



**After Adoption's Breaking the Cycle programme:
an evaluation of the two year pilot, September
2014 to August 2016**

Rebecca Bellew & Uzma Peeran

Impact & Evaluation team

June 2017

Acknowledgements

We are grateful to all birth mothers and social workers involved with the project who participated in the interviews and focus groups.

Delivery partner: After Adoption is an independent adoption agency and leading adoption support charity which operates throughout England and Wales, offering a range of services.

Evaluation partner: Coram is the UK children's charity that has been supporting children for more than 275 years. Coram's mission is to develop, deliver and promote best practice in the care of vulnerable children, young people and their families. Coram provides consultancy in service improvement and research and evaluation for other public and voluntary organisations.

Published by Coram
Copyright © 2017 Coram
41 Brunswick Square
London, WC1N 1AZ

Main contact: Rebecca Bellew, Impact & Evaluation team
Tel: 020 7520 0377
Email: impactandevaluation@coram.org.uk
Registered charity no.: 312278

The views expressed are the authors' alone, and do not necessarily reflect those of After Adoption.

This report has been edited and reviewed by Hannah Lawrence, Senior Researcher at Coram.

Contents

Executive summary	5
Overview	5
Design and delivery.....	5
Participants	6
The evaluation	6
Main findings.....	7
Wellbeing	7
Moving on and accepting	8
Positive life choices.....	8
Relationships.....	8
Parenting skills	9
The programme.....	9
Conclusion	9
Introduction	11
Overview	11
Programme rationale and aims	11
The evaluation partner: role, aims and approach	13
Programme design and implementation	14
Design and delivery.....	14
Participants	15
Programme engagement	16
Data collection	16
Qualitative measures: interviews and focus groups	16
Quantitative measures: questionnaires	17
Analysis and reporting.....	18
Analysis of the impact of Breaking the Cycle	19
Overview	19
Wellbeing	19
Understanding and acceptance	23
Life choices	24

Relationships.....	27
Parenting skills	31
Practitioner observations.....	32
Birth mother outcomes	32
The structure and delivery of the programme	33
Limitations of the evaluation.....	36
Conclusion.....	37
Recommendations	39
Programme recommendations	39
Evaluation recommendations	39
Appendices	40
Appendix 1: Baseline questionnaire for birth mothers	40
Appendix 2: Demographic information	42
Appendix 3: Descriptive statistics for outcomes measure (self-assessment questionnaires)	43

List of figures

Figure 1: Improvement in four dimensions of wellbeing after one to one support	21
Figure 2: Average scores in four dimensions of wellbeing from one to one support (stage one) to after parenting sessions (stage three)	22
Figure 3: Average scores in accepting the loss of a child.....	24
Figure 4: Improvements in making positive life choices after one to one support	25
Figure 5: Average scores in making positive life choices from one to one support to after parenting sessions	26
Figure 6: Improvements in ability to talk to someone about their child after one to one support	29
Figure 7: Average scores in ability to talk to someone about their child from the beginning of the one to one support to after parenting sessions	30

Executive summary

Overview

Breaking the Cycle is a programme for birth mothers delivered in the Midlands by the independent adoption agency, After Adoption. Breaking the Cycle aims to provide intensive support to birth mothers, who have lost at least one child to adoption, in order to “break the cycle” of repeated adoptions. Breaking the Cycle recruits birth mothers who demonstrate clear motivation, commitment and willingness to engage in the programme, which focuses on reflection and change. Participation is voluntary - birth mothers choose to take part in the programme.

At the time of this report, Breaking the Cycle was funded by Esmée Fairbairn. Coram, the UK children’s charity, was commissioned to evaluate the effectiveness of the programme. This final report presents an exploration of the two year Breaking the Cycle programme which ran from September 2014 to August 2016.

Design and delivery

Breaking the Cycle is a trauma informed programme which is reflective and therapeutic in nature. The programme provides one to one and group work support to birth mothers who demonstrate motivation and a commitment to engage with the programme. Breaking the Cycle allows birth mothers to reflect on their life journeys, encouraging them to take control of their lives in order to make positive, informed choices into their future.

The two year Breaking the Cycle programme that Coram’s evaluation considered was delivered by two part-time, experienced social workers. The content of this programme was developed by these social workers, drawing on a wide range of resources and their professional experience. The programme was delivered in three phases¹:

1. Six one to one sessions which supported birth mothers to understand their life journey and the reasons for the removal of their child/ren from their care
2. Six group work sessions focused on supporting birth mothers to: build self-esteem and confidence; understand the cycle of grief and loss; recognise the value of healthy relationships; understand the impact of stress and depression on emotional health and wellbeing and understand the importance of self-care and nurturing.

¹At the time of this report the Breaking the Cycle programme was still running and had secured additional funding for three years.

3. A six week optional parenting programme for birth mothers who wanted to have children in the future, gain a greater understanding of parenting or who were pregnant.

In addition to the above three phases, a monthly drop-in peer support group was available to all birth mothers who completed the programme.

Participants

Twenty-five birth mothers took part in the two year Breaking the Cycle programme². All but one (23) were white British³. Ages ranged from 18 to 50. Over half of the birth mothers (54%) were aged between 18 and 29. Thirty-eight percent (9) of the birth mothers had a special educational need.

Fifteen birth mothers had one child removed from their care. Three had four or more children removed from their care. The majority (20) of birth mothers did not have any children living with them during the programme, however, three birth mothers had one child living with them.

The evaluation

The evaluation was commissioned to explore whether the programme was effective in its aims of instilling birth mothers with the positive behaviour changes associated with breaking the cycle of pregnancy and removal. The evaluation questions were:

- Does the programme deliver improvements in the birth mothers' wellbeing, including self-esteem, confidence and mental health?
- What is the impact of the programme on birth mothers' acceptance and understanding about the loss of their child?
- Does the programme assist birth mothers to make positive life choices, including seeking employment, education or training, and living a healthy lifestyle?
- Does the programme help birth mothers to develop positive relationships?
- What is the impact of the programme on parenting skills? What are the obstacles in providing a support programme for birth mothers?
- What changes could be made to the programme to improve delivery and outcomes?

In addition, Coram considered the impact of the programme on breaking the cycle of repeated adoptions and the value of a bespoke future parenting programme. This has been commented on where possible.

² One participant completed four sessions but was unable to complete the programme. This birth mothers' baseline information has been referred to in order to help understanding of the entrants onto the programme.

³ Information about the birth mothers' demographics was collected from 24 participants.

The evaluation used a mixed methods approach, collecting quantitative outcomes measures (self-assessment questionnaires) and conducting qualitative semi-structured interviews and focus groups with the participating birth mothers. The birth mothers completed two self-assessment questionnaires before and after each phase of the programme:

- an assessment of how positive or negative they felt about ten statements related to wellbeing and knowledge about adoption related processes
- a Goal Based Outcomes (GBO) measure which was used to explore birth mothers' progress towards unique goals (see Appendix 1).

Fourteen birth mothers took part in interviews or focus groups. Twenty-one birth mothers completed self-assessment questionnaires at the start of the programme (the one to one phase)⁴.

Main findings

Breaking the Cycle had a positive impact on the birth mothers who participated in the programme. The programme was particularly successful in being able to maintain a high level of engagement from the birth mothers who all had complex histories and needs (birth mothers reported feelings of sadness, depression and anger before the programme). It was likely that the tailored and staged approach (beginning with one to one sessions and progressing to group work) contributed to this level of engagement and created a safe and open space for the birth mothers to reflect on their pasts and make positive steps towards their futures.

Breaking the Cycle achieved all of its intended aims. More specifically:

Wellbeing

- All of the birth mothers' wellbeing increased as a result of the programme. This was demonstrated in the results of the self-assessment questionnaires, the interviews with birth mothers and the observations from practitioners involved in the delivery of the programme. Thirteen out of 14 birth mothers interviewed discussed how their self-esteem had improved as a result of the Breaking the Cycle programme: "*Absolutely major increase in confidence, and belief in myself really....*" (Claire). This was corroborated in the questionnaires which revealed that improvements in wellbeing increased by an average

⁴ Twenty-one self-assessment questionnaires were completed at the baseline (one to one stage), however, the number of self-assessment questionnaires completed decreases in the later stages of the programme, detailed later in the report.

score of 2.6 after the one to one sessions⁵ (based on a one to ten scale. The average score increased from 5.3 before the one to one sessions to 7.9 after the sessions⁶).

Moving on and accepting

- An important change for the birth mothers after Breaking the Cycle was the improved ability to accept the loss of their child. All but one of the birth mothers reported that they were more able to accept the loss of their child after the one to one sessions (based on the self-assessment questionnaires, average score increased from 3.5 to 7.9)⁷. In addition, birth mothers felt more able to talk to someone about their child (average score increased from 6.8 before the one to one sessions to 8.7 after the one to one sessions)⁸.

