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Chance4Change Evaluation

Supporting birth mothers after adoption

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Improving care experiences

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Contents

1) Introduction	4
1.a) Background	4
1.b) Overview of the <i>Chance4Change</i> service	5
2) Existing evidence.....	5
2.a) Birth parents and relatives.....	5
2.b) Contact.....	8
2.c) Recent policy trends.....	9
3) Present study: Aims and methods	10
4) Findings 1: Birth mother perspectives	11
4.a) Early experiences of extreme adversity	11
4.b) Their children	12
4.c) Referral to <i>Chance4Change</i>	12
4.d) The experience of having a child permanently removed	13
4.d.i) Distress.....	13
4.d.ii) Frustration and a sense of injustice	13
4.d.iii) Inability to move on or rebuild a positive identity	14
4.e) Service processes and aspects particularly valued by birth mothers.....	15
4.f) Impacts particularly valued by birth mothers	17
4.f.i) Dealing with upset, isolation and understanding.....	17
4.f.ii) Establishing and managing contact	17
4.f.iii) Managing relationships and accessing services	18
5) Findings 2: Workers' perspectives	19
5.a) Characteristics of the birth mothers.....	19
5.b) Key characteristics of the service	21
5.c) The difference made by the project	22
5.d) How the project could be improved.....	24
6) Findings 3: Wider stakeholder perspectives.....	25
6.a) General views of the service	26
6.b) Service content and benefits	26
6.c) In the absence of <i>Chance4Change</i>	28
7) Summary discussion and conclusions.....	29
References.....	32

1) Introduction

1.a) Background

There has been little academic attention given to the experiences and support needs of birth parents who have had children permanently removed from their care (Sellick 2007). Studies that have focused on the needs of these birth parents indicate that they are in a situation of loss and vulnerability (Neil 2006; Broadhurst et al. 2015; Broadhurst & Mason 2013). They will be coping with a range of emotional, social and practical issues associated with their child entering care, as well as dealing with the issues that brought them to this point in their lives (Neil 2006). Most will have experienced a high level of scrutiny and input from children's services before and during care proceedings, but once children are permanently removed from their birth families, services may be withdrawn 'leaving women to deal with the anguish of losing children without the requisite help' (Broadhurst et al. 2015, p.91). Dealing with such feelings is even more difficult because of family circumstances that are often characterised by socio-economic deprivation, physical and mental ill-health, substance abuse, and learning disabilities.

Between 2010 and 2012 Scottish Adoption (a voluntary adoption agency based in Edinburgh) ran a project designed to provide professional, emotional and practical support to mothers who have had a child recently adopted. Initial funding covered 24 months of operation (2010-12), during this time the service engaged with 12 mothers for periods ranging from six to 18 months. Scottish Adoption carried out an internal evaluation of this work. The evaluation identified a number of positive outcomes for the participants, including the prevention of the removal of two children from the care of one of the mothers taking part in the programme. Scottish Adoption then secured a package of funding from internal sources and the Early Years Change Fund; these monies enabled the project to run again between January 2014 and March 2015. This facilitated the recruitment of a dedicated *Chance4Change* worker, employed for 12 hours a week and supervised by the After Adoption Practice Manager.

The present study has two key aims: to provide an external evaluation of the work of the *Chance4Change* programme during this second funding period, and to contribute to a better understanding of birth parents' experiences and needs for support during and after the permanent removal of a child from their care.

1.b) Overview of the *Chance4Change* service

The *Chance4Change* service provides professional, emotional, and practical support to mothers who have had a child recently adopted. The programme aims to support mothers to recover from the loss of having their child permanently removed from their care, and works with them to make positive, sustainable changes that may, in turn, help to avoid the need for other children to be removed.

The service tailors the support to individual needs; to do this, a practitioner carries out an open-ended assessment in partnership with the woman. The assessment identifies the issues that she would like help with, her goals and objectives, and how the service can support her in achieving these within the time and resources available.

The service links in with other provision to ensure that women receive necessary social work, medical and therapeutic interventions. The *Chance4Change* practitioner proactively encourages and supports the woman to engage with a range of provision and opportunities.

As a minimum, the practitioner aims to meet with the woman on a weekly basis, but contact might take place more regularly (either face-to-face or via phone or text) as many of these women are socially isolated and may require ongoing support and encouragement to engage. By adopting a proactive, non-judgemental approach, the practitioner aims to create a safe and welcoming space for the women allowing them to face, understand, and deal with the many difficulties they experience in their lives.

During the second 12-month period of funding, the service received 20 referrals. Eight of these women engaged with the *Chance4Change* service, and Scottish Adoption provided an alternative service for three women. Of the nine remaining women, some chose not to participate and others had needs outwith service criteria.

2) Existing evidence

2.a) Birth parents and relatives

Whilst there has been a number of studies considering the support needs of adoptive parents and children, very few have considered the needs of birth relatives of children who have been, or are in the process of being, permanently removed from the care of their birth parents (Sellick 2007). However, as Neil (2006) suggests, it is important to consider the welfare of birth parents and

relatives, as the repercussions of having a child permanently removed from the care of their birth parents can be painful and damaging, both in the short- and long-term.

Birth families' experience of loss is likely to be amplified by a lack of social and professional support, and an absence of opportunities to express their feelings of loss, anger and guilt (Neil 2006). Moreover, these families' circumstances and backgrounds, which are often characterised by socio-economic deprivation, physical and mental ill-health, substance abuse and learning disabilities, not only make them more likely to face parenting difficulties resulting in the removal of a child, but may also compromise their ability to understand and cope with the loss (Neil 2006; Broadhurst & Mason 2013; Logan & Logan 1996).

Despite the multiple vulnerabilities faced by birth families, they often receive little or no support in dealing with their feelings of loss, anger and guilt (Neil 2006; Sellick 2007; Broadhurst & Mason 2013). Moreover, the needs of birth parents are not well understood by service providers, further compounding parents' feelings of loss, isolation and despair (Logan & Logan 1996). The lack of response to birth mothers' needs may be due to the fact that current normative discourses of mothering render these women invisible and their experiences unacknowledged (Broadhurst & Mason 2013). Women who fall short of the 'good mother' standards, which are based on idealised Western middle-class norms, are often vilified by public discourses (Lupton, 2000). Such discourses will in turn affect policy and practice responses to these women's needs.

Birth families also receive little or no support in establishing and maintaining contact after separation from their child. As Neil (2006) and Sellick (2007) have argued, support to birth parents and support for contact are interconnected issues. When services support birth families to deal with their feelings of loss, shame, and guilt, successful contact is more likely. When contact goes well, birth families are more likely to accept the child's adoption, which in turn may have a positive impact on the children. Then birth parents can support children in making sense of their past, understanding their present, and coming to terms with their circumstances. Helping birth families to understand and cope with the loss of their children to adoption or care is therefore important to support positive contact between birth families and the child (Neil 2006).

