 7% who said the same about secondary school.

“Secondary school was far too difficult to navigate for me. College is a bit easier, but I still don’t think staff really understand the pressure I feel I’m under just to get to college. My body, mind and emotions are overwhelming most of the time.”

Adopted young adult

While attending post-16 settings did pose challenges for many young people – 84% said they sometimes found the environment overwhelming, and 74% reported continuing to need a lot of support from their parents – there were other, more positive aspects.



At post-16 settings, 71% of adopted young adults reported accessing extra support. 42% had a mentor or key adult, 35% accessed learning support, and 19% had accessed counselling or wellbeing support. Those who felt well supported appreciated help that was flexible, allowed them agency and choice, and recognised their changing needs as they moved towards adulthood as an adoptee.

“Having an understanding that during your later years as a teenager it can be a lot more difficult processing being adopted. Adults and other people need to be more educated on that.”

Adopted young adult

“The college understands my needs and make exceptions for my trauma, e.g. being excused from sessions where I may find the topics triggering.”

Adopted young adult

¹¹ <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/february2025>

Accessing the right post-16 setting and support can therefore enable adopted young people to not only remain in education, but to have a more positive experience that helps them to achieve their potential. However, it cannot be left to post-16 settings to pick up the pieces when so many children have been failed earlier in their education. If adopted young people are to firstly access and then make the most of post-16 opportunities, the preparation that makes this possible must begin earlier, while they are still at secondary school.

Employment and higher education

Among adopted young adult respondents aged 18-25 and their parents, there were clear concerns about the next phase of their education or employment journey, some of which are likely to be shared more widely by young adults trying to start their working lives, while others may be specific to care-experienced young people. Some respondents felt that better support was available in other parts of the UK than in Wales.

“I’m struggling to find myself after education. Most jobs require qualifications in that particular field. I would love to see more programmes that are easily accessible... and more work placements so that people, whether adopted or not, could get into that field of work without qualifications or university.”

Adopted young adult

“My child is so far unable to find work, but his friend in exactly the same circumstances recently moved to England and was quickly supported to get a job.”

Adoptive parent

Twelve young adult respondents (from around the UK) had gone on to higher education and, while this is not sufficient numbers for statistically valid data, their comments revealed shortfalls in the support available for previously looked after students.

“I was told adoption doesn’t count or is not something that could be considered at university or even discussed because I wasn’t classed as a care leaver.”

Adopted young adult

“For estranged students there were access to bursaries, although descriptions around eligibility are often unclear and contradictory. There was a charity in my university city that partnered care-experienced and estranged students with mentors which I took up and this was the most valuable support I got.”

Adopted young adult

Although campaigns exist to encourage students to ‘tick the box’ identifying themselves as care experienced as part of their application process to higher education, in reality many of the services and support systems available are restricted to care leavers only within a narrow legal definition. This excludes the vast majority of previously looked after young people, as well as many other care-experienced individuals,

Universities must have Fee and Access Plans which adoptees considering higher education can use as a basis for understanding what support might be available to them. However, as it is left to individual higher education settings to decide what additional supports to offer to those who are care-experienced but not necessarily care leavers, the offer can vary widely from one setting to another, leaving adoptees applying to higher education with little idea as to what support, if any, might be available. Higher education settings which are serious about widening participation should consider carefully whether any of the support offered to care leavers could also be usefully offered to other care-experienced students, including those who are adopted.

Looking to the future

Many of the adopted young adults who responded to the *Adoption Barometer* survey displayed considerable optimism, determination and positivity when thinking about their future plans and goals. For some, there was a definite sense that although they still lived with the impact of their early experiences and adoption, they wanted to use these life experiences to help and support others.

60%

of young adult adoptees (UK-wide) agree that now they are older, their life feels more together than when they were younger.

"I feel more put together in the sense that I am safe and I have a better future. But the past experiences still play a role in my brain thinking."

Adopted young adult

"A lot of the time I don't know who I am as a person and I've struggled with my mental health for a large portion of my life. Now I am older, I have goals or ideas for the future."

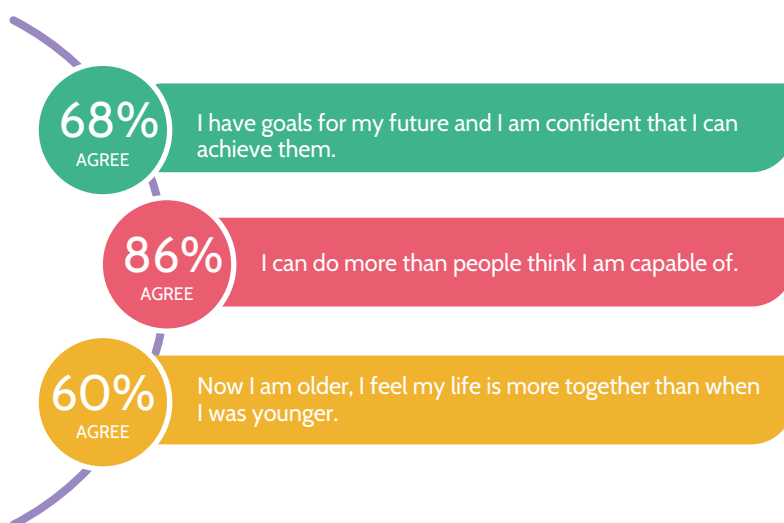
Adopted young adult

"I'd love to help creating materials for schools for something like an 'adoption day' where kids can learn about adoption, why it happens and how they can help."

Adopted young adult

"As a classroom assistant, my aim is to make sure that no child feels the way I did at school."

Adopted young adult



Adoptive parents in Wales with children aged 20 and older also had some optimism about the progress their children were making and their hopes and dreams for the future. 80% felt that their children were faring better in their 20s than they had been during their teen years.

However, both young adults and parents were clear that while there may be some cause for optimism, there were still challenges to face. 87% of parents of young people aged 20 and above in Wales believed that they would still be supporting their adult children for the foreseeable future, and some young adults also commented on their continuing need for support.

"I live in supported living, but I rely loads on my parents and the staff who support me. I am scared that one day they won't be there to help me anymore."

Adopted young adult

"It's a slippery slope and it feels like I could fall off at any moment."

Adopted young adult

Sadly, 80% of adopted young adults said they were worried about what the future holds for them. While the development of the adolescent brain continues well into the early 20s, there is plenty of scope for change, growth and flourishing, but there is a strong sense that any gains that are made are fragile and prone to slip away if adopted young adults do not continue to be well-supported within their families, by social care professionals, and by those who they must interact with more widely in education, housing, mental and physical healthcare and employment.

