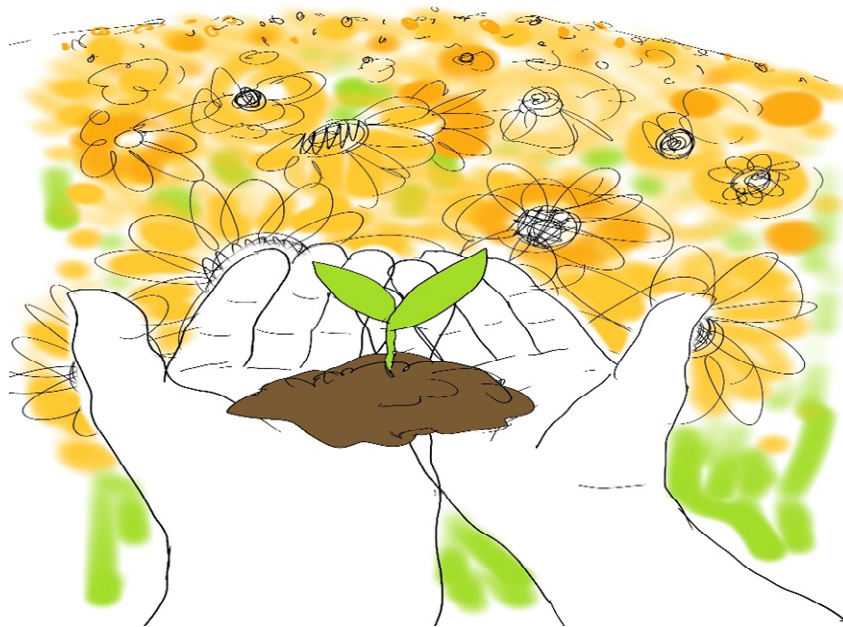


THE EXIT STUDY 2020-2024

Exploring Innovation in Transitions: Case Report

BIRMINGHAM CHILDREN'S TRUST
"BREAKING THE CYCLE"

DECEMBER 2023



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Warwick Business School

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ACCESIBILITY STATEMENT

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The views and recommendations contained in this report do not reflect the views and opinions of the Economic and Social Research Council and neither those of University of Warwick, WBS or any associated partners. The content of this report is based entirely on research generated by the EXIT study within the context of Breaking the Cycle.

Introduction

A 2020/21 Department for Education report highlights there were 44,590 care leavers in the UK aged between 17-21¹. Life outcomes for young people who are care experienced and leave care are significantly impoverished compared to their non-care experienced peers, and according to the Independent Children's Social Care Review, 2022 a disproportionate number of care leavers lose the own children to care. Improving care leaver life outcomes has been the focus of Government policy, championing innovation to help young people navigate the change to adult life. However, a common issue is that as ideas proliferate and are piloted many do not grow and sustain, nor develop beyond their locality meaning fragmented and inconsistent services with support depending on place. To shed insight into how best to support care leaver relevant innovation to grow, sustain and scale up, a national study – Exploring Innovation In Transitions (EXIT) – was launched in 2019.

One of several innovations being investigated by the EXIT study, Breaking the Cycle agreed to partner to gain insight about their innovation journey and apply that learning across its parent organisation – Birmingham Children's Trust. This narrative style report details the story of Breaking the Cycle, reflecting the life-story work approach that is central to the innovation fulfilling its central objective: To therapeutically support parents and those who have lost children to adoption toward sustained avoidance of current or recurrent care proceedings for their children. Chapter 1 outlines the origin story of the innovation, which struggled in its first year. The following year significant resources and staff were pumped in, leading to rapid development and growth outlined in Chapter 2. This was followed by a period of consolidation and organisation covered by Chapter 3, which represents where Breaking the Cycle is today and highlights just how much it has adapted and evolved.

The next section of this report takes us below the surface to understand how Breaking the Cycle has been able to grow so successfully in a relatively small window of time. Highlighted in chapter 4 are three critical factors identified by EXIT study. First, Leadership has been crucial with distributed leadership enacted at an operational level meaning everyone, including external actors, are using their skills and strengths to pull in the same direction. Second, significant identity work has taken place facilitated by supervision and team reflection, leading to job-crafting which has developed strong staff buy-in and role identification. Third, collaboration with others, often external services, has accelerated and propelled innovation growth and reach, thus functioning as a practice exemplar of the Governments' new integrated care policy.

Implementing and building innovation always surfaces challenges to which Breaking the Cycle are not immune. Discussed in Chapter 5 are three key challenges, which are actually opportunities for further development. The first relates to ensuring the right data and evidence are ethically generated to ensure maximum utility for a wide range of purposes and audiences. Second, human resource management issues relating to recruitment, retention and talent management are discussed, before finally considering the potential impact of interdependence of Breaking the Cycle on other services. Finally, Chapter 6 shows where Breaking the Cycle might be headed with management and strategic focus on the opportunities and challenges surrounding scaling up as a traded service. Purposefully, no prescriptive recommendations have been given at the end of this report since the journey of Breaking the Cycle remains dynamic and emergent from collective leadership, teamwork and practice reflection – core strengths that have brought Breaking the Cycle this far and that will determine its future trajectory.