Reporting on the findings of a study exploring whether and to what extent birth parents and grandparents had accepted the child's placement for adoption, Neil (2006) suggests that the type of contact a birth relative has with the adopted child greatly impacts on patterns of acceptance. Individuals having face-to-face contact with the child and the adoptive family were most likely to express positive views and feelings about the adoption. Neil (2006) proposes that the opportunity to create and maintain meaningful relationships and engage in an open dialogue with the child and the adoptive family, supported birth families in coming to terms with feelings of loss, anger, and guilt.

Individuals who had indirect contact, on the other hand, found it difficult to communicate openly and constructively with the child and the adoptive family through letters. This had a negative impact on these individuals' ability to sustain contact and their capacity to deal with the loss.

Offering support to birth families to establish and maintain contact can also support and encourage them to engage with other services (Sellick 2007; Neil 2006). The lack of support services to birth mothers during and after the adoption or care proceedings may also impact on their decision about whether and when to have further children (Broadhurst et al. 2015). Anecdotal evidence suggests that some women may deal with their loss by becoming pregnant again during, or soon after, adoption/care proceedings (Broadhurst & Mason 2013). These subsequent pregnancies are likely to result in further removals of children from their birth parents' care. These cases often occur in quick succession, thus allowing little time for work to be done with birth families to support them in dealing with their loss or with the issues that resulted in children being removed from their care in the first place.

In their study exploring the frequency and extent of recurrent care proceedings in England, Broadhurst and colleagues (2015) found that such cases account for a significant number of all care proceedings. There is now a growing concern about the emotional and financial costs of recurrent care proceedings (Broadhurst et al. 2015; Broadhurst & Mason 2013).

Providing support to birth parents to deal with their loss and address the issues that led to the removal of their children can assist them in making better decisions about whether and when to have further children. If further pregnancies are delayed, birth parents will have a better chance to achieve a level of rehabilitation that will allow later children to remain in their care, thus eliminating the need for further proceedings. The costs of proceedings in England are calculated to be £15,000 per case, whilst the average annual cost per looked after child in 2009/10 was £37,669 (Broadhurst & Mason 2013). Such high costs more than justify investment in services that can support rehabilitation.

Since the implementation of the 2002 Act, local authorities in England and Wales have developed a number of services to support birth families during and after adoption proceedings (Sellick 2007; Neil 2013; Neil 2006). However, birth parents often face a number of barriers in accessing these services; for example, following the removal of a child, birth parents, and relatives are likely to feel anger and mistrust towards service providers. Consequently, they may be reluctant to engage with services that they see as being connected to the removal of the child. Services provided by the local authority may be resisted, and some authors suggest that consideration should be given to the commissioning of services from non-statutory providers (Neil 2006; Sellick 2007).

It should also be recognised that birth parents and relatives may be grieving, and find it difficult to engage with services whilst they are struggling to deal with loss; they may be feeling worthless and depressed (Neil 2006). Service providers should therefore be proactive in engaging with birth families (Sellick 2007; Neil 2006).

2.b) Contact

Contact between adopted children and their birth relatives is now relatively common practice. Whereas previously infant adoptions would have typically remained confidential, most experts now suggest it is important to take account of each child's age at placement and the nature of their relationship with birth relatives, and consider whether some form of contact following adoption may have potential benefits for the child. Around 70% of children adopted from care in the UK today are likely to have some form of contact with their birth family (Performance and Innovation Unit, 2000). Indirect contact is more common than direct contact, and, as such, is now the standard plan for children adopted from care (Neil, 2004). While some might consider indirect contact more straightforward than direct contact, research suggests that it can be complex and to be successful it requires careful planning and support that is not always provided (Neil, 2004; Selwyn, 2004; Young & Neil, 2004).

Since its introduction, post-adoption contact has continued to raise anxieties amongst some adopters and professionals who worry that it is a potential risk to placement stability. One early concern was that contact could interfere with attachment between the adoptee and adopter (Kraft et al., 1985). However, studies at the time found no evidence of placement instability (Barth & Berry, 1988; Borland et al., 1991) and instead there was an indication that appropriate contact could be a protective factor (Fratter et al., 1991). When compared to confidential arrangements, research has shown that post-adoption contact can promote the adopters' sense of entitlement to parent and help their attachment to the child to be more secure (Fratter, 1996; Logan & Smith, 2005; Neil, 2003; Siegel, 1993; Silverstein & Demick, 1994). Studies have also indicated that contact can aid grief resolution for some birth parents (Grotevant & McRoy, 1998; Neil, 2007).

In the small number of studies where children and young people's views have been sought, they describe a complex mixture of feelings in relation to contact with birth relatives, including positive feelings of happiness and excitement at the same time as more negative feelings of anxiety (Macaskill, 2002; Neil, 2004). There is evidence that post-adoption contact between adopted children who have experienced neglect or abuse and their birth relatives can present a complex set of benefits and risks (Macaskill, 2002; Sinclair et al., 2005). Challenges include situations where a birth parent denies past abuse or avoids children's questions about the past (Macaskill, 2002). Children also find contact very challenging when tensions between adults are apparent and where

these remain unresolved (Fratter, 1996; Macaskill, 2002). Despite the challenging nature of contact, most children with contact report general satisfaction and a wish to continue (Adoption Policy Review Group, 2005; Logan & Smith, 2005; Neil, 2004; Thomas et al., 1999). However, readers should also note that some children with no contact also express satisfaction and a small proportion are adamantly opposed to contact (Thoburn et al., 2000; Thomas et al., 1999). Decisions regarding contact must, therefore, be guided by individual circumstances and a commitment to achieving good long-term outcomes for children.

2.c) Recent policy trends

Child protection systems necessarily focus on protecting children: they rarely attend to the needs of birth parents and other family members affected by the removal of a child. However, practitioners and others have often reported that birth parents have significant needs for support in dealing with the adoption process and its aftermath. Recent changes in adoption policy have begun to acknowledge these needs. In England, the 2002 Adoption and Children Act requires local authorities in England and Wales to offer birth parents a support worker who is not the worker for the child, and birth relatives have a right to request an assessment of their need for post-adoption support. A similar provision is included in the Adoption and Children (Scotland) Act 2007. The 2007 Act gives responsibility to local authorities to provide adoption services to a number of persons involved in the adoption process, including birth parents (Section 1 (3)). Section 1 (5) defines adoption services as services consisting of, or including, the provision of:

- 1) Counselling
- 2) Guidance about adoption
- 3) Any other assistance that the local authority judges to be appropriate in a particular case

These are welcome developments; however, as Broadhurst and colleagues (2015) have argued, only a small number of children involved in care proceedings will be adopted. Most looked after children are in long-term foster or kinship care and there are no statutory requirements to provide post-removal support to birth parents of these children. Moreover, a mapping exercise (Sellick 2007) and evaluation (Neil et al. 2010) of the provision contained in the 2002 Adoption and Children Act indicates that the availability and quality of services were variable and that service uptake by birth parents was low due to a number of barriers, such as:

- Birth parents' anger with and mistrust of service providers
- Being refused a service due to current care proceedings
- Having to travel to see a worker
- Timing and parents' 'readiness' to do the work or to accept the adoption

- The support service being seen as another ‘authority’
- Parents’ feelings of depression and hopelessness
- Lack of persistent follow-up by the support agency

No similar research findings exist for Scotland, so it is unclear what impact, if any, the Adoption and Children (Scotland) Act 2007 has had on service provision and uptake. It is likely, however, that similar issues to those identified in England and Wales will affect the availability, quality, and uptake of services to birth parents in Scotland.

