

## **SUPPORTING THE BIRTH RELATIVES OF ADOPTED CHILDREN AND SUPPORTING POST ADOPTION CONTACT IN COMPLEX CASES: EXECUTIVE SUMMARY**

### **Background**

The Adoption and Children Act, 2002 and the related Adoption Support Services Regulations for England (2003) and Wales (2004, 2005) introduced significant policy, practice and financial developments in adoption in those countries. Amongst these:

- Birth families must have access to a range of support services such as counselling, advice and information both before and after adoption.
- Birth parents are entitled to a support worker independent of the child's social worker.
- All local authorities must appoint an adoption support services adviser (ASSA) responsible for the provision of services.
- Adopters, adopted children and birth relatives have a right to request an assessment of need regarding contact arrangements.
- Local authorities must maintain services to assist contact arrangements
- A dedicated three year (2003-2006) Adoption Support Grant was put in place for local authorities to fund implementation of these requirements.

### **The Research**

This is a summary report of a mapping survey of services supporting birth relatives and contact. It is the first stage of a DfES-funded study. Further research is currently being conducted which is both evaluating the impact and outcomes of these support services, and examining their costs. This research will report later.

The mapping survey aimed to identify and describe:

- the range and type of birth relative and contact services provided by local authority (LA) and voluntary adoption agencies (VAA) and by adoption support agencies (SA) across England and Wales;
- how these services are costed and commissioned;
- at which points services can be engaged; and
- what steps have been taken to reach out to families of minority ethnicity or where members face additional challenges related to their physical or learning difficulties or mental health.

It also aimed to explore inter-agency working practices where services were being commissioned and whether adoption agencies evaluated the effectiveness of these services.

## **Methodology**

Three data collection methods were used: questionnaires, telephone interviews and focus groups.

Questionnaires were sent to all adoption and adoption support agencies in England and Wales. These explored the availability and development of both birth relative and contact support services and, for local authorities, the role and responsibilities of the ASSA. In total 135 completed questionnaires were returned, giving a response rate of 63 per cent. The agency questionnaires were examined and 60 were selected for follow up telephone interviews with ASSAs or other dedicated adoption support staff. Each interview was guided by a semi-structured schedule, tailored individually from each returned questionnaire, so that the researchers could probe, develop and clarify areas of particular interest. Ten of these had a particular focus on issues of economic costings and contractual arrangements in the purchase and provision of services. Two focus groups were held (each one focusing on either birth relative or contact support services) with adoption staff, across sectors. These provided further opportunities for information gathering and for group participants to share views on the range and effectiveness of service provision and delivery.

## **Limitations of the research**

This research reflects practices in 2005 when many agencies were planning, developing or reviewing services in these two areas, hence the research can only give a 'snapshot' of what was happening during the study time period. Many agencies could not respond with great detail to some of our questions (especially about how many people were using various services), as frequently detailed records were not kept or not easily accessible to the people completing the questionnaires. Hence the research can only provide broad impressions about levels of service take up. This mapping exercise describes service provision, but does not evaluate the quality of services (although the later stages of this project will do so).

## **Key Findings**

- The level at which the ASSA post was allocated differed between LAs. In reality in almost all LAs the responsibilities of the ASSA tended to be shared between staff in senior management, front line management and practitioners.
- Service development was mixed with birth relative and contact support services being available in some areas whilst in others work was still in progress. Service users were reliant on what may be available in their particular 'market place'.
- There was a mixed economy of adoption support provided by local authorities, voluntary adoption agencies and adoption support agencies. In some areas there were significant tensions between agencies around the area of commissioning and contracting, with evidence that some LAs were pulling back from contractual arrangements, preferring to provide services in house.
- Substantial challenges existed in maximising support service take up by birth relatives.

- With very few exceptions special support services were not well developed for birth relatives with additional needs such as mental health problems, drug or alcohol problems or learning difficulties, though liaison with other relevant service providers was reported by some respondents.
- Services and take up for birth relatives who were black or of minority ethnicity were generally under-developed and were often limited to those for whom English was not their first language.
- Arrangements for supporting indirect contact were available in many adoption agencies, including most local authorities, and these were reflected in the degree of staffing and organisational systems in place.
- Services for supporting face-to-face, direct contact were less developed, often organised on a case-by-case basis, and the party least likely to be offered support was the birth family.