Recommendations

- To prevent the cliff edge for young people aging out of support services for children and young people, extend adoption support services to at least age 26. This would bring support for previously looked after young people more into line with that for care leavers.
- Adoption agencies to provide a mandatory targeted support package for adopted teenagers and young adults including advice, training, opportunities to engage with each other for mutual support, and therapeutic support where required.
- Agencies to offer all adopted 14 year olds an assessment of needs covering education and skills, social care and health, to inform an update of their adoption support plan, and to identify what can be put in place to assist their transition to adulthood.
- To help adopted young people and young adults navigate statutory services, including health, education and housing, provide access to specialist independent advocacy services. This would bring advocacy services for previously looked after young people into line with those for care leavers.
- To better support children's mental health and wellbeing, all local authorities to form a multi-agency panel pulling together education, social care and health, including CAMHS, to 'triage' requests for support and channel them to the right place. Referrals to be made to the panel by a range of sources including GPs, schools, adoption services and families.



Adult adoptees

Adoption UK has worked closely with members of our Adult Adoptee Advisory Group to refine and extend the questions for adult adoptees (aged 18 and over) in this year’s *Adoption Barometer* survey. The key themes of access to records, establishing and maintaining relationships with birth relatives and access to appropriate therapeutic support remain, with some sections extended, and there were new questions about medical records specifically, and experiences of parenting as an adoptee.

What does ‘good’ look like?

- Easy and well supported access to personal, historical records.
- All adopted people wishing to trace and re-establish contact with birth relatives have access to the professional support they need.
- All adopted people have free, lifelong access to appropriate, adoptee-competent therapeutic services and safe, high-quality peer support.
- Adopted people form the core membership of advisory groups that design and oversee the provision of services for adult adoptees.

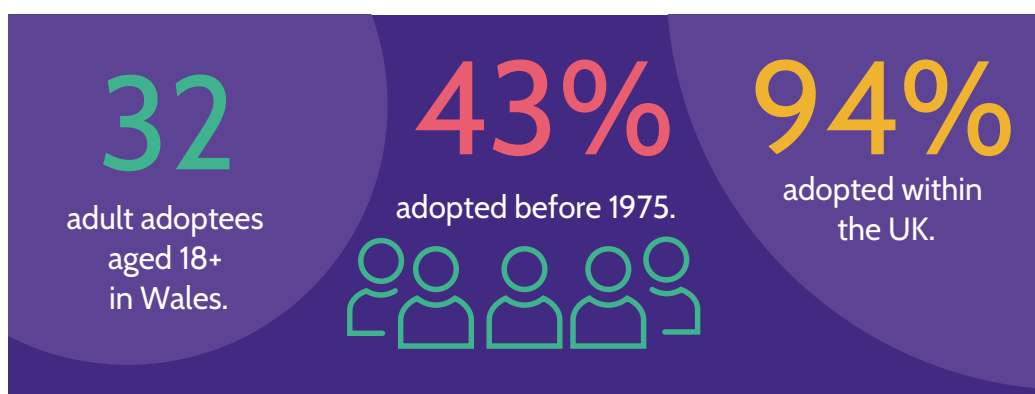
Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There are nationally agreed standards for access to personal historical records and associated support services	POOR	FAIR	POOR	FAIR
There are nationally agreed standards for support for continuing contact with birth relatives, tracing and reunion, including mediation and counselling	POOR	POOR	POOR	POOR
Nationwide, free, lifelong therapeutic support for adopted people, designed to national standards, including therapeutic services, counselling and mental health support, is delivered by professionals with expertise in adoption.	POOR	POOR	POOR	POOR
Nationwide provision of peer support networks for adopted people	POOR	POOR	POOR	FAIR
A national advisory board oversees the design and delivery of services for adult adoptees with a majority of the members being adopted people	POOR	POOR	POOR	POOR

Assessment of lived experience	Score				
	UK	England	Northern Ireland	Scotland	Wales
I feel confident that suitable, professional support would be available to me when obtaining personal, historical records from the relevant authorities	44% →	46% ↑	61%* ↑	29%* ↑	31%* ↓
I would feel confident approaching professional services for support with tracing or reconnecting with my birth relatives	42% →	41% →	62%* ↑	41%* →	50%* ↓
The counselling I was offered as part of tracing or reconnecting with my birth relatives was attuned to my needs as an adopted person	80% ↑	78% ↑	N	N	N
I know where I can access counselling, therapeutic services and mental health support that is attuned to my needs as an adopted person	30% ↑	30% ↑	69%* ↑	15%* ↓	41%* ↑
I feel confident that a range of appropriate therapeutic services are available to me as an adopted person	18% →	16% →	54%* ↑	14%* →	29%* ↑
I feel confident that I can access formal and informal peer support networks if I wish to do so	57% →	55% →	82%* →	56%* ↑	69%* ↑

* - Fewer than 30 respondents were eligible to answer the relevant question(s)

N - Fewer than 10 respondents were eligible to answer the relevant question(s)

N.B. Arrows indicate annual comparisons for all nations but are likely to be volatile due to a relatively low total number of respondents, particularly in Northern Ireland, Scotland and Wales.



Life history and personal records

Birth, adoption and care records

In recent decades, a growing understanding of the importance of knowing one's own history and identity has led to the introduction of standardised procedures for ensuring that all children who are adopted in Wales are provided with essential information in the form of life journey materials. However, for those adopted before this time, information about their early lives can be difficult to obtain. Only 9% of adult adoptees who responded to the *Adoption Barometer* survey in Wales said that they had access to life journey materials. It is therefore likely that the majority will, at some point, seek further information and records from the authorities.



However, even after accessing records, many do not assemble a complete picture of their early lives. Three quarters of adult adoptee respondents in Wales reported that they had ever accessed or attempted to access personal historical records relating to their early lives and their adoption process, and the same proportion had a copy of their original birth certificate, yet only 30% agreed that, as an adult, they had all the information they needed about their early lives and their adoption.

Experiences of accessing records have been persistently poor according to successive *Adoption Barometer* reports. Only 24% of those who had ever accessed or attempted to access records agreed that it was easy to go about the process, and just 47% felt well supported by the professionals they contacted.