3) Present study: Aims and methods

The aims of the study are twofold:

- To increase knowledge about birth mothers’ needs, experiences and perspectives in a way which allows researchers, decision-makers, professionals and policy-makers to develop more appropriate and effective ways to support them.
- To evaluate the *Chance4Change* project, addressing issues of process (how the project works) and outcomes for women and children in a way that identifies the impact of the intervention and highlights the implications of findings to support ongoing development of the services.

The study employed a mixed methods approach which included semi-structured interviews with birth mothers (n=4), case file and documentary analysis (n=4) and online questionnaires distributed to professionals at Scottish Adoption (n=20) and external referring organisations (n=11). This enabled the research team to gather information from multiple perspectives about, amongst other things, the:

- context of the service
- efficacy of the service
- profile of service users
- service delivery process
- mothers’ experiences and perspectives of childhood, families and being parented
- mothers’ experiences of the removal and post-removal processes and of support made available to them.

The evaluation broadly followed a ‘Realistic Evaluation’ (Pawson and Tilley 1997) approach, taking cognisance of the different circumstances through which individuals come to be involved with the *Chance4Change* service, and interpretations of success. The data analysis was primarily thematic (Braun and Clarke 2006). The findings in this report are primarily those related to the evaluation of

the service; further detailed analyses of the data will be conducted to explore and understand these women's experiences and needs. These analyses will be reported in subsequent outputs.

We present the findings in three sections. The first of these sections considers the birth mother's perspectives, the second the worker's perspective, and the third the wider stakeholder perspective. We urge readers to consider each of the views to be a partial insight into the services provided:

- Birth mothers provide essential information about their experience of the service within the context of their lives, but they may be less aware of the rationale for service delivery or the full range of support offered to all mothers.
- Workers provide detailed understanding of the intent, scope and operational content of the service, but will be less aware of how this is experienced by birth mothers or perceived by other stakeholders.
- Wider stakeholders such as referrers will be able to give a broad overview of the service situated in the wider context, but they may be less able to provide detailed information about the content of the service.

These perspectives may overlap and/or differ, and so it is important to bring them together to develop a holistic picture of the service provided. We end the report with a conclusion that considers all the perspectives we have gathered and summarises key points.

4) Findings 1: Birth mother perspectives

4.a) Early experiences of extreme adversity

The four women who agreed to take part in the research were all Scottish and aged between 20 and 31 years of age. The women's accounts of growing up and young adulthood included examples of extreme and multiple adversities experienced over many years. Their stories highlight instability and a lack of agency or opportunity to improve their lives. Personal experiences of physical and sexual violence in childhood and adulthood were common to the women's stories. They reported physical and mental health issues as persistent features of their lives. State intervention and care experiences were a common feature. All of the women had a long history of involvement with social services due to their own and their family's vulnerabilities.

For example, one participant with learning difficulties described a complicated history in childhood of caring for her mother who had a serious mental illness, rape by a neighbour, becoming looked

after, and in adulthood, domestic abuse perpetrated by her children's father, and her own emerging mental health issues.

Loss was also a feature of these women's lives. One described multiple losses that she had experienced throughout her life and that continued to have an effect on her, including the death of her grandmother, separation from her partner, estrangement from her brother and loss of her mother when as a child she became looked after. She had also experienced three miscarriages. She said:

All together I've had five children and all five of them have been taken away from me whether it's the two that have been born or the three that have died. (Birth Mother)

4.b) Their children

Most of the women had their first child when relatively young, aged between 17 and 21 years. Between the four women, ten children had been born, all of whom had been permanently removed. Four of these children were removed at birth or soon afterwards. Four children had been placed with adoptive families and two were waiting for the adoption order to be granted. Two children were in kinship care and two children had a plan for permanence with their current foster carer.

4.c) Referral to Chance4Change

Between December 2013 and May 2014, external professionals had referred three of the participating women to the *Chance4Change* programme; referrers included a social worker, support worker, throughcare and aftercare worker. Engagement with the programme started one to three months after the referral.

The other participating birth mother was already involved with Scottish Adoption. Since 2000, she had been receiving post-adoption support to deal with her own adoption, to establish contact with her birth family and, more recently, to deal with the permanent removal of her own children.

Most often, referrers recommended the service to women because they were struggling to deal with feelings of loss, guilt, shame, and anger. Two referrers also noted that they had already worked intensively with the women but that there had been little or no change; they suggested that the women lacked an insight into what needed to change to increase their likelihood of keeping any further children.

4.d) The experience of having a child permanently removed

4.d.i) Distress

The women described the distress they experienced when the authorities removed their children, and their feelings since this occurred. One woman described the emotional impact of the moment of physical removal of a baby from the maternity ward:

Birth Mother - I wouldn't let them take my boy not whatsoever I'd have him in my hands and [name] took him just for two seconds so that I could calm down so that the midwives could get me to calm down and everything, and I was shouting in the social worker's face and everything. Went to grab my boy back off AR and he wouldn't give me him, he handed, he handed[child] over, worse thing he could have done honestly the worst thing he could have done. He went, eh, the social worker got, went and got court orders and I ripped it up in front of him and everything, I didn't care I was like no you're not having my son, you've got my daughter you're not having my son and yea, they got security and everything that was a really bad night that night. I wouldn't leave the hospital either I asked them to keep me in for the night because I wouldn't leave... They wouldn't keep me in, they sent me home.

Researcher - That must have been very distressing all of that.

Birth Mother - Yea, I fell asleep on the way back on the bus, eh I got off the bus and I couldn't walk. I couldn't walk from the bus stop to my door because, kind of getting off the bus without your child, knowing that your child is somewhere else, ken, I was near enough collapsing as soon as I, as soon as I got in my house that was it, down on the floor, I just, you know.

