

Major Research Project

**Listening to the experiences of birth mothers whose  
children have been taken into care or adopted**

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For Dad

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## 1.0 Abstract

The literature consistently reports a lack of support for birth mothers following their child being taken into care or adopted (Logan, 1996; Schofield, 2009; Schofield, 2010). This is despite consistent evidence of the long-term consequences that the removal of children has upon their mental health (Condon, 1986; Wells, 1993; Logan, 1996). O'Leary-Wiley & Baden (2005) write, 'Birth parents are the least studied, understood, and served members of the adoption triad.' The aim of the study was to explore: the experience of separation, sense of identity following separation, experience of contact and experience of support through the process. Semi-structured interviews were conducted with seven mothers who were recruited from birth mother support groups. The transcripts of the interviews were analysed using Interpretative Phenomenological Analysis (IPA). Four main themes emerged across the participants' accounts: 'No one in my corner', 'Disconnecting from emotion', 'Renegotiating identity' and 'The children are gone, but still here'. The findings contribute to our understanding of the experiences of birth mothers and are discussed within a range of psychological theories. Implications for clinical psychology are considered.

“Being separated from your children is like having a limb cut off. No, it’s worse. At least when you lose a leg, they can sew up the end and it will heal; the pain will eventually go away. People can look at you and understand why you’re off balance; they see why you are in so much pain and empathise with you. But when you’re a non-residential mother, the pain never goes away, people don’t understand your pain, and it takes years to regain your balance.” (Cited in Babcock, 1997)

## 2.0 Introduction

The present study seeks to explore the experiences of birth mothers whose child or children have been taken into care or adopted. I will begin by outlining the background to the study, my own position within the research and broadly outline the child protection process, which will include an explanation of the terminology. I will then go on to review the existing literature followed by a rationale for undertaking the present study.

### 2.1 Background

The British Association for Adoption and Fostering report that 67,050 children were in the care of local authorities in 2012. In the same year, 3,450 children were adopted. The Adoption and Children Act 2002 (Sections 3 & 4) in England and Wales, and the Adoption and Children Act 2007 (Sections 3–5) in Scotland stress the importance of providing independent support both during and after the adoption process. The National Minimum Standards for adoption that accompany the Act state that:

*Birth parents and birth families.... are entitled to services that recognise the lifelong implications of adoption. They will be treated fairly, openly and with respect throughout the adoption process (Department of Health, 2001, p. 23)*

Despite recognition of the needs of birth parents, they remain a largely neglected group on practice, research and policy. Zamostny, O’Leary-Wiley, O’Brien, Lee, & Baden (2003) write:

*‘The silence of the mental health community on and psychology’s relative lack of research attention to adoption issues compromise empirically based knowledge on adoption.’ (p. 648)*

The authors go on to assert that psychologists' expertise in clinical interventions and research methodology could be used to advance our knowledge of psychological adjustment to adoption. However, psychologists' lack of attention to this area has meant that it had not benefitted from such contributions, even though they have much to offer. Wiley & Baden (2005) write:

*'With greater knowledge of the complex experience of birth parents, more effective treatment interventions, counselling skills, therapeutic techniques, counselling process concerns, and treatment models can be proposed, empirically validated, and implemented in counselling and psychology preparation programs.'* (p.45)

Mason and Selman (1997) suggest that most birth parents whose child has been adopted will not turn to social services for help and would be hesitant about approaching an adoption agency for support. Through responses to a postal questionnaire of professionals working in child care, they found that many felt that social services were 'poorly placed to offer help to contesting birth parents' (p. 28). They go on to assert that failure to develop provision of independent support will have repercussions for any remaining or subsequent children in the family, and will prove costly in terms of treatment of mental health problems in birth parents.

## **2.2 Theoretical position**

As a Trainee Clinical Psychologist I prefer to draw upon a range of psychological theory and models whilst being mindful of the needs and preferences of the individual. I am particularly drawn to using systemic and narrative ideas which allows me to think about psychological distress from within a relational lens and to consider the context within which the distress occurs, for example, the political, structural or relational contexts.

## **2.3 Child Protection and Care Proceedings**

When a child protection referral is made, the local authority have a duty to investigate concerns and gather information about the needs of the child and whether the parents are able to adequately keep the child safe. The Children Act (1989) defines the criteria to be met for a child to be considered a 'child in need' or to be considered to be at risk of 'significant



harm'. The Children Act defines significant harm as "ill treatment or the impairment of health or development". The Adoption and Children Act 2002 added to this definition: "... including for example, impairment suffered from seeing or hearing the ill-treatment of another". To decide whether harm is significant, the health and development of the child is "compared with that which could reasonably be expected of a similar child" (Children Act 1989) (NSPCC, 2014). If at any time during the child protection process it is thought that the child is in immediate danger, the local authority can apply for an Emergency Protection Order (EPO) to remove the child from home.

'Care proceedings' is the phrase used to describe the legal process by which children's services ask the court to allow them to take a child into care (NSPCC, 2014). Care proceedings usually begin by the issuing of an interim care order. During this time, professionals time to complete their assessments and collect evidence for the final care order hearing. It is also during this time that professionals work with the family to see whether the child can be returned home. (NSPCC, 2014)

At the final hearing, the court decides whether to make a full care order. To do this, the court must be convinced that the 'threshold criteria' set out in the Children Act (1989) are met (that the child is suffering, or likely to suffer, significant harm and that the harm is attributable to the parents or carers). A 'threshold document' is produced by the Local Authority which documents the evidence that the threshold criteria has been met.

Once a care order is made, a care plan for the child is implemented which gives the local authority parental responsibility for a child. In theory, this parental responsibility is shared with the parents, but in practice, the local authority has the power to determine the extent to which a parent is involved with their child and how far they are allowed to exercise their parental responsibility (NSPCC, 2014).

Where it is deemed unsafe for the child to return to live with their parents, the local authority may seek to have the child adopted. An adoption order (which transfers parental responsibility to the adoptive parents) is only made by a court following extensive enquiries and assessment. The sole criteria for deciding if the order should be made, is the best interest of the child (NSPCC, 2014).

## **2.4 Terminology**

The term 'birth mother' in the present study refers to the biological mother of a child in care or an adopted child. Research to date has focussed upon birth mothers who have voluntarily relinquished their child to be taken into care or adopted and, to a lesser degree, those whose child was taken under a care order. In the present study, all the children of the birth mothers interviewed were taken into care under a care order and/or compulsorily adopted from care.

Adoptions these days are most often open adoptions, which means that the adoptive parents meet with birth parents and the birth parents have either direct, face-to-face, contact with the child or indirect contact, most commonly 'letter-box' contact. Through 'letter-box' contact, letters, photographs and sometimes presents can be exchanged between birth relatives and the adoptive parents. This kind of contact is arranged by the local authority or adoption agency and there are rules around what can and cannot be shared. Adoptions can also be closed, which means that the birth parents and adoptive parents do not meet and there is no contact with the child. While in foster care, birth parents can continue to have contact with their child. This can be either face-to-face, phone or letter-box contact and the frequency of the contact varies.

## **3.0 Review of the Literature**

In this section I will first broadly outline some relevant literature which refers to the social construction of motherhood in order to locate the study in this context. I then go on to describe existing literature on the experiences of birth mothers whose child or children have been taken into care or adopted, as well as relevant literature which refers to mothers who have voluntarily relinquished their child.

### **3.1 Social constructions of motherhood**

Motherhood is a role idealised by society. There is a vast body of literature on mothering, from a range of perspectives, which is not well known to those in the field of child protection (Featherstone, 1999). In her paper exploring the implications of social constructions of motherhood, Walls (2007) suggests that idealisation of the role leads to guilt feelings. Klass

(1988) argues that the degree of guilt that a mother experiences is related to the perceived discrepancy between her behaviour as a mother and how it compares to expectations dictated by society. The author goes on to suggest that mothers' guilt arises from the 'all or nothing, good or bad dichotomies which form the foundations for the idealisations of motherhood' (p. 25).

Featherstone (1999) goes on to suggest that the field of child protection tends to think about mothers solely in relation to how their actions or inactions impact on their children's development and protection. She argues that what gets lost in this approach is an understanding of mothers as women and as women who have multiple identities. Featherstone (1999) suggests that 'the actual complexity of women's lived experience as mothers has to date received little attention in mainstream child protection literature' (Kielty, 2008; p. 364).

### 3.2 Threatened identity

In this section I will review the literature which suggests that a woman's identity is threatened following their child being taken into care, and this idea links closely with the social constructions of motherhood.

Parental identity is a social construction and 'the failure to fulfil social ideals of motherhood had traditionally been regarded as a primary indicator of a woman's moral irresponsibility, her personal as well as social ineptitude' (Weger, 1997). A significant proportion of mothers whose child is taken into care or adopted have pre-existing mental health difficulties, which in many cases contribute to the removal of the child. Wilson & Crowe (2009) found that the stigma associated with having a psychiatric diagnosis was exacerbated by being a parent. Davies & Allen (2007) write:

*'Women who are mothers and also users of mental health services face particular challenges of identity management because of the inherent tension between the societal ideals around being a 'good mother' and social norms associated with mental illness.'* (p. 374)

In a meta-synthesis of qualitative studies on motherhood for women with severe mental illness, Dolman et al (2013) generated, among others, sub-themes of 'coping with dual

identities' and 'centrality of motherhood'. With regard to the former, women often described trying to manage an identity of being 'a woman with mental illness' and that of a 'mother'. This it seems led to feelings of having failed as a mother or having not lived up to expectations, both from themselves and others. Eighteen of the 23 studies included in the meta-synthesis highlighted the importance of being a mother to women with severe mental illness. It was highlighted that this had negative implications for women who were separated from their child as a result in that it led to 'feelings of failure and lowered self-esteem' (Dolman et al, 2013; Edwards & Timmons, 2005; Heron, Gilbert, Dolman, Shah, Beare, Dearden, Muckelroy, Jones & Ives, 2012; Montgomery, Mossey, Bailey & Forchuk, 2011).

Some studies have used the theory of cognitive dissonance (Festinger, 1957) to conceptualise birth mothers' management of contradictory feelings (Scholfield et al, 2011; Babcock, 1997). Cognitive dissonance theory proposes that having contradictory cognitions, in particular about one's self-concept or identity, causes psychological stress, raising anxiety and lowering self-esteem (Scholfield et al, 2011). For example, mothers may feel that they are caring parents and yet find themselves deemed unable to care for their children by 'experts' and the courts (Scholfield, 2009). As a result, it is suggested, people often struggle with contradictory ideas about themselves. In order to reduce this stress, it is suggested that people modify their behaviour, attitudes or beliefs in order to protect their identity or self-concept. Identity theory, too, proposes that the first coping strategy employed to deal with dissonance in one's sense of being a mother is behaviour modification or role change (Babcock, 1997). Babcock (1997) interviewed non-residential mothers, that is, mothers who had relinquished their children following divorce and used content analysis to analyse the data. Their aim was explore the effect of separation from their children on their identities as mothers. They suggested that one example of behaviour modification used to protect their identities as mothers was to increase ones closeness to the children through writing letters, phone conversation and the giving of gifts. However, they found that behaviour modification was not enough to reduce the dissonance felt because their identity had been disrupted to such an extent. Instead, a second coping strategy was employed in which mothers redefined what it meant to be a mother rather than forgo their identity or find a new one. Scholfield et al (2011) conceptualises this by suggesting that mothers attempt to 'create a narrative that they can live with'. That is, mothers attempt to reaffirm their status as a mother and more importantly, as a 'good mother'. Kiely (2008) conducted a narrative analysis of twenty

mothers who were living apart from their children as a result of divorce or separation from the children's father. She suggests that all respondents use their narrative accounts to construct a defence against a 'bad mother' label.

### 3.3 Experiences of child protection process

I will now review the existing literature on birth mothers' experiences of the child protection process, of which there is relatively little, and focus upon qualitative studies since these are most relevant to the present study.

The process of taking a child into care through a care order is often a long, gruelling and distressing process. Many have written of the 'adversarial nature' of the child protection process (Ryburn, 1994; Cleaver & Freeman, 1995; Mason & Selman, 1997; Drumbill, 2006; Ghaffar, Manby & Race, 2011; Smeeton & Boxall, 2011). Ryburn (1994) argues that the evidence that is presented in court proceedings is selective in order for a case in support of a child being taken into care or adopted is supported. As such, court reports are deficit-saturated and are often a source of trauma, shame and frustration for the birth parents who are 'publicly branded as bad parents' (Mason & Selman, 1997; p. 24). In a British study, Mason & Selman (1997) conducted qualitative interviews with 21 birth parents exploring experiences of losing a child through adoption. They do not describe their methodology for analysis. However, they describe, and evidence with extracts, a theme around birth parents' feeling that social workers did not appreciate the trauma they were experiencing as a result of the process and that they did not keep them informed of what was happening. One birth parent explained:

*'All that social services did was to say how bad you were. There were a lot of good things that would have helped but it was the bad things they were saying' (p. 24).*

Another respondent referred to the feeling of frustration arising from a sense that no one was listening:

*'Knowing that you go to court and you are wasting your time because your voice is not going to be heard. They are not going to want to listen to what you want or what your expectations are' (p, 24).*

Ryburn (1994) suggests that an important consequence of court proceedings is that it reduces often highly complex situations to 'provable propositions of truth or falsehood' (p. 190). He goes further to argue that 'in a choice between right and wrong the middle ground does not exist' (p. 190). This exacerbates the practice of presenting evidence in a black and white fashion which does not acknowledge efforts made by birth families and which is therefore experienced by many as shaming.