¹ Foley, N., & Library Specialists. *Support for Care Leavers*. House of Commons Library Briefing (20th October 2022). Retrieved from <https://researchbriefings.files.parliament.uk/documents/CBP-8429/CBP-8429.pdf>



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Chapter 1: Our Origins

Organisations involved in adoption processes, such as charities, adoption agencies and local authorities have a duty to provide or commission support for birth parents independent of the child's social worker. The principle of independent support for birth parents is embedded in the Adoption Minimum Standards (12.3), and reflected in statutory guidance. A small number of services exist in this area such as First Family Service (PAC UK), and Pause, a recently established national charity emergent from the DfE social care innovation programme (2016). The Charity Commission website states: 'Pause works with women who have experienced, or are at risk of, repeat removals of children from their care. We aim to break this cycle and give women the opportunity to develop new skills and responses that can help them create a more positive future'.

Birmingham Children's Trust had originally set aside resources and were planning to commission Pause to deliver a post-adoption service for the Trust. However, a controversial aspect of Pause, is a requirement for women to use contraception for a period of eighteen months in order to access support services. For many organisations, including senior leaders at Birmingham Children's Trust, this was not acceptable, prompting the Trust to seek alternatives. It found one such alternative within the post-adoption charity - *After Adoption*, who had developed and were successfully delivering a birth parent intervention known as *Breaking the Cycle*. Despite lacking a core definition, delivery framework, or practice guidance, *Breaking the Cycle* was a time-limited programme of supported reflection for birth mothers who had previously lost one or more children to adoption. The Trust had found a potential partner to help meet its requirement to support birth parents.

Coming as a complete surprise to many, on April 4, 2019, *After Adoption* officially went into administration with only a four-week notice period given. It was a very sudden thing that generated a real shock to both service users and staff, who rapidly had to be connected into other services. During those four weeks, conversations began in earnest between *After Adoption* and Birmingham Children's Trust including a pitch for all prospective adopters to be moved over to the Trust. This was not successful prompting the Trust to instead seek the intellectual property rights to *Breaking the Cycle*. This was agreed and accompanying the transfer, a single member of staff who understood and knew the programme was brought across from the charity a few months later.

To work alongside the lone member of staff, a single social worker from Birmingham Children's Trust was seconded to the programme on a part-time basis. Together, they attempted to deliver a service for around twelve months. The programme had no development funding, no management structure or staff and there was no obvious strategy for *Breaking the Cycle*. Despite a strong commitment by the Trust to acquire *Breaking the Cycle*, the first year was treated as a quasi-pilot yet with none of the strategic funding, infrastructure, support and evaluation typically surrounding pilot innovation. Whether or not the innovation could even survive its first year post-transfer to Birmingham Children's Trust was highly uncertain given the laissez-faire approach of the Trust at that time.



Chapter 2: Our Early Development

In July 2020, the Trust began to address the need for additional resources and adequate staffing. A small team were recruited based upon values, sharing a core belief in empowering and supporting birth mothers as the right thing to do, despite not knowing what Breaking the Cycle would actually look like in practice. Strong normative beliefs of new staff were reflected in their willingness to initially accept job roles at a lower grading and remuneration than they were entitled to professionally claim as social workers. Alongside a service manager, three senior social workers and two social work assistants comprised the team that would shape the future of Breaking the Cycle and carry it forward on its innovation journey.

Characterising this journey has been multiple adaptations and change reflecting the change in context surrounding Breaking the Cycle upon its transfer to the Trust. The scope of Birmingham Children's Trust is far broader than that of a post-adoption charity, and with that came a broadening of the service-user base relevant to Breaking the Cycle. Previously, the sole user group had been birth mothers, and while this remains a core client group, birth fathers can now access Breaking the Cycle as individuals or as a birth parent dyad. Data from the first annual report of the innovation in 2020 showed 25% of referrals were fathers.

Moreover, the Trust works primarily with children under the age of 18, but also adults up to 25 years if, for example, a qualifying care leaver. Reflecting this, Breaking the Cycle not only works with parents who have previously lost children to adoption, but also young parents whose children are at risk or have entered care proceedings for the first time. Demographic data from Breaking the Cycle showed that around half of the cohort up to November 2020 (45%) were care experienced, with 15% being current care leavers. Recognising the link between care experience and increased risk of losing children to adoption (highlighted also in the *Independent Children's Social Care Review, 2022*), Breaking the Cycle have since sought to explore how a service offer could be tailored to care leavers.

A final aspect of early development for the innovation has been to ground Breaking the Cycle within a psychological model of change. Reflecting the trauma informed and therapeutic processes embedded within the core offer of Breaking the Cycle, two relevant models were identified: Dyadic Developmental Psychotherapy (DDP), and the Neurosequential Model of Trauma (NSMT). Alongside a theoretical foundation upon which to build the innovation, the former has helped shape the role identity of senior social workers, while the latter supported the temporal process structure and design of Breaking the Cycle.

Following an inertial year, whereby no growth or development took place, a flurry of activity saw Breaking the Cycle undergo considerable change. Catalysed by financial resource enabling recruitment of a values-driven manager and staff team, the user base of the innovation now extends to include fathers and parents who have not yet lost children to adoption, many of whom are current or historical care leavers. Second, theoretical frameworks have been wrapped around the innovation and threaded through practice. This has served to strengthen, solidify and inform processes of Breaking the Cycle and its identity, alongside that of the professionals delivering and developing this new service.