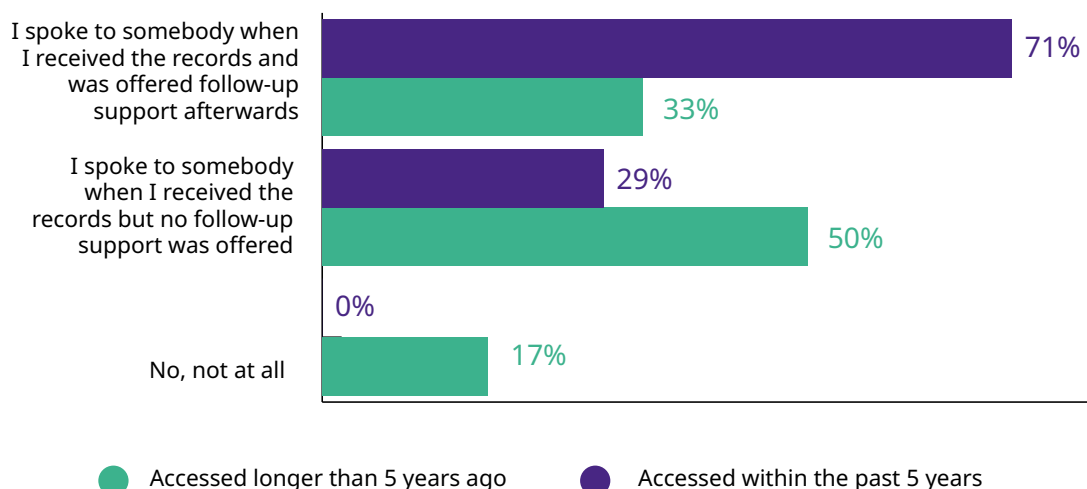
As part of their strategic plan, *Adopt Cymru 2025 and Beyond*, the National Adoption Service (NAS) in Wales has identified 'Better adoption records and access to information at any age' as one of their strategic priorities. The most recent progress report¹² highlighted that there has been an increase in requests for access to birth records which has negatively impacted timescales in some areas. The report also highlights the need for increased counselling and therapeutic support for adult adoptees.

The NAS Access to Records pilot project, jointly run by St David's and Adoption UK, has supported adult adoptees who were adopted pre-1975 to access their birth records, including offering one-to-one peer support alongside one-to-one therapy with an adoptee-competent psychologist. The NAS reports that feedback received so far has been positive.

From the *Adoption Barometer* survey, there is some limited evidence to suggest that respondents who attempted to access their records more recently had a better experience than those who accessed their records longer ago. For example, those who accessed records within the past five years were more likely to say their records were fully disclosed and clear, compared to those who accessed records longer ago. Most respondents had been offered the opportunity to discuss the contents of their records with a representative of the service provider, but those who accessed records more recently were more likely to have been offered follow-up support after the handover of records than those who accessed their records longer than five years ago.

12 <https://adoptcymru.com/app/uploads/2025/02/NAS-Mid-Year-Report-2024-25-Final.pdf>

Figure 12: Follow-up support after accessing records – changes over time



The opportunity for follow-up support should be available to all adoptees seeking their records. Respondents described the process as variously “cumbersome”, “emotionally draining” and “extremely difficult”. 46% reported waiting six months or longer to receive their records and many reported having to seek different records from various authorities in order to obtain a fuller picture. Without the opportunity for follow-up support, adoptees risk missing out on being able to obtain vital additional information about their own lives simply because they may not have been given the advice they need.

“The amount of different agencies involved and the timescales involved could be a lot shorter.”

“There were no records re my early life with my biological mother and no records at all of any social services or adoption agency assessment of my prospective adopters.”

In 2024, the Archives and Records Association (UK and Ireland) published their research into the state of record keeping for care-experienced and adopted people in England and Wales. In common with *Adoption Barometer* findings, the report stated that the management of records was inconsistent, and accessing records was difficult and even traumatising. It raised particular concerns around the safety and organisation of records in digital format where there was no proper strategy for preservation or migration of the records.

Following this report, the Association published good practice guidance for record keepers and care professionals in England and Wales¹³. The guidance recommends that all care and adoption records should be held for a minimum of 125 years (and preferably at least 150 years or indefinitely), organisations should have an up-to-date policy for managing and preserving records, all records should be accurately indexed for ease of access, and digital format records should be held securely within active continuity plans in place to protect data.

Additionally, where individuals are seeking to access their records, the guidance recommends that staff receive trauma-informed training appropriate to their role, individuals are regularly updated on the progress made and offered therapeutic support, and redactions are kept to a minimum with clear explanations for each instance.

¹³ https://static1.squarespace.com/static/60773266d31a1f2f300e02ef/t/65df50003ed0c4588e3d9b3f/1709133828276/CALGG_FINAL+adoption+and+care+experienced+records.pdf

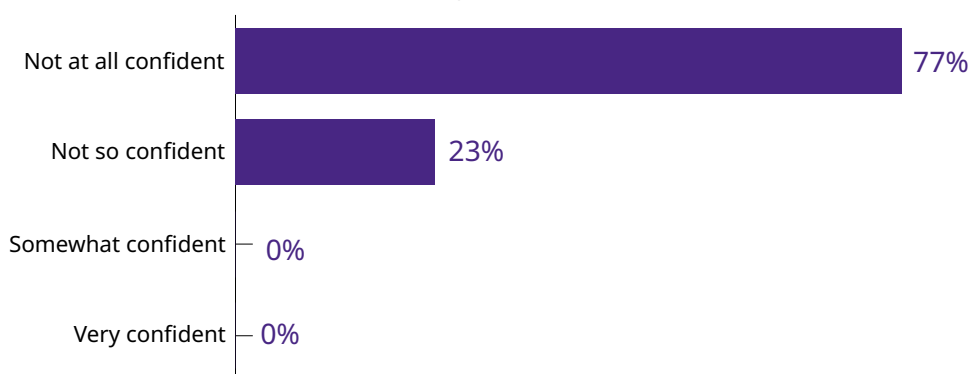
The NAS strategic focus on better access to records and recognition of the need for ongoing support is welcome and one survey respondent did note that they had benefitted from accessing the pilot programme. As the initial feedback is encouraging, consideration must be given as to how these services can be funded, developed and extended in line with the recommendations from the Archives & Records Association guidance so that all adoptees, no matter where in Wales they are living, or when they were adopted, are able to benefit fully.

Family medical history

Linked to the wider issue of accessing historical records, lack of information about family medical histories is an issue that can have serious consequences for adoptees. 95% of respondents (97% UK-wide) from Wales had ever been asked questions about their family medical history by a healthcare professional, but only 9% (4%, UK-wide) had ever been given any information about their family medical history as part of their adoption records or from a social care professional.



Figure 13: How confident are you that you know enough about your birth family medical history to ensure medical professionals can give you the health care you need?



Respondents reported feeling embarrassed and frustrated by being repeatedly asked about their medical histories by health professionals and being unable to provide the information. Frequently, when respondents didn't know the answer to a question, this was recorded as 'no history' on their records, which is inaccurate, implying a situation of unknown risk is one of no risk.