Drumbill (2006) used a grounded theory approach to analyse interviews with 18 parents exploring their perceptions of child protection proceedings in Ontario, Canada. Sixteen of the parents described experiencing child protection services as using power over them in ways they perceived to be 'absolute', 'tyrannical' or 'frightening' (p. 30). Their fear appeared to be evoked by their sense that workers held pre-conceived and narrow views of their family, that they were not necessarily acting in the best interests of the children and that decisions had already been made, making any negotiation futile.

In another qualitative study, Ghaffar et al (2011) interviewed 47 parents about their experiences of the child protection process. They found that parents were not routinely given information about the procedures and, where they were, it was difficult for them to understand. Parents also described having difficulty in retaining information due to the stress and anxiety they experienced during the process. One parent compared her experience of attending case conferences to 'walking into a lion's den.... like being thrown to the wolves' (p.12). Similarly, Charlton, Crank, Kansara & Oliver (1998) write:

*'It became clear that the adoption process was running parallel to the anger, trauma and grief associated with enforced change.... Given the emotional crisis caused by the removal of their children, parents often fail to assimilate information at the time it is given' (p. 40)*

Smeeton & Boxall (2011) conducted a small-scale qualitative study in which they interviewed three mothers about their perceptions of child care proceedings. When asked to talk about their child's adoption, they found that the mothers struggled to 'construct a coherent chronology of events' (p. 448) and commented that it was as though they had 'lost ownership' of their own stories. This was attributed to the mothers' confusion about what

was happening and the lack of opportunity to have their voice, or story, heard during the court process. As such it was as though their story had been 'rewritten' by other people.

### **3.4 Experiences of having a child taken into care or adopted**

Below is an examination of the literature which explores the psychological experience of birth mothers whose children have been taken into care or voluntarily relinquished.

A number of studies suggest that the removal of children has long term consequences for the mental health of birthmothers (Winkler & Van Keppel, 1984; Condon, 1986; Wells, 1993; Logan, 1996; Scholfield et al, 2011; Neil, 2013). Earlier literature tends to focus on women who relinquished their child for adoption due to social factors such as the stigma of having a child outside of marriage and the associated lack of financial and social support. More recent literature has focussed upon those whose child has been taken away by the state. However, existing studies have consistently found psychological difficulties in mothers regardless of whether they have chosen the arrangement or not. It should also be noted that in cases where mothers have 'voluntarily relinquished' their child, this was often forced by social and family pressures (Brodinsky, 1990; Howe et al, 1992; Wells, 1994). At the same time, it has been argued that having a child compulsorily removed and placed for adoption is a distinctive experience. Cossar & Neil (2010) suggest, as has been well-documented elsewhere, that pre-existing difficulties such as mental health issues are exacerbated by the removal of a child and that, at the same time, 'the birth parents' ability to cope with the loss may be compromised by their preceding difficulties' (p. 1370). In an unpublished Australian study, Castle (2010) explored the birth mother experience of relinquishment and subsequent contact using a mixed-method approach. The author used semi-structured interviews and standardised measures of grief, anxiety and depression symptoms as well as adverse childhood experiences and grounded theory was used to analyse the interviews. The findings suggested that relinquishment was recalled as a traumatic event but that grief 'symptoms' reduced over time. Nevertheless, the majority of the mothers had well above average symptoms of anxiety and depression.

In contrast, Winkler & Van Keppel (1984) found that instead their sense of loss intensified over time. Six of the women also became pregnant again within a year of relinquishment which is a trend still evident today. In an Australian study, Condon (1986) asked twenty

women to complete questionnaires regarding their experience of relinquishment and found a strong association with what the author refers to as 'psychological disability'<sup>1</sup>, assessed using a screening tool for psychiatric disorders. A more striking finding was that the women's feelings of guilt, sadness and anger had seemingly not lessened, many years after relinquishment. Logan (1996) interviewed twenty-eight birth mothers who had voluntarily relinquished their child for adoption. They found that just under three quarters described themselves as having mental health problems, of these, 58% attributed their experience to the loss of their child. Themes were identified in relation to factors influencing mental health outcomes for the women. These included, a lack of support, suppression of feelings and the impact of having contact. The theme of suppression of feelings refers to their finding that even when support was provided, it did not necessarily allow for discussion of feelings in relation to their loss.

It is important to acknowledge that many of the women who lose their child to the care system often have pre-existing mental health difficulties and, often, it is these difficulties that contribute to the child being taken into care. In a study based on social worker responses to questionnaires, 45% of mothers whose children had been adopted from care reported pre-existing mental health problems (Neil, 2000). Where case files were searched, the figure was even higher at 58% (Selwyn, Sturgess, Quinton & Baxter, 2006).

A range of theoretical frameworks have been used in the literature to discuss the experiences of birth mothers. Grief and loss appear to be the most common (Henney, Ayers-Lopez, McRoy, & Grotevant, 2007; Robinson, 2002) and some studies make reference to trauma (Castle, 2010; O'Leary-Wiley & Baden, 2005, Charlton et al, 1998) and Post Traumatic Stress Disorder (PTSD) (Wells, 1993). Wells (1994) uses the DSM-III-R definition of PTSD which describes it as a 'psychologically distressing event that is outside the range of usual human experience' (p. 30). A birth mother herself, Wells (1994) surveyed 300 birth mothers and found that their reactions to the loss of their children looked much like the symptoms of PTSD. She found that many birth mothers used alcohol and drugs in order to 'split themselves off from the trauma' (p. 30), particularly in the first year after the loss. She

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<sup>1</sup> The author does not give a definition of 'psychological disability'. However, the measure used was the Middlesex Hospital questionnaire which screens for psychiatric disorder. My understanding is that this is what the author is referring to.



compares this to the avoidance associated with PTSD. Events associated with the loss were experienced by all the birth mothers surveyed as intensely distressing. These events included Christmas, the anniversary of the child being taken into care and the child's birthday. Wells (1994) also applies the concept of 'psychic numbing' to the birth mother experience in which birth mothers feel 'detached or estranged from others who have not been through the same experience' (p. 31).

Very little research has been undertaken which looks specifically at birth mothers' experience of being compulsorily separated from their children, particularly research in the UK. In addition, much of the research undertaken has been done so with birth mothers who have relinquished their children voluntarily. While in many ways this is a comparable experience, it does not speak to the uniqueness of having one's child or children compulsorily removed.

### **3.5 Disenfranchised grief**

The concept of 'disenfranchised grief' is particularly relevant to the current study because it speaks to the stigma that surrounds birth mothers whose children have been taken into care. Importantly, it would seem that this stigma influences the process of grieving and psychological adjustment to their loss.

'Disenfranchised grief' is defined by Doka (1989) as 'grief that is not openly acknowledged, socially accepted or publicly mourned'. It refers to the idea that social rules govern 'what losses one grieves, how one grieves them, who legitimately can grieve loss, and how to and to whom others respond with sympathy and support' (Doka, 1989, 2002). Many negative stereotypes abound regarding birth mothers, for example, that they are uncaring, promiscuous and living in poverty (Leon, 2002). Their sense of grief and loss of having their child taken into care, therefore, is not acknowledged or legitimised. A number of studies suggest that a birth mothers' task of psychological adjustment to loss is impeded by the denial of the importance of the loss by other people as well as the woman's own sense of guilt and shame (Howe, Sawbridge & Hinings, 1992; Logan, 1996; Milham Bullock, Hosie & Haak, 1986; Neil, 2004; Aloï, 2009). Milham et al (1986) describe mothers as experiencing 'a deep sense of failure in a role that society holds in high esteem'. It has also been argued that mothers are at risk of social isolation as a consequence of social stigma and that this may impact upon their ability to sustain contact with their child.

It is hoped that the current study will help to give birth mothers a voice and to both acknowledge and value their lived experience.

### **3.6 Experience of support**

There is a paucity of research into support services for birth mothers whose child has been compulsorily removed (Cossar & Neil, 2010; Sellick, 2010). This is in stark contrast to the wealth of research into support services for adopted children and their adoptive parents. Where research has been undertaken, the literature consistently reports a lack of support for birth mothers following their child being taken into care (Logan, 1996; Charlton et al, 1998; Schofield et al, 2009; Schofield et al, 2010). Charlton et al (1998) has suggested that this is a consequence of the societal issues as outlined above. In addition to this, birth parents often find it difficult to access services that are available due to feelings of anger at the agencies involved in the removal of their child. Cossar & Neil (2010, p. 1371) write: 'It is often difficult to engage birth mothers who have complex needs and who are disempowered and distrusting of professionals'. Sellick (2007) suggests that support services should be perceived as independent, be available at different points in the adoption process and be delivered by practitioners who are informed about adoption issues. In a survey to map the provision of adoption support services and contact support services in England and Wales, it was found that whilst every local authority provided some birth relative support service, there was a wide variation in what this support looked like. Support for contact was the most common service to be provided, with advocacy and therapy the least common (Sellick, 2007).

Cossar & Neil (2010) emphasise the importance of support services for birth mothers not only for their own welfare but for the welfare of the child and particularly because contact with the child in care is now commonplace. Provision of support services, therefore, may increase the likelihood of birth mothers being able to sustain contact and the likelihood of this contact being of good quality.

Hughes (1997), herself a birth mother, writes about her first-hand experience of individual counselling and how valuable it was to have another person help her to hold and contain her pain until she could manage it more independently. Charlton et al (1998) has also stressed

the importance of birth mothers having an opportunity to tell their story without being judged.

Support in a group setting has also been found to reduce people's sense of isolation and increase self-esteem (Perl & McSkimming, 1997; Harris & Whyte, 1999; Jackson, 2000). Perl & McSkimming (1997) held a fortnightly support group for birth mothers who had relinquished a child for adoption and found that many began to talk about the process of attending the group in terms of 'coming out'.

While the expected role of the social worker in relation to the child is clear, there is a lack of clarity around their role in relation to birth parents (Scholfield et al, 2011). While legislation in England (Children Act, 1989, Norway (Child Welfare Act, 1992) and Sweden (Social Services Act, 2001)), states that birth parents have the right to have their own needs recognised and for support to be offered, how able are busy social workers able to meet this need given that their primary role is to act in the best interests of the child?

### **3.7 Experiences of contact**

Numerous studies (Ge, Natsuaki, Martin, Neiderhiser, Villareal, Reid, Leve, Shaw, Scaramella & Reiss, 2008; Henney et al, 2007; Neil, 2007; De Simone, 1996; Chapman, Dorner, Silber, Winterberg, 1986;) have found that birth mothers who experienced a higher level of openness in adoption experienced lower levels of grief and better adjustment to the loss of their child. In a meta-analysis, Logan and Smith (2005) reported that, in general, studies have supported the belief that openness benefits the birth mother (Castle, 2012).

Grotevant & McRoy (1998) found that open adoption helped to alleviate birth mothers' concerns about the child's well-being, and therefore their concerns about the adoption more generally. Furthermore, Neil (2003) suggests that contact grounds the adoption in reality which plays a role in helping birth mothers to become more accepting of the situation and more realistic about their own relationship with the child. However, Brodzinsky (1992) found that lower levels of grief were significantly associated with the degree of satisfaction with

the contact, suggesting that it is the meaning of an experience of contact that is important not the frequency of that experience (Castle, 2012). Importantly, Neil (2003) points out that not the frequency of that experience (Castle, 2012). Importantly, Neil (2003) points out that contact can also arouse painful feelings that are difficult to manage. This is thought to be particularly true for mothers involved in contested adoptions where, in addition to feelings of guilt, shame and concerns for their child, they may experience strong feelings of anger. It is now well-documented that contact brings with it both benefits and challenges. Logan (1999) interviewed birth mothers about their experiences of simply receiving information about their child and found that all described both as something they looked forward to and something that was very upsetting. The difficult and confusing emotions associated with contact for birth mothers can mean that contact is not sustained or is of poor quality. Neil (2010) found that birth mothers often experienced high anxiety during contact as a result of not knowing what they were allowed to do. For example, whether they could comfort their child or whether this should be done by the adoptive parents. Birth mothers described feeling unclear about where the boundaries lay and were concerned about over-stepping them and losing contact altogether. In addition, they described feeling out of touch with their child's hobbies and interests which contributed to them feeling like an outsider at contact meetings. It appears that the birth mother experience of contact is a complex one. Castle (2010) suggests that, in one way, contact provides a 'solution' to the grief of birth mothers and in another way it leaves the grief 'unresolved'.

