

# Managing Loss and a Threatened Identity: Experiences of Parents of Children Growing Up in Foster Care, the Perspectives of their Social Workers and Implications for Practice

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## Abstract

Parents of children growing up in foster-care have been a largely neglected group in policy, practice and research, in spite of the fact that these parents are often vulnerable adults who experience a profound loss and a threat to their identity. Parents' involvement through contact is also likely to have an impact on children's stability and security in the foster family. This article draws on data from parallel qualitative studies at the University of East Anglia, England, the University of Bergen, Norway, and the University of Gothenburg, Sweden. Interviews and focus groups with parents showed a great deal of similarity in the situation experienced by parents in the three countries. But all three studies found great diversity in how parents managed their loss and their threatened identity over time, including varied strategies for managing cognitive dissonance. What parents shared was the need to be treated by social workers with respect and empathy; to receive information about the children; and to be involved, where possible, in the children's lives. Focus groups with social workers, who had to balance the needs of children and parents, found there was a need for guidance in this difficult work.

**Keywords:** Parents, children, foster care

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## Introduction

Parents whose children are growing up in foster care face many challenges, but underlying these will be the need to manage the powerful, diverse and often contradictory feelings that arise from their experience of loss. There may be grief for the loss of their children, but also, for some parents, relief that the children are now cared for and thriving. Parents' anger at the loss may be directed at a partner, at a social worker, at a court—or at themselves, with feelings of guilt and regret making it even more difficult to resolve feelings of grief and anger. But additional to and cutting across the task of managing these powerful emotions will be the parents' struggle over the years of their children's childhood in care to maintain their identity as a parent—an identity that has not been entirely lost, but is severely threatened by the care status of their children. This article will explore the experiences of parents of children growing up in foster care and their social workers through findings from parallel qualitative studies undertaken in England, Norway and Sweden.

The range of challenges for parents of children in foster care has to be managed over time in the context of their relationship with social workers who have responsibilities for the welfare of the children. These social workers are also likely to have powerful and contradictory feelings about their own role; on the one hand safeguarding children from harmful family environments, but on the other hand separating parents from their children. Social workers are therefore managing their own

feelings, sometimes also of sadness and anger, as well as working with those feelings in the parents. For social workers, as for parents, there is a lack of clarity in all three countries involved in these studies about the appropriate parenting role and identity of the birth parent, especially where foster care is a permanent placement (Schofield *et al.*, 2000; Havik and Moldestad, 2003; Alpert, 2005; Höjer, 2007; Moldestad, 2007).

Unlike the relative clarity about the social worker's role in relation to the child, covered by statute and guidance in England, Norway and Sweden, there is also little clarity about the expected social work role in relation to parents of children in long-term foster care. The primary dilemma for social workers is whether the work with parents should always be undertaken with the goal of benefiting the child or whether, as legislation states in England (1989 Children Act), Norway (1992 Child Welfare Act) and Sweden (2001 Social Services Act), parents have the right to have their own needs recognised and for support to be offered in a spirit of partnership. When their primary role is to secure the *child's* well-being, can busy social workers justify spending time with parents to help them resolve some of those feelings of grief, loss and anger in order to promote the *parents'* well-being? Adoption legislation in England, for example, has specified the need for a post-adoption service for birth parents (2002 Adoption and Children Act). However, the support for parents of children growing up in foster care is assumed to be available, when, in practice, that may not be the case (Kapp and Propp, 2002; Kapp and Vela, 2004; Alpert, 2005).

In research, as in policy and practice, the needs of mothers and fathers whose children are placed in foster care are less well represented than those of children and foster carers (Alpert, 2005), although some studies of foster care in various countries have, over the years, included the perspectives of parents (Thorpe, 1980; Maluccio, 1981; Cleaver, 2000; Schofield *et al.*, 2000; Havik and Moldestad, 2003; Havik, 2007; Höjer, 2007; Moldestad, 2007). There is, however, generally a shortage of information on parents' experiences, particularly as they evolve over the years of separation.

## What do we know of the parents?

Parents whose children have been taken into foster care have, in all three countries, complex and adverse histories and often difficult current circumstances (Hessle, 1988; Lundström, 1993; Andersson, 1995; Scholte *et al.*, 1999; Clausen, S.-E., 2000; Schofield *et al.*, 2000; Sundell *et al.*, 2004; Sinclair, 2005; Socialstyrelsen, 2006; Sinclair *et al.*, 2007; Bolen *et al.*, 2008; Schofield and Stevenson, 2009). Many parents have experienced loss and bereavement in their own families of origin, as well as the death of partners (Cousins *et al.*, 2003). Additional problems for parents and parenting are

high rates of drug and alcohol misuse, mental illness and violence in the home—factors that combine with poverty to increase the likelihood of parents being unable to care for their children, but that also continue to affect parents once children are removed into foster care.