The same woman described the enduring nature of her distress over the four years since her children were removed:

*It's still really sore, I'm missing them... I still, I speak about my children every day, eh and it's without a doubt I'm always, always talking about them, obviously I would miss them to bits you know, I'll cry about them every day, I cry myself to sleep, you know, I can't sleep without like having dreams about them, see I'm nearly crying already.
(Birth Mother)*

4.d.ii) Frustration and a sense of injustice

The women's accounts also indicated that the *process* of assessment and removal was as important to them as the outcome. Where the authorities had handled these processes in a way

that the women felt was unfair, they felt a sense of injustice. This sense of injustice persisted and acted as an ongoing barrier to accepting the decision. One explained:

People are telling me to let go of this and try and like accept the fact that my children are in care, and I can't because of what the social workers done to me. It's not because that anything went wrong and I'm denying that, it's the fact that I tried my best to get the support that I needed and the social worker just would not give me it. I asked for mother and baby unit, they turned around and said to me there wasn't one in Scotland and then when I turned around and said that there was one down in England near my family, they turned around and said there wasn't one in the UK. (Birth Mother)

Some aspects of the process of transition from foster care to adoption also proved difficult for the women. They felt a sense of frustration when promises had been made, and, in their eyes, not kept. One said:

The foster carer where I used to go and see the children, she had just [child] she had pictures up to that and she turned around and said whatever happens to the children, whether they were going in care or whether they were coming back to me I would get them pictures, I've no even got one picture of them. (Birth Mother)

Uncertainty regarding the whereabouts and wellbeing of adopted children was also a source of concern for women and appeared to contribute to their difficulties coming to terms with the loss of their child. One woman said:

I don't know where they are or who they're with, you know, so it's a lot of worry for me. (Birth Mother)

4.d.iii) Inability to move on or rebuild a positive identity

Women's accounts suggested that they were still struggling to make sense of the permanent removal of their child. This difficulty appeared to be ongoing for the women even when the child had been removed many years earlier. For example, at one point a mother suggested that she did not have difficulties and did not understand the decision:

it's ... I haven't, you know, I haven't been given a reason why my kids were taken away. All I'd been told is that I was irresponsible and that I had a learning disability, that's all I'd been told. I didn't be told why they were taken or nothing... So obviously that's hurt me like throughout, cause I've had to live these four years without my children, without the reason of knowing why, you know, and it's heart breaking me yea (Birth Mother)

The same woman at times indicated awareness of her vulnerabilities and needs and other times she was less willing to identify potential problems with her capacity to parent:

I don't understand there's nothing wrong with me, like until I find out, you know, at the moment I've said there's nothing wrong with me. When I had my children there was definitely nothing wrong with me...

... [the children's father] he used to beat me up and everything as well... It's another reason why I think it might have been a loss of the children, because I didn't tell them that I was being beaten up from him, but I had to stop going to contact because I was getting bruises... The more I stopped going to contact, the more they thought I wasnae interested. (Birth Mother)

Being unable to resolve the complex and competing perspectives had meant that women were stuck and unable to make the significant changes in their lives, even though they were motivated to tackle their problems.

Women also expressed some uncertainty about what their current role or position might now be. For example, in describing a visit to her child's nursery during one of their supervised contact sessions, one woman explained that she did not pick up a recipe leaflet that was available because:

...I didn't feel right picking something up [...] when obviously it's for the parents and his nana is his guardian eh. (Birth Mother)

In this way, the birth mother felt excluded from the validated status of 'parent' but was unclear about what was now appropriate for her to 'do' or 'be'. She acknowledged that her identity as 'mother' was no longer straightforward, but she had little idea about the nature or status of her new role or how she should perform it.

4.e) Service processes and aspects particularly valued by birth mothers

All the women interviewed spoke positively about the support offered by their *Chance4Change* worker, one said:

This service is a really good service, it's one of the best services that I've worked with. (Birth Mother)

Aspects of the service that were particularly valued were its flexibility, consistency, and openness. The women valued regular and extended periods of support and noted that this was not typical of their experiences with other services:

Researcher: Anything else that you would say is different about working with [worker] from other people you've worked with in the past?

Birth Mother: Eh a lot different, there is a lot of difference; with [worker] at least we've kept in contact for so long, like we keep in contact every week.

The women also appreciated the proactive nature of the support and the reassurance and care communicated by project workers:

We're in weekly contact anyway, but at least if we stop contacting for a while she'd contact me straight away, she would worry, she would contact me straight away, whether eh, [name] which is my old throughcare and aftercare worker if I didnae contact her she wouldnae, she won't contact me she'll wait until I contact her. (Birth Mother)

The following edited extract from an interview demonstrates some of the ways that a worker developed a relationship and maintained contact with one birth mother:

Birth Mother: Yea but see like my dentist, and going to the dentist, and like keeping up with appointments, I'm not very good at it at all. And [worker 1] and eh, [worker 2] comes some times to collect me and take me to my dentist appointments or wherever I need to go and [worker 1] does it as much as she can... Em, so, she does, she does, a lot more than she should be doing I think.

Researcher: Ok, so but,

Birth mother: She's a great support worker

Researcher: Ok so she does more, but actually, you appreciate that extra stuff that she does?

Birth mother: She sends me birthday cards and Christmas cards and everything, she never forgets. I just gave her, her Christmas card today and a thank you card because I got to give it to her before [...] Christmas.

Researcher: Yes, so any other things that [worker 1] does that you find helpful?

Birth mother: Eh she takes me for something to eat and a coffee and a chat em. And if I offer to pay for it she never ever lets me pay for it, because she pays for it. But em, I can phone her anytime for anything and she'd be there for me if she can, and if she can't she asks [worker 2] or somebody else, usually its [worker 2], I've meat [her] a few times, [she] dropped me off today...

Engaging with the *Chance4Change* project also offered the women the opportunity to meet other women with similar experiences and to engage in new activities within a group setting. Whilst all the women welcomed these opportunities, they also talked about some of the challenges they faced in taking part in group work, particularly when members were at different stages of their journey.

4.f) Impacts particularly valued by birth mothers

4.f.i) Dealing with upset, isolation and understanding

Engaging with the service produced some relief for the women in respect of the pain and upset they were feeling. The women valued the opportunity to talk with someone about their experiences and the relief that this brought:

I've got this little knot in my heart, it's the only way, best way to describe it, a knot in my heart. When I speak about my kids, the knot unknits. See five, ten minutes later it'll knot back up again with all this stress and thinking about the kids and thinking about what happened to me when I was a child, everything, it will all knot back up and it will knot even tighter. Eh so I have to speak, to speak to somebody to get it out again, it will come out again, five minutes it's back in again you know it just doesnae leave me, it just will not leave me. (Birth Mother)

The *Chance4Change* project, alongside other services, was also helping to address the sense of loneliness and isolation expressed by some of the women. Women were grateful for the weekly catch-ups with their support workers; these were often the only opportunity they had to get out of the house and socialise:

Yea, I don't go a lot and that's another good thing about [support worker] is that ... she'll meet me at Starbucks and I'll have a hot chocolate because that gets me out the house, because it is getting to the point where I'm bored with being in the house. It's depressing. (Birth Mother)

The support offered by *Chance4Change* was helping some women to gradually build up their understanding of the circumstances surrounding the child being taken into care:

...till this day it still baffle's me but I'm starting to, so [C4C support worker] em, slowly telling me what happened and why it happened and I'm getting a better understanding (Birth Mother).