Chapter 3: Ageing into Adolescence

In its earliest iteration, Breaking the Cycle was a stand-alone, time-limited therapeutic intervention for mothers who had lost children to adoption. Following which it broadened to include fathers. While this helps parents to reflect and improve their understanding of their trauma, Breaking the Cycle team felt they had to work more preventatively – supporting parents to continue parenting their own children where possible. Reflecting these priorities, the team have explored new ways of working through a series of pilots that have been collaborative with other services. They comprised a pre-birth pilot with pregnant women at risk of losing their children, a parenting course co-delivered with Forward Thinking Birmingham (FTB), and a supportive consultation with care leavers.

The pre-birth pilot was found to be highly effective with top-line outcomes indicating that of the seven women receiving support, six have gone on to keep their children in their care. These parents also continue to receive post-natal support from the team. Learning from this pilot showed that supporting women as early on in their pregnancy as possible was critical to ensuring sufficient time to establish safety and generate impact. To this end, the team are exploring closer collaboration with parent assessment teams. Further partnership with Birmingham and Solihull NHS midwifery services is also anticipated, with the CCG commissioning an evaluation of any joint working practices and outcomes.

The parenting course pilot focused on a partnership with FTB, a city-wide mental health partnership for children, young people and young adults. A Clinical Psychologist within FTB wanted to pilot Circles of Security Parenting Programme, an eight-week parenting course grounded in attachment theory. Breaking the Cycle worked closely with FTB by inviting some of their parents to participate and providing them with the psychological safety and practical support needed to engage while the Clinical Psychologist delivered the content. Mutual and reflective learning from this demonstrated that parents needed the support of Breaking the Cycle to engage and that session/course duration needed to flex around parent's needs. Based on this learning, Breaking the Cycle have since trained two of their own staff to now deliver the parenting course as part of the Breaking the Cycle offer, with ongoing consultation and support from FTB for parents with more complex needs.

The consultation exercise with care leavers involved therapeutic listening and support to care leavers, who are overrepresented in the numbers of parents losing children to care services and adoption. Combined with learning from the other pilots, an additional service pilot has been developed called the New Growth Project. It involves joining up care leaver services, assessment teams and NHS community/safeguarding midwives to identify and refer pregnant young people with care experience between the ages of 16 & 30 years to Breaking the Cycle. Extending beyond 25 was deemed necessary since this age is a cliff edge for care leavers after which services do not exist. A core aspect of the New Growth Project will involve Breaking the Cycle staff improving understanding of DPP among stakeholders via training, thereby spreading therapeutic knowledge, building capacity, and aligned with Trust strategy, contributing toward wider system-level culture becoming more therapeutically informed.

Although these three pilots have been the mainstay of development work within Breaking the Cycle a final pilot has been undertaken with the Special Guardianship Order (SGO) team in the Trust. Special guardianships broadly reflect circumstances where children remain in the care of family members, and may still have access to parents. For Breaking the Cycle, this represented a novel space since parents have not lost their children. Here the therapeutic focus is reoriented toward mediating and trying to build resilience and safety in the family space. Extending Breaking the Cycle to these parents was also deemed important since there is typically less support for parents whose children are in these types of care arrangements.

Emerging from the array of growth and developmental work, a new multi-level pathway model has been developed (Fig 1). The **ADULT** pathway is the most consistent with the original Breaking the Cycle which focuses on those people who have already lost one or more children to adoption. The **PARENTING** pathway focuses on those parents who have children in their care who are identified as a Child in Need, or whose children may be in care proceedings or under child protection orders. The goal is to generate a step-down where possible. Finally, the **PREGNANCY** pathway supports parents who are pregnant and need support to ensure their children will stay in their care. It is in this pathway that New Growth Project will sit.

Each pathway is then grounded within DDP and NSMT, which stipulates three phases of work: a stabilisation phase to generate safety and build trust; a therapeutic phase; a consolidation phase to integrate previous phases and build community. All pathways utilise the first and third phases but differ in phase two. The ADULT pathway utilises DDP and the Rose model of therapeutic life story work (<https://tlswi.com/about-tlswi>). Following learning from the pre-birth pilot the PREGNANCY pathway focuses only on stabilisation since reflective therapy is not appropriate for expectant parents. The PARENTING pathway uses either Theraplay and/or Circles of Security parenting programme depending on the needs of parents.

<i>PATHWAY</i>	<i>Pregnancy</i>	<i>Parenting</i>	<i>Adult</i>
	↓	↓	↓
PARENTS	16-30 yrs and/or care experienced	Parent has child in need or child protection plan	Parent has lost a child to adoption
	↓	↓	↓
PHASE 1	Stabilisation	Stabilisation	Stabilisation
PHASE 2	Stabilisation	Circles of Security Theraplay	Life Story Work DDP
PHASE 3	Consolidation Community connection	Consolidation Community connection	Consolidation Community connection