Positive life choices

- The programme encouraged the birth mothers to make positive life choices, which included living healthier, being more active or seeking employment, education or training. The majority of birth mothers (17) reported an improvement in this area after the one to one sessions in the self-assessment questionnaires⁹. This change was also evidenced in the interviews with birth mothers who discussed that they now felt able and more confident to engage in employment, education and other positive activities in their community. In addition to these softer outcomes, at the time of this report, five birth mothers had re-entered employment and five had re-engaged with education:
“...Because of this group.... I work in [a shop]...” (Anna).

Relationships

- Birth mothers on the programme had limited experiences of positive, supportive relationships in their lives. The qualitative element of the evaluation indicated that the programme acted as a safe place to learn from social workers about relationships. Birth mothers were able to develop trusting relationships with both professionals and their peers in the group. After the programme, birth mothers felt more comfortable talking to someone about their children. Consequently birth mothers felt less isolated in their situation:
“...friends, I've got a few more than I used to.” (Ali)

⁵ Wellbeing domains include “I feel good about myself”, “I cope well with daily life”, “my mental health is good” and “all things considered how satisfied are you with your life as a whole nowadays”.

⁶ Based on responses from 15 to 21 birth mothers.

⁷ Based on responses from 15 birth mothers (nine birth mothers did not respond to the question “I am able to accept the loss of my child” on the self-assessment questionnaire).

⁸ Based on 20 responses from birth mothers.

⁹ Based on 21 responses from birth mothers.

Parenting skills

- Although there was less evidence about whether the birth mothers had improved their parenting skills (this outcome would benefit from longer term monitoring and evaluation), there were signs that the programme had helped some birth mothers in this respect. For example, at the time of this report no birth mother had lost a subsequent child to adoption since engaging with Breaking the Cycle and three birth mothers had retained children in their care. One birth mother had won the right of appeal at Placement Order stage of adoption and, at the time of this report, had been rehabilitated with her son and was parenting him with local authority involvement. These outcomes demonstrate that positive steps were made in relation to parenting skills.

The programme

- The programme was bespoke and tailored to the needs of each birth mother. After Adoption recognised that participants had difficult histories and complex needs and therefore a flexible programme would be the most effective. The staged structure of delivery, which first engaged birth mothers in one to one sessions to build rapport and then moved them on to group sessions, worked well.
- The group sessions facilitated relationship building between professionals and the birth mothers and between the birth mothers and their peers. Birth mothers reported that the group sessions allowed for learning and reflection in a safe environment. This also helped birth mothers feel less alone by meeting others with a similar experience: *“now I can talk ... I used to shut myself away and not talk to anyone.”* (Ali)
- An important element within the structure of the programme were the folders each birth mother compiled of the work they had completed during Breaking the Cycle. Participants talked about the value of assembling and writing down their experiences and considerations in this way. The process helped birth mothers acknowledge their difficult experiences, reflect on their pasts and also plan for the future.
- Many of the birth mothers would recommend the programme to others. The participants appreciated the openness and the shared history of the mothers involved. This made the programme unique from other sources of support they may have accessed before.

Conclusion

The evaluation asked five questions relating to: improved wellbeing; acceptance of loss; making positive life choices; developing positive relationships and parenting skills. Breaking the Cycle contributed to all of these intended outcomes, as discussed above. The evaluation showed that the programme in its current format was extremely effective and there was particular value in the staged approach and

balance between one to one and group work activities. The findings from the evaluation highlight the benefits of bespoke parenting programmes, particularly for participants who have complex needs. Finally, although this would benefit from a longer term study, there were early indications that the birth mothers were making steps towards breaking the cycle of repeated removal of their children.

Introduction

Overview

Breaking the Cycle is a programme which aims to support birth mothers who have had children removed from their care and been adopted. The programme provides birth mothers with intensive one to one and group support. The two year programme that this report considers was commissioned in April 2014 and started accepting referrals on 1 September 2014. In its first year Breaking the Cycle was available to birth mothers in the Black Country (comprised four local authorities: Wolverhampton, Sandwell, Walsall, and Dudley) and in the second year this was extended to include all of the Midlands. The two year programme was run by After Adoption and funded by the Esmée Fairburn Foundation¹⁰.

Coram, the UK children's charity, was commissioned to explore the effectiveness of the programme in November 2014. This final report presents a summary of the impact of the programme in its first two years.

Programme rationale and aims

Birth parents have their children removed from their care as a result of abuse, neglect, inadequate parenting, an unsuitable home environment, or sometimes combination of all of these. For example, in 2015/16 62% of children entered care because of abuse or neglect that they were experiencing at home and 14% entered care due to "family dysfunction"¹¹. The reasons for removal are complex. Many birth parents will themselves have experienced similar circumstances in their own childhoods, as well as other difficulties later in life, such as homelessness, the absence of positive relationships, domestic violence and/or abusive relationships. Many have also experienced periods of being in care themselves.

Research undertaken by Lancaster University indicated that 24% of birth mothers subject to proceedings to have their children removed will repeat this experience within seven years¹². This research also suggests that young women between the ages of 16 and 19 years old are at most risk of having a child removed from their care. Current statutory support for birth parents is minimal and usually limited to short grief counselling session during the adoption process. Although courts often

¹⁰ At the time of this report Breaking the Cycle was still being delivered and funded by Esmée Fairburn.

¹¹ DfE (2016), Children looked after in England including adoption: 2015 to 2016, DfE.

¹² Karen Broadhurst, Bachar Alrouh, Emily Yeend, Judith Harwin, Mike Shaw, Mark Pilling, Claire Mason, Sophie Kershaw; Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England. *Br J Soc Work* 2015; 45 (8): 2241-2260.

make recommendation for the rehabilitation of parents¹³ take up is often variable and inconsistent¹⁴. When the time between pregnancies is short there is often little time for rehabilitation.

After Adoption has found that the feelings of loss and grief, stemming from the adoption of a child are long lasting, however, birth parents are often fearful of interventions by social care. After Adoption has also suggested that when services are independent, specialised and flexible birth parents are more likely to accept support that will assist them. The Breaking the Cycle programme aimed to develop best practice in supporting birth mothers.

Breaking the Cycle was developed from the findings of other After Adoption programmes including Parenting Subsequent Children; Strengthening Adoptive Families in England; Inside Outside and Adults Facing Chronic Social Exclusion. These projects worked exclusively with birth parents in a variety of locations and settings, including in the community, on remand and in prison. Birth parents were involved in the development of Breaking the Cycle and its initial design through a consultation group in the Midlands.

After Adoption had developed an awareness of the high number of repeat adoptions in the Black Country, particularly from parents who are young care leavers. These areas suffer from high unemployment and are some of the most economically deprived communities in the UK. These factors, coupled with the wish of local authorities to support birth parents in these areas, prompted After Adoption to choose the Black Country as the location to develop a pilot support programme for birth mothers – Breaking the Cycle.

The aim was to create a therapeutic programme which supported birth mothers to embark upon a personal journey of self-reflection. The programme strived to encourage and inspire birth mothers to take control of their lives in order to make positive, informed decisions and choices in the future.

Breaking the Cycle intended to help birth mothers address the issues underlying the loss of a child who has been adopted. It was unique from other projects that offer similar services because it put in place measures to guard against future losses of children, enabled change for birth mothers, as well as, supporting them to make informed choices about contraception and future pregnancies.

Unlike Pause¹⁵, another service provided for women who have had children removed from their care, Breaking the Cycle did not stipulate requirements for women to be

¹³ Ibid.

¹⁴ Neil, E., Cossar, J., Lorgelly, P. and Young, J. (2010) *Helping Birth Families: Services, Costs and Outcomes*, London, British Association of Adoption and Fostering.

¹⁵ Pause is a national, government funded programme which also works with women who have experienced repeat removals of children from their care. For more information visit www.pause.org.uk

using contraception to allow them access to the programme. Pause requires birth mothers to take long-acting reversible contraceptives (LARC) during the programme. Furthermore, Breaking the Cycle did not exclude birth mothers who were pregnant at the point of referral.

The evaluation partner: role, aims and approach

After Adoption commissioned Coram's Impact and Evaluation team to evaluate the two year Breaking the Cycle programme in November 2014. Coram's remit was to evaluate the impact of the programme in order to support in developing replicable best practice. The evaluation questions were:

- Does the programme deliver improvements in the birth mothers' wellbeing, including self-esteem, confidence and mental health?
- What is the impact of the programme on birth mothers' acceptance and understanding about the loss of their child?
- Does the programme assist birth mothers to make positive life choices, including seeking employment, education or training, and living a healthy lifestyle?
- Does the programme help birth mothers to develop positive relationships?
- What is the impact of the programme on parenting skills? What are the obstacles in providing a support programme for birth mothers?
- What changes could be made to the programme to improve delivery and outcomes?

In addition, Coram considered the impact of the programme on breaking the cycle of repeated adoptions and the value of a future bespoke parenting programme. This has been commented on where possible.

The interim evaluation report (November 2015) commented on the programme's support of birth mothers to understand adoption processes, including letterbox contact. This material was removed for cohorts three and four of the programme as it was found that the birth mothers needed specialist support with this and they were therefore referred to another After Adoption service - Birth Ties¹⁶. This subject is therefore not considered in this report.