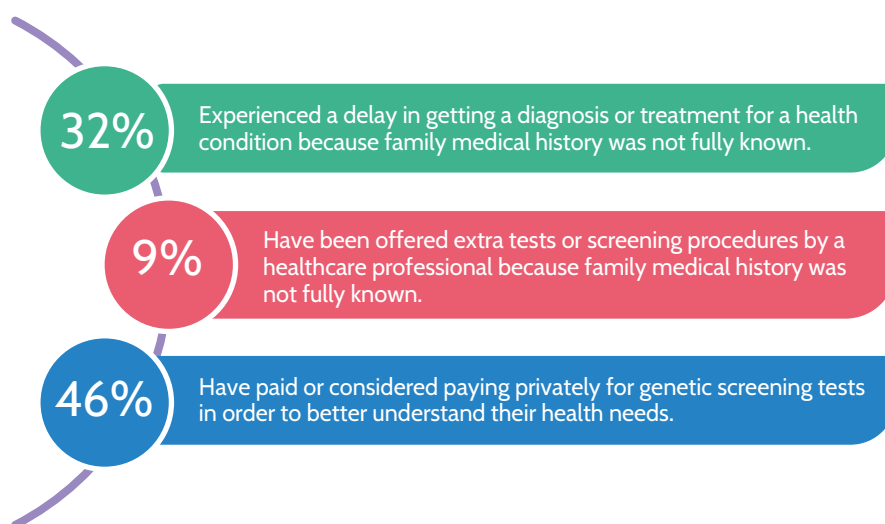
“Professionals seem to be embarrassed by the fact that I am adopted and the conversation is abruptly closed.”

“As soon as I say I don't know my medical history I am dismissed rather than the issues being checked out.”

Respondents from Wales were asked several questions in the *Adoption Barometer* survey about their general health. These were based on questions from the European Health Interview Survey (EHIS). Compared to the most recent EHIS data (from 2019-20) available from the Office for National Statistics, adoptees reported worse general health than the average population. Only 51% reported that their general health was 'good' or 'very good' compared to 75% in the EHIS survey, and 50% reported being 'limited' or 'severely limited' in daily activities due to their health, compared to 25% in the EHIS survey.

Nearly half (45%) reported having a long-standing illness or health problem and, for some, this had impacted their employment status. 32% had ever had to change their job, change their working hours or stop work altogether because of a physical health problem and of those currently in employment at the time of completing the survey (64% of respondents), 14% had missed 11 or more days of work in the past year due to their physical or mental health.

In view of the significant health needs of many adult adoptees, lack access to information about family medical history is a pressing issue, and responses demonstrated that not having vital health information could, in some cases, lead to poorer outcomes when seeking support for healthcare.



Nearly a third of respondents in Wales had experienced a delay in getting a diagnosis or treatment as a direct result of their family medical history not being fully known. In some cases, respondents had life-altering inheritable conditions which had been diagnosed only after years of health problems. Lack of information can mean that individuals are not flagged as being at high risk and therefore not invited to testing for specific conditions that are known to have an inheritable component, yet 91% of respondents had not been offered any additional testing or screening in order to attempt to fill in the gaps of their medical history and identify their potential risk.

“I know I have a genetic condition that I think lots of my siblings have too, but they haven’t been tested like me.”

Several respondents reported being able to fill in some of the gaps in their family medical histories after meeting members of their birth families. However, this was not always a straightforward process. Of those who had met with birth relatives, only 55% said their knowledge about their family medical history increased ‘a little’ as a result and none said it had increased ‘a lot’.

“There are so many gaps for me. I’m lucky I can ask my grandma, but her knowledge is limited too. I don’t know who my dad is and that’s a big problem for me. I might have siblings. I keep asking for help to find more information but it’s like a black hole.”

Part of the challenge was in raising these issues as part of what could be an emotive and sensitive process of reconnecting with birth relatives. 66% of those who had connected with birth relatives said they did not feel confident asking them questions about their family medical history. Respondents who had sought professional support to trace and reconnect with birth family members were unlikely to have been offered any specific advice or support related to filling in gaps in medical histories. In fact, half said this was never mentioned at all during the process of tracing or reunion.

The lack of access to medical histories has cascading implications across the lifespan. It not only impacts the adoptee, their knowledge of themselves and their ability to access appropriate healthcare, but also the children of adoptees, who will also never have a complete family medical history despite potentially being at risk of inheritable conditions.

In respondents' comments, three significant suggestions that would improve healthcare provision for adoptees were raised repeatedly, all of which would require changes within NHS practices:

1. Training for NHS staff in all types of healthcare provision on the healthcare needs of adoptees, including the impact of trauma on physical and mental health.

“Educate medical professionals more on dealing with medical issues for adoptees and how to react to ensure dignity and respect of the adoptee.”

2. Improvements to medical record keeping to ensure that adoptee status can be flagged if requested and 'unknown risk' is not taken to mean 'no risk' so that barriers to accessing risk-based health checks and screenings are removed for those who do not have a complete family medical history.
3. Access to free genetic testing and screening on request.

However, the broader issue with information about family medical history, as with all other adoptee records, is that the responsibility for piecing together essential information about themselves, their histories and their potential health risks is too often almost entirely placed on adoptees. Considering the implications of this both for adoptees and all their descendants, especially in the case of medical histories, this is a wholly unsatisfactory approach to a serious issue.

Establishing and maintaining birth family relationships

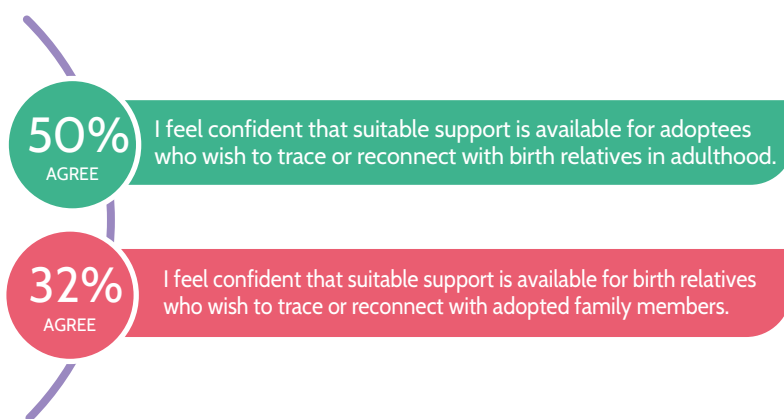
The Adoption and Children Act (2002) introduced a requirement for the courts to consider whether anyone should have continuing contact with a child before making an adoption order and also allowed the courts to make orders requiring or prohibiting contact, although these are rare.

Prior to that Act, and especially in adoptions that took place before 1976, continuing contact arrangements in childhood were unusual. 97% of adoptees aged 18 and older who responded to the *Adoption Barometer* survey did not keep in touch with any birth relative either directly or indirectly during their childhood, but 77% reported ever having traced or attempted to trace a birth family member, with or without professional support, since they turned 18.

“I am so pleased I can see all my brothers and sisters now. I didn't see them for 20 years. We have a lot of catching up to do.”

While not all adoptees will wish to undertake such a process, the large proportion who do so indicates the importance of ensuring that services available to support adoptees and their birth relatives are robust and readily available. Unfortunately, many adoptees do not have strong confidence in those services.





Only half said they would feel confident in approaching professional services (such as those provided by adoption agencies, local authorities or voluntary sector organisations) for help to trace or reconnect with birth relatives, and 68% agreed that the financial costs involved were a barrier to adoptees and birth relatives.

