

Helping Birth Families

A study of service provision, costs and outcomes

This study is part of the Adoption Research Initiative (ARi), a group of major research projects commissioned by the former Department for Education and Skills (DfES). The dissemination of key messages from the initiative was funded by the Department for Education.

The study was undertaken by Dr Elsbeth Neil and her colleagues from the University of East Anglia¹ and it builds on a mapping survey of support services conducted by the same researchers in 2005². Data was gathered between 2006–2009.

This summary is drawn from a longer research brief and the full report of the study³. It reviews the methodology and findings and highlights the key messages from the research. Information about other resources from the study is available at the [ARi website](#).

1. Background to the study

The Adoption and Children Act 2002 and statutory guidance contained important changes in the provision of support services for birth relatives. The Act required Local Authorities to make a range of services available to birth relatives, including counselling, advice and information and assistance in relation to contact. Underpinning these changes is a value base; that birth relatives are entitled to be treated 'fairly, openly and with respect throughout the adoption process'⁴. This study was commissioned to explore how services to birth relatives had developed as a result of the 2002 Act and to measure their effectiveness and the costs involved.

¹ The full research team was Dr. Elsbeth Neil, Julie Young and Jeanette Cossar, University of East Anglia and Dr. Paula Lorgelly, now at the University of Monash, Australia.

² See [Summary 8](#) in this series

³ The summary was drafted by Mary Beek, Professional Adviser to the Adoption Policy team, Department for Education, in consultation with the research team.

⁴ Department of Health (2001) *National Adoption Standards for England*, London:DoH

2. What was the purpose of the study?

The study aimed to address five key questions:

- What are birth relatives' experiences of adoption and what is the impact on them?
- How many birth relatives are referred for assessment for support services and how many make use of them?
- What types of support do birth relatives use and what are their experiences of these?
- What is the impact of support services on birth relatives?
- What are the costs involved in providing support services?

3. How was the study done?

The study was conducted in collaboration with eight agencies: one voluntary adoption agency, three local authorities and four adoption support agencies. There were three sources of information:

- **The service take up survey:** Participating agencies provided information about every new birth relative referred to their services over a six month period (the sample size was 495). One year later, agencies reported on whether or not these birth relatives had used their services.
- **The intensive study:** Seventy three birth relatives (where the adoption was recent or ongoing) were interviewed and asked to complete a mental health questionnaire. These birth relatives were followed up approximately 15 months later, and 57 people took part at the second stage. Eighty-nine percent of the baseline sample was white and 11% of minority ethnicity. The birth relatives were asked about their experiences of adoption and of using (or not using) adoption support services.
- **The economic analysis:** The costs of providing support services to birth relatives over a 12 month period were

estimated. Case workers completed diaries to chart the amount of time given to this part of their work. From these, the monetary cost of providing different types of support was estimated, using published unit costs⁵. Then agencies supplied information about the number and type of services provided to the sample birth relatives over the year. The costs of support services were combined with individuals' use of support services to calculate individual costs for service users at 2007 prices.

4. What were the key findings?

Referrals to services: Survey sample

- The two biggest referral sources were children's services (just over half) and the birth relative themselves (just over one third). Less than 10% were referred by other sources.
- Two thirds of those referred for support services were birth mothers and less than 20% were birth fathers. Other relatives (the largest group was siblings, and the second largest grandparents) made up 13% of those referred.

Take up of services: Survey sample

- Just over half (56%) of the birth relatives referred had used at least one session of support in the 12-month follow-up period.
- The take up of services varied dramatically between agencies from a minimum of 19% to a maximum of 74%.
- Referral routes were significantly associated with take up of services. For example, the take up rate for those referred by children's services was 57%. For those who were referred by other agencies or who self referred, the take up rate was 80%.
- There were no significant differences in take up of services between birth relatives who were white and those of minority ethnicity.
- Approximately 60% of birth mothers and other relatives took up services but only 45% of birth fathers did so.

Take up of services: Intensive sample

- One third of the birth relatives in the sample had not used adoption support

services, and most of them had unmet needs.

- Reasons for low take up included feeling hopeless, feelings of depression and passivity, resistance to engaging in work which focused on their emotions and a lack of active follow up from the agency.

Suggestions for practice

The birth relatives, practitioners and other professionals who contributed to the study, and the research team made the following suggestions for improving the take up of birth relative support services:

- Offer a phone line for out of hours support.
- Offer 'drop' in sessions and duty sessions.
- Follow up referrals by phone, text or a home visit.
- Offer a range of venues for meetings.
- Allow users to dip in and out of services.
- Liaise with other service providers who are in touch with birth relatives to publicise services and raise awareness.
- Liaise with specialist service providers to seek advice about working with birth relatives who have additional needs (e.g. learning disabilities).
- Have a physical presence in other service locations (e.g. regular surgery sessions at a drug and alcohol advisory service).
- Publicise services widely through a range of specialist and community networks.
- Revise publicity materials and take a 'marketing' approach to ensure that unnecessary barriers are removed (e.g. the implication that services are only for after adoption).
- Involve service users in the design of publicity materials and the delivery and evaluation of services.
- Monitor sources of referral and reasons for uptake (or not) to learn what works.
- Offer specialist services (e.g. to meet the needs of people of minority ethnicity).
- Target fathers. This may involve recruiting male workers and offering services specifically aimed at fathers.

⁵ Curtis, L (2007) *The Unit Costs of health and Social Care*, Canterbury: Personal Social Services Research Unit.