#### **4.0 Rationale for research**

While much has been written on adoption, there is a notable dearth of knowledge on the experiences of birth mothers who are separated from their children (Dolman, Jones & Howard, 2013). This is despite the fact that these parents are often vulnerable adults who experience a profound loss; the impact of which, it seems, is long-lasting. Although it is widely recognised that adoption impacts upon all members of the adoption triad, research has most often focussed upon adopted children, while studies of birth parents are lacking. O'Leary-Wiley & Baden (2005) write, 'Birth parents are the least studied, understood, and served members of the adoption triad' (p. 14). The vast majority of research into the experience of birth mothers has used mixed methodology and thematic analysis has been used most often to analyse qualitative data. One unpublished study undertaken in Australia

(Castle, 2010) used grounded theory in exploring the experiences of birthmothers. However, nothing of this kind has been done in the UK. In addition, much of the research focuses upon mothers who voluntarily relinquish their child or children as opposed to those who have them taken under court order.

In order to effectively support birth mothers of adopted children or children in care, it is important to understand more fully their needs and experiences, particularly in relation to their emotional well-being. This is also important because it is now common for adopted children to continue to have contact with their birth parents after adoption. As such the emotional well-being of the birth parent will continue to have some bearing on the welfare of the child (Neil, 2013; Neil & Howe, 2004).

I have chosen to focus my research upon birth mothers in the interests of achieving some depth in exploring their experiences. However, experiences of birth fathers are, and should be, acknowledged by the researcher as equally important and implications for fathers will be discussed.

#### **4.0.1 Research Question**

In line with the rationale outlined above, the research question was framed as:

- What is the experience, from the birth mother perspective, of having a child taken into care and/or adopted?

### **5.0 Methodology**

In the following pages I will introduce and detail the methodology employed in the current study, Interpretative Phenomenological Analysis (IPA). I will also describe the process of recruitment, sample demographics, ethical considerations, data collection and the process of data analysis. This is followed by an exploration of self-reflexivity.

## 5.1 Qualitative approach

The aim of the study is to explore the experiences of birth mothers whose child or children have been taken into care or adopted. Qualitative methodologies have rarely been used to explore their experiences and Interpretative Phenomenological Analysis in particular has not been used. Qualitative methodologies aim to understand and represent the lived experience of individuals, based as closely on their perspective as possible (Elliott, Fischer & Rennie, 1999). A qualitative approach is considered most suitable for exploring topics that have been under-researched (Barker, Pistring & Elliott, 2002). In addition, they allow a voice to be given to the population under study. As such, a qualitative methodology was considered to be the most appropriate approach.

## 5.2 Interpretative Phenomenological Analysis (IPA)

### 5.2.1 Introduction

Having considered a range of qualitative methodologies during the development of the research, IPA was chosen as the most suitable method for this study. It has been shown to be a valuable research method in the social sciences and to my knowledge has not been used to explore experiences of birth mothers.

IPA is an approach committed to the examination of how people make sense of their life experiences (Smith, Flowers & Larkin, 2009). It is influenced by phenomenology, hermeneutics (the double hermeneutic) and idiography. Phenomenology is concerned with the individual experience and how we might come to understand what our experiences of the world are like. However, IPA does not seek simply to describe experiences but is an interpretative endeavour, which reflects the hermeneutic aspect of IPA. It recognises that access to experience is always dependent on what people tell us about that experience and, in order to understand it, the researcher needs to interpret their account (Smith et al, 2009). Thus the researcher is trying to make sense of the participant trying to make sense of what is happening to them (Smith et al, 2009). The latter statement refers to the 'double hermeneutic' employed in IPA. Since we are all made up of our own experiences which have created for us our own set of beliefs and values, the process of reflexivity is central to the IPA methodology. The IPA researcher is required to be transparent about these beliefs, values and biases and consider the influence of them upon the analysis and interpretation of the

data. Importantly, the researcher should attempt to 'bracket' them as far as possible (Elliott, Fischer & Rennie, 1999; Smith et al., 2009). Maykut & Morehouse (1994) describe this process well:

*'The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand' (p. 56).*

The third key influence on IPA is idiography which is concerned with the particular. It is interested in individual experience rather than being concerned with making claims at a group or population level (Smith et al, 2009). That is not to say that IPA avoids generalisations, but it develops them in a different way and locates them in the particular. As a consequence of IPA's commitment to understanding individual experience, in a particular context, it purposively utilizes small sample sizes to allow for something of the experience of individuals to be revealed in detail and in depth.

### **5.3 Considering alternative qualitative methods**

In deciding on a methodology, it was important to fully consider all methods in order to decide which one would be most suitable for answering the research question. The main methods considered were:

#### ***Discourse analysis***

Discourse analysis seeks to identify the discourses and interpretive repertoires that individuals draw on to make sense of their world (Potter, 1996; Wetherell, 2001). It is concerned with the use of language and in constructing meaning and identities. While the use of language and the influences of social discourses were of interest in this study, and became more important as the study unfolded, it was not the focus of the research question but rather the focus was on the lived experiences of the birth mothers. Discourse analysis, coming more from a hermeneutic of suspicion (Josselson, 2004), would not have allowed for the alignment with the participants in this study and for a full engagement with their lived experiences from a position of acceptance. This was viewed as important given the

stigmatizing discourses surrounding these mothers and the lack of existing research in the field.

### *Grounded theory*

Grounded theory focuses on capturing social processes that impact on a specific phenomenon (Willig, 2003), thus fracturing the data to look at processes across a database. This made it less suitable for the current study which aimed to explore, in-depth, the participants' individual experiences and maintain the integrity of the individual participants' experiences at the start of the analysis.

### *Narrative analysis*

Narrative analysis was considered as a possible alternative method for the current study. It is concerned with how people construct and present their accounts of themselves and their lives over time (Riessman, 2001), making and using stories to interpret the world. However, rather than focusing on emergent themes relating to participants' experiences and meaning-making in the moment, it focuses upon the sequential unfolding of an individual's story with an emphasis on plot and characters. Narrative analysis would be an interesting and valuable way to explore experiences of birth mothers given its ability to capture temporality. However, given the current dearth of literature in this area, IPA was deemed to be the methodological approach most suited to a more fundamental question which asks about an individual's lived experiences.

## **5.4 Study Design**

### **5.4.1 Recruitment**

- Participants were recruited from birth mother support groups at two non-NHS organisations designed to offer post-adoption support to all those in the adoption 'triangle'. The research did not focus specifically on mothers experiencing mental health difficulties; rather it was concerned with the experience of having a child taken into care. As such, recruitment from NHS services was not deemed necessary. In the first phase of recruitment, the researcher attended a birth mother group and gave group members verbal and written information on the research study. The researcher's contact details were given to all group members for those who wished



to take part. As it was, five individuals agreed to participate and the researcher contacted them after the group to arrange individual times to meet. In the second phase of recruitment, facilitators of a second birth mother group were approached and they identified two individuals who they felt would be suitable and willing to participate. As such, the facilitators contacted them directly to briefly explain the research and to ask whether they would be willing for the researcher to contact them. Following further information being provided (see Appendix 7.3), both agreed to participate which meant that seven birth mothers were interviewed in total. This is in line with an IPA approach of a smaller, homogenous sample size (Smith, Flowers & Larkin, 2009). The use of a small sample allowed for the emergence of rich data and in-depth analysis. IPA is always conducted on small sample sizes due to its commitment to an ideographic mode of inquiry, that is, detailed case-by-case analysis of individual transcripts. While Smith et al (2009) emphasize the importance of smaller sizes when using IPA, they also highlight the need for it to be considered on a study-by-study basis. I had initially aimed to conduct five interviews, taking into account the potential for recruitment difficulties and time constraints. As it was, some of the interviews were not as rich in data as others and so it was decided to conduct two further interviews to account for this.

### **Inclusion and Exclusion Criteria**

The research was aimed at adult mothers whose child or children were in foster care or had been adopted. Mothers under the age of 16 were excluded to avoid issues of consent being raised and because their experience, developmentally, is likely to be somewhat different. Those who were currently going through court proceedings relating to their child or children being taken into care were excluded due to the legal issues surrounding this. Those with a diagnosis of an Intellectual Disability were also excluded as it was felt that this may impact on the individual's ability to understand the research questions and to make full use of the interview. The inclusion and exclusion criteria were discussed with the facilitators of the birth mother groups prior to the researcher meeting with potential participants. In addition, the researcher liaised with the group facilitators to identify those who were currently experiencing severe mental health problems or who were deemed too vulnerable due to current levels of psychological distress in relation to their child or children having been taken into care.

### 5.4.2 Challenges of Recruitment

As I began to make contact with organisations which may be able to help with recruitment, I became aware of the protectiveness that professionals seemed to feel towards the mothers, who they knew and had relationships with. As I explained my wish to ask mothers about their experiences of having their child taken into care, often I had a sense that this raised some anxiety and concern. There was a sense that by asking about their experiences I would be ‘opening a can of worms’ and that the mothers may become too distressed or ‘fall apart’. In her paper exploring stories about motherhood and implications for social work practice, Featherstone (1998) reflects upon ‘the complex emotional dynamics which may underlie professional encounters’ (p. 50), pointing out that social workers and other professionals working with birth mothers will also be mothers themselves. It also points to the powerful social discourses around these mothers and mothers in general.

### 5.4.3 Sample Demographics

The sample in the current study consisted of seven mothers. Six of the seven participants described themselves as white British and one described herself as Asian. All were recruited from birth mother support groups, across two non-NHS organisations. Three were single and had never been married, three were divorced and one was married. The majority of participants were between 29 and 35 years old, with one participant being slightly younger at 23 years of age. The length of time that had elapsed since having their children taken into care and/or adopted ranged from 2 years to 9 years. The number of children they had who were in foster care or adopted ranged from 1 to 6. Three of the mothers interviewed had children living at home with them. All of the mothers continued to have either direct contact or letter-box contact with some or all of their children. Three of the mothers were receiving support from statutory mental health services at the time of interview.

#### *Table 1: Participant characteristics*

Name (pseudonym)	Age	No. of children living at home	No. of children in care or adopted	Length of time since taken into care	Type and frequency of contact
Lucy	35	3	6	3 years	Letter-box contact with some but not all, once a year.
Sarah	33	0	4	4 years	Direct contact with one child every 6 months, no contact with other three children.
Tracey	34	0	5	2 years	Direct contact with all, every 4 months.
Alice	23	0	1	4.5 years	Once a year. Letter-box.
Dee	29	2	3	8.5 years	Direct contact, once a year with two children, three times a year with one child.
Kate	30	0	1	9 years	Once a year. Letter-box.
Eve	30	2	4	6 years	Direct contact with one child (frequency varied). Letter-box contact with other three children, once a year.

## 5.5 Ethical Considerations

Ethical approval for the study was granted by the University of Hertfordshire Ethics Committee in August 2013 and relevant documentation is provided in Appendix 7.2.

The ethical considerations for the study are outlined below.

### 5.5.1 Informed Consent

All potential participants were given both written and verbal information about the study and had the opportunity to ask questions either in person during the birth mother group or by telephone. The information sheet outlined the research aims, issues of confidentiality as well as the risks and benefits of taking part (See Appendix 7.3). Upon agreeing to participate, all participants were asked to sign a written consent form (See Appendix 7.4) and were reminded of their right to withdraw from the study at any time and without consequence.

### **5.5.2 Confidentiality**

Information regarding confidentiality and its limits were provided to participants both verbally and in writing (See Appendix 7.3). Participants were made aware that if any concerns were raised regarding any risks to themselves or others, the group facilitators would be alerted. Based on my clinical judgement both during the interview and during the debriefing, I did not feel that any of the participants posed a risk to either themselves or others following the interviews.

Participants were made aware that any identifying information such as names and places within transcripts would be changed for the purposes of anonymity. The demographic information collected was kept separately from the audio recordings and transcripts. Participants were made aware that the anonymised interview transcripts would be made available to my research supervisory team, a transcription service and examining bodies. The transcription service was asked to sign a confidentiality agreement prior to the interviews being released to them for transcription.