“Intermediary work or complex searching is extremely expensive and... the costs of paternity tests are borne by the adoptee.”

In fact, of those who had ever traced or attempted to trace any birth relative, 47% said that they had done so themselves without approaching any professional service for help and support. Respondents reported attempting to get information about their birth relatives from a wide range of sources, including social media (64% of respondents), family history websites (41%), DNA testing (41%) and newspapers and media archives (32%). Some had engaged search angels (9%), and 18% reported having been contacted ‘out of the blue’ by a birth relative either on social media or otherwise.

Among those who did approach an adoption agency, local authority, voluntary sector organisation or similar for support with tracing and reconnecting with birth relatives, there were mixed views about how efficient the service had been, and how closely it had met the needs of the individuals who needed it.

For individuals who were adopted before November 12, 1975, counselling is mandatory before accessing birth records and tracing birth relatives. Those adopted after that date are not necessarily offered counselling as part of the process. In Wales, 38% of respondents said they were offered counselling. Of those who were not offered counselling, 60% said they would have accepted the counselling if it had been offered. While not all adoptees needed or wanted counselling at this stage, it is clear that many who might have benefitted did not have the opportunity.

“Adoptees need adoptee-competent therapists for support before, during and after tracing for birth records.”

“Support for all parties is shocking... [they] will give you 6 sessions which doesn't even touch on anything. We all have CPTSD as our trauma is ongoing as is the birth family's. It's a can of worms you can't put the lid back on.”

The process of tracing and reconnecting with birth relatives is not a one-off event, but rather the beginning of a long journey and all parties may need continuing support to navigate the developing relationships along the way.

“It was a difficult and lonely journey. Once reunited with both birth mother and father, no-one prepared me for the tsunami of emotions that followed to all touched by my adoption. There was no support for anyone involved. At times, it was heart-breaking. An emotional roller-coaster for all like no other.”

“Explaining that I was adopted to my own children wasn’t always easy – being completely unprepared when my children met my birth parents for the first time and hearing them ask, “Why did you give my mother away?” was difficult.”

The process was particularly difficult for those whose birth relatives were not from the UK.

“My birth father was a student from another country and the tracing process did not support looking in countries other than the UK. I found my birth relatives myself using a DNA test.”

“The help offered was of no use because they wouldn’t deal with international birth parents... I had no option but to find other ways.”

The National Adoption Service’s pilot Access to Records service does provide intermediary support for those who wish to go on to trace birth relatives, but only to those adopted before 1976, as funding for the service is being provided in the context of the Welsh Government’s formal apology for historical adoption practices. Until such services can be extended, too many adoptees in Wales will continue to find that support for tracing and reconnecting with birth relatives is inconsistent, insufficient and costly.

Accessing mental health and therapeutic support

Accessing mental health support, counselling or therapy is a priority issue for many adoptees. 63% of respondents in Wales reported that they had ever accessed such professional services as an adult from a range of providers, separate from any counselling that may have been offered as part of a process of tracing and reunion with birth relatives. 27% had sought support through the NHS and 32% had engaged private providers. Nearly one quarter had sought support through a charity or voluntary organisation.

However, finding appropriate therapeutic support is extremely difficult for adult adoptees and relatively few respondents felt confident that they could access these services. In England, the requirement for organisations providing support to adult adoptees to be registered with Ofsted has now been removed, and consultations are ongoing in Wales as to the possibility of removing the requirement for organisations to be registered with the Care Inspectorate Wales with a view to increasing the availability of such services.

71%



of respondents are not confident that a range of appropriate therapeutic services are available to them as an adopted person.



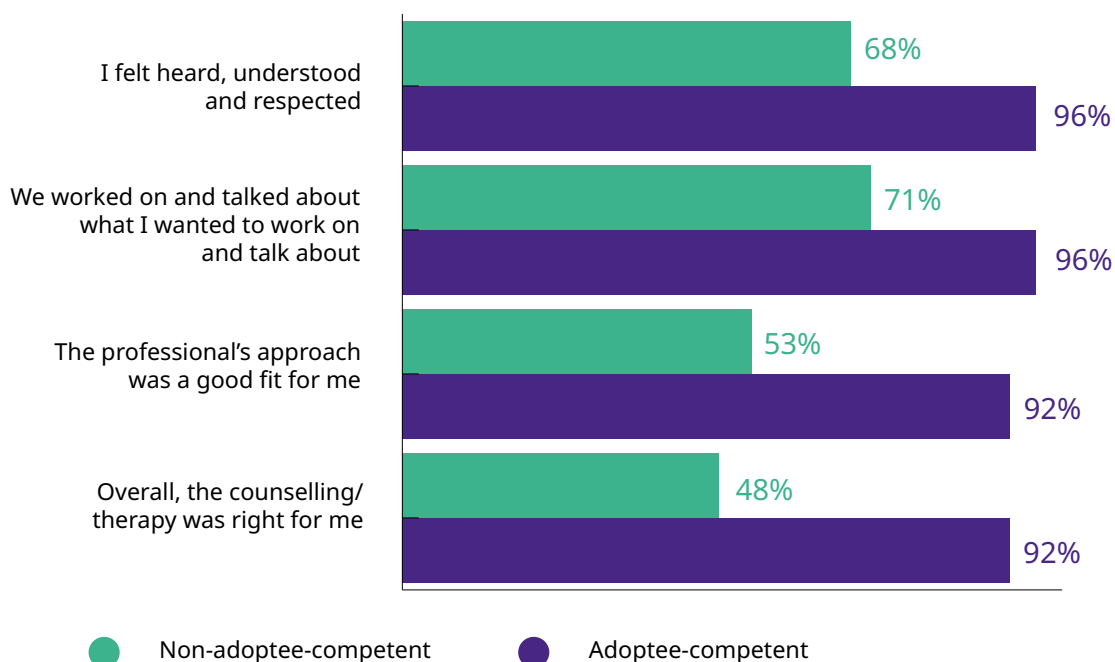
Considering the demand for a range of appropriate mental health and therapeutic services for adult adoptees, it is becoming increasingly crucial that the importance of adoptee-competence is recognised. An adoptee-competent therapist or counsellor is one who has considerable training and expertise on the impact of adoption on the adoptee (including adoption and relinquishment trauma). They may also have lived experience as an adoptee. Where therapeutic support is not adoptee-competent it can fail to address significant issues and, at worst, can even compound and worsen them.

“It has been a matter that I have felt should be hidden from a therapist, or they have skirted around the topic... This has left me with a narrative which does not include adoption in the cause and effect of childhood trauma and subsequent adult mental health difficulties/poor choices. It has taken me half a lifetime to even begin to acknowledge the part this fundamental part of my story may hold in providing answers to my difficulties (and strengths) which means I have continued to believe there is ‘something fundamentally wrong’ with me.”

