

Research Brief

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HELPING BIRTH FAMILIES: A STUDY OF SERVICE PROVISION, COST AND OUTCOMES

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Aims of this study

This study set out to add to what is currently known about the practice of supporting birth relatives after adoption. It was commissioned by the DCSF to explore issues relating to the implementation of the Adoption and Children Act 2002. This Act contained important changes in the provision of support services for birth relatives of adopted children, recognising the lifelong impact of adoption upon them. It acknowledged a number of birth relative support needs: for an independent worker from the time that adoption becomes the plan for the child, for help in understanding the adoption process, for a range of support services at different times, and for involvement in processes relating to the child such as contact planning and reports to adoption panel. Underpinning all these services is a value base, that birth relatives are entitled to be treated 'fairly, openly and with respect throughout the adoption process' (Department of Health, 2001,p.23).

In an earlier stage of this research project we carried out a survey which mapped services to support birth relatives (Sellick, 2007; Cossar and Neil, 2009). Using data from 135 questionnaires, 60 interviews with adoption support staff, and two focus groups (with adoption practitioners) we looked at how local authorities, voluntary adoption agencies, and adoption support agencies were responding to the new requirements of the Adoption and Children Act. We found that the independent sector (adoption support agencies and voluntary adoption agencies) had a very active involvement in this area of post adoption support - only 11% of local authorities did not work with any independent agencies in providing services. The low take up of support services by birth relatives was identified by many agencies.

Building on the mapping survey, this second stage of the study aimed to address five key questions:

- How many birth relatives are referred for support services and how many take up the services?
- What are birth relatives' experiences of adoption and how are people affected by the experience?
- What types of support do birth relatives report using and what are their experiences of these?
- How much do support services cost?
- What is the impact of support services on birth relatives?

Study design

This study was conducted in collaboration with eight agencies: one voluntary adoption agency; three local authorities; and four adoption support agencies. The study used both qualitative and quantitative methods. The research involved three strands:

The service take up survey: Participating agencies provided information about every new person referred to their service over a six month time period (the sample size was 495). One year later agencies then provided information about whether or not these birth relatives who had been referred to them had used their services. These data were used to look at the take up of services in general and between agencies and to explore or whether the take up of services differed according to referral route, birth relative type, or ethnicity of the birth relative.

The intensive study. We interviewed 73 birth relatives (44 birth mothers, 19 birth fathers, 10 birth grandparents) and asked them to complete a mental health questionnaire. We then followed up these birth relatives approximately 15 months later, and 57 people (78%) took part at the second stage. In most cases we interviewed people very close to the adoption or in the midst of the adoption process. Eighty-nine percent of our sample was white and 11% of minority ethnicity. We used qualitative methods to look at people's experiences of adoption and their experiences of using (or not using) adoption support services. Our analysis focused on looking at three key outcomes: satisfaction with support services, coping with adoption, and mental health. We looked at how these outcomes related to the services birth relatives reported they had received and to the costs of services.

The economic analysis. The economic analysis aimed to estimate the cost of providing support services to birth relatives over a 12 month period. In order to do so case workers firstly completed diaries to enable us to estimate the amount of time each of the various services provided to birth relatives took. From these, the monetary cost of providing different types of support was estimated by using published unit costs. Secondly agencies provided information about the number and type of services that each birth relative in the interview sample was provided with over one year. The costs of support services were combined with individuals' use of support services to calculate individual costs for individual service users in 2007 prices. More recent cost data is available, which more accurately reflects the cost of social work overheads, however this was not available at the time of the analysis.

Findings

The referral and take up survey

Just over half (56%) of birth relatives referred for support had used at least one session of support in the 12 month follow-up period. The two biggest referral sources were children's social

services (just over half of referrals came from this source) and the birth relative themselves (just over one third of people self-referred). Although many agencies told us they would accept referrals from a range of sources, less than 10% of people were referred by other professionals (e.g. their solicitor or doctor), friends or other sources. Referral routes were significantly associated with take up of services. Of those who referred themselves or who were referred by people other than children's social services, 80% took up services. In contrast only 57% of those referred by children's services used services. The take up of services varied dramatically between agencies from a minimum of 19% to a maximum of 74%. These differences seemed likely to be related to both the different experience and expertise of agencies in achieving good take up, and to the referral routes into these agencies.

There were no significant differences in take up of services between birth relatives who were white and those of minority ethnicity. Two thirds of those referred for support services were birth mothers (67%), less than 20% of those referred were birth fathers (19.5%) and 'other' birth relatives (the largest group were siblings, and the second largest grandparents) made up 13% of those referred. There was a significant association between birth relative type and use of services. Birth mothers and other relatives were similar: approximately 60% of these relatives took up services. However, only 45% of birth fathers engaged with services.