¹⁶ Birth Ties is an After Adoption service that provides support to all birth parents involved in adoption process. This enabled Breaking the Cycle birth mothers to access support alongside taking part in the Breaking the Cycle programme.

Programme design and implementation

Design and delivery

This section of the report describes the rationale for Breaking the Cycle along with its structure and how it was delivered. The chapter discusses the number of participants, their background and the method and type of data collection used to assess the effectiveness of the programme.

After Adoption was funded to deliver Breaking the Cycle twice a year for two years from September 2014 to August 2016, with each cohort supporting five to seven birth mothers. The original plan was that the programme would support twelve participants in each cohort. Early on in the programme it was recognised that the birth mothers had endured complex trauma. Given this, and the consequent complexity of needs amongst the birth mothers, After Adoption decided to run the programme with fewer birth mothers in each cohort. This meant that the social workers could better support each of them and could help participants reach their stated goals.

The majority of birth mothers were referred to the programme via After Adoption. Despite engagement with local authorities, there was a lack of direct referrals from them. Each birth mother was invited to take part in an assessment to explore whether the programme was suitable for them.

The programme was split into three sequential phases:

1. Six one to one sessions which supported birth mothers to understand their life journey and the reasons associated with the removal of their child/ren from their care.
2. Six group work sessions focused on supporting birth mothers to: build self-esteem and confidence; understand the cycle of grief and loss; recognise the value of healthy relationships; understand the impact of stress and depression on emotional health and wellbeing and understand the importance of self-care and nurturing. A key component of the group work was the opportunity for birth mothers to meet other mothers who had also lost a child/ren to adoption. This may have been the first opportunity the birth mothers had to share their stories in a safe, supportive and non-judgemental environment.
3. A six-week optional parenting programme for birth mothers who wanted to have children in the future, gain a greater understanding of parenting or who were pregnant. This element of the programme aimed to provide birth mothers with an insight into good enough parenting, attachment and cycles of interaction, child development, early brain development and safeguarding.

In addition to these three phases, a monthly drop-in peer support group was available to all birth mothers who completed the programme.

Throughout the programme each birth mother collated a folder of all the activities they completed in each session.

Two experienced, part-time social workers were employed in July 2014¹⁷. The social workers developed the initial assessment paperwork, one to one session content and focused on the publicity of the programme. All four local authorities in the Black Country Partnership¹⁸, were targeted alongside voluntary and non-statutory organisations and health organisations. The group work sessions and parenting programme were developed throughout the first year.

The content of Breaking the Cycle was developed from the previous experience of the social workers in working with a wide range of different service user groups, including teenage parents, and curated from a wide range of resources such as: After Adoption's previous work and materials with birth parents, observations of a birth parent support group, the Safe Base programme (a programme devised and run by After Adoption), Parenting Puzzle and other online resources.

After the completion of cohort three, one social worker left employment with After Adoption and was replaced by another part-time social worker. The change in social workers presented challenges in ensuring that the new social worker was fully inducted and familiar with the programme. This placed pressure on the original social worker to deliver the final cohort as well as training the new worker. Cohort four was, however, still completed within timescales with no apparent impact on the birth mothers' experience of Breaking the Cycle, as evidenced by the feedback in their evaluation questionnaires.

Participants

Twenty-five birth mothers took part in the two year Breaking the Cycle programme¹⁹. These birth mothers had a range of unique needs and had faced various difficulties in their lives. Half of the birth mothers reported experiencing abuse in their childhood (either physical, sexual, emotional or neglect). Seven of the mothers were victims of domestic violence and some were still in violent relationships. Six of the birth mothers had been through the care system and/or were care leavers. Four mothers suffered from depression or misused substances.

¹⁷ 18 hours per week each, equivalent to one full time post.

¹⁸ Dudley, Sandwell, Walsall and Wolverhampton.

¹⁹ One participant completed four sessions but was unable to complete the programme. This birth mothers' baseline information has been referred to help understanding of the entrants onto the programme.

Information about the birth mothers' demographics was collected for 24 participants. All but one were white British (23), the other participant was from a mixed black and white British background. Ages of participants ranged from 18 to 50 years old. Over half of the birth mothers (54%) were aged between 18 and 29. Twenty-five per cent were aged between 30 and 39 and 21% were aged 40 and over.

Over a third (38%; 9) of the birth mothers had a special educational need, this included dyslexia and other learning disabilities. Three birth mothers also stated that they had registered disabilities. Just over half of the birth mothers lived in Dudley (58%; 14), a quarter lived in Walsall (25%; 6) and the remaining four birth mothers came from Birmingham, Wolverhampton or Sandwell (for more information see Appendix 2).

Nearly two thirds (65%; 15) of birth mothers had one child removed from their care; three birth mothers (13%) had four or more children removed from their care. The majority (83%; 20) of birth mothers did not have any children living with them during the programme; three birth mothers had one child living with them.

Programme engagement

Of the 25 participants, 20 birth mothers completed one to one sessions and group work sessions. Of the five remaining birth mothers, four completed all six one to one sessions and one deferred, having completed four of the six one to one sessions. Of these five birth mothers, one deferred her place on the group work with a view to re-join the programme at a later stage; one entered full time employment; one entered a college course; one left the area; and one left the programme due to personal circumstances.

Thirteen birth mothers commenced the optional parenting programme (stage three of the programme). Eleven completed the programme with two birth mothers unable to complete all the sessions, one due to entering employment and the other due to a concealed pregnancy and local authority interventions.

Data collection

The evaluation used a mixed methods approach, collecting quantitative outcomes measures (self-assessment questionnaires) and qualitative semi-structured interviews or focus groups.

Qualitative measures: interviews and focus groups

All birth mothers in cohort one and two were invited to be interviewed at the end of group sessions and parenting sessions; all birth mothers in cohorts three and four were invited to take part in one of two focus groups (one for each cohort). The

interviews and focus groups were semi-structured and aimed to explore the perceived impact of the programme.

Eight out of the 13 birth mothers in cohorts one and two were interviewed one to one at the end of the group sessions (four from each cohort) and four were interviewed at the end of the parenting sessions. The majority of the birth mothers brought their folder with them to the interview and the interviewer used it as a prompt to discuss the programme. Two participants chose not to use their folder in the interview. Six of the 11 birth mothers in cohorts three and four took part in a focus group (three from each cohort).

The two social workers were also interviewed together. The aim of this interview was to gain insight from their perspective about the impact of the programme on the birth mothers. It also aimed to identify any obstacles in delivery and areas for improvement.

Quantitative measures: questionnaires

The birth mothers completed two subjective self-assessment questionnaires (referred to as questionnaires throughout the report) both before and after each phase of the programme. These were:

1. An assessment of how positive or negative the birth mothers felt about ten statements on a ten-point scale from negative (1) to positive (10) (Appendix 1). This questionnaire was designed by After Adoption for the project and two questions about accepting the loss of a child and life satisfaction were added after Coram was appointed (the introduction of these questions occurred after cohort one had finished their one to one sessions therefore these two questions are only reported for the birth mothers in cohort two onwards). This questionnaire was not formally tested for reliability or validity²⁰. The majority of the birth mothers completed the self-assessment questionnaire before and after the one to one sessions (88%; 21); 16 also completed it after the group sessions and eight also completed it after the optional parenting sessions. Although some participants completed measures at other time points, the analysis considered this group of birth mothers as it gives the most consistent picture of progress.
2. A GBO²¹ measure. This was used to explore the birth mothers' progress towards self-identified unique goals. Birth mothers were asked to identify an issue they would change to improve their lives. They then rated the issue on how much it currently affected their lives, on a scale from "not at all" (0) to "a

²⁰ The measure was not tested for validity during the study due to time constraints and budget limitations.

²¹ www.corc.uk.net/outcome-experience-measures/goal-based-outcomes/

great deal" (10). Progress towards a goal was demonstrated by comparing scores on the same goal before and after each phase of the programme. Across all cohorts, 15 birth mothers completed the GBO measure before and after the one to one sessions and 11 before and after the group sessions. Only those in cohorts four were asked to complete this measure during the optional parenting sessions; four of them did so.

Analysis and reporting

The evaluation analysis is driven by rich qualitative data and supported by quantitative data from outcomes measures (self-assessment questionnaires). The aim of the study was to explore birth mothers' perceptions and experiences of Breaking the Cycle and consider changes in self-esteem, self-confidence and personal agency; all of which were considered important to breaking the cycle of repeated adoptions. Analysis of the interviews was conducted within an exploratory interpretive framework. Throughout the report both the interview and focus group data is referred to as "interview data".

The identity and information provided by the participants has been anonymised including their names and the names of others. Names in the report are pseudonyms.

Both qualitative and quantitative data was explored for differences between cohorts. No substantial differences in outcomes were found between the cohorts, therefore, the data from all cohorts is presented together in the report.

Analysis of the impact of Breaking the Cycle

Overview

The following section explores the impact of Breaking the Cycle in relation to the programme's intended outcomes.

Quantitative data has been presented for the birth mothers who completed the outcomes questionnaires before and after the one to one sessions and for a set of birth mothers who completed questionnaires at one to one and parenting session stages.