Respondents across the whole of the UK who had accessed mental health, counselling or therapeutic support were asked whether they considered the professional they worked with to be ‘adoptee-competent’ using the basic definition given above. 85% had disclosed to the professional they had worked with most recently that they were an adoptee. 28% agreed that the professional they worked with was adoptee-competent, 17% were not sure, and 56% said the professional was not adoptee-competent.

Excluding those who were uncertain about their professional’s adoptee-competence, there were clear differences in both perceptions of the therapeutic process and its outcomes between those who were able to access adoptee-competent support and those who were not.

Figure 14: The impact of adoptee-competent support: respondents who somewhat or completely agreed with the statements about the therapeutic support or counselling they had accessed most recently (UK-wide).

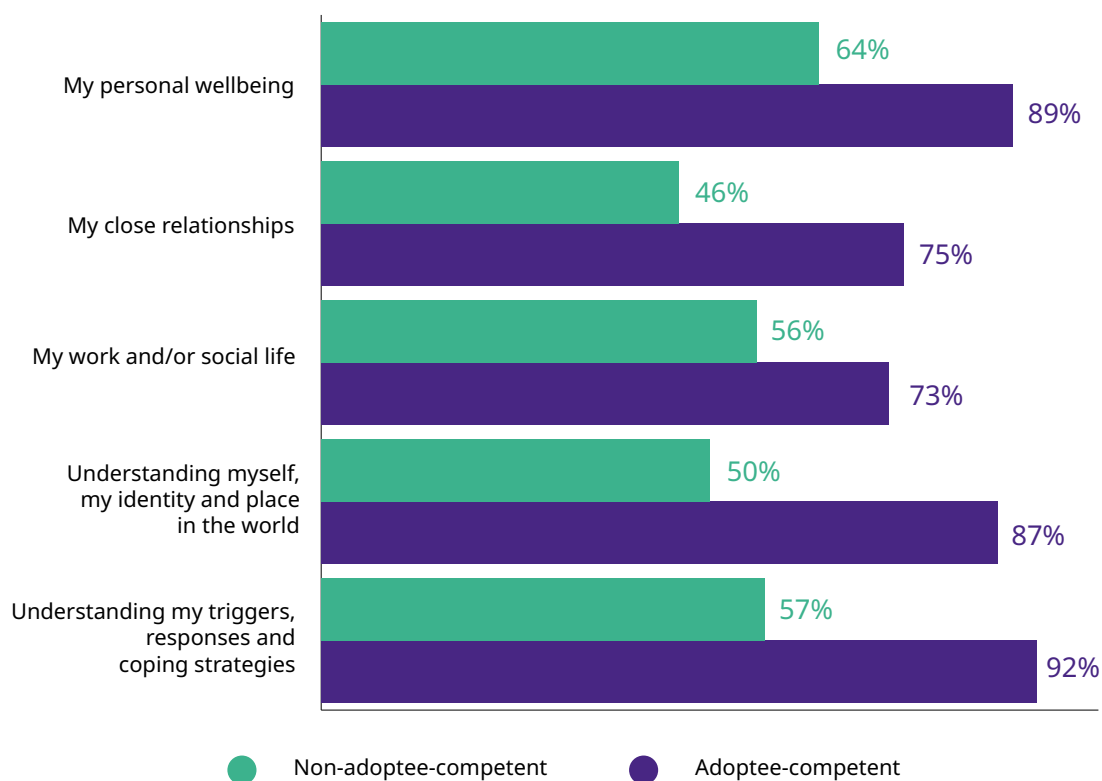


While some did rate their non-adoptee-competent support positively, those who received adoptee-competent support rated their experience considerably higher in all measures. Almost all felt heard and understood, were able to focus on the issues of importance to them and considered the professional's approach and the therapy as a whole to have been right for them.

“Having therapeutic support has had a profoundly positive impact on my wellbeing. It started as bereavement counselling as I'd experienced loss – this in turn opened up a completely new lens and awareness around my adoption and identity.”

This difference is also strongly represented in the outcomes of accessing counselling and therapeutic support that were reported by respondents.

Figure 15: The impact of adoptee-competent support: respondents who somewhat or completely agreed that they experienced improvements in these areas after accessing counselling or therapeutic support (UK-wide).



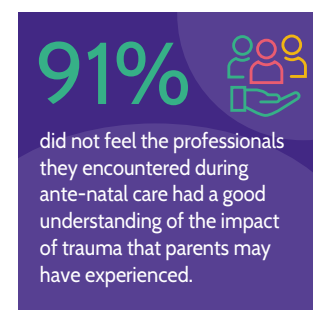
Adoptees who were able to access adoptee-competent professional support reported significantly better outcomes in all areas than those who were not. Perhaps most striking are respondents' assessments of how counselling or therapy supported them to understand themselves and their identities, and their triggers, responses and coping strategies. These are areas that are likely to be highly individualised and strongly affected by care experience, relinquishment, loss, pre-verbal and remembered trauma, and adoption.

Considering the evident importance of being able to access adoptee-competent mental health and therapeutic support, its lack of availability for too many adoptees is a situation that is long overdue for urgent attention. Only 14% of respondents from Wales agreed that services, including NHS services, had a good understanding of the needs of care-experienced and adopted people.

“I've had counselling from an NHS counsellor in the past which I didn't find helpful. However, I am more recently receiving counselling from [an adoptee-competent therapist] and this is helping. I feel this is because she has more understanding of adoption.”

In comments from respondents across the UK, several strong themes emerged around changes that would improve access to appropriate mental health and therapeutic support for adult adoptees:

1. NHS healthcare staff at all levels to receive training on adoption and its impacts as part of their initial training and continuing professional development so that adoptees can receive more sensitive primary care and be offered appropriate referrals when seeking support for mental



health.

2. Specialists within the NHS who are adoptee-competent to deliver NHS mental health services appropriately to adoptees, including a broader range of services suitable for addressing pre-verbal trauma.
3. Professional registration bodies for therapists, counsellors and other mental health professionals to offer accreditation programmes for competence in working with adoptees, with full transparency about what accreditation entails, so that adoptees can have more confidence that their chosen professional has the right experience and knowledge. The British Association for Counselling and Psychotherapy (BACP) is in the early stages of a project to develop such a system.

Parenting as an adoptee

Half of adult adoptee respondents in Wales reported being parents of a birth child of any age. Becoming a parent is a life-changing event for any person. For an adoptee, meeting their newborn may be the first time they have looked into the face of a person who is biologically related to them. Respondents to previous *Adoption Barometer* surveys have frequently noted that becoming a parent was a milestone for them in terms of their understanding of their experiences as an adoptee as not only does it raise questions about identity and belonging, but also highlights issues around missing medical histories and the impact of loss, relinquishment, trauma and adoption.

This year's survey included several new questions examining respondents' experiences of antenatal and postnatal care, as well as experiences of parenting as an adoptee more generally. 90% of those who were parents said their most recent experience of becoming a parent was 10 or more years ago, making it difficult to compare more recent experiences with those longer ago to see whether anything has improved over time.