The 495 birth relatives referred to support providers were compared with the 73 birth relatives in our interview study. No significant differences were found in terms of ethnicity, birth relative type, and whether people did or did not use services. This suggests that our interview sample is representative of the wider pool of people referred to services.

Birth relatives' experiences of compulsory adoption

Birth relatives described multiple and long standing problems (such as relationship difficulties, mental health problems, and substance misuse) that they felt had contributed to their child's entry into care and adoption. The majority of birth relatives described the adoption process as an unfair, hostile and alienating experience and one in which they had very little power to influence events. Although levels of hostility towards statutory agencies were generally high, some birth relatives did feel that children's social workers had been open and honest, caring, and had kept them informed and involved in the adoption process. Birth relatives' needs for support varied in relation to different stages of the adoption process. The need for support from the point the child enters care was apparent, as for many people this precipitated a crisis of anger, stress, confusion, and self-destructive behaviours. As the adoption progressed, the need for advice and information about what was happening and involvement in key decision-making stages was indicated. Once children were placed with adoptive parents the birth relatives then needed information about their child's welfare and support to participate constructively in post adoption contact plans.

Birth relatives' experiences of using support services

Two thirds (66%) of birth relatives in our sample had used birth relative support services, in almost all cases provided by independent agencies. From people's accounts of the support they received we identified five different types of support activity:

- Support focused upon feelings and emotions
- Advice and information giving and the provision of practical support
- Help with contact
- Advocacy and liaison

- Group or peer support

The most common type of support people received was emotional support (83%) and the least common was group support (33%). Almost four fifths of birth relatives who used services received more than one type of service (mean number of types of service = 2.8). Birth relatives' levels of satisfaction with support services were very high: 73% of people were primarily positive, 21% were mixed or neutral and only 6% were primarily negative. Three themes related to satisfaction with services were identified. Firstly the *personal qualities of the worker* were important and birth relatives valued feeling welcomed, accepted, respected, understood and genuinely cared for by their support worker. The opportunity to have a relationship with a worker who was both empathic and knowledgeable about the adoption process was highly appreciated. Secondly the *confidentiality and independence* of the service on offer was important to birth relatives. For some birth relatives it was vital that their support worker was neither a social worker nor working for social services. For other people it was sufficient that their support worker was independent of the team involved in the child's removal. Thirdly, services that were both *flexible and proactive* were appreciated. Although for some people a model of intervention restricted to an office based, by appointment, counselling type of service did work well, for many people their needs were such that they could not have taken advantage of this and a more flexible casework type service was indicated. It seemed helpful if support workers could offer a range of services as and when birth relatives required them. Home visits, telephone calls at crisis moments, having someone to offer support through difficult events like court hearings or the final contact with the child were all valued. For many people it seemed necessary that agencies were proactive in encouraging them to use services.

One third of birth relatives in the sample had not used adoption support services, and most of these had unmet needs. Some people had no recollection of being offered a service but in more cases people did know services were there but they had not used them. Reasons why people did not take up services included feeling that nothing could be done to help them, feelings of depression and passivity, resistance to engaging in emotion focused work, and a lack of active follow up from the agency.

We also explored what other help was available for birth relatives in dealing with the problems that followed the loss of the child to adoption. What was striking is the paucity of such support for most people. Although many birth relatives had significant needs in their own right for example mental health issues, substance misuse problems, learning difficulties, few birth relatives appeared to have regular support from adult service providers. The isolation of many people from their friends and family was also sadly evident. Surprisingly (given the hostility that many people expressed) local authority social workers in post adoption and contact support teams were mentioned more than any other group as providing help to birth relatives.

Coping with adoption

Starting with a qualitative analysis of data, three dimensions of coping with adoption were identified. The first dimension was accepting dual connection: birth parents have to understand their change in role from being the legal parent to having no legal relationship with their child and from being or expecting to be a psychological parent, to having someone else take over this role. Some birth parents and grandparents recognised, accepted, valued, supported, and promoted the child's membership of both the birth family and the adoptive family. Other birth relatives claimed an exclusive role as the child's 'real' family and they did not accept the child's place in the adoptive family. Birth relatives were rated on a five point scale in terms of how well they were coping with this dimension.

The second dimension of coping with adoption was people's feelings about the outcome of the

adoption for the child. Adoption constitutes an ambiguous loss: the child is gone but he or she continues to exist elsewhere. Some birth relatives felt positive about where their child was and how they were getting on. Other birth relatives felt they just did not know how their child was, or they were intensely worried about their welfare, sometimes even fearing they would be abused by adoptive parents. Birth relatives were rated on a three point scale as positive, mixed or negative in terms of their confidence about the outcomes of adoption for the child.

The third dimension of coping with adoption was dealing with the impact of adoption on self. This included how birth relatives felt about themselves in relation to the adoption, how well they coped with negative emotions, how well they were able to get on with their life and their ability to take positive actions to help themselves. Birth relatives were rated on a three point scale as positive, mixed, or negative in terms of their ability to deal with the impact of adoption on self.