Wellbeing

One element of the evaluation considered if the programme delivered improvements in wellbeing (including self-esteem, confidence and mental health). The participants showed improvements in all these areas.

In interviews, the majority of birth mothers described feelings of intense anger, anxiety, sadness and depression after their children were removed from their care. This can be a common emotional reaction amongst birth mothers who experience the removal of their child²². Many birth mothers said that they had only experienced improvements in their wellbeing after attending Breaking the Cycle. One participant, Lara, suggested that if she hadn't been on Breaking the Cycle she would:

".... still be hating myself, I'd still be upset... I'd be just unmotivated. I wouldn't want to see nobody... Because I've just, well, I've come to terms with it now and I'm just starting to build my life up again. Get my confidence back, get my self-esteem back and... going out more, and doing things more, going out... with my partner."

The theme of increased self-confidence was commonly mentioned by birth mothers in the interviews; 13 out of the 14 birth mothers said their self-esteem had improved. Birth mothers said that their confidence had "*blossomed*" (Ali). Others had a new-found belief in themselves and a determination to succeed in the future. Furthermore, the programme enabled participants to helpfully reflect on their past experiences:

"Absolutely major increase in confidence, and belief in myself really.... Seeing everything on paper has made me realise where I have gone wrong in the past, things that I couldn't have changed, and made me realise I want to be

²² For example, see Karen Broadhurst, Claire Mason; Birth Parents and the Collateral Consequences of Court-ordered Child Removal: Towards a Comprehensive Framework, *International Journal of Law, Policy and the Family*, Volume 31, Issue 1, 1 April 2017, Pages 41–59.

the best person I can for the future, not only as a mum, but as a person.”

Claire

“I know how to value myself now. Whereas before I used to look at myself and think ‘phuuugh’. But now I look at myself and I say ‘yeah! I can get on with today’. I will just stick up my fingers to anyone now who tries to criticise me. And I just walk away.” Katherine

It was also clear that at least four of the 14 birth mothers interviewed had a sense of pride in what they had accomplished on the programme, which had contributed to their increased self-confidence:

“It makes me feel proud of myself because I feel like people thought I would never amount to anything, and I'm a bad person... it took me a while to actually say ‘no, at the end of the day that's what you think, that's not what I think. I think I'm a good person. I can do this. I can do that if I put my mind to it.” Holly

Many of the birth mothers talked about feeling more positive about life after Breaking the Cycle:

“I'm so glad I got my life back. I feel like a new person.” Theresa

“... after [Breaking the Cycle] I felt quite elevated like something had been lifted from me and I had finally got it off my chest, that I had been holding on to and not being able to talk to anybody about for a very long time.” Poppy

The birth mothers learnt ways to better identify and understand their needs and feelings which helped them feel in control of their lives and therefore feel more optimistic:

“It took me years to get it out because I was having this anxiety, trapped, isolated, I had no foggiest idea where it was coming from and then when I found out doing the one to ones... I wonder how long I have been brewing all this up for, I wonder how long I would have been going on going through this. It made me realise now I can identify my body better now which is good... what a massive release.” Theresa

“I've learned things I never even knew about myself and I can put into perspective now where I failed and where I didn't.” Claire

Findings from the self-assessment questionnaires also demonstrated improvements in the wellbeing of the majority of birth mothers. Figure 1 sets out the areas that birth mothers were asked to evaluate themselves in relation to wellbeing which included

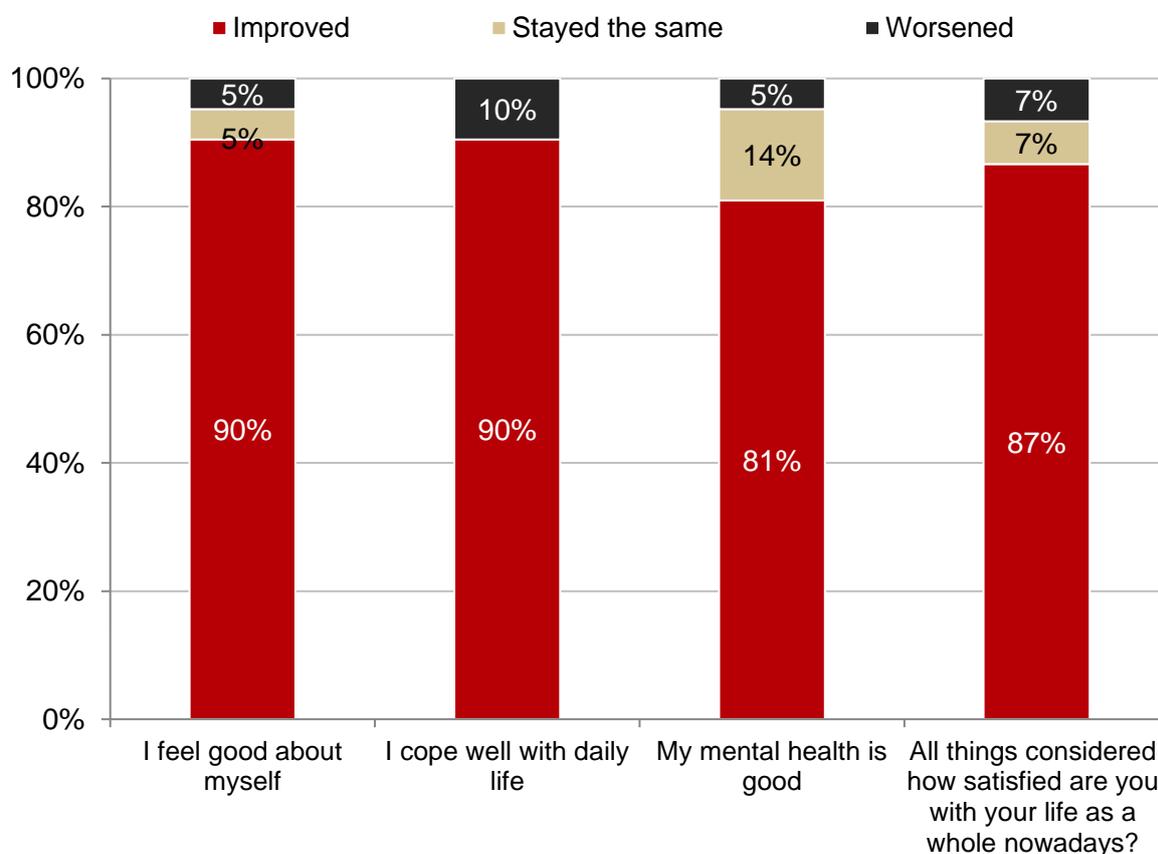
self-esteem (feeling good about themselves), coping with life, their mental health and life satisfaction.

On average birth mothers entered the programme with a moderate score in these areas (average score was 5.3); their scores ranged from one to nine. This demonstrated a high level of variation in birth mothers' responses. It may be the case that at the beginning of the one to one sessions some birth mothers were suppressing difficulties or unaware of them. Indeed in interview Katherine said:

"I think I learnt to put up a front. So what people saw was, let's call it the mask. They didn't see what was behind that mask... And I have built it up that much. But it was broke down by [the social worker]. She got a big sledgehammer and went chuuuu. She's good at doing that."

The majority of birth mothers reported improvements in all of these areas after the one to one sessions. All birth mothers reported improvements in at least three out of the four areas. On average these improvements were represented by a 2.6 increase on the rating scale. This indicates that for many birth mothers the improvements were substantial.

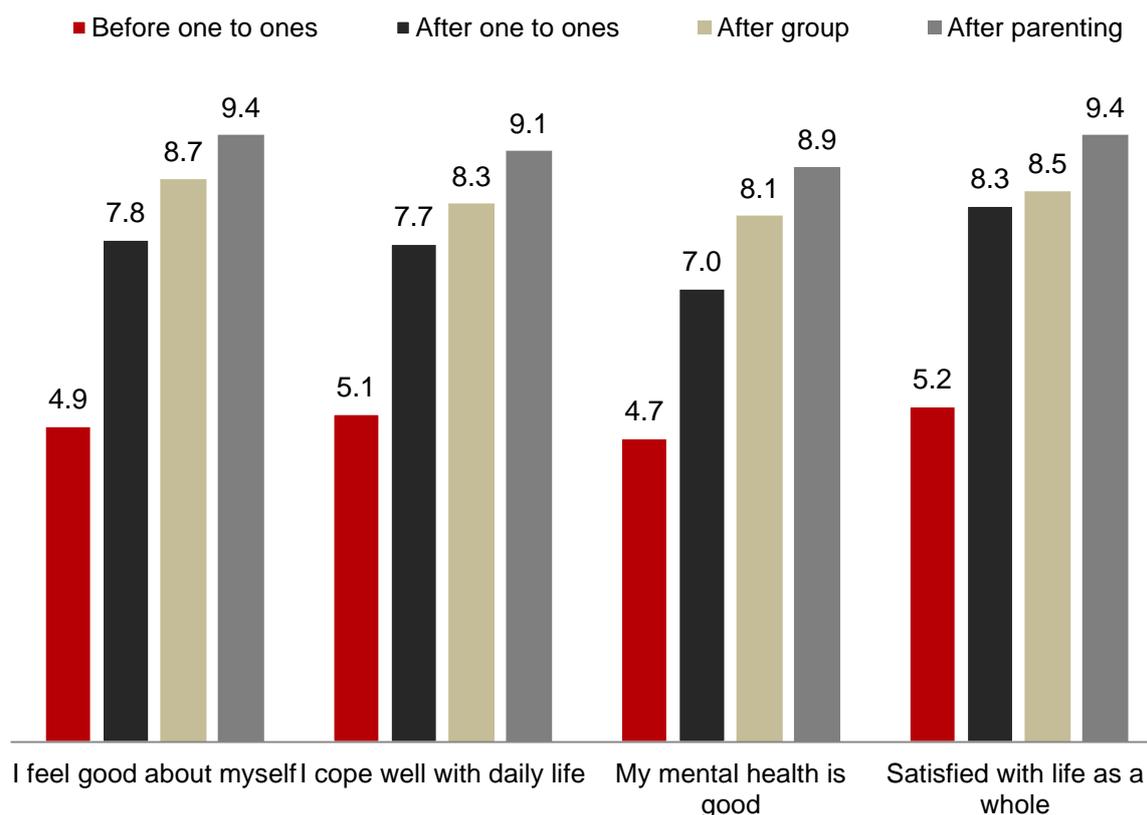
Figure 1: Improvement in four dimensions of wellbeing after one to one support