However, across all respondents in Wales, it was evident that the care received by many during pregnancy, birth and afterwards lacked understanding of the impacts of adoption and was not sufficiently trauma-informed.

Only 9% somewhat or completely agreed that the professionals they encountered during antenatal care and during the birth of their child had a good understanding of the impact of trauma that parents may have experienced.

Just over half of respondents had informed their antenatal healthcare professionals that they (or their partner) were adopted, but none reported that the professional involved was somewhat or very sensitive to their experiences as an adoptee. Half reported that the professional was neutral, implying that disclosing their status as an adoptee did not result in any particular response from healthcare professionals. Half said that the professional involved was 'very insensitive' to their experiences.

“My midwife would tease me that I may have a ‘throwback’, implying that my child would have a different ethnicity to mine. When I was giving birth, she joked that he was black.”

During the first three years of parenting, respondents were less likely to disclose their adoptee status to the health professionals they encountered as a parent – only 36% had done so – perhaps in part because of a lack of supportive responses earlier in their journey to parenthood. Three quarters of these respondents described professionals as 'very insensitive' towards their experiences as an adoptee.

“It impacted me completely and negatively with no support. I was ashamed to tell anyone I was adopted. When I did say I was adopted I was treated worse so quickly learnt not to say anything. Adoptees are overlooked.”

“I didn’t receive any support and no one told me how much having my own children might trigger me to reflect on my own birth and adoption.”

Some respondents needed support that took account of their experiences as an adoptee, and perhaps additional reassurance and support around creating strong attachments with their children and navigating parenthood as an adoptee. However, only 27% somewhat or completely agreed that the professionals they encountered during the first three years of their child’s life were supportive in helping them form a healthy and strong attachment with their child, and just 18% agreed that professionals helped them to feel more confident as a parent.

As with issues around family medical history and accessing adoptee-competent mental healthcare, much of the lack of appropriate care and support for adoptees in pregnancy, childbirth and parenting is rooted in lack of understanding and awareness of adoption and the implications of adoption among healthcare professionals. While training every single healthcare professional to a standard of adoptee-competence might be unachievable, even introducing adoption as a significant factor during training and continuing professional development for all healthcare professionals would at least support a more sensitive response when an adoptee discloses their adoptive status, and perhaps support professionals to suggest referrals for trauma-informed support from an adoptee-competent specialist if required, should such services be available.

Community, care experience and peer support

Respondents to the *Adoption Barometer* survey have a wide range of backgrounds, experiences and circumstances surrounding their adoption. Individuals may feel differently about their experiences as an adoptee at different points in their lives, for example, when becoming a parent, or on the death of an adoptive parent. Those who respond to a survey like the *Adoption Barometer* are perhaps more likely to already be aware of, and possibly involved in activities, advocacy and campaigning related to issues affecting adult adoptees – 36% said they had attended or participated in adoptee-led activities or events during 2024, and 23% had participated in adoptee-led advocacy or campaigning around adoption.

It is therefore important to note that the adoptee community is not a monolith. Although there is often broad agreement on some areas, there are other areas where the consensus is not as strong.

The characterisation of adoption as a form of care experience is one issue on which there was evidence of mixed views. In some public services, there are government policies which aim to take account of the impact of being care experienced on the life journey of an individual. Some of these policies are applied broadly to any person who has ever been in the care of the state, while others are limited to more tightly-defined groups, such as ‘care leavers’.

In decisions about how services can better meet the needs of care-experienced individuals, adoption is sometimes viewed as rather a grey area in terms of meeting the definition of care experience, especially historical adoptions which may have been arranged privately under closed circumstances without the individual ever officially being considered to be ‘in care’.

The overwhelming majority of respondents agreed that the term ‘care-experienced’ should include anybody who had ever been in care, no matter when or for how long (91%) and 77% agreed that any standardised, legal definition of care experience should include adoptees as being care-experienced people.

However, 87% agreed that when people use the term 'care-experienced', they are not usually thinking about adoptees, and only 54% considered themselves to be 'care-experienced'. Respondents' perceptions of themselves as being care-experienced or not appeared to be influenced by how recently they had been adopted, with those adopted since 1975 more likely to identify with the term.

Figure 16: Respondents who somewhat or completely agreed with the statement, "I would consider myself 'care-experienced'"

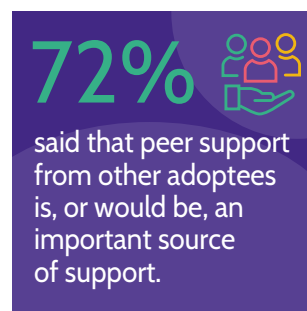


In recent years, the *Show Us You Care Too* campaign led by care experienced people has lobbied to make care experience a protected characteristic under the Equality Act, affording care experienced people certain protections in law. While this has not come to pass in legislation, some local authorities have voted to voluntarily treat care experience as the tenth protected characteristic in local affairs. However, it is unclear to what extent such local measures will effect any real change for care-experienced people, or whether local councillors include adoptees in their understanding of care experience.

When asked whether care experience should be a protected characteristic in law, 64% of respondents in Wales agreed that it definitely should, and 18% thought maybe it should. Further consultation with adoptees and with legal experts is needed to understand the potential impacts of such a change in the law.

Peer support

In comments relating to tracing and reunion, seeking support for wellbeing and many other issues affecting adoptees, respondents frequently mentioned the value and importance of peer support from other adult adoptees. Although individual adoptees may have differing circumstances surrounding their early histories and be at different stages in their lives and in processing their experiences, 72% somewhat or completely agreed that peer support from other adopted adults is, or would be, an important source of support for them.



Encouragingly, 69% felt confident that they could access formal and informal peer support should they wish to, but this needs to be understood in the context that respondents to the *Adoption Barometer* survey are likely to be more active in adoptee networks and communities. 31% of respondents had heard about the survey directly from Adoption UK, and a further 16% were adoptive parents who had heard about it from their adoption agency.

Similarly, the relatively high proportion of respondents (41%) who had accessed organised peer support in person or virtually during 2024 is likely to be an over-representation of the true level of access to peer support for adult adoptees.

Any service providing support to adult adoptees for any aspect related to adoption should consider the value of establishing peer-led support groups as part of the service. When accessing records, tracing birth relatives, developing a sense of identity and heritage and seeking appropriate support,

peer support can be an invaluable source of advice and guidance for adoptees, but the offer should be available at all times.

Consideration should also be given as to the specific support needs of, for example, internationally and transracially adopted individuals and those at different life stages (e.g. becoming parents) in order to bring together communities which can share lived experiences of these specific circumstances. Around the country, adoptees are gathering together to set up and fund peer support groups themselves but, while such services should always be adoptee-led, the responsibility to create, fund and maintain such immensely valuable groups should not be left to adoptees alone.