## Experience of loss and disenfranchised grief

Previous studies have shown how difficult it can be for parents separated from their children to manage or begin to resolve powerful feelings of loss, grief and anger (Schofield *et al.*, 2000; Haight *et al.*, 2002; Höjer, 2007). There are important parallels with Neil's (2006) account of birth relatives of young children adopted from care. But there is no doubt that for parents of children in foster care, the continuation of a legal status as parents and of face-to-face contact (in most cases) with their children, combined with the possibility of returning to court to challenge the separation or the contact arrangements, make the process of 'resolution' and the redefining of parental identity for parents of foster children a particularly difficult and emotionally draining task.

Parents of children in foster care are at risk of stigma and their situation is such that even their right to grieve the loss of their children and their entitlement to public sympathy may be compromised by what Doka (1989) has described as 'disenfranchised grief'—grief that is not culturally acknowledged or supported (see also Robinson, 2002). For these parents of children in foster care, the loss is both ambiguous and stigmatised; legally, but not practically, they continue to be parents and their grief is complicated by the likelihood that public blame has been attached to them for the loss.

## A threatened identity

Parents of children in foster care have lost the care of their children and since this is how the role and identity of parents are most commonly defined, there is a significant threat to their identity (Breakwell, 1986; Crocker and Quinn, 2004). The parental identity is a social construction that is also linked to moral judgements, with parents expected to prioritise the needs of their children and judged by society if they appear to have failed to do so (Ribbens McCarthy *et al.*, 2000). In her research on another group of parents whose identity is threatened—non-resident mothers after divorce and separation—Kielty (2007) found that mothers needed ways of coming to terms with the loss of the children and their main care-giving role, but also sustaining the identity of a (good) mother, privately and publicly, in spite of both loss and stigma. Feelings of grief, loss and anger often interacted with feelings of guilt and regret, with particular problems emerging for identity resolution and self-esteem when

mothers lacked a sense of agency about the separation from their children. The parallels to parents of children in foster care are clear, including the significant question of parents' agency in relation to the separation and the nature of the moral judgements that are made about them.

## The study: samples and methods

The three qualitative studies reported here were based at the University of East Anglia, England, the University of Bergen, Norway, and the University of Gothenburg, Sweden. Although the three child welfare systems have much in common, there are some differences in emphasis, between a more family support-focused practice in the Nordic countries and a more child protection focus in the UK (Thoburn, 2007). The dominance in the UK of adoption from care as a permanence route for younger children also contrasts with the Nordic countries' expectation (in line with the rest of Europe) that children who are permanently removed from their families at whatever age will grow up in foster care. It was therefore thought that there would be additional benefit for the study from comparing parents' experiences of loss, but also of social work services, in the three countries.

The interview sample of parents (England  $N = 32$ , Norway  $N = 20$  and Sweden  $N = 16$ ) were recruited through varied routes in the three countries, including via social work agencies, doctors' surgeries and newspapers. The sample criterion in all three countries was that participants would be parents (mothers or fathers) who had children who had been in foster care for at least a year. In most cases, children had been fostered for significant parts of their childhood, up to ten years or more. Sibling group size varied, but parents with at least four children in foster care were not unusual. The samples included a range of parents in terms, for example, of such factors as drug misuse, significant mental health problems, histories of violence and so on. Family life prior to care was often reported by parents as characterised by their children being exposed to long-standing physical and emotional neglect and, for some, violence and sexual abuse.

Ethical permissions were obtained for each study separately through each university's ethics committee. All parents were contacted directly by researchers and given an undertaking that their participation and the study itself were fully confidential. Although the route of access varied and the sample cannot claim to be systematically representative, parents in all three countries were able to express a range of positive and negative views of their experiences as parents and of child welfare services.

Supplementary to these individual interviews, it was proposed to hold parent focus groups. However the University Ethics Committee in Norway refused permission for this aspect of the study on the basis that parents were vulnerable and could not be offered help subsequent to a

focus group meeting, but also that confidentiality among parents could not be guaranteed. In Sweden, ethical permission was granted for parents to be consulted as a group, but in the context of an existing parent support group during a residential meeting. For the UK study, ethical permission was granted for parent focus groups, on the basis that this was an important opportunity to offer birth parents, but that invited participants would come from the interview sample and the interview researcher would be present at the focus group. The UK target for their two groups was four parents in each, but the groups were attended by two and three parents, respectively. In both groups, parents commented on how valuable it had been to meet and talk about their experiences openly with other parents. One father who had been very guarded at interview became much more open about his feelings in this setting. As with other isolated, stigmatised members of society, it can be very empowering to meet others in similar circumstances. But it was clearly not an experience that many parents felt willing to undertake. However, the UK parents four groups did reflect the same range and depth of leadings found in the interviews.

The UK and Norway studies also included social worker focus groups, reflecting the areas of recruitment for the parent participants. In the UK, three social worker focus groups were held with twenty-two participants in total, and in Norway, one meeting was held with six participants. The social worker focus groups were an opportunity to put themes emerging from the interviews to practitioners and to explore in discussion what parents might want and need from social workers and what social workers saw as the benefits, opportunities and barriers to meeting the needs of parents.