(N=21, except for life satisfaction where N=15)

Data is presented in Figure 2 for the 16 birth mothers who completed questionnaires at the one to one sessions and after the group sessions, and for the eight of them who completed the measure after the optional parenting sessions. Overall, a positive trajectory can be seen across the programme, but it is especially marked in the early stages of the programme after the one to one sessions.

Figure 2: Average scores in four dimensions of wellbeing from one to one support (stage one) to after parenting sessions (stage three)



(N=16, except for parenting where N=8)

Understanding and acceptance

Overall, birth mothers improved their ability to deal with the loss of their child during the course of the programme, supported by findings from both the interviews and questionnaires. At the interviews some birth mothers discussed how Breaking the Cycle had helped them understand why their children were removed from their care. Birth mothers acknowledged that mental health issues and life histories, such as abusive childhoods and personal circumstances, all played a part in the removal of their children:

“I was too stubborn and laid back to listen to them. But at the same time it was my depression preventing me from doing what they were telling me to.” Anna

“Before I just couldn’t [make my own choices] because I just didn’t know what to do. And, like, I was in care myself... Well, like, when you aint been treated properly and you’ve been brought up... [in a] really poor upbringing, well how can you learn?..... Because it affects you when you’re growing up, when you’re a child, see. It... affects you, mentally, up here. It affects you. And that’s when, well, that’s when things go wrong.” Alice

Participants discussed examples of how a better understanding of the reasons why their child was removed meant that they could now accept the loss of their child:

“The acceptance bit was letting go... even though I’m gonna, like, still be thinking of her. But I’ve let go of the fact that she’s gone, that she’s gonna be safe and they’re gonna look after her.” Ali

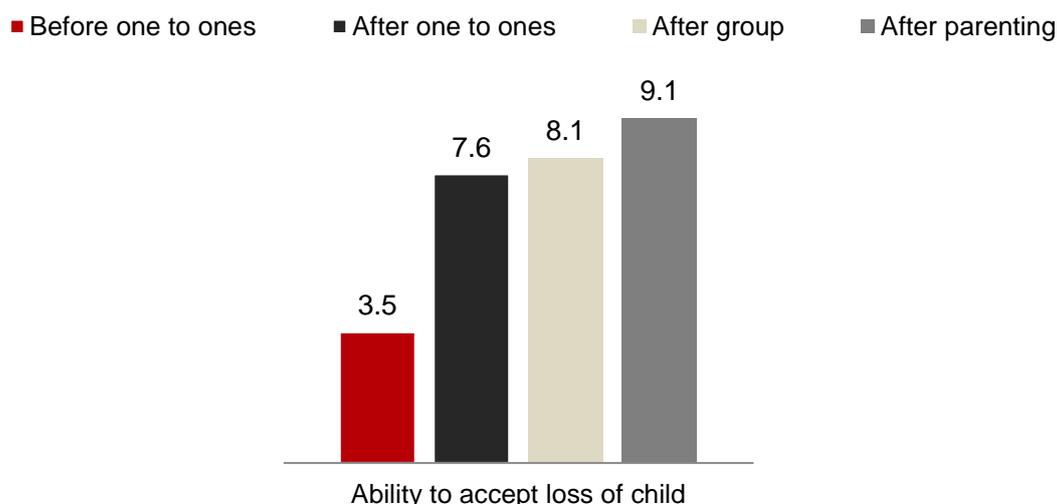
The questionnaire asked birth mothers about their acceptance of the loss of their child. Overall, the birth mothers reported that before the programme they were struggling to accept the loss of their child (average score was 3.5). After the one to one sessions, the average score increased to 7.9²³ (see Appendix 3 for more detail).

The questionnaires also showed that all but one of the birth mothers (14 out of 15) saw improvements in accepting the loss of their child. One birth mother reported no improvements, although she reported a high (positive) score at the start of the programme.

Figure 3 demonstrates a positive trajectory in participants’ reports of acceptance of the loss. The most marked improvement occurred at the one to one sessions, where on average birth mothers’ scores improved by four points. This indicates that improvements were sustained over time.

²³ Based on 15 responses from birth mothers.

Figure 3: Average scores in accepting the loss of a child



(N=16, except for parenting where N=8)

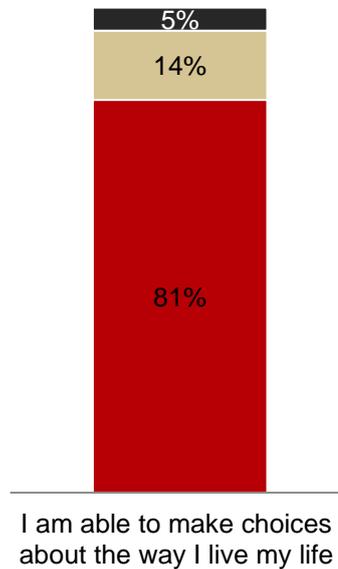
Life choices

Breaking the Cycle encouraged the birth mothers to make positive life choices, which included healthy living or seeking employment, education or training.

The questionnaires found that, on average, birth mothers entered the programme with moderate confidence in these areas (average score was 6) (see Appendix 3 for more detail). Figure 4 shows that the majority (81%; 17) of birth mothers reported an improvement in this area after the one to one sessions. The average score improved by 2.6, representing a moderate increase in birth mothers' ability to make positive life choices.

Figure 4: Improvements in making positive life choices after one to one support

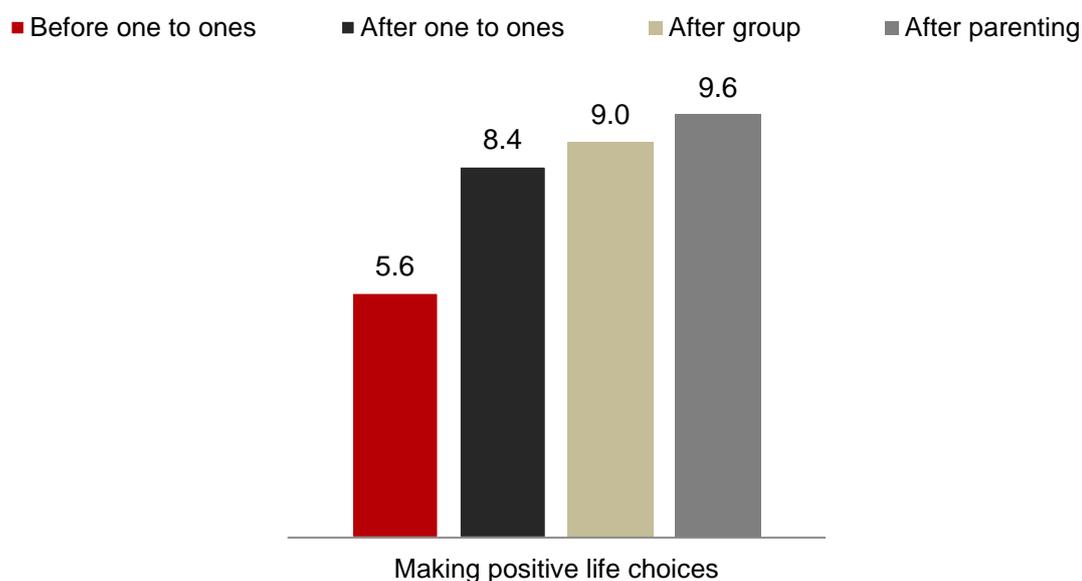
■ Improved ■ Stayed the same ■ Worsened



(N=21)

Over the course of the programme, birth mothers also reported an improvement in their ability to make choices about the way they live. Before beginning one to one sessions, birth mothers felt moderately confident in making choices about the way they lived (average score was 5.6), however, after the group sessions, birth mothers became very confident (average score was 9.0). Figure 5 demonstrates that this confidence continued to improve after the parenting sessions. The most marked improvement occurred at the start of the programme.