### **5.5.3 Potential Distress**

The researcher was aware of the sensitive nature of the research topic and the potential for participants to experience difficult feelings and distress as a result of reflecting on their experiences. The researcher acknowledged this with participants prior to the interviews and participants were reminded of their right to stop the interview at any time. Time was allocated at the end of the interview for debrief and, as part of this, all participants were given a list of national support services and their contact details should they feel they required further support (See Appendix 7.7). Participants were also encouraged to contact one of the group facilitators should they feel distressed and this was agreed with the facilitators. As a Trainee Clinical Psychologist, the researcher had experience of working with people experiencing emotional distress and used clinical judgement as well as verbal reports from participants to assess risk. In relation to this, I did not feel concerned about any of the participants following the interviews.

## **5.6 Data Collection**

### **5.6.1 Interview Design**

A semi-structured interview schedule was constructed by the researcher in consultation with supervisors, with reference to relevant literature and specialist IPA guidance (Smith et al, 2009). The interview schedule was used flexibly to allow for detailed exploration of the participants' experiences.

### **5.6.2 Pilot Interview**

A pilot interview was conducted to gain feedback regarding the relevance and usefulness of interview questions, the questions in the demographics form and the general interview process. The participant felt that the interview questions were both relevant to the experiences of birth mothers and useful in exploring these experiences. Following consultation the interview schedule remained the same (Appendix 7.6). There was one minor change to the wording of the demographics questionnaire; the term 'in care' was changed to 'in care or adopted' after a recognition of the very different meanings of the terms.

### **5.6.3 Interviews**

Participants were asked where they would feel most comfortable to be interviewed. Five participants chose to be interviewed at the same venue where they attended for the birth mother group and two chose to be interviewed at their homes. Participants were asked to allow up to 90 minutes for the research interview. The first 10 to 15 minutes were used to reiterate the aims of the study, to check that participants understood issues around confidentiality and to give them an opportunity to ask any questions. In this time, participants were also asked to complete a demographics questionnaire (see Appendix 7.5). Following the interview, participants were debriefed and given a debrief sheet (see Appendix 7.7) to keep. At this stage all participants were reminded of their right to withdraw from the study.

## 5.7 Data Analysis

All interviews were audio-recorded. Five were transcribed by the researcher and two by a transcription service. Transcribing five of the interviews myself allowed me to get closer to the data which was valuable when it came to analysing the data. Due to time constraints it was not possible for me to transcribe the final two interviews. However, all interviews were listened to in full.

Interviews were analysed using IPA following the procedure outlined by Smith et al (2009). Supervision, peer supervision and attending IPA discussion forums also informed the process.

### 5.7.1 Individual Case Analysis

The process began with individual case analysis. The audio recordings were listened to and the transcripts were read and re-read and initial notations were made. These included the highlighting of interesting and potentially significant ideas, initial interpretations and contradictions. Repeating themes were also recorded. Each transcript was transferred into a table consisting of three columns (see Appendix 7.9 ). The first contained the interview data, the second a space for initial/exploratory comments and the third a space to note down emergent themes. Smith et al (2009) suggests that the initial/exploratory notations can be broken down into descriptive, linguistic and conceptual comments and I used these to guide my analysis. Emergent themes were developed once a comprehensive set of exploratory notes had been made. The emergent themes aim to capture the complexity of the data whilst reducing the volume of detail in the exploratory notes (Smith et al, 2009). According to Smith et al (2009), emergent themes are intended to reflect 'convergence and divergence, commonality and nuance' (p. 79) within each case. At this stage of the analysis, the researcher takes a more central role in the organisation and interpretation of the data whilst being careful to remain close to the original data.

### 5.7.2 Clustering Emergent Themes

The emergent themes for each transcript were clustered in order to map the connections between them and to draw together the most important and interesting aspects of the participants account. An example of this is in Appendix 7.11. Smith et al (2009) emphasize

that this stage of the analysis should not be prescriptive and is in fact a creative process for the analyst. However, they suggest that themes are clustered through processes of abstraction, subsumption, numeration, polarization, contextualisation and function and the researcher used these processes as a guide in clustering of themes. Super-ordinate themes were generated and given names which the researcher felt captured the meaning and quality of the cluster. Smith et al (2009) defines a super-ordinate theme as a construct which usually applies to each participant but can manifest itself in different ways for individual cases. This process was repeated for all seven interviews in turn. This stage of analysis involved continually moving back and forth between the transcripts and the task of clustering to ensure that the themes reflected the essence of the birth mothers' experiences.

### 5.7.3 Cross-Case Analysis

This stage involved looking for patterns and reoccurrence of themes across cases. A table of the reoccurrence of themes across interviews is in Appendix 7.12. The super-ordinate and sub-ordinate themes were relabelled and reconfigured to reflect themes at a group level, whilst still attempting to capture the idiosyncrasies of individual cases. Again, these themes were checked against the transcripts themselves. The final list of master themes provides a framework within which to understand the experiences of birth mothers whose children have been taken into care. The findings of the analysis are presented in narrative form, evidenced by verbatim extracts, in the Results chapter.

At this stage of the analysis, the convergence and divergence of themes became clearer. While there was significant convergence of themes, there were some differences between the experiences of mothers who still had children with them and those who did not, and between those who were having contact and those who were not. Whether the mothers had other children or not, all experienced confusion about whether they were still mothers and parents to the children that were taken into care. However, for those that had no children living with them, their sense of their loss of role as a parent and of their identity as a mother had a greater intensity. All the mothers struggled with mixed and complex feelings in relation to having contact with their children. However, there was some divergence in the nature of these feelings when comparing those who had direct contact and those who had letter-box contact only. For example, for those who had direct contact there was often anxiety and confusion about their role in relation to the children. For those who had letter-box contact

only, the mothers' anxiety was more related to whether or not they would receive a letter and whether the child might decide to eventually stop writing.

#### 5.7.4 Quality in Qualitative Research

Several authors have developed criteria for guiding and evaluating quality in qualitative research (Stiles, 1993; Elliott et al., 1999; Yardley, 2000; Spencer, Ritchie, Lewis & Dillon, 2003). Good quality, rigorous research should ensure transparency and coherency at every stage. Researchers should specify their theoretical orientations and demonstrate ownership and reflexivity with regards to their values and assumptions. Elliott et al (1999) writes:

‘This disclosure of values and assumptions helps readers to interpret the researchers’ data and understanding of them, and to consider possible alternatives’ (p. 221)

The analytic process too should be transparent in order for the reader to be able to appraise the fit between the data and the themes identified by the researcher, and also to allow for the reader to conceptualise alternative meanings and understandings (Elliott et al, 1999). As such, findings must always be grounded in examples to make the process and logic visible. Credibility checks are also required to achieve greater reliability, plausibility and comprehensibility of the findings. The researcher used supervision throughout the analytic process. Initial responses to the interviews were explored and discussed with my primary supervisor and field supervisor. Some of the transcripts were looked at by peer researchers who were also using IPA. There was often divergence between our initial responses to the interviews, with some responding with frustration and anger, and others with empathy. Reflection upon, and acknowledgment of, these different responses allowed for a more balanced and comprehensive analysis of the data. My primary supervisor and field supervisor were involved in discussions around the development of emergent themes, the clustering of the emergent themes and the eventual development of super-ordinate themes. Included in the Appendix (7.9) of this research is a sample of the researcher's analysis which allows for an 'independent audit' to take place (Smith et al, 2009).



## 5.8 Reflexivity

### 5.8.1 My position in the research

I am a 28 year-old white British female who grew up in a working/middle class area in the Home Counties. I am not a parent and have not known anyone close or distant to me who has had their child taken into care or adopted. On Clinical Psychology training I have had some exposure to working with parents at risk of having their children removed. Other than this, I very much consider myself to be an 'outsider researcher' (Dwyer & Buckle, 2009), that is, I am not a member of the population that I am studying. Kanuha (2000) argue that when one is a complete 'insider researcher', questions about objectivity, reflexivity, and authenticity of a research project are raised because perhaps one knows too much or is too close to the project and may be too similar to those being studied. At the same time, as an 'outsider researcher', it may be that my distance from the topic being explored influenced my ability to enter into the world of the participants being studied. This is something that I remained mindful of and reflected upon in conducting the research.

I approached this study with a curiosity about how such a unique experience is coped with and with a wish to engage with a group of people whose voices seem to have been marginalised.

### 5.8.2 Self-reflection

As I embarked on this study, I was mindful of my position as an 'outsider researcher'. I am not a mother, nor do I know anyone personally whose children have been taken into care. I have limited professional experience of working with parents who have had their children taken into care and with the children themselves. I felt concerned that my naivety might negate me from truly being able to step into their shoes and to understand their lived experience. However, I also wondered whether my naivety might be helpful, particularly in using IPA, in maintaining a position of curiosity and an openness to what may or may not emerge. That is not to say that I was a 'blank slate' and that I did not come to this study with my own values and assumptions. I approached the study wondering whether I would be able to feel empathy with the mothers and I was in fact surprised by the fervency with which my empathy fluctuated in the process of the interviews. At times I felt moved by the mothers' accounts and felt a wish to give a voice to a group of people who have been stigmatized and

marginalised. At other times I found myself wondering if, by undertaking this study, I was minimising the distress of, and damage to, the children. Over time, I began to find a position in which I felt most comfortable which was about understanding the experiences of birth mothers as something which is important to do alongside the experiences of their children.

During the process of analysing the interview transcripts, I struggled initially to move from being descriptive to being interpretive because I felt as though the latter was taking me further away from the participants' own words. However, this became easier as I began to realise that in fact the richness and complexity of the participants' experiences were not lost in the emergent themes but rather were captured well.

I had anticipated finding the interviews emotionally draining and difficult to listen to. For the most part, this was not the case, which I think is largely due to the mothers' own disconnection from emotion which meant that they told their stories in a very matter-of-fact way. This contrasted with how I felt on reading and analysing the transcripts. I was moved many times by the poignancy of what the mothers had said on reading the words, but recalled the absence of emotion, from both the mothers and myself, on hearing them spoken.

## 5.9 Results

This section presents the findings of an Interpretative Phenomenological Analysis (IPA) of the experiences of birth mothers whose child, or children, have been taken into care or adopted.

Four super-ordinate themes emerged from the analysis of interviews:

1. No one in my corner
2. Disconnecting from emotion
3. Renegotiating identity
4. The children are gone, but still here

The super-ordinate themes and the sub-ordinate themes contributing to them are summarised in the table below:

Super-ordinate themes	Sub-ordinate themes
-----------------------	---------------------

No one in my corner	Parenting amidst chaos I was on my own One story obscuring other stories I am a person too
Disconnecting from emotion	Minimising seriousness Coping with unbearable feelings
Renegotiating identity	Being a mother but not a parent Repairing myself
The children are gone, but still here	I can't wait to see her but I'm dreading it Finding something to grab hold of Saying goodbye, that's the challenge

The following account offers one possible construction of birth mothers' experiences of having a child taken into care or adopted. The influence of the researcher on the analytic process and the subsequent emergent themes is acknowledged. In the following pages I hope to present a clear and full narrative account of the themes that have emerged and to present a coherent and plausible account of the participants' experiences.

## 6.0 No one in my corner

This theme captures the feeling of all the participants that they were trying to cope alone both before and after their children were taken into care. All participants talked about their children being taken into care in the context of trying to parent alone amidst a chaotic situation at home. Many of the participants felt that there was a lack of support to help them to improve their situation so that the children were not taken into care, leading to feelings of anger towards social services. During the court process, many participants describe feeling that professionals were not hearing their side of the story and that the evidence presented

gave the wrong impression of them as parents. All participants conveyed a sense of not feeling important and that their emotions about having their children taken into care were not considered important to professionals.

### 6.0.1 Parenting amidst chaos

This theme captures the participants' experiences of trying to parent amidst chaotic circumstances; circumstances which ultimately led to their children being taken into care. Many of the participants described living in situations which they felt they could not get out of and which impacted on their ability to parent.

In the period leading up to the children being taken into care, all but one participant described trying to parent in the context of complex circumstances. This included their own struggles with destructive or abusive relationships and/or mental health problems. They often described or alluded to feeling overwhelmed by their situation and, consequently, by the needs of their children.