In this article, we will draw on the thematic analysis of qualitative data from all three studies. All interviews and focus groups were transcribed, coded and analysed, using NVivo where this was found to be helpful. Researchers from the three sites met at intervals during the project to compare data and emerging themes.

The findings demonstrated that across the three child welfare systems and cultures, the experiences of parents and social workers reflected very similar psychological and practice dilemmas, which appear to be intrinsic to the circumstances of foster care and the core problems of managing loss and a threatened identity. We will therefore focus on these common themes and messages, using data from the three countries, including direct quotation (translated as necessary), but indicate where there were differences. (Separate accounts of studies in each country will also be available: Höjer, 2009; Moldestad and Skilbred, 2009; Skilbred and Moldestad, 2010; Schofield and Ward, *in press*.) We will discuss parents' feelings and experiences associated with loss and identity, parents' views about what was helpful or unhelpful in their relationship with social workers and social workers' perspectives on their work with parents. Finally, implications for social work practice with parents of children in foster care will be discussed.

## Managing feelings of loss

One of the most striking findings across the studies was the diversity of experiences of managing difficult feelings, particularly feelings of loss, grief and anger. This diversity was demonstrated in both the range and balance of feelings and the extent to which these may have changed for parents during the years that their children had been in foster care.

Feelings of grief were vividly expressed by almost all mothers and fathers, as they described struggling to come to terms with the fact that their children were not returning to them. When asked how she felt when she realised that the children would be remaining in foster care, one mother replied:

Awful. The hardest thing really is the grief. The children are alive, they are healthy and they are safe—but you have still lost them.

Even when parents knew that their children were doing well in foster care, the fact that they had not been able to look after their children safely and had then lost them was almost too painful to think about:

I have whole nights where guilt keeps me awake and I just think of my kids.

Mothers with difficulties from their own childhood, often of violence or sexual abuse that they could not talk to others about, felt they got very little understanding from people. They had lost all belief in themselves as mothers and felt a profound sense of responsibility and worthlessness:

I did see myself as not worthy to be a mum, when they first got taken, because I blamed myself and I wasn't worthy. I weren't, you know, good enough to be a mum.

But parents tackled the loss and changes to their daily life very differently. Some described having depressive or suicidal feelings, isolating themselves from friends and having no other life. Others spoke of throwing themselves into activity, perhaps focusing on contact with the children or work.

Parents with a range of feelings tried hard to be supportive of foster placements and were generally very appreciative of the care children received. But they still admitted they needed to 'let off steam' with friends in order to reduce the anger they felt over their destiny. Sometimes, parents turned away from drugs in order to demonstrate to the social workers, but more particularly to their children, that they knew they had made mistakes and were trying to change. In contrast, other parents turned more to drugs or alcohol in order to cope. They were in deep sorrow and life had no meaning. They felt great loneliness in a situation that was unknown to others and incomprehensible to themselves. In some extreme cases, they wished the child was dead, for them as parents to be free to die. Some said they wished they had never been born. They would think of revenge so that the social workers would get into the

same situation as they were in and lose all they cared for. These parents had a feeling of mental collapse.

For some parents, anger was the dominant emotion. What the child welfare services did to them felt like harassment and they actively tried to document the treatment they and their family were said to have suffered, storing boxes of papers. They saw the fight to get the child back as restoring their self-esteem, because they never gave up. As one mother said, 'Even if I am knocking my head against a brick wall, I cannot stop'.

Cases in which the child was placed at a very early age were particularly hard for the parents. But, here, there were some important differences between the three study sites. In the UK sample, where babies (often the youngest in a sibling group) had been removed, they were generally adopted without contact, which had the effect of focusing the parents' role as parents and hopes for the future on their older children who were still in foster care. But in Norway and Sweden, babies would generally remain in long-term foster care. Contact visits with babies and young children where the plan was for them to remain in foster care were infrequent, brief and stressful—with the future of painful reminders of what they had lost stretching ahead. All their feelings for the child came to life at these contact visits, but the child seemed like a stranger. Parents were struggling between giving up the child entirely and trying to get the child back. They thought they could neither live under these conditions, nor give up and abandon the child. One mother who was deprived of her baby felt that her life was in a waiting mode ever after. She did not blame the authorities. She recognised her own responsibility. But the sorrow and the feeling of not knowing or being known by her own child were unnerving. These feelings were common amongst the mothers of babies.

But amongst the range of anger and hurt, there were parents who were able to reflect, often because of a number of years of observing their children thriving in foster care, that the decision had been right, however much they regretted the necessity for the separation:

At the time I was disappointed and upset they went into care. But looking back I think because I had so many kids so young it was best that my two boys went into care because they did have their problems.

Parents affected by drug misuse or mental health problems recalled that even at the time, they could see that their children needed basic things that they could not give them:

I agreed with social services, because I knew that, whatever happened, the kids needed and deserved regular meals, clean clothes, a warm bed . . . just a normal childhood.