4.f.ii) Establishing and managing contact

One result of the service that the women particularly valued was support in re-establishing contact with their children. Contact was an ongoing issue for these women. In the cases where the adoption had been granted or was in the process of being granted, comments made in the case files indicate that 'letter box contact' had been agreed. However, it was often unclear how this agreement had been reached and how this contact would operate. Information from the interviews with the birth mothers indicated that there was often some confusion around what the arrangements for contact were, and that prior to their involvement with *Chance4Change*, support

to maintain contact seems to have been either absent or ineffective. Without effective support, some had been unable to sustain contact over time:

...when I was in the panels or when my children were in care they said that I could meet the adoption people, the adoptive parents, now I've like, you know, we've tried and tried and tried, can we meet the adoptive parents, can we meet the adoptive parents, this was me and my ex-partner and this was before... [my children have been adopted] coming up two years in August, and I've not heard nothing from them, I'm supposed to be getting a yearly contact, I was originally going [to] see them, they were going to give me that, and I'm going to see if I can chase that back, and see if I can (Birth Mother).

The birth mothers interviewed were keen to re-establish contact with their adopted children. Information from case files and interviews indicate that the *Chance4Change* workers were pro-actively supporting women to re-establish contact with their adopted children. For example, the service achieved this by contacting the local authority social workers who had dealt with the adoption cases to clarify the details of the original plan for contact and the circumstances of its breakdown. Workers also helped women to write letters for the child and the adoptive family.

The fact that the women depended on this support to maintain contact generated a strong motivation for them to engage with the service:

I know I will always need the adoption agency em, with their, like my contacts for [child], em they're the ones who get the letters and the photos and then they send them on to me so the adoptions agency is always going to be part of my life and I'm quite happy with that (Birth Mother).

4.f.iii) Managing relationships and accessing services

Birth mothers identified a need for support with managing their relationships with other professionals and family members. They viewed this as an important component of the support offered by *Chance4Change*, and something that assisted with accessing additional services as needed.

One participant received support from *Chance4Change* to negotiate and maintain their relationship with workers within an additional service. This allowed any concerns or questions that the participant had to be raised by their *Chance4Change* worker:

Yea, she speaks to my support workers all the time em, if there's anything, like I'm not too sure about asking them, I'll say to [C4C support worker] can you talk to my worker please and she'll phone them for me no bother at all (Birth mother).

This participant had been more confident to negotiate directly with services to achieve arrangements that were more suited to her needs.

Birth mothers noted that the service had helped them to access support that they would otherwise not have been able to access:

I'm coming off medication and I spoke to [worker] and I said do you know anyone that could put me at ease or help me understand what's going to, what I'm expecting to go through when I come off my medication? And she's managed to get in touch with somebody who's a doctor who can help, em, with what I'm gonna go through. And they've got, they've got like they do groups, they can get in touch with a lot of people as well like a lot of other services and that's, that's quite helpful. (Birth mother)

Women also suggested that workers were helpful in managing and maintaining relationships within extended families:

...and then I didn't see [birth mother's parents] for three years, the only time I heard from them was on my birthday or Christmas, em. And they recently got in touch with [Chance4Change worker] and my mum said they would like to see [child] but we don't know how to go about this. And [worker has] been fantastic, [...] she talked to me cause she knows how much I freak out about my mum, em, and she's like the go between, between me and my family. Like she'll talk to me and reassure me on things but she'll also do the same for my mum and dad if they need it, so I think that that's good. (Birth mother).

5) Findings 2: Workers' perspectives

We asked workers at Scottish Adoption to complete an online survey to provide views about the *Chance4Change* project. This included workers who were involved in delivering the service and those who worked alongside the project on other matters. The questionnaire was largely qualitative and contained several opportunities to provide open responses. It also contained a number of pre-categorised questions, which have been analysed quantitatively. We received responses from 13 members of staff, of whom eight worked in some capacity within the *Chance4Change* project.

5.a) Characteristics of the birth mothers

When considering the birth mothers who were engaged in the project, workers identified a number of adversities that they faced as well as motivations displayed by women who benefit from the project. In this way, they developed a detailed and nuanced picture of the women. The figure below lists some of the key concepts that the workers used in their descriptions:

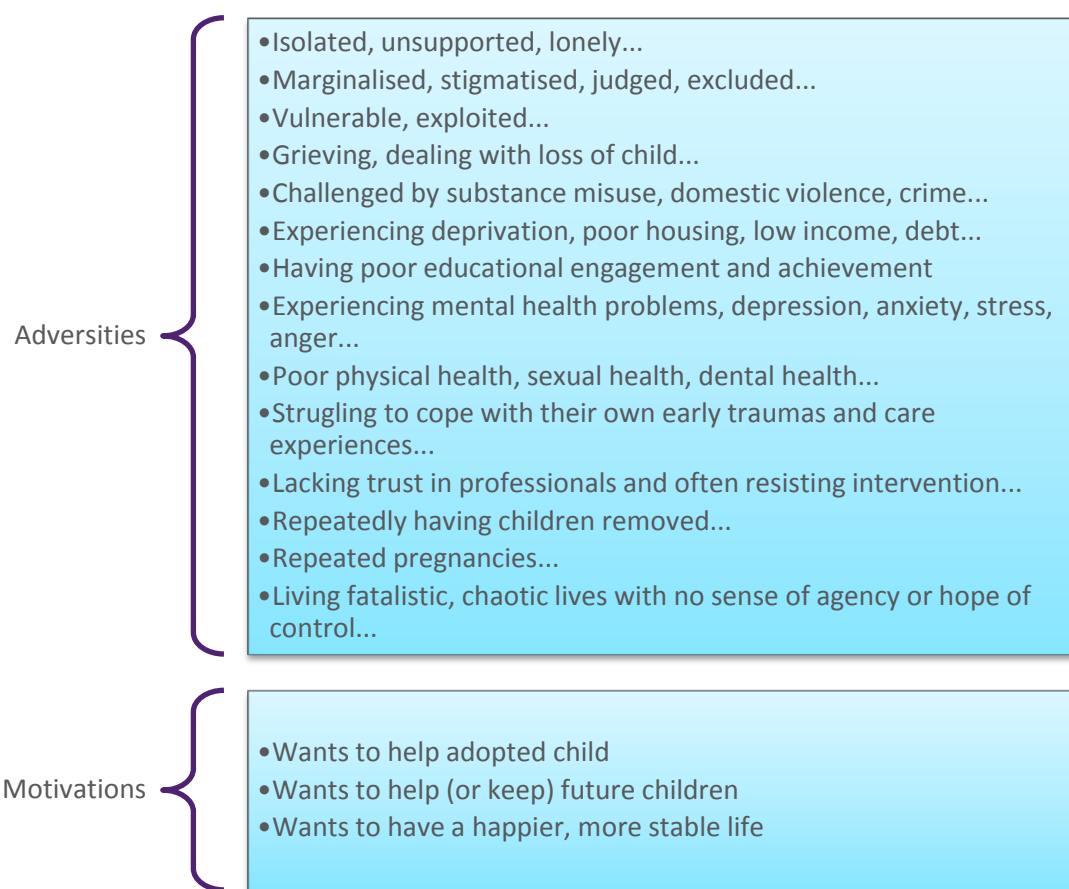


Figure 1: Key concepts from workers' portrayals of birth mothers

The many adversities faced by these women were also apparent in responses to pre-categorised questions in the survey. These showed that each of 18 predefined adversities was indicated to be relevant by at least 60% of respondents, and for many categories, 100%. Taken together these findings suggest that women using the *Chance4Change* service experience multiple adversities, often simultaneously.