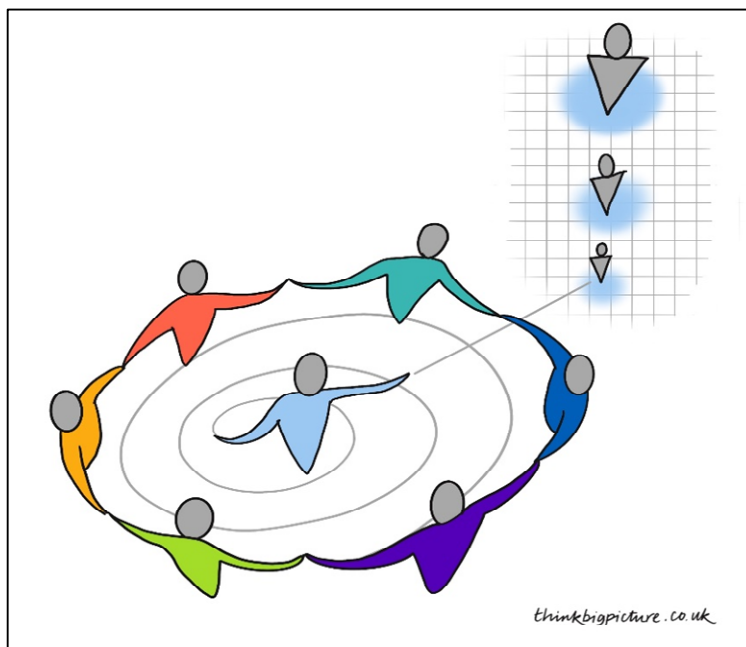
Figure 1. New Breaking the Cycle 3-Path Model – Spring 2023

Chapter 4: Supporting Our Innovation Development

Facilitating development and growth of the Breaking the Cycle have been three centrally important social factors of Leadership, Identity and Collaboration. Although helping the innovation along its journey, these same factors have also emerged or developed from the process of implementing the innovation as practice. This is because service innovation is a complex social process and not simply a 'new thing' that is rolled out. In this next section, we consider each of these facilitating factors in turn.

Leadership

The leadership constellation surrounding Breaking the Cycle represents both hierarchical and collective approaches. Overall, there is a linear chain of accountability from the Service Manager, to a Head of Services, on to an Associate Director and finally up to an Executive Leader. Yet from the service manager level and below, leadership is shared among peers. In other words, at team level, leadership is collective and distributed, independent of any specific pay grading or role titles.



Senior level leadership are strongly committed to Breaking the Cycle, being responsible first for its adoption into the Trust, and second, resourcing it from the Trusts main budget. They are strategically interested because Breaking the Cycle adds cost-saving value through preventing children coming into care and further, it carries intellectual property rights highlighting a potential commercial value. At mid-levels, leadership becomes more operationally focused on developing and expanding the service while ensuring it remains aligned with its core purpose – to prevent recurrent care proceedings.

Leadership at the team level is collective and non-hierarchical since both senior social workers and social work assistants lead on their own distinctive areas. Among assistants, this includes systems specialisation and expertise on related areas such as domestic violence or housing, while senior social workers specialise in practice theory and therapeutic support. Bringing the team together is the central figure of the Service Manager, who coordinates activities, and empowers the team. While formally they are the named leader for the innovation who steers the ship, in practice all members of the team contribute equally sharing the same vision of socially and psychologically empowering birth families toward breaking the cycle.

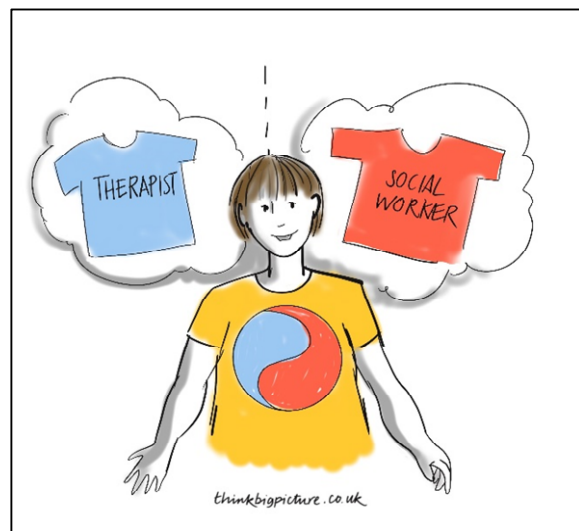
Collective leadership has been facilitated by cultural cohesion among the staff created by strongly held values and beliefs. They support each other offline, as well as directly in day-to-

day practice or weekly meetings. They have effectively self-organised into a mutually supportive practice community. Moreover, this community is not insular, but to a large extent also includes service users - after all, supporting and empowering service users is the very glue that holds the team together. Parents using the service also offer real-time practice feedback, prompting the team toward group reflection and continual service improvement.

In sum, leadership underpinning successful implementation and development of Breaking the Cycle has been primarily collective at the operational-level yet contained within a traditional hierarchical structure to ensure ongoing accountability and strategic governance.

Identity

Among all team members involved in the delivery of Breaking the Cycle, a lack of clarity around professional identity had been prevalent. This was linked to the newness of the innovation and an absence of its own clear identity and practice framework at the point of take-over. At the recruitment phase, job roles were not clearly articulated. Instead, selection centred on values and experience. Staff have since been engaged in job-crafting and development of their own role identity which has not always been clearly aligned with typical professional social work identities.



Senior social workers highlighted a tension between being a social worker *and* enacting a therapeutic role similar to a psychotherapist. Social workers in Breaking the Cycle receive clinical supervision from a Clinical Psychologist, highlighting further a 'therapist' identity. Identity conflict was most salient when parents still have children in their care because the priority of therapy is to facilitate a confidential and therapeutic relationship with parents while social workers are typically solution focused and foreground safeguarding children. For Breaking the Cycle social workers, this tension has been resolved through clinical supervision and group discussion. Social workers now foreground their social work identity professionally, but identify personally and at a team-level as therapeutic practitioners who practice social work in a therapeutically informed way.