Figure 5: Average scores in making positive life choices from one to one support to after parenting sessions



(N=16, except for parenting where N=8)

This improved ability to make positive life choices was supported by findings in the interviews. Jen found that before the programme she felt low and found it difficult to feel positive. She suggested that Breaking the Cycle had helped her “to go and talk to somebody” rather than “sit at home being bored, doing nothing.” Similarly, Lara made changes in her life since engaging with the programme:

“Just going out, or if I was staying in I would just try to do things in [the house. I] think some of the time, or most of the time, with my ex-partner, I had no choice half the time, because he were just locking me in and keeping me in. And now I just can’t get enough of going out... I focus on things I can do, rather than things I can’t do. Believe in myself.”

Before Jen completed Breaking the Cycle she talked about not doing well in life but went on to say:

“... now I do positive things... I just keep myself active and stuff. Keep myself busy. Not just being bored, locked away all the time. Because I used to lock myself away all the time. Just stay in. But now I don’t.”

After the programme many of the birth mothers were seeking employment and had aspirations for the future (further details in Practitioner Observations section below).

For some of the birth mothers, the new found confidence that resulted from Breaking the Cycle supported them back into employment after a period of unemployment:

“[I have the] confidence to go back into the employment market. It’s also made me realise I actually want a career. Not just a job. It’s through being on this course, it’s given me the confidence to see that.” Claire

For others the confidence helped them to find more suitable employment:

“[I have] always been working... [but Breaking the Cycle] made me realise that the job that I was doing... that maybe it was time I got a job that wasn’t so about being vulnerable. And [where] you were put in position that you shouldn’t necessarily need to be put in. It opened my eyes to know that I needed a job change.” Katherine

Relationships

Many of the birth mothers had been in abusive relationships in the past and had few positive relationships to support them. Holly said her family:

“...were making me depressed, and making me feel like I wasn’t worth nothing, or worthy of being a parent and stuff like that. They made me feel really, really low.”

Even the birth mothers who felt supported by their family found it difficult to talk to them about issues related to their child/ren:

“Just being able to talk to someone about what I’m going through who wasn’t in my family. Because I really couldn’t talk to anyone else. It’s hard to talk to your family because they’re too close aren’t they, it’s just you feel like you’re hurting them by bringing it up to them.” Katherine

The programme acted as a safe place for the birth mothers to learn from the social workers about relationships, and develop their skills with other group members. These new relationships enabled them to share their feelings and talk to someone about their child.

From the outset, at the one to one sessions, the birth mothers were able to develop safe and trusting relationships with the social workers:

“...helped me [to] learn to trust the people who run it, mainly [the social workers]. They are really good people... Because this time three years ago I wouldn’t have trusted no one.” Mel

“[the social workers were] genuine as well. They don’t tell you something that is not likely to happen. They will tell you like it is but in a way without offending or hurting you.” Claire

Birth mothers reported that through the group work sessions they benefitted from the respectful environment and the opportunity to speak with other birth mothers in similar circumstances. This provided a space for participants to continue to develop trusting relationships and share their thoughts and feelings. For example, Ali described the most important aspect of the programme as:

“Talking about the things about [my child]... because I was never able to talk about it when it first happened. But now I can talk. If it’s somebody that I’m gonna trust, I can talk to them more than I can talk to others... I used to shut myself away and not talk to anyone. Hide myself. Because I didn’t think people would wanna listen. You know people who haven’t been through the situation.”

The group was a place that the birth mothers could feel and be supported:

“Well we used to encourage each other didn’t we. If like one of us was not understanding a certain module, or it was difficult for that person.... we would break it down for each other, so like you would understand it.” Katherine

The realisation that they were not alone was important to at least half of the birth mothers who were interviewed. The idea that it *“ain’t just me”* (Alice) was a revelation for many of the participants:

“Because like before I came on here I just thought ‘well it’s only me who’s had a child adopted. Nobody else. The world’s against me. It’s only me. It’s only me. It had to happen to me.’ But when I come on this programme I thought ‘well you know what it ain’t just me’.” (Alice)

Meeting and getting to know others in similar situations gave some birth mothers permission for the feelings they had experienced. Birth mothers discussed the value in having these feelings known and acknowledged by others:

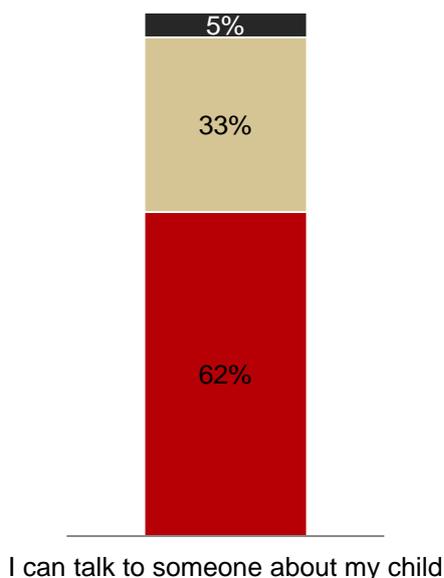
“It’s more the fact of understanding that how you feel inside, and all the things that you are going through, like the grief process, it was ok to feel like that, and that it wasn’t that you were going mental. Because you could speak to anyone else. It was the opening up, and being able to relate to other people that was more important to it..... Because sometimes you feel like you can deal with it. But once it has come out it has made me a stronger person. I thought ‘woow I can cope with this now’.” Theresa

The questionnaires supported these findings at interview and revealed that the birth mothers felt more able to talk to someone about their child after the programme. At the beginning of the programme, most birth mothers felt quite able to talk to someone (average score was 6.8), however Figure 6 shows that just over half the birth mothers still experienced improvements in this area. On average, scores

improved by 1.9 on the scale. Seven birth mothers reported no improvements, but they had rated themselves highly at the start of the programme. Yet, one birth mother felt less confident to be able to talk to someone after one to one support.

Figure 6: Improvements in ability to talk to someone about their child after one to one support

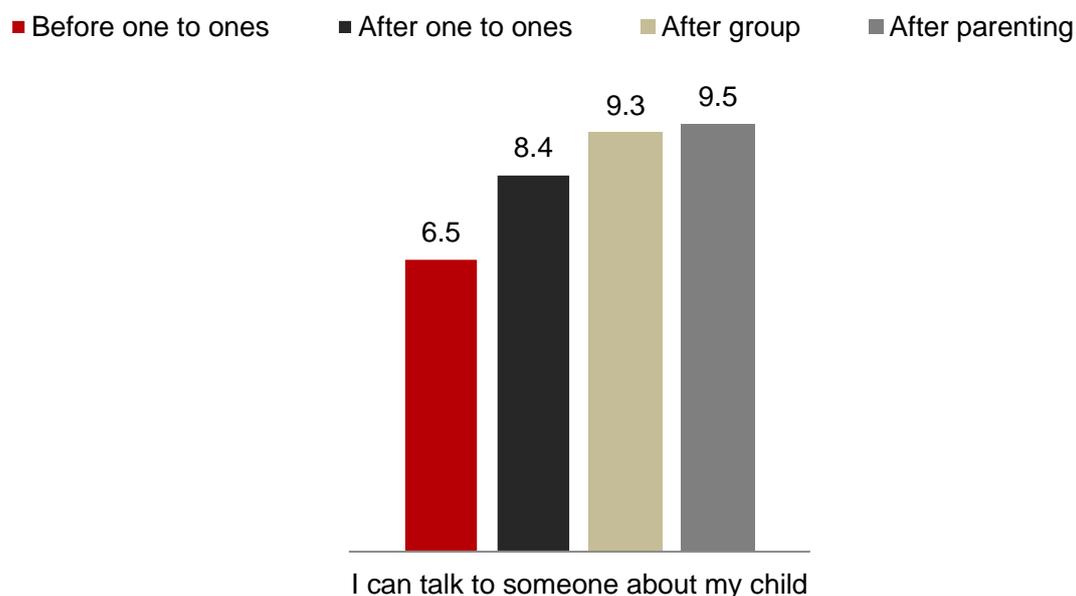
■ Improved ■ Stayed the same ■ Worsened



(N=21)

Participants reported that they felt more comfortable talking to someone about their child after they completed the programme. Figure 7 demonstrates that the birth mothers were somewhat able to talk to someone about their child before attending one to one sessions (average score of 6.5), this gradually improved during the course of the programme and after participating in parenting group sessions birth mothers were much more positive about this, scoring on average 9.5.