### **Role of the Adoption Support Services Adviser (ASSA)**

The survey found that the management level at which the ASSA post was held varied across agencies as follows:

- **The director ASSA** (usually second tier assistant director level). This was the arrangement for the majority (58%) of the LAs which responded.
- **First line manager ASSA** (usually the adoption or post-adoption team manager). This was the arrangement in 27% of LAs.
- **The worker ASSA** (adoption senior practitioner or social worker). This was the arrangement in 11% of LAs.
- **The shared ASSA**. In two LAs the ASSA post was split between two people at two different levels of management.

The more senior the ASSA, the smaller proportion of his or her time was spent actually discharging ASSA responsibilities. At whatever level the ASSA post was assigned, in reality the responsibilities of the ASSA were discharged at three different levels, with the ASSA delegating downwards or referring upwards as required. Strategic responsibilities such as planning and commissioning services and determining agency policy tended to be undertaken by senior managers. Service allocation, staff management, budgeting and writing procedures tended to be undertaken by front line managers. Direct service delivery was not surprisingly mainly undertaken by practitioners.

## Birth Relative Support Services

- **Postcode lottery of service provision:** Whilst all local authorities provided or commissioned some sort of service for birth relatives, there were substantial differences in what was available to birth relatives depending on where they lived. Questionnaire respondents were asked to consider which services were available (either directly or through commissioning) to birth relatives over the previous 12 months. Responses showed that every LA provided some form of birth relative support service. The services most likely to be available were support for contact (over 95% of agencies said they had helped birth relatives with either direct or indirect contact), and those least likely to be offered were advocacy or therapy (62% and 58% respectively of agencies said they had provided these services).
- **Complex interagency arrangements:** 70% of local authorities said they had arrangements with voluntary adoption agencies or adoption support agencies to supplement or compliment their birth relative support provision. Other local authorities spot purchased services or were part of consortia arrangements.
- **Low take up.** Although few agencies were able to provide precise figures, most reported that take up of services by birth relatives was very low. In part they felt this was because of the conflict of interest between the LA and the birth family and the mistrust this brought about for birth families. As one manager said, *'How can they be responsive to services when this same authority is in the middle of removing their children? Who can they trust? Who can they talk to?'* Other reasons suggested were to do with the complex feelings and additional difficulties affecting many birth relatives (such as mental health problems, learning difficulties, substance misuse, unstable lifestyles): *'Birth parents' lives tend to be chaotic. This is a hard group to reach. They move a lot; they are transient; in temporary housing; they don't get letters; they don't reply to letters. They are very reluctant to have anything to do with social workers.'* The need to take into account *when* services are offered was a strong theme. Some agencies reported greater success in engaging birth relatives after an adoption order had been made, whilst others emphasised the importance of getting involved early to support people through the process. Offering to help at several points in time may be the best approach.
- **Different routes in to services.** The different ways that birth relatives could gain access to support services, and systems varied considerably. Those agencies which provided multiple routes claimed greater success. People might be referred by their social worker or self-refer after receiving information about the service. In some agencies, key staff such as Adoption Panel administrators referred all eligible families to service providers. In others, adoption social workers publicised services through training and direct approaches to social work colleagues. Many agencies welcomed referrals from a variety of sources including solicitors, children's guardians, family centre and adult care workers.

- ***Evaluation of services.*** Whilst the majority (69%) of agencies reported evaluating their services to birth relatives, in many cases this was informal (e.g. discussions in team meetings, staff supervision), opportunistic (e.g. inspection) or quantitative (e.g. referral and take up rates) as opposed to qualitative (were the services valued by birth families and what differences did services make to birth relatives?). Only a third of those which evaluated their services sought feedback directly from services users, though a greater number planned to do so in future.
- ***Unstable role of the independent sector.*** Contracting and commissioning between LA and independent sector agencies was often contentious. In some cases low service use led to LAs reviewing or withdrawing from contractual arrangements as they felt they were paying a lot for services that few people used. From the point of view of some independent sector providers, this created instability and financial uncertainty and concern that ‘in house’ services would not be viewed as independent by birth families.
- ***Few specialist services*** for birth relatives of black or minority ethnicity had been developed, and those that had generally centred on language issues (E.g. provision of an interpreter). Similarly few agencies reported they had developed special services to take account of needs such as learning difficulties or mental health problems. Although the development of specialist services was low, some innovative examples were described, and many agencies said they would endeavour to respond to individual cases.
- ***Linking birth relative support to contact support.*** Adoption staff from many agencies suggested that birth relatives were more willing to take up support services if these were connected to the contact they were having with their adopted child. For example support staff across sectors:
  - offered to help birth relatives write contact letters.
  - used the forwarding of contact letters to remind birth relatives that support services were available.
  - encouraged those using a letterbox service to meet support service staff or others using support services.
  - publicised support services via workers supervising direct contact.