The project focuses on achieving change for the woman; in order to benefit from the services, workers suggested that women needed to have some or all of the motivations listed above. In addition, workers explained that the mothers needed to be 'ready', be committed to working with the service, and have some degree of stability in their life. Some workers noted that they had received referrals for women who they felt were not yet able to benefit. They indicated that this was generally due to particularly pressing issues in their lives, for example, processes to remove their child were ongoing, or issues such as mental ill health, substance use, or domestic violence were currently at a crisis point. In some cases, Scottish Adoption had a prior relationship with the women involved in the *Chance4Change* service. This had advantages; it both enabled workers to

be sure that the woman was 'ready' for the project and gave them a head start in building trusting relationships with the woman.

5.b) Key characteristics of the service

Respondents described in detail not only what the project did, but the way in which workers went about the work. We note that there is no single model that describes the service. In the figure below, we list typical activities and explain briefly the nature or purpose of the activity:



Figure 2: Workers' descriptions of project activities

Workers defined the project as much by its ethos and the way in which they performed the work as by the substantive content of activities. The descriptions provided by workers illustrate many dimensions to this ethos. We suggest that the overarching ethos is a desire to provide a meaningful, nurturing, and therapeutic experience for each individual woman. Workers enact this through a number of strategies listed in the diagram below:

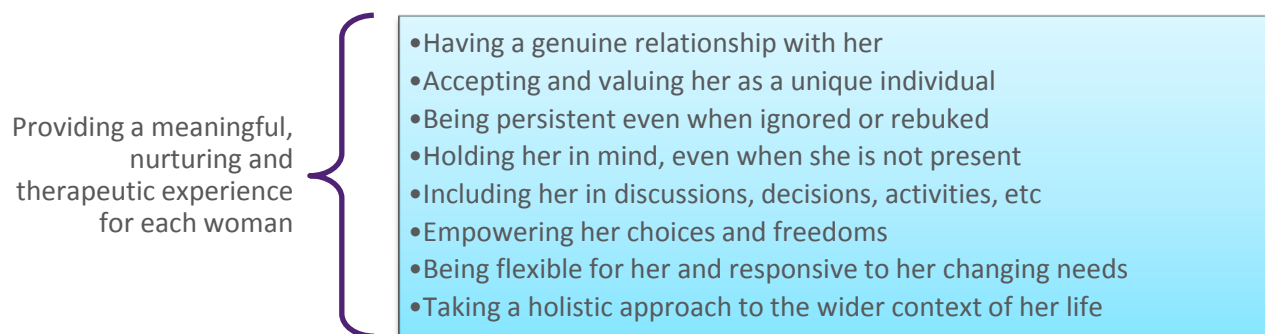


Figure 3: Achieving the ethos

5.c) The difference made by the project

We asked workers responding to the survey to provide examples of successes when working with the women or progress made by the women. Their responses illustrate a range of benefits arising from the project. We have selected the examples to illustrate the diversity of these women's achievements; we present these in the Box below. Despite the relatively short duration of the project, some of these statements clearly describe what might be seen as 'outcomes', ie they seem to represent concrete and enduring changes in circumstances, networks or attitudes. Other statements portray important interim outputs or significant experiences that seem to represent shorter-term benefits and that may be instrumental in leading to long-term outcomes.

Box 1: Workers' examples of women's achievements

[She] is now able to manage direct contact with her son who is placed with paternal grandparents, she has moved from needing support to manage annual visits to managing this independently. (Worker, survey response)

Birth mother has managed to rebuild her relationship with her adoptive parents, [these] had broken down due to the loss of her children to adoption. Birth mother is now regularly meeting her adoptive mother and is feeling very positive about being part of the family again. (Worker, survey response)

Information exchanges have been established with some women and the parents of their adopted child. (Worker, survey response)

[She] is now managing her own tenancy having moved from homeless accommodation and is linked in to support from an agency specialising in mental health. (Worker, survey response)

None of the women have become pregnant during the term of Chance4change. (Worker, survey response)

One woman who had [previously] not been able to take up [an] opportunity for individual therapy has since expressed a wish to do so. Another expressed an interest in joining an adult education or community music group. (Worker, survey response)

Progress in building a relationship with a woman who had been very resistant to any social work involvement and very distrusting. This was a gradual process but was a first step in helping her access other services and manage to reliably manage to keep up with an information exchange. (Worker, survey response)

We were successful in building trusting relationships with a small number of women who were able to make use of intensive therapeutic and practical support from us on an on-going basis. (Worker, survey response)

We were successful in supporting women's physical and mental health at least during their engagement with the project, and making sure they got to vital appointments and got the care they needed from health whenever possible. (Worker, survey response)

We were successful in supporting women to access contraception and to use our support to talk about their desire for another child and the reasons why this would be problematic for them were they to get pregnant. (Worker, survey response)

The women all enjoyed the Reiki session giving them an experience of good self-care. (Worker, survey response)

All the women were keen to continue to use art making therefore they received art packs with techniques that they could engage with at home in their own time. (Worker, survey response)

Women seemed to take the opportunity to share experiences Some of the women made artworks for their children which was very powerful, positive experience to achieve. (Worker, survey response)

One of our clients was supported through a difficult period around hospitalisation and receiving a mental health diagnosis which was huge for her identity and self-image. (Worker, survey response)

5.d) How the project could be improved

Workers universally felt that the priority for improvement would be to ensure the service provided a long-term commitment to the women. We acknowledge that, as we collected data for the evaluation at the end of a time-limited period of funding, readers may feel that this fact may have influenced workers' comments about the focus on sustained support. However, we would highlight the fact that these views are consistent with those of birth mothers and wider stakeholders, and furthermore, that they seem grounded in evidence, not least the fact that they explained that it could take considerable time to initiate and build trusting relationships. These women generally mistrusted professionals and service providers; workers suggested that these attitudes and ways of behaving had developed over many years, sometimes a lifetime, and were consequently difficult to change. Workers suggested that the project should maintain an open option for women to return for support in the future. The quote below exemplifies these views:

A year is far too short; it takes that long to build trusting relationships with [workers]. In terms of therapeutic work, some [women] would have been more able to explore this towards the end of the project but cannot now proceed with that. Each woman has a very long journey to make and a year is just a fraction of that. It's also another ending for women who have experienced too much loss and instability already in their lives.
(Worker, survey response)

Other suggested improvements concerned capacity, for example, having a larger team to spread the caseload, allowing more time for reflection, and ensuring that a programme of ongoing activity would be available such that women would be able to access something each day if they wished.