Figure 7: Average scores in ability to talk to someone about their child from the beginning of the one to one support to after parenting sessions



(n=16, except for parenting where n=8)

The qualitative interviews indicated that Breaking the Cycle provided the birth mothers with the opportunity and safe environment to develop friendships and test skills they had learnt in the group sessions:

“I thought there was always bad relationships out there. I didn’t think there was any good ones. But I found a good one.” Holly

“It has helped me make new friends, because before I even started on this course I had none. I didn’t even have one. Now I’ve got like three or four.” (Mel)

The birth mothers supported each other:

“One of the other girls, she has problems... travelling on her own... I said ‘well take my number and we can meet up in Wolverhampton and we can travel together.’” Beth

“I’ve made a friend... Because she’s been through similar, the same as me.... You can learn from each other really. And like you can help each other. Like if you get stuck.” Alice

In the qualitative interviews, birth mothers emphasised the value of being able to talk with mothers in similar situations and spoke of the friendships that they had developed. This was particularly striking given that many of them discussed with the

social workers in the one to one sessions how daunted they felt by the prospect of engaging in the group work sessions.

Only three birth mothers reported having current positive personal relationships in their lives. Breaking the Cycle gave some birth mothers the space and tools to reflect and learn from previous personal relationships. Just over half the birth mothers talked about this at interview. Jen explained this as she referenced work in her folder:

“That’s like my relationship, who I’m with. Because he’s, like, moaning about me all the time. He don’t like me. He don’t like my family. But I know he’s not, like, a good relationship. I’ve learnt that now. And I’m doing something about it. I written it down and I’m talking quite a lot now as well, which I never used to do before....”

“The abuse, until you see it there on paper all together, somethings you don’t even take into account for abuse type of thing... It seems that abuse, people immediately think physical, sexual. Its rare mental abuse is brought up. Whereas this course has highlighted so much for me.” Claire

Many of the birth mothers talked about a new sense of agency and control in potential relationships:

“You don’t have to put up with it. It’s like if you don’t want, if you don’t want sex, you don’t have to have it.” Alice

“It also helped me, in a way, to look out for certain signs as to what to look for in relationships. And what to expect from a good relationships...I didn’t really take any of that into consideration when I was 18.” Mel

Some birth mothers talked about a distrust of professionals. Breaking the Cycle also provided the birth mothers with the opportunity to develop positive relationships with professionals, often for the first time:

“[The social workers have] restored my faith of people in authority. Because of the way they have run this course and the way they are.” Claire

Parenting skills

The third element of the programme, a six-week parenting programme, was optional. Thirteen birth mothers took part. All of the four mothers who were interviewed after this final stage reported that they felt more confident as a parent:

“[I] think ‘I can do this’, rather than ‘I couldn’t.’ But I know I can. I was on my own before saying ‘I can’t do this. I can’t do this. I’m rubbish on this. I’m

rubbish on that. And because I was being told it, and I had it like drummed into me that many times, you're gonna think it."

Three out of the four birth mothers had children in their care. Two were successfully, and independently, parenting their children with no local authority intervention and one was parenting her child with limited local authority involvement.

Practitioner observations

As part of the evaluation the After Adoption project team, who developed and delivered the programme, were asked for their observations about the progress and outcomes of the birth mothers.

The project team were pleased with the positive relationships developed with the birth mothers, reflected in the high level of engagement of the birth mothers with the programme. Practitioners observed the birth mothers begin to accept the loss of their children and move forward in their lives. Birth mothers were able to overcome feelings of guilt, shame and blame for the adoption(s) of their child/ren and understand how their own life histories had had an impact on their lives.

As reflected in the interviews and self-assessment questionnaires, practitioners witnessed birth mothers' self-esteem and self-confidence improve during the programme. Through the support of the programme, several birth mothers felt able to report historic abuse and engaged with generic counselling and support services, highlighting the self-care that they had begun to give themselves.

Birth mother outcomes

More specifically, at the time of the study, no birth mother had lost a subsequent child to adoption since engaging with Breaking the Cycle and three birth mothers had retained children in their care. One birth mother had won right of appeal at Placement Order stage of adoption and, at the time of this report, had been rehabilitated with her son and was parenting him with local authority involvement.

In relation to education and employment, five birth mothers had re-entered employment since the programme and five had re-engaged with education. Two of these birth mothers had completed an access to nursing course and had made applications to university. Some birth mothers were contributing to After Adoption's adopter preparation group sessions.

Birth mothers were demonstrating increased independence through engagement with education and employment, the use of public transport to travel outside of their local areas, and increased attendance at community activities, such as church.

The structure and delivery of the programme

This section discusses what aspects of the structure and delivery of the programme worked well as well as identifying any obstacles and improvements (in relation to the sixth evaluation question).

The overall staged structure of one to one sessions followed by group work was an effective approach to working with the birth mothers who had complex needs and histories. The one to one sessions created trust and rapport between the social workers and birth mothers and sessions could be tailored to the participant's needs. The group sessions facilitated relationship building between professionals and the birth mothers, and between the birth mothers and their peers. The group sessions allowed for learning and reflection in a safe environment. This also helped birth mothers feel less alone by meeting others with a similar experience.

The social workers who facilitated the programme reported that six one to one sessions was a suitable number, however, they noted that the birth mothers differed in their level of need. As the programme evolved, it became evident that the birth mothers enrolled on the programme had all experienced differing levels of complex trauma in their lives. As such, the one to one sessions were tailored to each birth mother's needs. Consequently, the timeframes in completing the one to one sessions varied between six and 14 weeks, as opposed to the initial expectation of six sessions completed in six weeks. The learning gained emphasised the importance of a bespoke programme that is needs led and delivered at the right pace for each birth mother. This posed challenges to the project team in meeting the timescales prescribed by the funders and an extension of timescales was negotiated.

Another important element within the structure of the programme were the folders each birth mother compiled of the work they had completed during Breaking the Cycle. It was striking how often the birth mothers talked about the value of assembling and writing down their experiences and considerations in this way. For example, Holly valued the process to release her from her negative experience:

“Yeah because without [it] printed on piece of paper I felt like my head was full of all this information and I thought well how am I going to get any more information in that's good for me if I've still got all like of the bad stuff in my head.... Yeah I can start filling it up with all good stuff because I felt for years and years I've just been building it up with a load of bad stuff that I wouldn't be able to get any good stuff in there and now I feel like I'm getting more positive in certain stuff...I don't know what that is, it's what they put in there.”

Others found it valuable to reflect and acknowledge the level of adversity that they had experienced:

“When I done this, this is the bit that shocked me though. Because I didn’t think I had been through that much things in my life.” Anna

The programme offered a monthly drop-in session which provided consistent support once all phases of the programme were complete. The social workers expressed some concern that as the funding ended this support would not be available to the last cohort of birth mothers. They suggested that the support group should continue, irrespective of Breaking the Cycle, and that it could be self-sufficient with minimal staff support.

Consideration should be given to packaging the programme to be delivered in other regions. The time involved in keeping regular contact with the birth mothers must also be noted. The birth mothers valued the continued support to keep them engaged. It also helped to build their trust in professionals again. One of the social workers said:

“They’ve been condemned for so long and have lost trust in professionals, so if they’re late and hear us say ‘it’s alright, don’t panic, we’ll see you shortly or next week’...supportive in a light hearted way that they haven’t seen before. Many of them are surprised how much we keep in touch with them.”

The two part-time staff had limited time to continue to develop and deliver the three part programme. The time constraints for the staff did not allow time for ongoing publicity of the programme. The geography of the areas covered was vast and had a significant impact on the delivery of the programme. However, the programme has been successful and it is recommended that it is supported to grow. At the time of this report the programme had successfully secured an additional 18 months of funding from Esmeé Fairburn.

Breaking the Cycle was a unique source of support for many of the birth mothers that they had not experienced before. Many participants said that they would recommend the programme to others:

“When you had the right support it makes you feel better. But getting that support its bloody tough. Tough tough tough. I’d recommend this to anyone though. You can’t force them. But I’d recommend it to anyone.” Theresa

Five birth mothers talked about how they had engaged in other support but told us Breaking the Cycle was different.

“I think it has been the final nail lifted out of the coffin really. Because I had private therapy and was referred to mental health groups from the NHS. They were really good. But this was the final thing that made me really, you know, come out... Because in those other groups, and with my therapist and that, I felt like I couldn’t really talk about how I was feeling about my child and my

feelings surrounding that. But in this group I could. Because everyone has gone through the same.” Anna

Finally, it is important to note, as seen from the accounts of the birth mothers, the emotional journeys that the birth mothers had been on during their lives, and shared over the course of the programme. It is also important to note the impact of the sharing of these stories on the social workers. The social workers discussed:

“There have been times where we’ve listened to someone’s story and we’ve been speechless...you can’t get it out your head, you go home thinking about it....we talk to each other and offer support”

“I’m really experienced but there’ve been times during this that it’s wrong on so many levels that someone has been through all this without the right support or help.”

Limitations of the evaluation

The evaluation had limitations and the programme would benefit from a longer term evaluation.

The evaluation used interviews, focus groups and quantitative outcomes which all had limitations. The quantitative outcomes measures (self-assessment questionnaires) were not validated and therefore cannot be benchmarked against national averages.

The interviews and focus groups, which provided in-depth information about the birth mothers, may be subject to bias from the researcher. Furthermore, not all birth mothers were able to attend the interviews and focus groups due to other commitments, therefore impacting the validity of the results.