## Services Supporting Contact

- ***Contact support services were largely provided ‘in house’***, although 41% of local authorities ‘bought in’ some contact support services.
- ***Supporting letter box contact is the predominant activity***; on average agencies were supporting 15 letter box arrangements for every one face-to-face arrangement. Many also reported that these letterbox arrangements comprise a significant workload and we noted that agencies have put in place sophisticated systems for referral, operation and review of indirect contact.

- ***Systems to support face-to-face contact.*** Some agencies had developed (or bought in) innovative face-to-face contact support services, but in many agencies such support was delivered only in response to an expressed need. Numbers of people reported to be receiving support for face-to-face contact were small and few systems were in place for the administration and review of cases. However, there were a number of practice examples of direct contact support services. The following are all from local authorities:
  - family placement workers stay responsible for 12 months post adoption order *'as they have a really good idea what they are taking on'* in respect of the past, the parties and reasons for direct contact.
  - A manager writes annually to all parties where there is face to face contact to see whether these are satisfactory. Where they are not she meets with the parties to discuss, mediate, and where necessary revise, the contact arrangements.
  - the Adoption Support Grant has been used to create the post of Contact Manager combining a hands-on and policy role.
  - all face to face contact arrangements are reviewed annually by the responsible post adoption social worker who meets with the adopters, birth relatives and where appropriate the child.
  
- ***Working to promote mutual understanding and collaboration in complex contact situations.*** The questionnaire included a case study of a complex face to face contact arrangement, and respondents were asked to outline how they might respond. Almost all agencies said they would directly support the child and adoptive parents (though support for adopters usually equalled dealing with the child's feelings, not the parents' feelings). Only some agencies said they would support the birth mother, and in many cases *support* actually meant *control*. A minority of agencies suggested joint work with the birth and adoptive family. Some agencies did outline excellent examples of intervention that paid attention to the individual needs of all parties *and* aimed to promote collaboration and mutual understanding between adult parties. For example, one independent agency said they would facilitate meetings between the adoptive parents and birth mother to build mutual understanding and collaboration, arguing that *"...adopted children can relax within contact arrangements if there is mutual respect... between the birth and adopted adults...they need to trust and understand one another"*. The role that independent support services could play in helping birth parents with contact issues was not always recognised, suggesting there is greater scope for links between these two areas of service provision.

### **Implications of the research for policy and practice.**

1. There are significant challenges in engaging birth relatives in support services. Services need to: be non-judgemental and perceived as independent; have multiple routes in; be flexible; be available at multiple points in time; take account of the specific needs of people who are of minority ethnic groups and/or who have special needs such as mental health issues, learning difficulties etc; and collaborate with other generic support services.

2. There is room for more ‘joined up thinking’ about contact support and birth relative support: specialist birth relative support services (or workers) have a role to play in helping birth relatives successfully maintain contact with their child. Offering help with maintaining contact is one way of encouraging birth relatives to use specialist support services.
3. The financial arrangements for funding adoption and adoption support are complex. Under funding arrangements from 2006, resources for birth relative and contact support are no longer be ring fenced. Thought needs to be given as to how resources for these services can be protected and careful evaluations that take a multi-dimensional view of ‘value for money’ may have an important role to play in this.

### **The research team for the mapping survey**

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### **Websites:**

‘**Researching adoption support**’: <http://www.uea.ac.uk/swk/rass/>

‘**Helping birth families**’: <http://www.support4birthfamilies.org/>

‘**Supporting contact after adoption**’: <http://www.support4contact.org/>

The views expressed in this summary are those of the authors and do not necessarily reflect those of the Department for Education and Skills.