It was a comfort to the parents when children reinforced this position:

I mean all our kids say that we done the right thing. It would have been crueller to keep them here.

The parents' sense of blame and responsibility for the children being in care was an important factor. This could apply both where children had been removed against their wishes and where parents had made the difficult decision to place their children into care. As parents, they had to set their own needs aside and make the best decision for the child, whatever the emotional cost:

Even though it was our own fault, when the little two went I was really sad.  
But I felt like they were going to somewhere where they were going to be  
looked after properly.

Parents who did not believe they were responsible for the child being in care tended to blame a partner or the child welfare services, which led to feelings of preoccupied anger and resentment. They suggested that there had been nothing wrong for the children, emphasising their love for them:

My kids didn't need to be taken off me. As much as I am a (drug) user and  
alright yes there might be some things they missed out on, they certainly  
wasn't unloved.

Parents often talked particularly of feeling that although it might have been necessary for the children to go into care at a certain point in time, they had been led to believe that they would get them back. The process of children going into care often seemed to be negotiated rather than either a clearly compulsory or voluntary arrangement. But where parents' hope of return had remained, it was the permanent separation they struggled with and this left them moving between anger and depression.

Although it was possible to see from the way in which the loss of the children was talked about that this had been a profoundly difficult experience for parents, it was also clear from the diversity of feelings and their management that parents had developed strategies for coping over the years. The capacity to manage feelings, however, seemed to a large extent to be connected to reaching some kind of resolution in terms of their *role and identity as parents*. At its simplest, if they could think of themselves as still being parents to their children—and, in particular, being good parents to their children—then the pain and anger about the loss would become less intrusive in daily life and could, to some degree at least, be managed.

## Managing a threatened identity

All parents were acutely aware that their status and identity as parents had been profoundly changed by the fact that their children were in foster care. Most parents experienced this challenge to their identity as isolating them. Even where parents did not find that they were denounced or condemned when they told others about their child in foster care, they still had a fear of it—a feeling associated not necessarily with a sense of their own guilt, but with the fact that they had been judged, deprived of their child and thus become outsiders in society:

It was horrible because when your kids go into care people look at you differently, talk to you differently.

This sense of being seen as, or even having become, a ‘different’ as well as unworthy person was associated with many negative attributions from others that made them feel less of a parent. From the child protection intervention and court hearing onwards, parents had heard descriptions of themselves as parents who ‘didn’t put the child’s needs first’. Statements from experts were recalled as having referred to parents as being ‘cold’ or ‘making no effort to change’. Worst of all was the language of ‘abuse’ or ‘neglect’. The parents did not recognise such descriptions of themselves and their behaviour. They more often felt themselves as parents to have been, at least to some extent, victims, of childhood abuse, drug addiction or violent partners, for example.

Across the diverse positions and emotions that parents described in relation to their children coming into care, there was therefore invariably and for all parents a significant gap between how they thought of themselves and how others thought of them. In some cases, parents reported that their children saw them as blameworthy, even though they as parents felt they had done their best—a gap that was particularly difficult to think about.

But, as well as these gaps or inconsistencies between how they were seen as parents by others and how they saw themselves, parents often struggled with their own contradictory ideas about themselves. Very few parents told the story of their experiences in a way that suggested an entirely consistent view. Thus, a father may have talked angrily about how he had done his best for the children and there was no reason to remove them, but then say that it was his heavy drinking that meant the children were not cared for properly. A mother may have said that she accepted that her daughter suffered as a result of her heavy drinking and needed to be in foster care, but express anger at the social workers who had ‘taken’ her children.

Although such contradictory thoughts are common when people are in complex and stigmatised situations and their identity is under threat, the dissonance it creates is in itself a source of stress to the parent. Cognitive dissonance theory (Festinger, 1957) proposes that having contradictory cognitions, in particular about one’s self concept or identity, causes psychological stress, raising anxiety and lowering self-esteem. To reduce this stress, a person will strive to modify their attitudes, beliefs or behaviour to experience the world more consistently and to protect their self-concept/self-esteem. Aronson (1969) suggests that the level of stress caused by cognitive dissonance is also related to the *salience* of the cognitions. It seems likely, therefore, that where these contradictory cognitions affect one’s self concept and self-esteem as a parent, such a profoundly valued and important identity in all three societies in these studies, the stress of these tensions will be both high and particularly hard to resolve.

For many parents, perhaps the key challenge in managing their changed and now threatened identity was the gap between their sense of themselves as at least having tried to be *good parents* who loved their children and their belief that in many cases, they had been *bad parents* and children had suffered in their care. Parents who accepted that they had harmed children by their drug taking or by not protecting them from a violent partner would still describe themselves as having done their best and as having loved their children, in order to create *a narrative* that they could live with (Ross and Buehler, 2004; Kielty, 2008).