Social work assistants similarly negotiated their job role identity. They discussed the challenge of not having a professional identity to draw upon, which social workers develop through their professional training. Rather, assistants have constructed their role in-step with the innovation as it has developed. For example, the theoretical grounding of Breaking the Cycle in NSMT has informed social work assistant's job role. Specifically, the model demarcates trauma recovery in discrete stages of: stabilisation, therapy and consolidation. Social work assistants primarily address stabilising parents and establishing safety as a foundation for parents to then engage in therapy phase delivered by senior social workers. On this basis social work assistants have now renamed themselves as therapeutic support workers to reflect their current role.

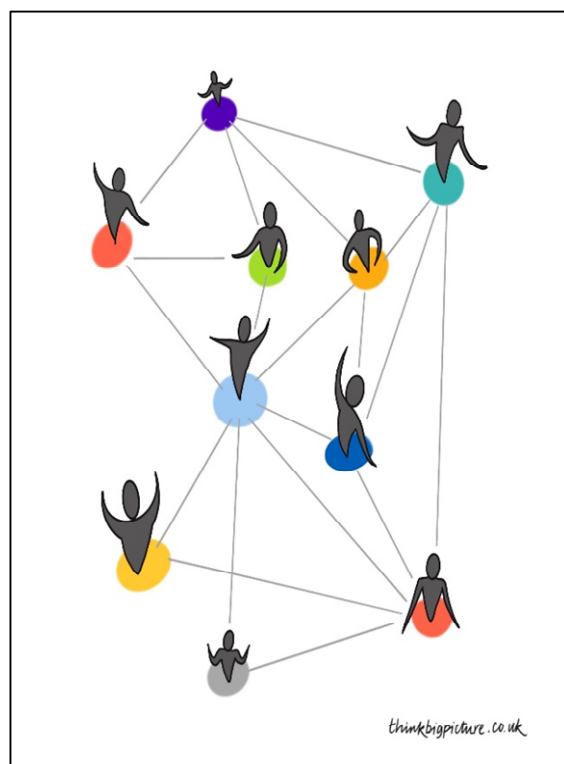
Facilitating identity work among staff, two things emerged as important. First, staff had to demonstrate a flexible approach and be comfortable with ambiguity and uncertainty as they progressively negotiated, developed and crafted their job roles. Second, facilitative and collective leadership has been a vital enabler. Staff are supported and encouraged to be reflexive, discussing their concerns and job roles as a group meaning role identities have been shaped socially in relation to each other (including feedback from service users). Consequently, the identity of Breaking the Cycle team members is dynamic and adaptable to business needs rather than grounded in static job-descriptions or competency frameworks.

Collaboration

The core mission of Breaking the Cycle is interrupting cycles of successive parental loss of children to care, which can even span generations as care experienced young people are over-represented in numbers of parents losing children to adoption. Delivering on this involves cross-system collaboration to stabilise service users. To achieve this, social work assistants are encouraged to build expertise and champion within a relevant allied area, for example housing or domestic violence. This helps build capacity within the team since knowledge and resources for different areas affecting parents are distributed within the team. No-one person holds all the knowledge, further contributing to the ideal conditions for an egalitarian, cohesive and interdependent team structure highlighted under 'Leadership' subheading.

Collaboration has also translated into knowledge mobilisation activity, whereby members of the team regularly outreach and give presentations to other teams within the Trust. This supports a growing number of referrals from across the wider system. For example, young people in the care leaver service may be referred in to work with Breaking the Cycle. Similarly, for mental health services, Breaking the Cycle may provide a valuable form of support for someone not meeting eligibility criteria for therapeutic support from adult psychology services. Consequently, Breaking the Cycle is positively regarded by other services as an additional resource to be worked with, rather than as a resource competitor.

Collaboration has been outworked further through a number of partnerships to explore new ways to extend and develop the service. First, the team have shared data and worked collaboratively with designated nurses from Birmingham and Solihull NHS to explore possibilities for a new perinatal support pathway for care-experienced mothers expecting a baby. The team have also worked with a clinical psychologist in Forward Thinking Birmingham to implement a supported pilot with Breaking the Cycle users. Specifically, the psychologist



trialled an educational parenting programme called 'circles of security', while Breaking the Cycle provided the safe space for participants taking part in the pilot. Finally, the team have collaborated with the care leaver service in a developing a consultation exercise with care leavers about their parenting views and needs.

Central to supporting collaborative activity surrounding Breaking the Cycle has been a foundation of shared values, which have superseded any potential professional identity differences that might have emerged. For example, inasmuch as health professionals, mental health professionals, and social workers all come from different professional starting points, different priorities converge by highlighting shared values on supporting and empowering service users. Yet, this has not always been straightforward, and has involved parties actively listening to each other to understanding and negotiate across their different priorities. For Breaking the Cycle, the central priority is always the parent's support needs.