*"I had one with epilepsy to deal with and it turns out she was special needs as well... Then I had my son, he had a milk allergy, so I had all that to deal with. Plus with no support... and it just affected me, I had gall stones, as well, so I was constantly in pain, having to run around and it just affected me and got me depressed.... When it came to me and him [her partner] it would be, if we had an argument, I'd end up smacking him, hitting him or chucking things at him, and obviously it weren't right for the kids to even... even if they weren't in the room, to even hear it." (Dee)*

Eve also alluded to parenting amidst chaos in describing what life was like before her children were taken. However, her hesitancy in answering and nervous laugh suggested that it was difficult, perhaps shameful, for her to talk about:

*"Um, hectic [nervous laugh], manic... "(Eve)*

Tracey too described chaotic circumstances and alluded to feeling out of control:

*"My house was like Piccadilly Circus."(Tracey)*

Lucy describes quite candidly how chaotic things were and a sense of feeling overwhelmed by the needs of her children:

*"... My ex-partner, erm, was what they class as a prolific criminal, erm, burglaries, I call it petty crime, y'know, it's probably a bit higher up than petty but it's, y'know, it's on the risk*

*of... he had a drug habit, I wouldn't fund that drug habit so he'd have to go out and make his own money to fund it. He never did anything in our house, he'd go off n do his thing n I used to leave him to that [laughs] so, the police were always looking for him, erm, he was being naughty, he kept comin round, comin round. Erm, house, obviously with 8 children, me being sole carer, I've got epilepsy, erm, it was chaotic." (Lucy)*

Lucy talks about the difficulty of parenting in the context of her violent relationship and social issues. She alludes to the fact that parenting skills which may be obvious to professionals are not necessarily obvious to parents, particularly when the priority is just to survive:

*"... And parents that are not just switched-on parents [clicks finger], it doesn't come... when you've got so many other issues that are laid in front of you other than parenting which are... surviving another attack from a violent partner or surviving whatever's going on in your estate 'cause it's a rough estate, the last thing you're thinking about is 'oh is my child having an emotional... are they emotionally unstable because of what's going on'. You're not thinking that, you're thinking we need to survive. Make sure I'm alive tomorrow and everyone in this house is ok. So the priorities become so muddy." (Lucy)*

For many, struggles with adverse and chaotic circumstances began before the children were born. Alice describes her difficult social circumstances at the time that she became pregnant at the age of seventeen which formed the backdrop to her becoming a parent:

*"When my parents found out I was pregnant, they kicked me out. So then I went to go and live in a hostel.... To start with things were good but then his dad sort of came back into my life and he was violent and he was always cheating on me... I had no support whatsoever, I was doing it all on my own." (Alice)*

This theme captures the mothers' experiences of trying to be a parent in the context of abusive or destructive relationships, mental health problems and poverty. It highlights their own vulnerabilities and need for care which puts a context around their inability to provide nurturance to their own children. It raises the question of how they could have been able to provide nurturance to their children in the context of trying to survive.

### **6.0.2 I was on my own**

This theme represents the participants' sense of being on their own, without support, both before and after their children being taken into care. This was a strong theme for the majority of participants. The mothers felt that they were not supported sufficiently to

improve their situation to prevent the need for their children to be taken into care and were not supported subsequently to cope with their feelings after they were taken.

Like many other mothers, Sarah expressed a sense of feeling overwhelmed by the needs of her children and attributed this to a lack of support. Sarah repeats the phrase 'I was on my own' throughout the interview:

*"I had three other children all under five and it was very hard 'cause I was on my own. My husband never did nothing for me, he was up and out the door before the school run so I was constantly with the children on my own." (Sarah)*

Alice did not feel that she was supported to improve her situation so that her child was not taken into care. She also felt that she was left to cope alone afterwards:

*"They could've helped with some sort of counselling or whatever for the drinking and obviously I was going through the violent relationship, but they just didn't wanna.... They didn't care, they didn't wanna help. To me it felt like it was just about getting him into care, they didn't care, sort of, how that impacted on me or anything" (Alice)*

Eve felt that she needed therapy before her children were taken into care and that this may have helped to prevent her children from being taken. She feels angry that this was not offered to her and about the fact that even if she had therapy, social services felt it would have taken too long:

*"I needed therapy. Therapy and understanding... what was... wrong with me, so to speak. She didn't feel that it was in the timeframes for my children, but I was still capable of change." (Eve)*

Dee also expressed a wish for professionals to have done more to help her before her children were taken:

*"If social services knew there was a problem there, why didn't they try helping me get out of the situation? If they knew what situation it was.... Help me get out of it and, help me get some support." (Dee)*

Lucy expresses her strong feeling that no one was there to support her, both during and after her children were taken. She places emphasis on 'isolated' and 'no one':

*"... You just feel so isolated. You feel like there is no one in your corner, and the problem is, in a situation like that there's no after care there, there's no one there to support you, you've got your solicitor but they're doing a job anyway so they're not really in any way there to support you. Local authority are doing their job so they can't support you, CAFCAS are doing their job, there is no one there." (Lucy)*

Lucy also talks about the difficulty in 'moving on' without support:

*"For parents who've had their children removed and there's nothing, they become so desperate, they become in such despair, they give up on themselves. You have to move on, but how do you move on if there's no support there?" (Lucy)*

When asked what Eve's experience of support had been through the process of having her child taken into care, she responded:

*"I was handed a leaflet." (Eve)*

Kate describes feeling as though she did not know who to turn to after her child was taken into care. She expressed the wish for someone to have come out to her just to see how she was doing. Her use of the phrase 'just to know there's someone out there that knows what's happened to me' alludes to her sense at the time of being alone but also of feeling as though she does not exist:

*"... But also somebody to come out and possibly visit me every couple of weeks to actually see how I was getting on and offer some sort of support... just emotional support and just to know there's someone out there that knows what's happened to me and look after me in a way, but there was nothing." (Kate)*

Many of the participants felt that the main aim of professionals was to remove the children rather than to help them to improve their situation to prevent this from happening. This led to feelings of anger towards services which, for some, impacted on their ability to access support from professionals once they had been taken. On reflection, Kate feels that her anger following her child being taken into care impacted on her ability to access the counselling that she was offered:

*"I mean I look back and I think there was no support, they didn't care. They removed my daughter and let me deal with it, but I guess maybe that was my attitude back then and maybe that's what I wanted to think. Because when I kind of look a little bit deeper into it now, I think well I do remember someone saying that I can have counselling, but then I remember me just saying, 'oh well it ain't gonna bloody help'... But there was never any push for... once I'd said no that was it. That was it, they left me to it. So being in that state of mind at that time surely they might have given it another opportunity and said, how are you feeling?" (Kate)*

Lucy too, on reflection, feels that she would not have been able to accept or use support offered to her at the time, if it was offered, due to her anger with services. However, like

Kate, she feels that more opportunities should be given and alludes to the importance of trying to engage birth parents somehow:

*"I mean I probably wouldn't have preferred it [support] at the time, 'cause I'd have probably been thinking... I don't wanna talk to you, I hate you people. But I do believe the local authority have a duty of care to that family to follow the aftercare through." (Lucy)*

This theme represents the participants feeling of being unsupported, throughout the process of their children being taken into care. For all the mothers, there was a strong need from them to have support, before, during and after their children being taken into care. Many felt that, had they been given support before their children were taken, their removal could have been prevented. For many this led to feelings of anger and resentment towards services, which all continued to carry with them many years later. The breakdown in their relationship with professionals and services then made it difficult to access and use support that was offered to them after their children were taken. This theme also speaks to the shame and stigma surrounding mothers whose children have been taken in that it does not naturally follow that they are offered support.

### **6.0.3 One story obscuring other stories**

This theme speaks to the sense many participants had that no one was able or willing to hear their whole story. For many of the participants, as they talked about the reasons for their children being taken into care, implicit in what they were saying was that this was not the whole story. All participants valued the opportunity to be able to tell their story, from their perspective. Many of the participants' accounts revealed a story that differed in quality from that of the story told about them by professionals. While it could be said that this is a somewhat predictable finding, it goes some way to reflect the adversarial nature of the court process in which evidence is collected and presented with the aim of having the child or children removed. In doing so, stories are often reduced down and de-contextualised, obscuring other stories about these mothers as parents. It is of course acknowledged that, for the purposes of the court process, presenting evidence in this way is necessary. However, it is also important to acknowledge the impact that this process has on birth parents. This theme attempts to capture the participants' sense that there was one story being told about them but that there were other stories which were not being heard.



Lucy, for example, expressed what appeared to be frustration at being unable to get her story across to others. She refers to the power held by professionals which privileges the story that they told about her as a parent and left her in a position of powerlessness:

*"... You're in this room, these people have got so much power, and they can ruin your life like that [clicked fingers]. In a snap. On basically listening to other people's evidence, which really is a snapshot of your life because they don't know you, these people." (Lucy)*

She goes on to describe how life events were seemingly linked together into a narrative of her failure as a parent. Implicit in what she is saying is that this is not the whole story:

*"... Then it was a case of when the court started unpicking everything and the local authority were going well hang on, 10 years ago she had a domestic violent relationship, 7 years ago she was involved with a yardie... So they spring up all these things and that's what they bring together as the bigger picture and go well actually this is a long case standing, children are better off not to go home because she might carry on that lifestyle." (Lucy)*

Eve gave lots of specific examples of the evidence presented against her in court and then her version of what had happened. For the most part, Eve did not deny what had been observed by professionals but put a context around it which told a different story about her as a parent. Here she talks about the threshold document presented in court:

*"There was a big long list and in that list was one sodden nappy. It said one sodden nappy. That was because xxx had anaemia, he suffered... he was anaemic. So I just wanted to get him in the high chair, give some food and I was gonna change his nappy afterwards." (Eve)*

Implicit in how Eve describes the event is a sense that professionals presented facts which, to her, were de-contextualised and therefore her intentions as a parent were misrepresented.

Dee described how professionals explained her difficulties as 'post-natal depression' but that she did not see her depression in this way. Instead she tells a story of feeling unsupported and overwhelmed by the needs of her children and places this in the context of her own difficult childhood:

*"They put it down as post-natal depression, but it wasn't post-natal depression. It was not [having] the support and my past as... I had a bad childhood, and rather than going through counselling and sorting myself out, I had kids and I was 17" (Dee)*

In asking Alice what made her interested in taking part in the study, she talked about wanting to tell her story from her perspective and, importantly, to have a story heard which was more than about being a 'bad' parent:

*"I don't think people really consider them [birth mothers] when they think about children in care, they just think 'well, they must've just been shit parents' and they don't realise that it's not always like that." (Alice)*

Sarah alludes to the story of her 'failure' as a parent obscuring new stories about her that may have emerged since her children were taken away:

*"It'd be nice for someone else to come in that's not read any of the notes that don't know me and say, right ok, this woman has changed a lot since.... Since I've come in." (Sarah)*

This theme speaks to the distress and powerlessness felt by participants whose story it seemed was being retold by professionals in a way which gave a narrow picture of them as parents. It is not intended to provide justifications for the events, but to highlight the ways in which evidence being presented in this way is experienced by parents. For the mothers, it was important for them to be given an opportunity to put a context around the events leading up to their children being taken. In the majority of cases, this was not a way for them to deny their mistakes, but to locate them in richer description of their lives and circumstances at the time.

#### **6.0.4 I am a person too**

Many participants expressed their sense of not feeling as though they mattered, throughout the process of their children being taken into care. This theme captures what appeared to be their felt sense of not existing. It also captures the participants' sense of frustration at not being listened to and of not being considered to have feelings in relation to their children having been taken from them.

*"... We're people too... We've made mistakes, yes. 'Cause it's like I said to you out there, social services, it's... when they get involved and they take your children, it's all about the children, which, yeah, it should be, but they forget that we're people too and that we have feelings and that we're their birth mums... I'm their birth mother at the end of the day. Ok I messed up, does that make me a bad person?" (Tracey)*

Tracey also spoke at length at her frustration of having to 'chase' social workers for information about her child:

*"It's almost as if I don't matter. It's like the social workers know that my children are ok but they don't think to let me know that they're ok. Ok, I know they're limited in what information that they can give me I can understand that, but it would be nice if they were a bit more forthcoming with information, instead of the birth mothers having to chase them all of the time. .... Trying to track her down and get the information is like trying to get blood from a stone." (Tracey)*

Lucy alludes to professionals coming in and taking the children and then leaving birth mothers to cope alone:

*"... It explodes so big, and then they just all walk away scott free and the parents are just left there, devastated on the floor..." (Lucy)*

Eve alluded to not feeling that other people, in this case the adoptive parents, saw her as a 'normal' person:

*"Apparently they met me and they couldn't believe I was a normal person. They came out and they were really quite shocked the fact that I was a normal person sitting there talking to them in a normal way and I said well what did they expect some sort of monster to come into the room...? I'm just human. I don't have like horns and things like that you know!" (Eve)*

In response to my question about what it was like to take part in the interview, she talked about feeling that birth mothers did not have a voice and a wish for that to be different:

*"We need to make an impact because nobody listens to us cos we're just mums. No one listens to us. What do we know? We're just the birth parent." (Eve)*

In asking Kate what made her interested in taking part in the study she expresses the wish to change people's perceptions of birth mothers as 'horrible people':

*"... For people to realize that us birth mums, we're not horrible people and I know you read stuff... and my record isn't exceptionally great, but I'm a person. I just want to make that clear that we're not horrible and we're not... you know what I mean..." (Kate)*

In saying 'I know you read stuff', she appears to be referring to an awareness of societal views of mothers whose children have been taken into care and her feeling that they are not seen as people but as 'bad mothers' or 'abusers'. Overall, this theme represents the marginalisation of birth mothers, relative to adoptive parents, foster parents and the children. It speaks to the stigma and shame which surrounds them which serves to potentially exacerbate their distress following their children being taken.