### Maintaining a 'good parent' narrative

Some narratives that helped parents feel more consistently like good parents related to the process by which the child came into care. For example:

- I am a good parent, because I was not to blame for my child coming into care (my partner or the social worker was to blame).
- I am a good parent, because I always loved my child, even when we had problems/I was in prison.
- I am a good parent compared to some other parents, who really hurt their children.
- I am a good parent, but my child was too difficult for even a good parent to manage.

Other narratives about their identity as good parents related to how they had thought and acted since the children had been in foster care. For example:

- I am a good parent, because I accept that foster care is best for my child and support the placement and the carers.
- I am a good parent, because I have made positive changes to my life, such as giving up drugs.
- I am a good parent, because I am raising other children successfully.
- I am a good parent, because I remain in a constant state of anger and keep fighting to get my child back.

Even with these different identity/self-esteem narratives to counter critical perspectives on their performance as parents, parents needed day-to-day strategies to sustain them, to reassure themselves and to reconcile apparent contradictions into a coherent story. Many parents who needed to maintain that they had not been to blame, for example, denied or deliberately pushed away memories of the bad times, before the children were placed into foster care when life was dominated by addiction to drugs or alcohol. Where improving their current and future life had become their strategy, parents

forced themselves to think of positive things or to work as much as they could, including, in some cases, working to help other parents, because dwelling on the past was not bearable or helpful and looking to their future identity was the route to psychological survival. Where continuing the battle with professional agencies had become their definition of a good parent, parents invested a great deal of time and energy in poring over evidence, making complaints and, in some cases, taking cases back to court. One option found by some angry parents was to participate in internet communities for campaigning parents of children in care.

The message for social work practice from this evidence of diverse strategies for emotion and identity management was that in order to engage with a parent, it would be necessary to understand the emotional and cognitive framework in which they were operating. For example, this mother's balancing of stigma and yet pride in her son captures something of her defiant achievement of some kind of resolution:

Sometimes I think it would have been easier to say that I did not have any children, because people ask, where are they? But I will not deny him. I am so proud of him. So I will always tell people I have a son—in foster care.

## **What did parents find helpful from social workers in managing their loss and identity as parents?**

Parents' capacity to manage their sense of loss and maintain an idea of themselves as legitimate and good parents depended to an important extent on the role played by social workers. Three main themes emerged from the parents' accounts of what they needed and wanted from social workers: to be treated with respect as parents; to receive information about their children; and to feel as involved as was possible in their children's lives.

How parents felt social workers saw and treated them was very important and this varied considerably. But when parents were asked what messages they wanted to be conveyed to social workers through this research, these were consistent:

If they can remember what the person is going through, losing their kids and the pain that causes. We are not made of stone. None of us are made of stone.

Such statements indicated some of the frustrations many, though by no means all, parents felt. Their main focus of concern was on the lack of respect as parents they often felt they received from professionals and the child welfare services generally. The professionals spoke to them, some said, as if the child had never been theirs. Some described feeling stripped of their identity as parents and there being a lack of sympathy or empathy. Although there were some who maintained parents must fight for recognition, the majority seemed to conclude that whatever happened, it was better to act in a co-operative, even deferential, manner. A frequent

comment to other parents was 'I think the worst thing you can do is to react to what they (social workers) say and do', although some added that working together was simply better for the children.

Whether parents recognised that foster care was necessary, had fought actively to get their children back or were resigned to the situation, many commented that when their problems (such as depression, aggression or addiction) became more apparent during court proceedings and after children went into care, the professionals appeared to be relieved, because they saw it as a confirmation of their own assessment and concerns. The parents felt they were not then seen and respected as human beings reacting to a crisis, but only as 'drug addicts', for example. The social workers were described as not willing to see parents' behaviour as a sign of despair or denial resulting from their loss. The parents' behaviour was the final confirmation that they could not be competent parents.

Where parents had subsequently made the effort to give up drugs and change their lives, they therefore sometimes expressed doubts as to whether social workers wanted to acknowledge the changes that they had made. This might cast doubt on the need for the children to be in care. But other parents said, with some degree of pride and satisfaction, that they had been congratulated by social workers on the way in which they had transformed their lives.

Where parents felt that social workers did not recognise that they had loved the child, in spite of their difficulties as parents, their anxiety and fears about the child settling in the foster home could not be shared with social workers. There seemed to be a link, as they saw it, between a lack of *respect* and *recognition* for them as parents, a lack of *information* available from social workers about the child and a lack of *involvement* in the child's life of a kind they thought was reasonable:

I think social workers need to change the way they do things, because feeling entirely out of touch with your children is the worst thing possible.

Although such feelings were common, there were also parents who felt completely involved in ways that showed that their social workers were not only respectful, but also helpful and empathic about their role and feelings as parents:

I can talk to my social worker and if anything ever happens she is straight on the phone to me. If the children were ill or something had happened, she says, 'I will always let you know'. I am a bit of a worrier, so I talk to her on the phone about how I am feeling and she understands.