Summary

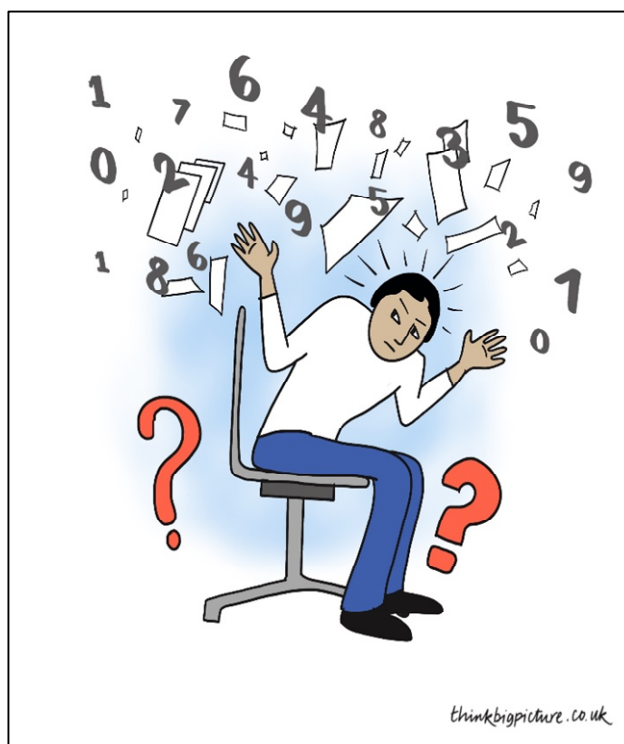
Helping the ongoing development of Breaking the Cycle since 2020, has been collective and inclusive leadership. From the apex of the Trust, Breaking the Cycle has been supported and championed, while at team-level, all staff have proactively worked toward a common goal united by their shared values. Second, there has been scope for job crafting and identity work. Among social workers, this has involved integrating therapeutic practice. Meanwhile, assistants are independently enacting social support work, rather than simply assisting social workers. Finally, collaboration has been central to development of Breaking the Cycle reflected in a number of pilots with other services. Everyone stands to gain when services link-up in ways that enhance each other's offerings. Strategic collaboration between services can also contribute to Integrated Care Systems. To this end, Breaking the Cycle is making considerable progress and represents an exemplary case of inter-service collaboration.

Chapter 5: Challenges through Our Innovation Journey

Notwithstanding individual-level challenges related to development of role identity and the uncertainty involved in developing Breaking the Cycle, organisational-level challenges have also surrounded the innovation. These relate to three different areas of: innovation evidence, human resource management and system-level collaboration, which are discussed below.

Innovation evidence

To know if an innovation works, stakeholders want evidence that innovation makes impact on its intended objectives. For Breaking the Cycle, this has been to reduce the chances of recurrent care proceedings. Translated, this is exemplified by top-line measures within the pre-birth pilot evaluation report, where it was shown six out of seven women were able to keep their children within their care. Other measures also include change in child status (CP or CIN). For Birmingham Children's Trust, the cost-saving implications of such outcomes are enormous. Yet the economic benefits are less relevant to service users, who instead stand to gain an array of social and psychological benefits.



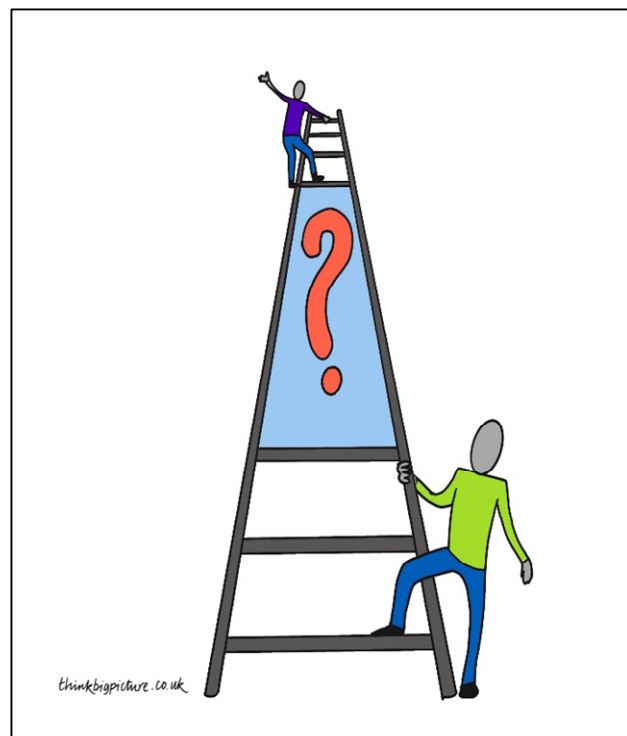
As innovation outcomes, psychological factors are less foregrounded by Breaking the Cycle, whereby the tendency is toward using them for guidance, understanding and analysis. There are a number of tools used by the team including a wellbeing wheel, an initial assessment questionnaire, and within the parenting pathway: Moore's Baby scale of Warmth vs. Invasion, the Parental Stress Scale and Parental Reflective Functioning Questionnaire. Central to Theraplay is use of the Marschack Interaction Method (MIM). It remains unclear what further measures around stabilisation are used within phase one work; or indeed phase three. The sheer range of different measures across Breaking the Cycle represents a significant consolidation challenge in its own right.