In summary, the super-ordinate theme 'No one in my corner' represents the mothers' sense of 'going it alone' before, during and after their children being taken into care. This manifests

itself both in the lack of support offered to them, their sense of not being considered to be a person with needs and feelings, and in their sense that no one was able to or willing to hear their story as a whole. In relation to the latter theme, 'One story obscuring other stories', participants painted a picture of feeling powerless in the face of evidence which was stacked up against them and which created a narrative of them as 'bad parents'. The mothers expressed a wish for other stories about them as parents to be told and valued the opportunity to tell their story as part of this study.

## **6.1 Disconnecting from emotion**

All of the participants spoke about their experiences in a way which lacked a sense of connection with the emotional content. This theme captures the ways in which this manifested itself in the mothers' accounts. Some participants used words which described an emotional experience but did so in a matter-of-fact tone. Other participants struggled to find language to describe their emotional experience or to remember how they felt at the time. One of the ways in which it seemed participants were enabled to disconnect from emotion was through a minimisation of the reasons why their child was taken into care. Many of the participants alluded to their emotional experience following their children being taken as difficult to bear. All participants described coping with the loss through strategies that blocked out their feelings, such as drinking. For many of the participants there was a wish to not show emotion to others, including to myself. There was often a contrast between the way that participants described their internal world, for those who could do this, and how they described what they showed to others.

### **6.1.1 Minimising seriousness**

This theme captures many of the participants' tendency to minimise the reasons for, or circumstances around, their children being taken into care. This, it seemed, allowed them to detach themselves from a known sense that they had let their children down, because this was too painful. Participants often either actively minimised the reasons for their children being taken into care, or spoke about the circumstances and reasons in a way which lacked emotional content. Often participants did both.

Here, Lucy talks about her partner at the time being involved in criminal behaviour but then describes it as 'petty crime' in an attempt to downplay it. She also refers to him as 'being naughty' which felt incongruent to the seriousness of the situation. Her nervous laugh and hesitation, indicated by the repeated use of 'erm', also alludes to the shame that she feels in talking about this:

*"... My ex-partner, erm, was what they class as a prolific criminal, erm, burglaries, I call it petty crime, y'know, it's probably a bit higher up than petty but it's ... He was being naughty, he kept comin round, comin round. (Lucy)*

Later on in the interview, Lucy poignantly expresses her guilt at having let her children down, suggesting her attempts to minimise the reasons for her children being taken served to protect her from these difficult feelings:

*"It's a lot of guilt. You feel so guilty. I mean that's my biggest hurdle, is getting over that. That guilt that I feel that... I messed up. I really messed up, I let them down because ultimately, you're their parent, you're the one that's meant to be there to protect them and make sure these things don't happen and obviously I did." (Lucy)*

Dee's account of why her children were taken into care brought with it contradictions. At times she would allude to having felt very overwhelmed by the needs of the children, in the context of being in a destructive relationship, and at other times she would say that she was 'coping fine with the kids' and it was just the relationship that was the problem. Despite painting a picture of suffering from depression, being in a destructive relationship and being overwhelmed by the needs of the children, she says 'the kids were fine':

*"Even when I was depressed I was coping fine with the kids but it was just the relationship... I just couldn't cope anymore, not I couldn't cope with the kids... the kids were fine I just couldn't cope with being in that situation." (Dee)*

Dee repeatedly said throughout the interview that she was 'doing what was best for the children' by agreeing to her children being taken, even though they were compulsorily removed. Her account seemed to inadvertently minimise the circumstances around her children being taken as a consequence of her presenting a picture of her having almost voluntarily put them into care. She also separates herself from 'other mothers' whose children are taken into care:

*"I done what was best for my others at that time and it got stated by all social workers that I would have another family and I would keep them, it weren't nothing like, 'oh if you have more they'll get removed'... So they always put that point there that I could move on.... Not like some mothers, they say, 'you can't have no more'.... whereas I was always told that I could." (Dee)*

When I asked Sarah to tell me about the circumstances which led to her children being taken into care she gave a rather stark response. She used language used by professionals which gave it an impersonal flavour:

*"It was neglect." (Sarah)*

I went on to ask her to tell me more about this and she responded again with a rather stark description of the reasons which seemed incongruent with the seriousness of what she was telling me:

*"Erm, it was mostly missing appointments for her health, not looking after her, making sure she weren't... she was going to school clean... physically neglecting her and mentally, and, that was it." (Sarah)*

In asking Sarah what her views were on the decision to remove her children she responded:

*"Erm, it was wrong. Some of the time she was never neglected, she was hardly staying with me, she was always... half term she was with Nanny, I only had her during the school period... she was always with Nanny at weekends. So she was mostly Nanny's little girl, not Mummy's, so... it was all... they were all clean, the only time they'd get untidy is if they've had chocolate or they were playing in the garden, that was it... There was no bond, there was nothing, they would play, I wouldn't interact with them and that was it really." (Sarah)*

Sarah's account seemed to lack emotional content. There was no sense of her connecting with feelings of sadness that she and her daughter did not have a bond or of her wanting to make sense of this. The phrase 'some of the time she was never neglected' seems to illustrate the difficulty that Sarah, and other mothers, had with connecting with the reasons her children were taken into care. The phrase suggests that she knew her daughter was neglected some of the time but it was important for her to defend against being labelled as a 'bad mother', to the extent where she talks about her being 'Nanny's little girl, not Mummy's'.

When I asked Tracey what the reasons were for her children being taken into care, she also used the language of professionals, 'neglect and emotional abuse', but did not feel she understood what that meant. She too described ways in which the children were physically cared for in order to defend against being thought of as a 'neglectful mother'. The way in which she talked about not having individual time for her children because she was putting her relationships first seemed to minimise the impact that this must have had upon the children's emotional development:

*"I don't really understand it myself. All they said to me was your children have seen more than they should've done and that I neglected them. But I couldn't see how I neglected them because they had clothes on their back, they had food in their tummies, they had a roof over their head, they had gas and electric, so I couldn't see how I neglected them. Ok, with five children I didn't always have time to have individual time with all of them and sometimes I suppose in a way I did put my relationships first, my partners first before the children..."*

*"(Tracey)*

Later on in Tracey's account though, she alludes to taking full responsibility for her children being taken into care and this was difficult for her to think about:

*"Because of my mistakes, they're where they are. If I hadn't made the mistakes, if I was a better parent, if I'd done things differently, they wouldn't be where they are now."* (Tracey)

During the interviews, most participants fluctuated between blaming professionals and services for their children being taken into care and blaming themselves. As illustrated, there were moments for many mothers when they spoke about their recognition of the full reality, which was that the mistakes they had made had ultimately led to their children being taken into care. However, this was very painful to stay with, reflecting an emotional struggle with letting even themselves know and accept the full reality. This speaks to the powerful impact of stigma. Accepting their mistakes and ultimate failure to parent brings with it implications for their identity and sense of themselves in a social context.

### **6.1.2 Coping with unbearable feelings**

This theme captures the intensity of the feelings that participants described following their child being taken into care and their attempts to cope with these. The majority of participants described feelings of shock, disbelief, despair, hopelessness and shame after their children were taken into care. All participants described trying to block out, or disconnect from, their feelings in order to cope.

Lucy's description of her experience of having her children taken, although spoken in a way which lacked emotional content, reflects the intensity of her emotion at that time. In particular, her account reflects her shock at what was happening as well as her sense of powerlessness:

*"I was mortified. I was mortified... I was in such hysteria, I couldn't breathe, I couldn't, I just couldn't believe what was happening and I mean, I was on the floor, on the ground, screaming, crying 'please don't take them'." (Lucy)*

Lucy goes on to explain her struggle to find language to describe what it felt like for her at that time. She alludes to there not being an experience or emotion that she could compare or relate it to and reflects that it is 'not a normal feeling':

*"I've been through some horrific things, but I tell you what, having my children removed was the worst. The worst feeling you can ever imagine and I don't even [deep breath], I don't even think there are words that can describe the despair you feel because it's not.... It's not a normal feeling. It's not something that you envisage in your life ever feeling. You don't ever imagine going through that." (Lucy)*

Eventually, Lucy uses the word 'disturbing' to describe the feeling and compares her memory of having her children taken to someone dying:

*"It's disturbing. I... I think that's the only word I can use it as because... because it haunts you. Something that haunts you is always disturbing. If it's something you can't get rid of, that last memory. You know it's a bit like when someone dies and you go and see them and they don't look how you expect them to look, it always stays with you. But if they look peaceful and restful and how you remember them to be, it's not so bad" (Lucy)*

Sarah also struggled to find language to describe her emotional experience following her children being taken, using the word 'hard' repeatedly throughout the interview. However, her description of her behaviour at that time suggested the intensity of her distress:

*"... When the kids were gone, I just went downhill for a good year, drinking constantly, going out on my own, or with friends, drinking... It helped me block things out." (Sarah)*

She went on:

*"They were taken on the Friday; I slept in their room for a good month... I slept every night in their room, for a month, and it was hard... Their bedding was still there, it was their smell, I don't know what it was... it was just their smell." (Sarah)*



Tracey's account, too, alludes to her struggle to find language to describe her emotions as she talks about being in the birth mother group:

*"Sometimes we don't have to use words... Or sometimes we can use words but... they may not make sense to other people, but because we've all been there, it makes sense to us."  
(Tracey)*

Kate talked about using alcohol to cope and feels that, as a result, she does not remember much about that time:

*"I didn't know who to turn to and to be honest with you, I turned to alcohol myself. I felt like it was the only way that I could cope with it and for that, I don't remember too much... I think I blocked a lot out from when I did lose her for quite a long period of time. (Kate)*

Kate goes on to describe strong feelings of shame after her children were taken which suggest one explanation for why getting support from others was perhaps not considered an option:

*"I am ashamed; I am so ashamed, yes. Even though I don't 100 percent blame myself, yes I was a part of it and things shouldn't of happened the way they did, but I don't 100 percent blame myself. But, yeah, very, very ashamed is definitely a word I'd use." (Kate)*

Similarly, Eve talked about not being able to remember how she felt at the time when her children were taken away:

*"... It's quite hazy... I don't know how I felt, I really don't know. I don't know, I'm not sure. I probably just blocked it out." (Eve)*

Tracey describes being in a state of despair after her children were taken into care and her perceived inability to cope with her feelings:

*"... At the beginning I lost the plot, I was self-harming, I was over-dosing, couldn't cope with it all..." (Tracey)*

She went on to describe, poignantly, the intensity of her emotions after her children were taken and her attempts to escape from them:

*"... I locked myself away. Locked myself in my bedroom basically and just played Xbox or computer ... and that's all I did... It felt like I'd never be happy again. It felt like it was night all the time, the sun had been taken out of my day." (Tracey)*

Dee, like many others, talked about the how difficult special occasions like Christmas and birthdays are. For her, they reminded her of when her children were taken, as well as them being a time one would expect to be with their children:

*"... It still upsets me, their birthdays and Christmas, 'cause I don't really... I've not done Christmas since they all went into foster care, 'cause it was so close to Christmas that I had to put them in....*

*I just stayed on my own or stayed in bed 'cause I just couldn't face it" (Dee)*

She talks about the difference between what she presented to other people and what she was like 'behind closed doors':

*"Everyone see that I was different, if I was out they didn't notice anything but behind closed doors it was totally different. I went through a stage when the kids first went into care I was out everyday drinking, not eating" (Dee)*

Dee also expressed anxiety about talking about her children being taken and about reconnecting with the feelings associated with it for fear of becoming depressed again. Her account suggests that it even feels dangerous to remember and to connect with those feelings:

*"I think that's part of what it is, I've been holding it off, not wanting to....But I think maybe I just didn't wanna bring back all the hurt and the pain what it caused then, back now, cos I don't... cos of the depression, I'm prone to get it again, they said because of the depression I can get it, anything could just trigger it off and that'll be it... So I think maybe not talking about it might not help, trigger it off but if it triggers it off, I know the signs so I know how to get the help. And I'm not saying this is gonna trigger it off but there's a chance..." (Dee)*

In summary, all the participants described feeling extremely shocked and distressed following their children being taken into care. Many struggled to find the language to describe their emotions at that time or could not recall how they felt. For some it felt too dangerous emotionally to talk about or remember the experience of their children being taken away from them. All described coping strategies which aimed to block out or numb their distress.