Where parents may put a child's placement or well-being at risk, there can be good reasons for limiting the amount of information or involvement available. But, in most cases, there seemed to be more subtle difficulties, not based on direct risk to the child or the placement, which got in the way of good communication between social workers and parents.

## Social workers' perspectives on their work with parents

Social workers will be involved with parents from the first referral for support or for child protection assessment, through the child coming into care and through the years of the child's growing up in a foster-family. In many local authorities, in all three countries, the case may move between different teams during this process and social workers will also change jobs. So, from the parent's point of view, the 'relationship' will be with a number of social workers. From the social workers' point of view, they are likely to come in at one point in the parent's story and are likely to move on after a period of months or years.

For all social workers in our studies, there were definite tensions around the role that they were asked to play, as they balanced their responsibilities to the child, the parents and the foster home. But there were no government or local guidelines or systems regarding this area of work. Different workers and different teams managed the role tensions differently—not only in relation to the amount of time they chose or found to spend with parents, but in their approach to that relationship. Some social work teams appeared too overwhelmed by other demands to give parents the time the social workers themselves acknowledged parents needed. However, other social workers, also in busy teams, were somehow finding time to do constructive work with parents, including 'life story work' with parents to help them resolve their feelings about their own childhood and history.

These questions of how social workers' prioritised their *time* and defined their *role* with parents were bound up to varying degrees with two related issues: *attitudes* (generally implicit rather than explicit) towards parents as entitled or not entitled, deserving or undeserving of their time, and *empathy* for their position. Underlying these issues was also the question of how social workers are able to *manage their own mixed feelings*, including sadness and anger, about the child's history and situation and the parents' history and situation. These feelings often combined with professional and personal frustration if and when, for reasons beyond their control, they felt unable to 'do the right thing' for the child or the parent or both. They may know that this is not a perfect foster placement for a child, for example, or that resources for contact are not adequate—but have nevertheless to defend the situation to parents. Social workers, too, have a difficult task in managing contradictions and dissonance.

### Understanding the impact of the care decision on parents

Social workers described how, in spite of what parents themselves often thought, they were very aware of the painfulness of the parents' position. From the point of the decision for a care order at court, social workers were able to appreciate the distressing loss for the parents—loss not only

of their children, but of support for themselves. Workers described this loss in similar terms to those used by parents:

It is as though the spotlight has been on parents right through care proceedings ... and then they are almost abandoned.

After the order is made, all the professionals are saying 'Oh well that's good, it is all finished'. There's a sense of achievement—but I just think, 'Oh God, this person has just lost her children'.

But experienced social workers were also able to reflect that, painful as court decisions can be at the time, parents may later see that they were necessary. Workers held on to this during their work with parents:

Parents can come back two or three years down the line and say, 'Well you said this and this in court. I didn't accept that at the time but now I can see why you were worried'. It's about helping parents come to terms with what has happened.

### Working in partnership

The degree to which working with parents felt like a partnership was quite varied and again seemed likely to reflect differences in social workers' attitudes as well as differences in parents' capacity to be co-operative. Some social workers would actively involve parents wherever possible. Other social workers and team leaders were more pessimistic about parents, suggesting that the majority were likely to be negative towards the placement and that establishing a good working relationship was only possible for a small number and was too much to expect when it had been social workers who had removed the children in the first place. These differences in practice and attitudes appeared to reflect differences between individuals as well as between cultures in different teams.

### What do social workers think parents need from them?

Social workers' views of what parents needed from them were almost entirely in agreement with what parents themselves said they needed. *Continuity* was seen by parents and practitioners as important but hard to achieve, whether for structural reasons (e.g. transfer of cases between teams) or simply because social workers moved on. The corollary of continuity was the possibility of a *relationship*, and this, it was said, needed to be a relationship based on *honesty*, *openness* and *trust*—on both sides. As one social worker and her team leader emphasised, this was key to how they worked with parents:

Parents all say the same thing to us, 'You are honest with us, you tell us the truth ...' and that is the contract we work from. Honesty is such a big thing and that is where the trust comes from.

## Conclusion: themes and implications for social work practice

When a child is separated from their birth family and grows up in a foster family, emotions run high and the relationships between all parties, but particularly between parents and social workers, will be complex and challenging. Perhaps the most important message to come from this research is that parents vary considerably in their ability to manage their feelings, identity and situation and to contribute to the stability and welfare of their children. They will also, in many cases, change over time in many aspects of their lives, with some continuing to struggle with drugs, mental health problems, periods of imprisonment, while others move on significantly, meet a stable partner and develop settled households, often with further children whom they parent successfully. These differences are then linked to their ability to sustain what is a most difficult task, retaining some role as a parent when their child is being brought up by foster carers, with the last word often going to the social worker.