Addressing the issues of innovation evidence and the array of measures used is likely to require development of an outcomes, data and evidence strategy and/or framework. The former sets out the rationale and ethical considerations for collecting different types of data in relation to why data is being collected, who is it for, and how it will be used. Added to this, an evidence/data framework further helps to consolidate what different measures will be applied, when they will be deployed, and who will be collecting the data. Facilitating this overall package of work, a formally developed Theory of Change model can help guide and direct the process with the central point being on evidencing *how* the innovation works, not just - that it does work.

The opportunities afforded by a stronger approach to data and evidence function will add considerable value for Breaking the Cycle. With top-line data easily attainable, focus on social and psychological factors will help shed more insight into the mechanisms by which Breaking the Cycle changes lives. In turn, this knowledge could initiate further innovations addressing underlying factors contributing toward successful and less successful parenting. Second, demonstrating and evidencing how Breaking the Cycle works in socio-psychological terms provides important information to the market and wider practice community. Third, toward scaling up, commissioners or adopters of Breaking the Cycle will want to know how Breaking the Cycle works, not just that it does work. Finally, such data can play an important role in substantiating marketing-led claims about the positive psychological impacts of Breaking the Cycle as a therapeutic intervention of choice.

Human resource management

Issues related to staffing emerged as a challenge for Breaking the Cycle, and in particular around its strategic growth. Under current staffing levels, the team have run several small-scale pilots, engaged in collaborative practice and knowledge sharing, undertaken training, and personal reflection alongside holding a case load. However, to move beyond this and mainstream the pilots into the three-pathway model (see Fig 1), is likely to increase referrals and thus caseloads, in turn requiring increased levels of staffing. This has been seen already throughout the life span of the innovation. Beginning with just 1.5 staff, following a recruitment drive that number significantly increased, directly enabling innovation growth.



Following which, more staff have since been recruited enabling further development. Any future growth of Breaking the Cycle will inevitably require further staffing increases requiring associated business cases. This serves to highlight the importance of ensuring a robust innovation evidence strategy as previously discussed.

The link between growth and staffing is not of itself problematic or challenging, but it does surface challenges when recruitment and retention go wrong. Staff within Breaking the Cycle are highly trained and skilled therapeutic practitioners and new staff will also need similar training, so that all staff share the same DDP practice values that are central to the service. When staff leave, it not only poses financial losses against training, but emotional and psychological damage to both the team and to service users. Consistency and community toward development of therapeutic relationships are vital pillars of Breaking the Cycle. Staff turnover disrupts these processes of relationship formation. Team members then have to mitigate and reassure parents of their psychological safety that can be threatened by change.

Recruiting, training and retaining staff represents an ongoing risk to Breaking the Cycle, which has on at least one occasion, been encountered already.

A potential catalyst for this risk is also embedded within the personnel structure of the innovation. Besides a service manager, staffing comprises of senior social workers (therapeutic practitioners) and social work assistants (therapeutic family support workers). At the time of this report, there were no intermediate roles within the service that generated a career progression pathway. Therapeutic support workers cannot promote to senior social worker roles as the attainment gap is too large and professional social work qualifications are required. With a limited career development or talent management pathway for therapeutic support workers, there is an increased risk that these employees would need to leave in order to progress their careers. For senior social workers, there is also a talent bottleneck. Although since the time of this report, possibilities for promotion to senior practitioner roles are being developed, career progression opportunities remain tied to service growth and need.

The team have proposed a number of solutions to human resource challenges. First, it has been recognised previous experience in adoption is critical comparative to other forms of social work that are faster and more assessment or solution focused. For example, social workers from child protection may not be well suited to services like Breaking the Cycle that require extended periods of psychological and therapeutic engagement with parents. To build capacity, it has also been considered that not all Breaking the Cycle pathways need to be fully held by the team. There is potential scope for joint working with other services such as midwifery and care leaving services to enable service growth without recruiting additional staff. Finally, in place of managing talent within Breaking the Cycle, senior social workers have begun to offer training to student social workers in Birmingham to build up future talent.

System-level collaboration

A final challenge encountered by Breaking the Cycle is posed by its interdependence and relatedness to other services across the wider social care system. Many parents on first working with Breaking the Cycle have additional support needs. Some may be experiencing housing problems or be without a home, others potential or actual domestic violence. There may needs around substance misuse and addiction or other mental health challenges. Every parent accepted by Breaking the Cycle has some level of need that impacts on their ability to safely parent their own children. These needs are typically addressed by Breaking the Cycle during phase one work focused upon stabilisation.



Problems begin to surface when Breaking the Cycle users experience delays or lack of support from the wider social care system when in phase one. For example, a parent who is a care leaver may be living in unsuitable accommodation and experience significant delays in accessing suitable housing. In turn, this delay in housing may then prevent a parent from moving on to the therapeutic phase of Breaking the Cycle resulting in them locked into a supportive holding pattern until the housing issue makes progress. The effect on Breaking the Cycle is similar to bed-blocking in the NHS, whereby through-flow of people is slowed, potentially delaying access to Breaking the Cycle for new service users.

For service users engaged within the Adult pathway this situation is less problematic since their length of time within the service can expand and contract as necessary to ensure they receive support. For service users in other pathways, temporality is critical. For parents on the Pregnancy pathway there will be less than nine months for stabilisation. If stabilisation can't be achieved within this compressed window because of delays in accessing help from other parts of the system, this may result in the parent not being able to keep their child in their care. Those in the Parenting pathway are also at risk, since court proceedings and care orders are also affected by time-frames and may not accommodate mitigation or delays in parents' circumstances. After all, care proceedings will always focus on the needs of the child and not the parent.