Birth relatives' experiences of adoption

- Birth relatives described multiple and long standing problems (such as relationship difficulties, mental health problems, and substance misuse) that 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. However, some felt that their children's social workers had been caring, open and honest, and had kept them informed and involved in the adoption process.

Birth relatives' experiences of support

- Birth relatives' needs for support changed at different stages of the care and adoption process. After placement, they wanted information about their child's welfare and to be helped to participate constructively in contact plans.
- Two thirds of birth relatives used support services, in almost all cases provided by independent agencies. Five types of support activity were identified:
 - Support focused on 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 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. Levels of satisfaction with support services were very high, with 73% of people feeling primarily positive about the services they had received.
- The amount of input that birth relatives received was not significantly related to whether or not they were satisfied with services. However, for each additional type of service used, people were twice as likely to be satisfied with their service provision. These results suggest that it is the diversity of activities undertaken by caseworkers that is important in determining satisfaction.
- There was very little additional support available to help the birth relatives to deal with the loss of their children.

Although many had significant needs, few appeared to have regular support from adult service providers. Isolation from friends and family was also sadly evident. Surprisingly (given the hostility that many people expressed) local authority social workers in adoption and contact support teams were mentioned more than any other group as providing help to birth relatives.

The costs and outcomes of 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 outcomes of the services were assessed by identifying three dimensions of coping with adoption for birth relatives.
 - a) Accepting the child's legal and psychological connection to the new family. Some birth parents and grandparents recognised, accepted, valued and promoted the child's membership of both the birth family and the adoptive family. Others claimed an exclusive role as the child's 'real' family and they did not accept the child's place in the adoptive family.
 - b) Having confidence in the outcomes of the adoption for the child. Some birth relatives felt positive about where their child was and how they were getting on. Others felt they just did not know how their child was, or they were intensely worried about their welfare.
 - c) Dealing with the personal impact of adoption. This included how birth relatives felt about themselves in relation to the adoption, coping with negative emotions, getting on with life and taking positive actions to help themselves.
- Scores from the three dimensions were combined so that there was one overall score for 'coping with the adoption'.

Scores varied from very high for coping well to very low for not coping. Scores were significantly higher at second interview, indicating some improvement over time. Those who used services had significantly higher scores than those who had not done so. There was also a positive correlation between the number of different services used and 'coping with adoption' scores. This might suggest that support services were helping people to cope, but it could also indicate that those who were coping better were more able to access services. These two hypotheses are not incompatible and there was evidence of both processes being at work.

- The Brief Symptom Inventory (BSI) was used to assess mental health. At both the first and second interviews, birth relatives were evidencing exceptionally high levels of psychological distress compared to a non-patient comparison sample. This fits with birth relatives' own reports of their pre-existing mental health problems and the anger, anxiety, sadness, and paranoia that they felt in response to the adoption. These results indicate the high levels of need for services and also the difficulties that might prevent birth relatives from using them. There was a significant association between service use and costs and improvement in mental health over time. The more services people used, the more their mental health improved.

Suggestions for practice

The birth relatives, practitioners and other professionals who contributed to the study, and the research team made the following suggestions for improving birth relative support services:

- Offer interventions to help birth relatives to manage the process of understanding and telling their story about the adoption (e.g. life story work, rehearsing or role playing how to respond in certain situations).
- Use the creative arts to help birth relatives to express feelings.
- Promote social activities to reduce birth relatives' isolation.
- Support activities that help birth relatives to restore/re-orientate their lives after the adoption (e.g. hobbies, voluntary work, and education).
- Help birth relatives to contribute positively to Life Story Books or Later Life Letters.
- Ensure that all possible steps are taken to facilitate take up of appointments (e.g. allow a number of missed appointments, offer support to attend a meeting.)
- Ensure that contracts with independent providers allow for flexibility over when and for how long services can be accessed.
- Use video material or invite an adopted person or adoptive parent to a birth parent group to promote understanding of the needs adopted children and adoptive parents.
- Use birth relatives as peer support workers/volunteers.
- Provide online information and support via websites and discussion groups.
- Offer flexible, individualised arrangements for meeting adopters (unless a risk assessment suggests that this is unwise). A meeting may be more acceptable for some birth relatives after the child is placed.
- Involve birth relatives in planning contact arrangements, take their views into consideration and ensure that they know exactly what has been agreed.
- Liaise with independent support workers to ensure that they are aware of the stage the adoption has reached.

5. Limitations and strengths of the research

Limitations

- The birth relatives interviewed for the intensive study were self selecting and therefore cannot be said to represent the views and experiences of all birth relatives.
- The study's cost predictions may underestimate the true cost to local authorities of providing birth relative support services because they include estimates of LA overheads. Previous costing studies have highlighted that it can be difficult for LAs to estimate these costs⁶.

Strengths

- The proposal for the study was independently and anonymously peer-reviewed before the work was commissioned.
- The report was independently and anonymously peer-reviewed before its publication.
- The data for the project was gathered from multiple sources.
- The project used an experienced research team with significant knowledge and skills in researching adoption.
- Throughout the project, the researchers drew on the advice of a group of birth relatives who were service users. It is likely that this contributed to the study's unusually high response rate and resulted in particularly rich and detailed interview material.

Key messages

- Take up rates for birth relative support services are low but when the barriers are overcome and services are taken up, the result is improved outcomes for service users.
- Investment in accessible and sensitive support services for birth relatives represents an investment in service users with long-standing and multiple problems. It is also an investment in the well being of adopted children and adoptive parents both in the present and in the future. As one birth mother put it:

All I can do now is try and make the best of my life so that when my children come looking for me in the future they will find a well balanced woman rather than the mess they left behind.

⁶ See [Summary 12](#) in this series