If the aim for parents is to maintain some role in their children's lives as they move through childhood and adolescence, the challenge for parents is to keep the children present and up-to-date in their own minds, while also keeping themselves as parents present and up-to-date in the minds of their children. To achieve this, parents need social workers to be both empathic and active communicators about and between the children and the parents. This means that parents need to be kept present and up-to-date in the minds of the social workers, too. Shared awareness of the parents' difficulties in the past is important, but so also is awareness of the way in which children and parents may have changed over time and of the parents' current capacity to play a parenting role, even if this is only by showing their interest and concern for the children. For most fostered children, resolving their feelings about their birth family is an absolute necessity in order to thrive in placement. To the extent that parents themselves can contribute to this process, the social worker's goals for the child can be best achieved by facilitating this contribution from parents.

But there are gaps and misunderstandings in this relationship between parents and social workers. As this research suggests, most social workers recognise that the loss of children to foster care is a traumatic experience for parents. They understand specifically how difficult court and contact experiences can be for parents. But, with some exceptions, parents do not feel understood by social workers, who are described as representing the 'authorities', being too distant, too young, too educated or as talking from a textbook.

On the other hand, social workers often assume that for most parents, the dominant feeling is anger, and that angry parents would not want contact from social workers. Yet, for almost all parents, the emotional picture is

more complex. Parents who have angry feelings about some aspects of the past are often predominantly sad and appreciate the progress children have made in foster care. They commonly accept some responsibility for the risk and harm to their children at the time they came into care, even if they feel that children might have returned to them at a later date. And even the most stuck and angry parents will become less stuck and angry if they feel that they are taken into account as parents, are provided with information and their role and identity—and feelings—are recognised. This does not mean increasing contact or changing the balance between birth families and foster families in the child's life, but it does require the social worker to be actively engaged with the parents—and such demanding work will require supportive supervision.

In spite of some differences in emphasis between systems in the UK, Norway and Sweden (Thoburn, 2007), there were nevertheless striking similarities across all three countries in parents' experiences both of loss and stigma and of social work services. Social workers, too, raised almost identical points of concern. Although resources and organisational factors in different jurisdictions and practice cultures may affect, for example, the amount of contact social workers have with parents, there was no doubt that this relationship was viewed in all three countries as a particularly challenging and complex kind of relationship, in which the needs of the child are paramount and the role of the parent is constantly having to be negotiated.

Social workers in all systems therefore need to know parents and support them appropriately for their needs. They need to protect foster children from possible negative, destabilising experiences attributable to parents, but they also need actively to promote whatever contribution individual parents can make to the welfare of the child. Wherever parents are on the spectrum of managing their loss and identity, they need good-quality information and support, as their influence on outcomes for the child and the placement will continue to be significant through to adulthood.

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## References

- Alpert, L. T. (2005) 'Research review: Parents' services experience—a missing element in research on foster care outcomes', *Child and Family Social Work*, **10**, pp. 361–6.
- Andersson, G. (1995) *Barn i samhällsvård* [Children in public care], Lund, Studentlitteratur.
- Aronson, E. (1969) 'The theory of cognitive dissonance: A current perspective', in L. Berkowitz (ed.), *Advances in Experimental Social Psychology*, New York, Academic Press.
- Bolen, M. G., McWey, L. M. and Schlee, B. M. (2008) 'Are at-risk parents getting what they need? Perspectives of parents involved with child protective services', *Clinical Social Work Journal*, **36**, pp. 341–54.
- Breakwell, G. (1986) *Coping with Threatened Identities*, London, Methuen.
- Clausen, S.-E. (2000) *Barnevern i Norge: En longitudinell studie basert på registerdata* [Child welfare in Norway: A longitudinal study based on register data], Prosjektrapport, 7, Oslo NIBR.
- Cleaver, H. (2000) *Fostering Family Contact: A Study of Children, Parents and Foster Carers*, London, The Stationery Office.
- Cousins, W., Monteith, M., Larkin, E. and Percy, A. (2003) *The Care Careers of Younger Looked After Children: Findings from the Multiple Placement Project*, Belfast, Queen's University.
- Crocker, J. and Quinn, D. M. (2004) 'Psychological consequences of devalued identities', in Brewer, M. B. and Hewstone, M. (eds), *Self and Social Identity*, Oxford, Blackwell.
- Doka, K. J. (ed.) (1989) *Disenfranchised Grief: Recognising Hidden Sorrow*, Lexington, MA, Lexington Books.
- Festinger, L. (1957) *A Theory of Cognitive Dissonance*, Evanston, IL, Row, Peterson.
- Haight, W., Black, J., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S. and Szewczyk, M. (2002) 'Making visits better: The perspectives of parents, foster parents, and child welfare workers', *Child Welfare*, **81**, pp. 173–202.
- Havik, T. (2007) *Slik fosterforeldre ser det—II. Resultater fra en kartleggingsstudie* [Foster parents views—II. Results from a survey in 2005], Bergen, Barnevernets utviklingsenter på Vestlandet, Skriftserien 07, 1.
- Havik, T. and Moldestad, B. (2003) 'Etter plasseringen: Samvær og samarbeid' [After the child's placement: contact and co-operation], in E. Backe-Hansen (ed.), *Flytting i barnevernets regi*, Oslo, Gyldendal Akademisk.
- Hessle, S. (1988) *Familjer i sønderfall* [Disintegrated families], Göteborg, Norstedts.
- Höjer, I. (2007) *Föräldrars röster: Hur är det att ha sina barn placerade i fosterhem?* [Parents' voices—parents' experiences of having children placed in foster care], Stockholm, Stiftelsen Allmänna Barnhuset.
- Höjer, I. (2009) 'Birth parents' perception of sharing the care of their child with foster parents', *Vulnerable Children and Youth Studies*, **2**, pp. 161–8.
- Kapp, S. A. and Propp, J. (2002) 'Client satisfaction methods: Input from parents with children in foster care', *Child and Adolescent Social Work Journal*, **19**, pp. 227–45.
- Kapp, S. A. and Vela, R. H. (2004) 'The unheard client: Assessing the satisfaction of parents of children in foster care', *Child and Family Social Work*, **9**, pp. 197–206.
- Kielty, S. (2007) 'Non-resident motherhood: Managing a threatened identity', *Child and Family Social Work*, **13**, pp. 32–40.