Additionally, workers noted that the birth mothers sometimes sought support 'out of hours' and that there may be a need for an out-of-hours emergency response. Some workers also suggested that, ideally, the team would grow, allowing the incorporation of workers with a range of different skills into a team, such that a multi-disciplinary response could be provided.

One worker mused on whether the location of the project in an adoption agency was ideal. Whilst it was felt that this had advantages, such as depth of knowledge and richness of connections, they questioned whether the project would be better located in an independent agency, due to parents' potential feelings of resentment towards an organisation that 'removes children'.

There was also an observation that women who are not ready for *Chance4Change* still need to be provided with support and a suggestion that this is a service gap, which needs to be addressed.

We also asked workers to reflect on what would happen in the absence or after the loss of the project. Asking this type of question is somewhat problematic as it asks people to speculate or make predictions. However, workers were clear; they felt that the project was unique and addressed a need that would be unmet if the service was not available. In terms of the women already engaged with the service, they felt that the consequences of leaving needs unmet would be a series of risks for the women and their families. These are summarised in the diagram below:

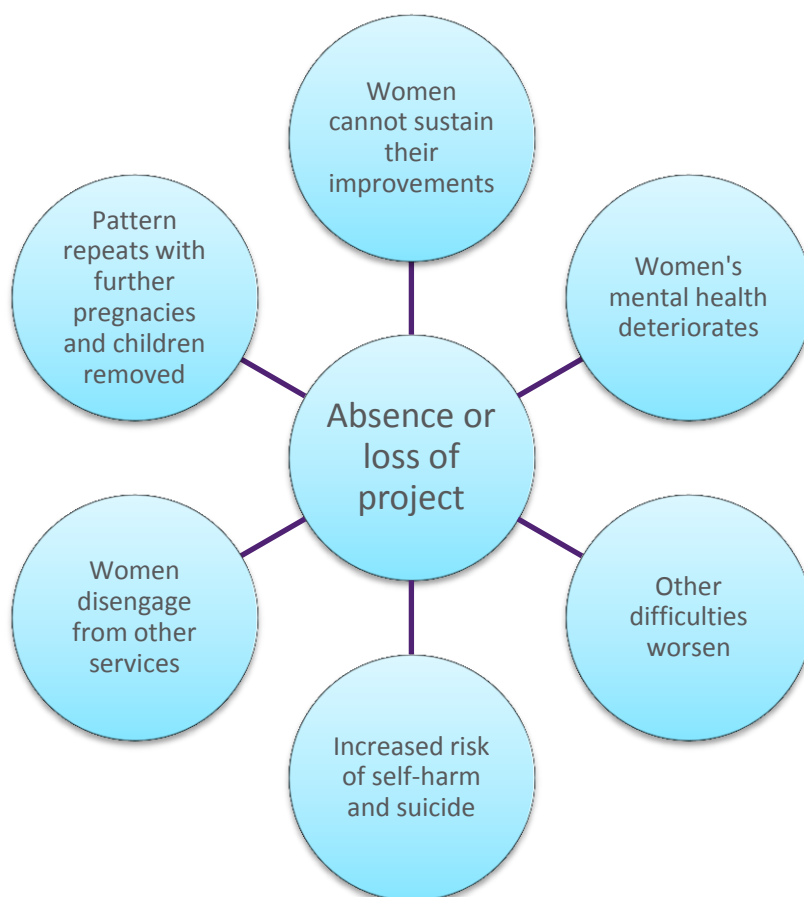


Figure 4: Workers' views of risks for women in the absence of the project

6) Findings 3: Wider stakeholder perspectives

In order to capture the view of wider stakeholders, we conducted another online survey, this time with professionals who had referred women into the project. Three professionals took part in this survey, two from statutory services, and one from a third sector organisation. Again, the questionnaire contained a combination of open response questions and questions with predefined

categories. Whilst the small number of responses limits the value of numeric information, the participants provided highly detailed responses in open text questions.

6.a) General views of the service

Between them, these three referrers had referred four women to the project and each of these had engaged with the service for at least six months; two mothers had ongoing contact with the project. Two of these referrers had heard about the project via leaflets and the other had an existing working relationship with Scottish Adoption.

In terms of their perception of the aims of the project, all of the referrers stressed that the service aimed to support women coming to terms with, or trying to understand, the loss of their child to adoption. Two also suggested the service aimed to promote better outcomes if further children were born, and one mentioned an aim to support or facilitate letterbox contact.

These stakeholders described the service as addressing a need unmet by other providers. One referrer explained that mothers often received significant and broad-ranging support from statutory services while there was a possibility that the child would be returned home; however, they suggested that this support was withdrawn at the point where a decision was taken to seek the permanent removal of the child (eg through adoption). This participant suggested that mothers in this situation felt excluded and unsupported.

When asked to describe the women they had referred, responses showed that the four women had poor mental health, experienced poverty and had experienced various traumas in their histories; in addition, they had a wide range of other disadvantages and problems. Participants felt that all of these women were experiencing particular problems in dealing with the loss of their child; they described some as having difficulty in handling the emotions involved and some as finding it difficult to understand why their child had been removed or what they could have done differently to prevent this.

6.b) Service content and benefits

Referrers described the service that the women they had referred to *Chance4Change* had received. They listed a wide range of supports delivered through group work and individual sessions. They portrayed these supports as having practical / instrumental dimensions, recreational aspects, and therapeutic roles. They praised the flexibility and client-centred nature of the service, and stressed that different approaches benefited different women.

Referrers noted that the project worked hard to build a relationship with the women, but that this could be difficult and time-consuming. For two of the four women that these participants had referred, there had been significant difficulties in gaining trust and engaging the women fully. In the main, they thought workers achieved engagement through a gentle, supportive, and persistent approach. They also felt that the fact the service had not been directly involved in decisions to remove the child was helpful. Referrers contrasted this to their own situation as they had often been involved in removal of the child but did not have the time to work with birth families after adoption.

Referrers thought an aspect of the service that was particularly helpful was that women had time to reflect on their circumstances and difficulties. They also noted examples of where letterbox contact had been particularly successful, including one case where this had been beneficial in maintaining a link between adopted children and younger siblings who remained with the birth family.