The sample size in the study was small and therefore findings should be treated cautiously and are not necessarily representative of the population of birth mothers who have had their children removed through adoption.

Conclusion

Breaking the Cycle has had a positive impact on the birth mothers who participated in the programme. The programme was particularly successful in being able to maintain a high level of engagement from the birth mothers who all had complex histories and needs. The tailored and staged approach (beginning with one to one sessions and progressing to group work) appeared to contribute to the high level of engagement. Breaking the Cycle created a safe and open space for the birth mothers to reflect on their pasts and make steps towards their futures.

The evaluation asked five questions relating to: improved wellbeing; acceptance of loss; making positive life choices; developing positive relationships and parenting skills. Breaking the Cycle contributed to all of these intended outcomes. More specifically:

- 1. Improvements in wellbeing, including self-esteem, confidence and mental health:** the programme had a very positive impact on the birth mothers' self-esteem and confidence which was demonstrated in both the self-assessment questionnaires and interviews. Birth mothers said that they had only experienced improvements in their wellbeing after attending Breaking the Cycle.
- 2. Acceptance and understanding about the loss of their child:** this acceptance, combined with the increase in confidence, enabled the birth mothers to move on with their lives in a positive way. Birth mothers also felt more able to talk to someone about their child after the programme and some were able to access additional support outside of the programme.
- 3. Assisting birth mothers to make positive life choices, including employment, education, training and living a healthy lifestyle:** birth mothers discussed being able to travel more, be more active and participate in community activities. In addition to these softer outcomes, at the time of this report, five birth mothers had re-entered employment and five had re-engaged with education.
- 4. Developing positive relationships:** before the programme the birth mothers had limited examples of positive, supportive relationships. The behaviour of the social workers who facilitated the programme demonstrated to the participants what supportive, respectful relationships looked like. In addition, birth mothers were able to develop positive relationships with their peers in the group. As a result, the birth mothers reported feeling less alone in their situation.

5. Developing parenting skills: there was less evidence about this outcome from the evaluation findings and it would benefit from longer term monitoring and evaluation. However, there was evidence that the programme had contributed to this outcome for some of the birth mothers. For example, at the time of this report, no birth mother had lost a subsequent child to adoption since engaging with Breaking the Cycle and three birth mothers had retained children in their care. One birth mother had won right of appeal at Placement Order stage of adoption and, at the time of this report, had been rehabilitated with her son and was parenting him with local authority involvement.. These outcomes demonstrate that positive steps were made in relation to parenting skills.

The evaluation asked a sixth question about the obstacles in providing a support programme for birth mothers and the changes that could be made to the programme to improve delivery and outcomes.

The obstacles to the programme were engaging birth mothers who had complex histories and a range of different needs. However, due to the programme's tailored approach, Breaking the Cycle was able to maintain the engagement of most of the birth mothers throughout the programme. The findings from the evaluation highlight the value of bespoke programmes, particularly for participants who have complex needs.

The evaluation showed that the programme in its current format is extremely effective and there was particular value in the staged approach and the balance between one to one and group work activities. The programme would benefit from testing its approach in a different geographical area with a larger number of participants to understand its replicability elsewhere. It may be worth considering qualitative interviews with group facilitators to explore the changes and developments that could be made in order to improve the programme. In addition, follow up qualitative interviews and/or focus groups with the birth mothers would be helpful to understand the longer term outcomes that they achieved.

Coram were also asked to consider the impact of the programme on breaking the cycle of repeated adoptions. A longitudinal study would be required to investigate this fully, but there were early indications that birth mothers were making steps towards this outcome. These indications were demonstrated in the birth mother's improved self-esteem, recognition of their difficult pasts, acceptance of the loss of their child and in the fact that no birth mother had lost a child to adoption since the two year programme had ended.

As the programme is still in relatively early stages, it is likely that as it develops and grows, it will have a greater positive effect on mothers who have had their children removed from their care through adoption.

Recommendations

Programme recommendations

The pilot programme used a bespoke and staged approach to engaging the birth mothers. This worked well in maintaining levels of engagement and helped birth mothers develop trusting relationships with the social workers which allowed them to open up about their experiences. It is recommended that this tailored approach is used in the future with similar participants.

Many of the birth mothers had been in need of support for some time. This suggests that the Breaking the Cycle programme would be valuable to birth mothers if it were made available as soon as possible after their child is removed.

Evaluation recommendations

The programme would benefit from a longer term evaluation to better understand the effect of Breaking the Cycle on the birth mothers. In particular, a longer term evaluation should focus on:

- the impact of the programme on parenting skills. Although this has been commented on in the evaluation, there was limited evidence about how birth mothers had developed and improved their parenting skills
- ascertaining the impact of the programme on breaking the cycle of repeated adoptions. There are early indications that the birth mothers have progressed towards breaking the cycle but to obtain more evidence to support this outcome would involve longer term monitoring and evaluation with the birth mothers
- if the programme delivers value for money. The costs of delivering the programme could be compared with costs avoided of children entering the care system to determine if Breaking the Cycle creates value for money. This would also need longer term monitoring and evaluation.

Appendices

Appendix 1: Baseline questionnaire for birth mothers

Initials:	Reference No:	Worker:
LA region:		Age:
What is your sexuality? <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay/lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> White British <input type="checkbox"/> Other White <input type="checkbox"/> Mixed (any background) <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black or Back British <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group	

Answers should be recorded on a scale of 1-10 to reflect how fully the service user agrees with each statement. To be completed with a Social Worker or Adoption Support Worker.

On a scale of 1 – 10, where 1 is the most negative and 10 the most positive, please rate the following:

Negative ➔ **Positive**
(1) **(10)**

1. I feel good about myself										
1	2	3	4	5	6	7	8	9	10	
2. I cope well with daily life										
1	2	3	4	5	6	7	8	9	10	
3. My mental health is good										
1	2	3	4	5	6	7	8	9	10	
4. I am /or have been able to provide information about my child										
1	2	3	4	5	6	7	8	9	10	
5. I can talk to someone about my child										
1	2	3	4	5	6	7	8	9	10	

6. I understand the letterbox process / the contact arrangements made with my child											
1	2	3	4	5	6	7	8	9	10		
7. I feel able to write a letter to my child											
1	2	3	4	5	6	7	8	9	10		
8. I am able to make choices about the way I live my life											
1	2	3	4	5	6	7	8	9	10		
9. I am able to accept the loss of my child											
1	2	3	4	5	6	7	8	9	10		
10. All things considered how satisfied are you with your life as a whole nowadays?											
1	2	3	4	5	6	7	8	9	10		

11. What would be the 2-3 things you would change in your life to make things better?

Describe the issue and indicate on a scale of 0-10 (0 'a great deal' and 10 'not at all') how much the issue affects your life currently:

Issue 1:											
A great deal										Not at all	
0	1	2	3	4	5	6	7	8	9	10	
Issue 2:											
A great deal										Not at all	
0	1	2	3	4	5	6	7	8	9	10	
Issue 3:											
A great deal										Not at all	
0	1	2	3	4	5	6	7	8	9	10	

[N.B staff should note issues mentioned and write them in for later evaluation forms]

Date completed: _____

Appendix 2: Demographic information

Question	Response	N
Where do you live?	Dudley	14
	Wolverhampton	2
	Walsall	6
	Sandwell	1
	Birmingham	1
TOTAL		24
Who do you live with?	Live alone	13
	With partner	5
	With partner and child	3
	With children	1
	With parents and or no children	2
TOTAL		24
Ethnicity	White British	23
	Mixed ethnicity (Black and White)	1
TOTAL		24
Registered disability	Yes	3
	No	10
TOTAL		13²⁴
Special educational needs	Yes	9
	No	15
TOTAL		24

²⁴ 11 responses missing about registered disability.

Appendix 3: Descriptive statistics for outcomes measure (self-assessment questionnaires)

		One to one sessions	Group sessions	Parenting sessions
I feel good about myself	Pre	5.2	8.2	8.4
	Post	8.0	8.7	9.4
I cope well with daily life	Pre	5.3	8.1	8.6
	Post	8.0	8.3	9.2
My mental health is good	Pre	5.1	7.6	8.0
	Post	7.6	8.1	9.0
I am /or have been able to provide information about my child	Pre	7.6	8.3	8.9
	Post	8.7	9.1	9.3
I can talk to someone about my child	Pre	6.8	8.3	9.4
	Post	8.7	9.3	9.6
I understand the process / the contact arrangements made with my child	Pre	7.3	8.7	7.9
	Post	8.1	9.2	8.3
I feel able to write a letter to my child	Pre	5.0	7.5	7.4
	Post	7.0	7.7	7.8
I am able to make choices about the way I live my life	Pre	6.0	8.6	9.1
	Post	8.6	9.0	9.7
I am able to accept the loss of my child	Pre	3.5	6.9	7.3
	Post	7.9	8.1	9.2
All things considered how satisfied are you with your life as a whole nowadays?	Pre	5.5	7.6	8.4
	Post	8.3	8.5	9.4

(N=21 – 8)