- Kielty, S. (2008) 'Working hard to resist a "bad mother" label: Narratives of non-resident motherhood', *Qualitative Social Work*, **7**(3), pp. 363–79.
- Lundström, T. (1993) *Tvångsomhändertagande av barn: En studie av lagarna, professionerna och praktiken under 1900-talet* [Children placed in public care by mandatory means. A study of legislations, professions and practice during the 20th century], Doktorsavhandling, Stockholms Universitet, Socialhögskolan, Rapport i Socialt Arbete, nr 61.
- Maluccio, A. N. (1981) 'Casework with parents of children in foster care', in Sinanoglu, P. A. and Maluccio, A. N. (eds), *Parents of Children in Placement: Perspectives and Programs*, New York, Child Welfare League of America.
- Moldestad, B. (2007) 'Å være foreldre til barn i fosterhjem' [To be parents of children in foster care], *Tidsskriftet Norges Barnevern*, **84**(2), pp. 15–23.
- Moldestad, B. and Skilbred, D. (2009) 'Foreldrenes opplevelse av et foreldreskap på avstand' [Parenting while apart. Parents' views], *Fontene forskning*, **2**, pp. 42–52.
- Neil, E. (2006) 'Coming to terms with the loss of a child: The feelings of birth parents and grand parents about adoption and post-adoption contact', *Adoption Quarterly*, **10**(1), pp. 1–23.
- Ribbens McCarthy, J., Edwards, R. and Gillies, V. (2000) *Making Families: Moral Tales of Parenting and Step-Parenting*, Durham, Sociology Press.
- Robinson, E. (2002) 'Post-adoption grief counselling', *Adoption and Fostering*, **26**(2), pp. 57–63.
- Ross, M. and Buehler, R. (2004) 'Identity through time: Constructing personal pasts and futures', in Brewer, M. B. and Hewstone, M. (eds), *Self and Social Identity*, Oxford, Blackwell.
- Schofield, G. and Stevenson, O. (2009) 'Contact and relationships between fostered children and their birth families', in Schofield, G. and Simmonds, J. (eds), *The Child Placement Handbook*, London, BAAF.
- Schofield, G. and Ward, E. (in press) *Understanding and Working with Parents of Children in Long-Term Foster Care*, London, Jessica Kingsley.
- Schofield, G., Beek, M., Sargent, K. and Thoburn, J. (2000) *Growing Up in Foster Care*, London, BAAF.
- Scholte, E. M., Colton, M., Casas, F., Drakeford, M., Roberts, S. and Williams, M. (1999) 'Perceptions of stigma and user involvement in child welfare services', *British Journal of Social Work*, **29**, pp. 373–91.
- Sinclair, I. (2005) *Fostering Now: Messages from Research*, London, Jessica Kingsley Publishers.
- Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2007) *The Pursuit of Permanence: A Study of the English Care System*, London, Jessica Kingsley Publishers.
- Skilbred, D. and Moldestad, B. (2010) 'Når barn bor i fosterhjem: Utfordringer i samarbeidet mellom foreldre og barneverntjenesten' [Co-operation issues between child welfare and parents of children in foster care], *Tidsskriftet Norges barnevern*, **87**(1), pp. 33–45.
- Socialstyrelsen (2006) *Social Rapport*, Stockholm, Socialstyrelsen.
- Sundell, K., Vinnerljung, B., Andréé Löfholm, C. and Humlesjö, E. (2004) *Socialtjänstens barn* [Social services' children], Stockholm, FOU-rapport 2004, 4, Stockholms Stad.
- Thoburn, J. (2007) *Globalisation and Child Welfare: Some Lessons from a Cross-National Study of Children in Out-of-Home Care*, Norwich, University of East Anglia.
- Thorpe, R. (1980) 'The experiences of parents and children living apart', in J. P. Triseliotis (ed.), *New Developments in Foster Care and Adoption*, London, Routledge.