Scores from the three dimensions were combined so that birth relatives had one overall score indicating their coping with adoption. Birth relatives' scores varied from very high to very low. There were no significant differences between birth mothers, birth fathers, and grandparents on this scale although the lowest scores were those of birth fathers. People's scores on this scale were significantly higher at second interview, indicating some improvement over time but indications were that birth mothers and grandmothers improved more than birth fathers.

The mental health of birth relatives

We used the Brief Symptom Inventory (BSI) to assess people's mental health. The BSI looks at nine symptom dimensions including depression, anxiety, hostility, and paranoid ideation. Birth relatives completed this measure at the same time as the first and second interviews. At both points in time birth relatives were evidencing exceptionally high levels of psychological distress compared to a non-patient comparison sample. Even compared to the psychiatric out-patient comparison sample, birth relatives had higher mean scores on this measure. Three quarters of birth relatives were experiencing psychological distress at clinically significant levels. This fits with what birth relatives told us both about their pre-existing mental health problems and their reports about the anger, anxiety, sadness, and paranoia that they felt in response to the loss of their child. These results indicate the level of need for services that birth relatives have, but also the difficulties that might impede people receiving services.

The costs of providing support services

The average birth relative was estimated to cost £511 over the 12 month study period (the range was £0-£4563), and to have used 8.35 support services during this period. These figures include birth relatives who used no services. The agency reported use of services by birth relatives in the study corresponded significantly, though not exactly, with birth relatives' own reports of their service use. The costs of supporting birth relatives varied significantly between agencies possibly indicating both different take up rates and different levels of service provision. The cost predictions are likely to underestimate the true cost to local authorities of providing birth relative support services, as recent research suggests that one component of the cost, overheads, has been traditionally undervalued in the standard costing literature.

Costs and resource use, self reported service use, and the outcomes of support for birth relatives

Satisfaction with services used. The amount and cost of services that birth relatives used was not significantly related to whether or not they were satisfied with services. However the number

of different types of services people had used was important: for every one more type of service people used (based on the five types of service identified in the interviews) birth relatives were twice as likely to be satisfied with their service provision. These results suggest that it is not the absolute amount of services received, but the diversity of activities that case workers undertake when working with service users that is important in determining satisfaction. Two particular types of service were significantly associated with satisfaction with service use: advice and information, and emotional support.

Mental health outcomes. There was a significant association between service use and costs and improvement in mental health over time. The more services people used (based on the agency reported service use), the more their mental health improved.

Coping with adoption. People who reported having used services had significantly higher coping with adoption scores than those who had not used services. There was also a significant positive correlation between the number of types of services people said they had received and their coping with adoption scores. This suggests that birth relative support services were helping people to cope, but it could also indicate that people who were coping better were more able to access services. These two hypotheses are not incompatible and from our interviews there is evidence of both processes being at work. Women's coping scores were significantly higher than men's, and women improved more over time than men (although this did not quite reach statistical significance). Men who did not use services generally did not improve over time.

Summary of key findings

- The costs of supporting birth relatives are modest. Generally the methods of intervention being employed in the participating agencies were not 'specialist' in terms of therapeutic models of intervention, but they were specialist in terms of aiming to address people's adoption related needs.
- For birth relatives who engage in using adoption support services, the services are experienced as being helpful by the majority of people. Several statistical analyses examining whether services made a difference to birth relative outcomes did not yield significant results, but some improvement in outcomes for those using services were evident. Positive outcomes for birth relatives are likely to contribute to the achievement of positive outcomes for adopted children, as birth relatives remain a part of the child's adoption kinship network.
- For this particular group of service users the model of service delivery that seemed most appropriate was one that is flexible offering a range of types of support so that individual differences in need can be met.
- The take up of services by birth relatives is a problem; this is a hard to reach group and outreach models of service delivery seem appropriate.
- There is a need for collaborative working between children's services and independent support providers, and between both of these agencies and adult care services, to ensure that as many of those who need services are referred for help.
- Although the majority of local authorities are working with the independent sector to provide birth relative support services, it is clear from this study that there is much that children's services themselves can do (and are doing) to support and promote the welfare of birth relatives. Key areas are partnership working through the adoption process, and ongoing support for contact after the adoption.
- Adult care service providers (for example mental health services, substance misuse services, learning disability services) are an important part of the spectrum of care for the

birth relatives of adopted children, and the more these service providers can understand the impact of adoption on birth relatives, the greater their usefulness is likely to be.

- The needs of grandparents and birth fathers appear just as great as those of birth mothers, but these needs may be overlooked. Fathers are less likely to take up services and to use them regularly compared to mothers, but without the provision of services they seem particularly vulnerable to poor outcomes.

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Additional information

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The views expressed in this summary are those of the authors and do not necessarily reflect those of the Department for Children, Schools and Families.