In terms of potential service improvements, referrers felt this would require access to more resources, particularly in terms of staff time. They recognised that the work was necessarily intensive and that the service had had to ration the time available or delay the start of work until there was sufficient capacity:

It would be helpful if the response can be quick and flexible, meeting a mother at a time of crisis and supporting her, then offering further insight and work on chance for change as she is ready. So a service which can meet the issues of a person along the timeline of her journey would be helpful. (Referrer, survey response)

These participants identified services not currently provided, that they felt would be useful additions to the *Chance4Change* service:

Perhaps working with couples as many women remain with the same partner and so both could benefit from some couple work as there is often one within the couple who is more of a protective factor, especially if they hope to go on and have more children. (Referrer, survey response)

Perhaps have someone who had a specialism in working with people with learning difficulties and adapting materials for them. (Referrer, survey response)

Referrers were clearly able to reflect on the benefits that the service produced for the birth mothers, but were less able to comment on additional benefits for wider family members:

I am sure that the young woman will have spoken about the process with her mother and grandfather, who she lived with, however I am not sure what impact it would have

as there was very little insight in to the issues due to mental health and learning issues within the family. (Referrer, survey response)

In addition, one referrer offered a view that wider family members could sometimes contribute to the women's problems:

There is a sense when the mother 'gains and has support in developing her understanding', this impacts positively on her relationship with her children and also attitude to the placement. Unfortunately in our experience the mother's families are frequently undermining and negative about a parent's being in support of permanence planning, and when the mother does not have quick enough support she can find difficulty in managing this. (Referrer, survey response)

6.c) In the absence of *Chance4Change*

As with workers, we asked referrers to reflect on what would happen without the *Chance4Change* project. Responses highlighted a view that the service was unusual in that it had a profile of particular knowledge and skills that enabled it to understand the women's needs and respond to them:

There are no other services which have an understanding of social work, parenting issues, loss and the need to work with professionals as Scottish Adoption and Chance for Change. (Referrer, survey response)

Many of my client group are in their late teens, early twenties but are operating at a much younger age group and so have a delayed emotional development. There will also be a loss of expert knowledge of the processes and supports available. (Referrer, survey response)

They also re-stressed the potentially negative outcomes for the women and for children should the service not be available:

The closure of the service could affect many women's mental health if they are unable to have a non-judgemental space where they can talk openly about their children being adopted. For many women the service could stop the cycle of their children being adopted if they have a better understanding of why their children were adopted. (Referrer, survey response)

As with workers, referrers stressed the need for long-term continued support for the women, preferably delivered by a service with which they have been able to build a trusting relationship:

I think that this is a service that needs to be around for the long term as women will need different support at different stages as they deal with the loss of their children. It is important that they build up trusting relationships with support staff and there is consistency there. There is also [a] maturing process that develops as younger women grow older. (Referrer, survey response)

7) Summary discussion and conclusions

The *Chance4Change* project was relatively small-scale and delivered services to a restricted number of women. The evaluation of a small-scale project requires the use of different approaches and perspectives. Small numbers generally do not facilitate quantitative approaches, as statistical inference requires large enough sample sizes. Therefore, in this evaluation, we have relied heavily on qualitative processes, gathering information from a range of different perspectives. The main sources of data were birth mothers themselves, workers working on or alongside the project and wider stakeholders who had referred women to the service. Whilst each of these positions produces unique insights, we also found considerable consistency on central themes building a clear and persuasive story about the service.

We found that the birth mothers were a diverse group with high levels of need. Each had faced a complex set of adversities, traumas, and deprivations, difficulties that were embedded in their lives over extended periods. The loss of a child to adoption was related to these wider circumstances and the way the women responded or failed to respond to them. Either way, these mothers were further traumatised by losing their child and often unable to understand the reasons and processes that had led to this. Many remained angry or ambivalent in respect of authorities who had removed their child, and this problematised their relationships with statutory service providers.

Whilst some workers feared that some women might resent an adoption agency's role in the removal of children, the women in this study clearly valued the knowledge and awareness that workers within *Chance4Change* held. For mothers in particular, this expertise facilitated establishing or re-establishing contact arrangements and ensuring that these were positive for the mother and child.

In gaining the women's trust, the *Chance4Change* service clearly benefited from being outwith statutory services; however, building relationships was still difficult and time-consuming. Considerable skill and patience was required to engage the women and bring them to a position where they could begin to make sense of their experiences and plan positive changes to their lives. The determination of the workers to engage and value each woman seems to have contributed to this development, this required personal resilience, and effective systems of support and supervision.

Characteristics of the service most welcomed by mothers appear to have been commitment, responsiveness, and creativity. They received proactive, flexible support delivered to them as an individual and through group work. Workers took simple measures to ensure that the women understood they were valued and 'held in mind', for example, keeping in regular contact via texts, calls, greeting cards and so on. Women felt these contacts showed they were worthwhile individuals and that these workers genuinely cared what happened to them. The inclusion of written media, such as cards and texts, may have been particularly helpful, as it provided a tangible record that the woman could re-read and keep; this accords with the concept of therapeutic notes, letters and documents which are often used in narrative therapy to develop relationships and capture and reinforce gains (Paré, 2016; Rodgers, 2009; Speedy, 2004). These trusting relationships enabled women to deal in a candid way with difficult issues, trusting that they would receive consistent, responsive, and reliable support from workers.

Group work was also particularly beneficial for these women, many of whom had restricted or difficult social networks. Group activities often involved creative activity that allowed women to develop, clarify, and better understand their own stories. The shared nature of these activities also seems to have been helpful, as it allowed women to understand that other families also had similar problems.

In conclusion, we feel that the service addressed a clear need and filled a gap where support for these families was patchy or non-existent. We feel that there was a clear positive impact for these mothers, and that this may have wider impacts for children (existing and future). Some of these positive impacts persist for the longer term; however, this relatively short evaluation is unable to say this with certainty. We would recommend that the lessons from this evaluation are sufficient to allow wider testing of this or similar models to support birth mothers. Further evaluation in other contexts and following women for longer periods would be beneficial.

The evidence from this evaluation shows a high level of difficulty in supporting these mothers; the work is time-consuming and resource-intensive, particularly in the initial stages of forming an effective working relationship. We feel that to have maximum effect the project would need to continue to support these women for some time, and allow them to return as and when they needed. This type of ongoing and top-up support is likely to be cost-effective since the early stages of work are the most intensive. We would therefore suggest that these services need a degree of stability and sustainability not possible with short-term funding. Short-term delivery of a project such as this seems wasteful, as the project must deploy resources in set-up and promotional activity. More seriously, consideration needs to be given to whether short-term delivery of a project such as this unfairly raises women's expectations and risks reinforcing their view that services cannot be relied upon.

Chance4Change made a clear a positive difference for these women, and they valued the services they received highly. We would suggest that this evaluation shows this type of service is needed

and can be beneficial. Therefore, whilst we would advocate some caution in scaling up any small-scale service, we call on service providers and funders to enable delivery of larger-scale and longer-term support for birth mothers who have lost a child to adoption.

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