In sum, Breaking the Cycle does not operate within a service vacuum and its efficacy and capacity can be impacted by other parts of the social care system that it is interdependent with. In the best-case scenario, delays in parents gaining support from other services may slow down parents' passage through the phases of Breaking the Cycle. At its worst, system-level timings and delays may hold potentially devastating effects for parents that might not be prevented by Breaking the Cycle. This means synergistic and coordinated working, collaborative practice, and systems-level awareness and communication are paramount in ensuring the service operates in a timely and effective way.

Chapter 6: Charting Our Future

Breaking the Cycle has already come so far. From an uncertain future following its transfer from *After Adoption*, it has been steered toward growth and expansion over the past three years. What began as a time-limited programme of supported reflection for birth mothers who had previously lost one or more children to adoption, has now expanded to incorporate fathers, pregnant parents, and parents at risk of losing children still in their care. Care leavers from 16 years onward and care-experienced parents up to the age of 30, have now become a high priority group reflecting pernicious cycles of care proceedings often involve those who have previously been in care. Psychological and trauma informed theory and therapy have been placed at the centre of the innovation and new therapeutic tools are being continually added. Finally, Breaking the Cycle is also breaking down boundaries and managing its expanded tri-pathway service (see Fig 1) in collaboration with other Trust services and allied care providers.

The vision for Breaking the Cycle is to scale up further beyond its own geographical borders to a national-level as a traded service that generates income toward sustaining the innovation, and simply to diffuse the service as a form of best practice. Since initial adoption of Breaking the Cycle into the Trust this vision has been present, grounded in the Trust having the intellectual property rights, and an ethical imperative to offer an inclusive, condition free alternative to current providers. If successful in becoming a traded a service, Breaking the Cycle would be a test-case for a UK Children's Trust trading a service. The latter being specifically challenging because of the complex legal and tax obligations and commitments surrounding Children's Trusts, which are essentially not-for-profit organisations.

Alongside navigating legal and taxation complexity is also decision-making about exactly what to trade. Breaking the Cycle began as a single service but has become a constellation involving three different, but related pathways crafted through bespoke collaborations with other services. There are possibilities to focus on trading the adult pathway only, reflecting that it can stand-alone. However, as shown by the pre-birth pilot, the pregnancy pathway is perhaps a more attractive offer to commissioners since cost-savings and prevention of children coming into care can be easily demonstrated comparative to the adult pathway, which is grounded in fulfilling duties towards parents who have already lost their children. Highlighted further, is the importance of a strong data strategy and framework (p. 10), to ensure reliable evidence and data is available to support any marketing claims.

Finally, further decisions are needed surrounding how the service can be best traded. Initial focus was on trading the service on a case basis, meaning Breaking the Cycle would work with parents referred from services who commission Breaking the Cycle to deliver a time-limited programme. This model posed a number of challenges, not least geographical limitations and logistics, but service-time limitations are not compatible with a practice model centred solely on parent's needs instead of commissioners' expectations. The alternative being considered and which appears to be favoured by the Trust and the service team is to trade Breaking the Cycle in a type of franchise approach. Purchasers would be supported to set-up their own service regardless of any profit generation reflecting the primary motive for scaling up Breaking the Cycle, is a central belief it's the right thing to do for families and children.



Appendix 1: Methods

The national EXIT Study followed a targeted case-based methodology that first identified Breaking the Cycle as a strong example of a care leaver relevant innovation. Although the population reached by Breaking the Cycle are not exclusively care leavers, care-experienced people and care leavers are over-represented in the numbers of parents who lose their children to care services or adoption. This case provided insight into some of the enablers, challenges, and issues surrounding implementation and developmental growth of an adopted service innovation, within the context of the largest local authority in the United Kingdom. Warwick University Humanities and Social Science Research Ethics Committee granted ethical approval for the study, alongside approval granted from National Association of Directors of Children’s Services.

Trust leaders, service managers and staff directly involved in Breaking the Cycle or external stakeholders collaborating on pilots, took part in semi-structured interviews. Although relatively small compared to larger scale service evaluations, the sample of participants was highly focused and relevant. A total of 18 interviews were undertaken in three waves.

Table 1: Case Study Interview Participants

Wave	Leaders/managers	Social workers	Assistants	External
ONE (08-09/2021)	2	2	3	-
TWO (01-03/2022)	3	1	-	3
THREE (01-03/2023)	1	2	1	-
TOTALS	6	5	4	3

Interviews lasted between 60 and 90 minutes, were audio recorded and transcribed verbatim. Transcripts were analysed using thematic analysis capturing a wide range of themes including:

- The wider context and setting of the innovation.
- Organisational factors such as HR, leadership, collaboration and identity.
- The innovation journey from its initial adoption to plans for its scale up.
- Innovation outcomes, data and evaluation.

Themes generated from interview transcripts were combined and cross-referenced with documentary evidence such as annual reports, observational notes made at meetings, and service materials. The content of this report has been derived solely from these sources but direct quotes have been avoided to ensure anonymity of participants in a small sample size. A final stage of analysis will involve bringing key contributors from each case site together to review the themes and lessons from each case and identify those most important for national policy-makers. The EXIT team will then construct an inclusive final report that combines the lessons and insights from across all case studies taking part in the EXIT Study.