Recommendations

Access to personal records

- Centralised national advice and support services for adoptees who wish to access their adoption records. These services to include advice and support in locating and interpreting records, and in accessing adoptee-competent counselling.
- Ahead of the centenary of the 1926 Adoption Act, government to extend the statutory protection of adoption records to 150 years, pending research into digital solutions for permanent retention of records, as recommended in the guidance provided by the Archives and Records Association.

Tracing and reunion

- Government to review national services for tracing and reunion, and work with adult adoptees to create guidance to ensure consistency across services, including access to advice, support and adoptee-competent counselling when requested.

Therapeutic and peer support:

- All adult adoptees should have access to adoptee-competent counselling and therapeutic support at no cost, whenever it is needed. As a step towards this:
- Professional registration bodies for therapists, counsellors and other mental health professionals to provide a voluntary competency framework which those working with adopted people could choose to take up. This would give adoptees more information about the level of adoptee competence when choosing a mental health provider.
- NHS to provide training in adoptee competence for all its mental health professionals
- Governments to ensure continued funding for peer support for adult adoptees, with guidance about best practice shaped by those with lived experience.

Health care:

As part of training for all NHS professionals as detailed in the recommendations for Established Families:

- NHS to provide training for all healthcare professionals to ensure that they adoptees with an unknown medical history are not inadvertently treated as low or no risk.
- Specific training for perinatal healthcare professionals to improve understanding of challenges often faced by adoptees who are becoming parents.
- NHS to introduce a provision for adults to highlight their adoptee status on their medical records on request, to avoid intrusive questioning and improve medical care.

Other:

- Governments to create reference groups of adult adoptees to ensure lived experience informs policy development.
- Government to commission research into outcomes for adult adoptees of all ages.

Appendix

The *Adoption Barometer 2025: Wales* is based on the findings of a survey of adoptees aged 16 and over, prospective adopters, and adoptive parents of children aged 0-25 during January and February 2025. The survey was hosted on Survey Monkey and was open to relevant respondents living in the UK, both members and non-members of Adoption UK. This report focuses on the experiences of respondents who were living in Wales during 2024.

The majority of the survey questions required respondents to focus on their experiences during 2024, providing a snapshot of lived experience for that year.

Our analysis of the data is split into four groups of respondents:

Early stages – adopters who underwent any part of the approvals and/or matching process during 2024, those who had a child move into their home during 2024 and those who obtained an adoption order during 2024.

Established adoptive families – adopters with one or more adopted children aged 0-25 whose adoption order was granted prior to 2024.

Teenagers and young adults – adoptees aged 16-25 and adopters with one or more adopted children aged 13-25 during 2024.

Adult adoptees – adoptees aged 18 and above.

For each group, the report includes an 'Assessment of Current National Policies' summary table covering several key objectives. We give a score of 'good' (policy is in place to meet the objective), 'fair' (policy is in place to partially meet the objective or is in development to meet the objective) or 'poor' (policy is not yet in place to meet the objective) for each nation of the UK.

Each group also has an 'Assessment of lived experience' summary table with specific data points from the survey which relate to respondents' lived experiences of key policy areas. These data points are tracked year on year, with arrows indicating whether each score has gone down, stayed the same or risen since the previous year. Small changes of less than 5% are marked with a horizontal arrow. Scores of less than 60% are colour coded red, 60-79% are amber, and scores of 80% or above are green.

Where the number of respondents to a particular question was fewer than 30, this is indicated in the 'Assessment of lived experience' summary tables with an asterisk *. Where the number of respondents to a particular question is fewer than 10, this is indicated with 'N'.

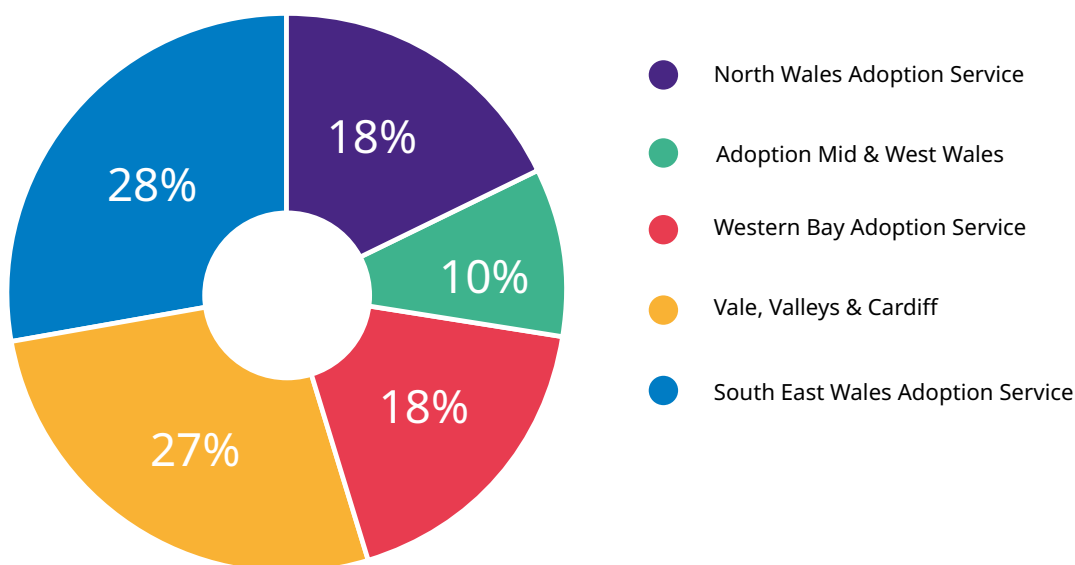
Characteristics of respondents

The data and analysis for Wales is based on survey responses from 80 early-stage respondents, 246 established family respondents (including 74 with children aged 13-25), 54 adoptees aged 16-25 (UK-wide) and 32 adult adoptees. Respondents from Wales were over-represented as a proportion of survey respondents. 10.6% were from Wales, whereas the population of Wales is estimated to be 4.6% of the total UK population.

Among prospective adopters and adopters:

- 54% were members of Adoption UK
- 17% identified as LGBTQ+
- 96% described their ethnicity as 'white'
- 33% said they have a religious faith
- 8% described themselves as a person with a disability
- Every Regional Adoption Service in Wales was represented among respondents.

Figure 17: Location of Respondents from Wales
by Regional Adoption Service



Among adoptee respondents:

- 94% were adopted from within the UK
- 43% were adopted before 1975
- 78% described their ethnicity as 'white'
- 34% described themselves as a person with a disability



Teulu gyda'n gilydd
Together we're family

Ein gweledigaeth yw cymdeithas lle gall pob plentyn nad yw'n gallu byw gyda'i rieni biolegol ffynnu yn ystod plentyndod a chael cyfle cyfartal o ddyfodol disglair fel oedolyn.

Our vision is a society in which every child who is unable to live with their birth parents can thrive in childhood and has an equal chance of a bright future as an adult.

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