This super-ordinate theme captures the various strategies used by the mothers to disconnect from their emotions and the various functions that this seemed to serve. Minimising the circumstances around their children being taken into care seemed to allow mothers to create a narrative that could be lived with. The alternative to minimisation appeared to be an acceptance of the full reality of the situation which meant allowing themselves to know the mistakes that they had made. For the majority, there were moments when it was clear that they were acutely aware of these mistakes, and at others they were not. There was a sense of the mothers both connecting with and disconnecting from emotion. The other way

in which disconnecting from emotion appeared to manifest itself in the mothers accounts was in the way they described coping with their emotions after their children were taken. All of the mothers described coping by blocking out or numbing their emotions at that time. This seemed in part due to the intensity of the emotions and in part due to their sense of shame which left many feeling they had no one to turn to.

## 6.2 Renegotiating Identity

This theme captures the impact on the participants' sense of identity as a mother and as a person after their children were taken into care. All seemed to find themselves questioning who they were following separation from their children and questioning the sense that they had of themselves as 'good mothers'. For many, this loss of their sense of themselves led to feeling that their lives had lost meaning and for some it felt as though life was not worth living. Often they expressed the need to move on with their lives and take on a new role but also the need or wish to improve themselves somehow.

### 6.2.1 Being a mother but not a parent

This theme reflects the participants' struggle to reconcile feeling as though they are mothers but not being able to parent their children and the implications that this loss of role had for their identity.

Tracey had a strong identity as a mother from a young age and her life continued to centre around her children after they were taken. She describes feeling like a mother when with her children, but not feeling like a mother when she is apart from them which left her feeling confused about her sense of herself:

*"I understand that I'm always gonna be their parent... mother, but having them not in my life is.... Especially the two that are up for adoption, not having them in my life but knowing they're out there and they're being raised by someone else. I see myself as a part-time mum. When I've got contact with them, that's when I'm a mum, but other than that I'm just me now. And I'm just trying to work out who me is. All I've known from the age of 17 upwards is being a parent. Erm, so, to have them suddenly removed... I just didn't know who I was anymore. And I couldn't work out who I was." (Tracey)*

For Sarah too, her children gave her a sense of meaning and purpose in her life which was lost following separation. In particular, she describes the loss of her parenting role:

*“The kids are gone, why should I be here? I was constantly with the kids, I was used to getting up at six, doing the school run, feeding them, doing everything for them, putting them to bed at night... and I’m thinking well they’ve gone now, I don’t have to do all that. It was just a low place for me.” (Sarah)*

Many participants struggled to reconcile being a mother but not being able to parent their children which contributed to confusion about their identity. They found themselves grappling with the question of whether they were still mothers when they were apart from their child.

Alice illustrates this theme well:

*“I see myself as I’m not his parent, I’m his mum. Because I’m not there parenting him, so... But at the end of the day I still gave birth to him and that’s something nobody can ever change.” (Alice)*

I prompted Alice to tell me more about this different role that she seemed to have found herself in but it was difficult for her to put into words how it was different. In this way she seemed to allude to some confusion about exactly what her role, or identity, was in relation to her child:

*“... Just a different way.  
I don’t really know.... I don’t know, it’s just different...” (Alice)*

Kate questions her identity as a mother in the context of what other people might think. She expresses something important about whether or not she is a mother and a parent in the eyes of others:

*“Am I still a parent? Sometimes I ask myself that. Yes, of course I’m still a parent and I’ll always be her mum, but I do get questions. People that don’t know the situation are like, ‘have you got any children?’ Sometimes I choose to say no, I don’t have any children because then I don’t have to go into details and other times, if I feels it’s somebody that I maybe, possibly could trust, I will.” (Kate)*

She goes on to allude to an internal conflict of feeling like a mother but of not having her child with her:

*“I feel like I’m a mum deep down but then when I go out, just generally, day-to-day in the streets, I don’t feel like a mum because I don’t have a child with me...” (Kate)*

In asking Lucy how she sees herself as a parent now that her children were not living with her, the first thing she says is that it is 'very hard', reflecting confusion about her role in relation to her children. In her attempt to reconcile her confusion, she almost redefines the role of being a mother and creates a new term for it, 'detached mum', in order for her to fit into an identity:

*"It's very hard, cos I still see myself as their mum.*

*I'm trying to be mum, but as a detached mum, that's not so sort of like in every role. I'm always gonna be their mum but you have to accept there's someone else playing that day to day caring role of mum." (Lucy)*

In talking about her child who is in long term foster care and her adopted children, Eve describes finding it difficult to feel like she is a parent because she has no say in the way her children are being raised:

*"I don't feel like they're mine at all. I've not seen xxx in a year now. I'll be seeing her actually Saturday. I've not seen her in a year, but it is difficult for me to feel like she is mine. She's in long term foster care... They just make so many decisions and you're just told that's what's happened, this is what's going to happen. I share parental responsibility for xxx, but you wouldn't think it." (Eve)*

Dee begins by saying that she feels no different as a mother but then reflects on her difficulty in parenting her children when they are parented by someone else for most of the time. In doing so she alludes to her attempt to hold onto a parenting role:

*"No different. I still see them and treat them the same as I would. It's obviously a little bit different cos it's a situation I can't.... I feel weird telling them off if I need to but that's just because I've not had them and I don't know how to deal with.... how they.... what they do." (Dee)*

Dee went on to describe how she, the adoptive parents and the children created a new name for her, suggesting the need for them to all to define an undefined role. Instead of 'mummy' they called her 'mummy Dee':

*"The kids said 'I still wanna call her mummy', so they suggested, what about mummy Dee to make it... so it weren't too confusing for me when they're there and they're going 'mum' and we're both not going, 'what?', turning round like 'what?', so they call me mummy Dee." (Dee)*

This theme represents the participants' attempts to renegotiate their identity as a mother who is not able to parent their children. Their accounts suggest that this renegotiation is continuous and without resolution. It highlights the confusion evoked for the mothers which

in part is about an internal struggle to reconcile being a mother and not a parent. It also, though, reflects the struggle to name this 'in-between' state in a society which offers no validation or guidance for this position.

### 6.2.2 Repairing myself

Many of the participants alluded to the need to find a new identity or to transform themselves in some way after their children had been taken into care. Many embarked on ways to work on themselves by, for example, finding a new career or moving away from old habits and relationships.

Kate spoke about the ways in which having her child taken into care had been transformative for her, despite it also being very painful. She described how she 'changed her life' and how she herself was different in many ways. In the extract below, Kate alludes to her need to do something different with her life in order to feel less ashamed of herself. Implicit in this is a sense that she wanted to move away from an identity of a mother whose child was taken into care to a sense of someone who has 'bettered' themselves.

*"If you've lost your child and you don't have another child that you're responsible for, think for yourself, take this time out for yourself and do what you need to do. Whether that be education or you need to find a job that's suitable for you to keep you focused. Make yourself be proud of yourself, so you don't feel ashamed." (Kate)*

As Kate goes on, she alludes to feeling that she would be a different person had she not made the decision to change her life; a decision which was triggered by her child being taken into care:

*"If hadn't of got into the further education or finding a career then god knows where I'd be. I'd probably be on the streets begging for money, taking drugs and stuff like that. Only I could make that decision that I wanted to change my life and I knew that." (Kate)*

Sarah, too, alludes to her need to move on with her life in order for her to not 'dwell' in the past. To do this she describes a wish to go back to college and to find a new role for herself:

*"... This is what's happened now, the kids have gone, they've got their own lives, I need to start getting on with mine and... not dwelling in the past as much. So it's like right ok back to college, start doing a lot more stuff with the girls here and at birthmothers." (Sarah)*

Tracey also talked about changing her life as being a decision she felt she had to make after her children were taken:

*“... I moved to xxxx, away from all the stuff here, I left, it was a decision I had to... it was a hard decision to make... but I’m also in danger of slipping back into my old ways of mixing with the wrong crowds and getting into the drink scene again and stuff so, made the clean break and moved.” (Tracey)*

She went on to describe a wish to be a different person to who she was when her children were taken, alluding to the need to move away from her ‘old self’ which she did not feel was ‘okay’ any longer:

*“Don’t be the same person that you was when you had your children taken.” (Tracey)*

Lucy talks about how difficult it was for mothers to move on without having any support after their children have been taken and in doing so alludes to their wish to find a ‘new life’:

*“You witness it sat in the birthmothers group, you can see they find it so hard to find a new life...” (Lucy)*

Alice felt that having her child taken into care had had a transformative effect on her life and upon her sense of herself:

*“It actually made me stronger. I stopped drinking... I actually think, if I hadn’t have gone through what I went through, I think I’d be a different person today. I’m a lot more mature than I was. It’s made me see things differently. I don’t really do things that a normal 23 year old would do. I don’t go out clubbing or anything like that....” (Alice)*

This theme represents the participants’ sense of being different in some way following their children being taken or of making significant changes in their lives. Importantly, it represents their strong need to get away from an identity surrounded by stigma by either re-defining or re-inventing themselves.

This super-ordinate theme represents the participants’ loss of identity as a mother and a parent after their children were taken into care and their attempts to renegotiate their sense of themselves as a result of this. It also represents their need to ‘better themselves’ or transform themselves somehow in an attempt to reduce their sense of shame. For the majority of participants, it seemed that, even after many years, they were still in a process of grappling with their sense of themselves. Having their children taken into care was a shock to them all and seemed incongruent with their own hopes and expectations as a mother. As a

result, many of the mothers felt a strong need to find a new identity or to repair their identity in some way.

### **6.3 The children are gone, but still here**

This theme represents the challenges for the mothers of being in an 'in-between state' in which they have lost their children, but continue to have contact with them. Contact evoked complex feelings for mothers who were, in parallel, processing painful feelings in relation to their loss and sense of identity. In many ways, contact was viewed as very precious. It provided a way for the mothers to try to hold onto a parenting role as they tried to have some influence over their children's upbringing. It also meant that mothers were able to have information about their children which allowed them to have a relationship with them even when they were not together. However, having contact with the children that they had lost also brought with it challenges. Despite the mothers looking forward to contact, they also felt a pressure and anxiety to make it special and memorable. This seemed to be as a result of the infrequency with which they saw their children and also a result of their sense of guilt for the situation their children were in. The infrequency of contact also left the mothers with a sense of the children being like strangers to them, which again created uncertainty and anxiety at the time of contact. Having contact meant that, while mothers were able to say 'hello' to their children, inevitably then came the need to say 'goodbye'. For those who had regular direct contact, this was very painful. Saying goodbye both immersed them in the reality of the situation which was that their child was being parented by somebody else, and also reignited feelings of guilt and anger towards themselves.

#### **6.3.1 I can't wait to see her but I'm dreading it**

This theme represents the mixed and complex feelings that the majority of participants had about having contact with their children. On the one hand, contact was extremely precious, and on the other, very painful. All participants felt that contact was very important to them because it meant that they could in some way still be a part of their children's lives. However, many felt a pressure to make the short time they had with their children as special as possible which caused them anxiety. Despite looking forward to contact, the mothers



alluded to the children feeling like strangers when they do see them because so much time had passed between contacts.

Lucy talks about the positive aspects of having contact with her children which reflects its preciousness. At the same time, she alludes to the anxiety of not knowing whether it might be the last time she sees them:

*“... You’re still getting to see them, you’re still getting to see how they’re growing, seeing their milestones, getting just a little bit of their time and attention. And you get that time and attention with each other that is probably some of the last times you’re gonna get it so you make the most of it, you do make them really special. And you know, you try to over-indulge in things that you might miss out so that they’ve got memories and that you’ve got memories.” (Lucy)*

She goes on to express the pressure she feels and associated anxiety to make the time they have together special, describing herself as ‘over-run with emotion’ at these times:

*“... You’re so over-run with all these emotions of ‘oh my god, I’m not going to get to take them to the cinema ever, I’m not going to do...’ So them things become more important to get done and it becomes... they’re enjoyable, but there’s always... there’s this other bit where you’re thinking... anxiety... oh what can we do to make it special... especially when it’s their birthday or Christmas. It all has different elements to it I think.” (Lucy)*

She describes well how contact highlights the growing distance between herself and her children, and her desperate attempts to hold onto them:

*“Contact can be very difficult. Your kids will become more and more distant from you. Because it is inevitable, because the detachment becomes more because you’re not with them 24-7. It’s horrible because you’re trying to hold onto it, as the birth parent you’re holding onto something because you love these kids but these kids are with other people being brought up with different rules, manners, beliefs... they come to contact and you’re telling them one thing but they’re going home and someone else who is telling them something different... So it becomes a bit of a tug of war.” (Lucy)*

Eve captures her mixed feelings about contact well when she says:

*“I can’t wait to see her, but I’m dreading it. I don’t know how she’s going to be, how she’s going to be towards me. I don’t know if she’s going to be angry, happy and sad; I don’t know what’s going to happen... I don’t know the children. I don’t know what they like, what they don’t like.” (Eve)*

This illustrates the feeling that many participants had of their children being like strangers to them because so much time had passed between contacts. For many this created anxiety

about how the children would respond to them and how much they may have changed since they last saw them. Tracey felt that this was one of the main challenges of contact for her:

*"... It's not knowing what they're into now. And trying to work activities around what they're into." (Tracey)*

Dee also expresses conflicting feelings about contact in that although she cherishes the time they have together, it also seems to highlight to her the loss of not being able to see them all the time:

*"It hurts seeing them once a year, but I look at it as at least I'm lucky that I still get to see them." (Dee)*

Sarah expresses something similar, and also makes reference to feeling a pressure to make the little time they have together special:

*"Getting to spend a couple of hours with my boy... I think it's being apart from each other and we only see each other every six months, it's like... cram so much in in two and a half/three hours, as much as we can. It's the only time we get to have together." (Sarah)*

Alice too talks about her wish to make the time she has with her son special:

*"... Well I've only got a couple of hours so I'd do absolutely everything that I can during them hours, few hours." (Alice)*

Some of the mothers described distress and anxiety in relation to the rules around contact. Eve describes her worry about saying or doing the wrong thing:

*"Not knowing them... Just not knowing what to do, not knowing what to say. There are things I'm allowed to say and not allowed to say. I'm not allowed to tell xxx that I want her back. I'm not allowed to say anything about that because they don't want me to. It's quite difficult, you're always like 'have I said the wrong thing, have I said the wrong thing?' I get quite anxious. They say you're not allowed to say this and you're not allowed to say that. And sometimes they don't tell you what you can and can't say." (Eve)*

Alice, too, talked about her pain at not being able to express how she feels to her son due to the rules of contact:

*"There are certain things you can't write... things like you're really missing them.... You can't... when you sign the letter at the bottom, you can't put 'mum', I have to put Alice .... which is hard... It's almost like I'm disowning him, that's what it feels like." (Alice)*

The preciousness of contact also brought with it challenges. The pressure that mothers felt to make the time special, as well as the difficulties of seeing their children so little meant that contact was both a source of pleasure and of anxiety. Contact evoked a complex array of feelings for the mothers from feeling anger towards themselves to feeling the pain of their

loss even more acutely. In many ways, contact seemed to feel largely artificial in the sense that the mothers felt a pressure to 'cram in' a lot of activities to make it special. In addition, the rules around contact meant that it was difficult to behave naturally.

### 6.3.2 Finding something to grab hold of

This theme represents how important it was for participants to have information about their children as a way of still feeling like they were a part of their lives. For all participants, knowing even small, everyday details about their children allowed them to have a relationship with them even if they had no direct contact. The relationship that the mothers had with the foster carers and/or adoptive parents had a significant impact on the amount of information that they had about their children and the extent to which they still felt a part of their lives.

Alice expresses the importance of having information about her child as a way for her to still feel like a part of his life. She alludes to the idea that having information about him allows her to maintain a relationship with him even though they are apart:

*"I get photos, so I get to see how he's growing up and they put a lot of detail in it... what he's into, how he's doing at school, what he's been doing with his friends... which is really nice cos then it feels like I'm still... I'm still part of his life. And then, if and when he decides to come back, we haven't gotta start from scratch, it'll be like we already know each other."* (Alice)

In talking about her need to have information about her children, Lucy alludes to information as giving her 'something to grab hold of'. She implies that having information in some way helps to fill a felt sense of emptiness as she says 'it feels like something's always missing':

*"... As a birth parent, you know, it doesn't matter where your kids are, there's that, there's something there, and it's always missing... it feels like something's always missing. So you're constantly trying to find something to grab hold of and it's a very hard place to be."* (Lucy)

Kate talked about the impact of the letter she receives about her child being overdue and of, therefore, not knowing how her child was. Her account reflects her sense of uncertainty and powerlessness because she has no control over when she receives information or whether she receives information at all.

*"So now I'm at the stage where I'm, like, oh my God. Is she okay? And that's what I'm worried about because would I find out if something had happened to her? I don't know. I don't know who would ... Who would tell me? Where would I get that information? Would I never know? Would I just never hear back?... Just a, I don't know, a tiny little letter saying*

*I'm okay, you know? 'I'll write to you next year.' I could deal with that, just to know that she's okay." (Kate)*

Similarly, Eve talks about not having received a letter for a number of years from her child's adoptive parents. Again, implicit in how she talks about this experience is a sense that she has to live with the uncertainty of whether she will receive another letter and of not knowing why they are not writing.

First she comments on the difficulty of writing her letters when she does not receive a reply:

*"... You're writing to a blank person because you just don't get anything back." (Eve)*

She goes on:

*"Well I want to know... I attend the birth mums group and there are a lot of birth mums that don't want to know whether the adopters want to write or not. But I have to know, I want to know. I can't go year by year waiting for a possible letter... And if they don't, then I'll just write every year and it will just go into their file, but at least I know that I'm going to write that letter and I know that nothing is going to come back." (Eve)*

In contrast, Tracey describes having a very positive relationship with the adoptive parents and the difference that it makes to her:

*"The other day I rang her up and we was on the phone like three quarters of an hour, just talking about the kids. Erm, the kids and various plans that we've, you know, what she wants for xxxx, what I want from xxxx, what we want from xxxx as, you know, joint parents basically." (Tracey)*

Having information about their children allowed them to have a relationship with them even though they were apart. The amount of information that the mothers got about their children relied upon the openness and willingness of the adoptive parents or social workers and so often left mothers in a position of powerlessness and uncertainty.

#### **6.3.4 Saying goodbye, that's the challenge**

For those who continued to have face-to-face contact with their children, this theme captures the difficulty that all participants expressed of saying goodbye and the difficulty in seeing their children upset at saying goodbye. Some participants felt that there was a chance that they would not see their children again because the children might decide that they wanted to end contact. Saying goodbye for many seemed to reconnect them each time with feelings of guilt and of grief.

For Tracey, saying goodbye reminded her of the mistakes that she made which led to her children being taken into care. Each time she saw the children upset at saying goodbye, she experience both guilt and anger at herself:

*“Saying goodbye, that’s the challenge... I still find it hard, but I seem to find it more hard with the girls but then that’s because they always cry when it’s goodbye time, so that always puts the extra, you know, if I hadn’t messed up, we wouldn’t be having to say goodbye, therefore they wouldn’t be crying now. So that’s sort of like brings the guilt back n everything else, and I get angry at myself for messing up and for putting my kids through pain.” (Tracey)*

Dee describes the distress of her children in saying goodbye. Implicit in what she is saying is the guilt that she feels in having to tell the children that they cannot come home to her and the pain that this causes her as their mother:

*“I had to say bye and she screamed and clung onto my leg and I asked them, could I put her in the car to make it easier for her so she feels it’s ok to go, and they told me no and I had to walk out and I walked out, actually out the building and I could still hear her screaming, and crying, shouting, mummy, mummy, mummy... It hurt... that I had to just walk off... My middle one said, ‘I’m going home with mummy, I’m not saying bye, I’m going home with mummy’... And I have to say no.” (Dee)*

Dee also talked about a wish to hide her emotions from her children when they were saying goodbye so as not to upset them:

*“... On the last contact where we had to say bye to the middle two... I had to walk out the room ‘cause I was nearly in tears, I’ve walked out the room so they didn’t see it. I’ve walked out the room just to get a drink and walked back in and made out nothing was wrong, just so they felt that they could be happy to go. They didn’t have to feel... like cry... cos I’m crying n stuff like that.” (Dee)*

Like Dee, Alice expresses guilt at having to say goodbye, describing it as ‘painful’:

*“I used to love having contacts, contacts were really good but it was just hard at the end because he wouldn’t want to go but it was sort of like ok you’ve got to. I mean I remember my last, my very last contact, umm, he got in a little strop and sort of sat in the corner and was like well I don’t wanna go home and I was like but you’ve got to little man, ‘I’m not going’... That was very hard, very, very hard... It was just painful, I sort of felt like he felt I was just, I just didn’t want him.” (Alice)*

Lucy talks about saying goodbye at the last contact that she had with her children. She describes being told not to cry for the sake of her children and how difficult it was to do this in the context of the intensity of her emotions at the time:

*“... Because you’ve got them in your ear going ‘be brave, don’t let them see you cry cos it’ll be worse for them’. You know, you’ve got so much stuff going on and you’re trying to be this strong person for these little people.” (Lucy)*

This theme represents the painful feelings evoked by contact. It reflects the way in which having contact seems to immerse birth mothers in the reality of their situation in that they are reminded of the loss of their child. For those who regularly see their children, the process of saying goodbye and the feelings which this evokes is one that must be endured over and over if they are to sustain contact.

In summary, this super-ordinate theme represents the complex emotions that contact evokes for mothers who are, in parallel, trying to renegotiate their identities as mothers and parents, and to process the loss of their children. Contact seemed to help the mothers with their sense of grief at the loss of their children because they were able to feel a part of their lives. However, it also served to highlight their loss, particularly in having to say goodbye and seeing the distress of their children.

## **6.4 Discussion**

In the following pages the findings of the current study will be discussed in the context of the research questions and existing theory and literature. I will also refer to new literature where this is felt to be relevant to themes which emerged during the study. Following this, I will consider the implications for clinical psychology, limitations of the study and suggestions for further research.

Before this, I would like to remind the reader that in listening to and giving voice to the experiences of birth mothers, it is not my intention to justify or to minimise the impact of the actions, or inactions, of the mothers upon their children. It is my intention to further our understanding of one side of a dual process which involves both the children and the parents, in order to contribute to a fuller picture of the complex issues surrounding children being taken into care or adopted.

### **6.4.1 Experiences of birth mothers whose child or children have been taken into care**

In the following pages I will discuss the findings of the study in the context of existing theory and literature. In doing so, I draw upon a range of psychological theories and this I think reflects, and allows a comprehensive discussion of, the complexity of the birth mother experience which involves both intra-psychic and social processes.

The following aspects will be addressed as they relate to the findings of the study:

- Viewing the birth mother experience through a trauma lens
- Disenfranchised grief
- Experiences of the child protection process
- Managing 'spoiled' identities
- The complexity of contact
- Experiences of support
- Significance of their own backgrounds

### **6.4.2 Viewing the birth mother experience through a trauma lens**

The super-ordinate theme 'disconnecting from emotion' speaks to the way in which the mothers' accounts lacked emotional content. It also represents the overwhelming nature of their feelings in relation to their loss and the ways in which they attempted to cope with these. These findings are consistent with research that views the removal of children into care through a trauma lens (Castle, 2010; O'Leary-Wiley & Baden, 2005; Charlton et al, 1998; Wells, 1993) and will be discussed here within this conceptual framework. 'Psychic numbing' is also described, since it is thought to form a part of a trauma reaction, and is used here as a helpful way to conceptualise the ways in which all of the mothers described or alluded to cutting off from their emotion.

All the mothers described intense shock and disbelief after their children were removed. All recalled vividly the moment that their children were taken and, in particular, the distress of their children. All described coping through avoidance of their emotions, of people and places that reminded them of their children, and of friends and family. The accounts of the mothers and their disconnection from emotion can be seen as consistent with the concept of

'psychic numbing', defined by Litz, Schlenger, Weathers, Caddell, Fairbank, & LaVange, (1997) as a loss of interest, detachment from others, and lack of emotional responsiveness. Following a survey of 300 British birth mothers, Wells (1994) suggested that their reactions to their loss constituted a trauma and also referred to 'psychic numbing' in a discussion of her findings. It is not my wish to use psychiatric labels in discussing the mothers' experiences, or to suggest that these mothers may have a diagnosis of Post-Traumatic Stress Disorder (PTSD). However, it is perhaps useful to note that it is a term which was once in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R, American Psychiatric Association, 1987) as one of the criteria for a diagnosis of PTSD. While the term is no longer used, the concept continues to be used and is a helpful way to understand the strategies used by the mothers' to cope. Psychic numbing is a process by which people become numb and detached from traumatic events as a strategy for coping with overwhelming feelings. This was a strong finding of the present study and, for these mothers, was overlaid with stigma which appeared to exacerbate the need to become numb to their experience. Interestingly, Foa, Riggs, Massie, & Yarczower, (1995) suggest, albeit in the context of discussing PTSD, that an inability to engage emotionally with a traumatic memory impairs the processes that promote recovery.

The theme 'disconnecting from emotion' also represents the struggle that many of the mothers had to describe their emotional experience, both at the time, and after their children were taken. Viewed through a trauma lens, some have suggested that there is a gap between how one experiences traumatic events and how these experiences are communicated (Brockmeier, 2008; Frosh, 2004). Brockmeier (2008) suggests several potential explanations for this. First, is that people who have experienced trauma actually have restricted access to language. Research conducted into PTSD, for example, has suggested that highly emotional and distressing events are associated with a difficulty in communicating the felt experience, irrespective of avoidance strategies employed to manage the intense emotions (Amir, Stafford, Freshman & Foa, 2000; Halligan, Michael, Clark & Ehlers, 2003). Secondly, that the scope of language is limited in comparison to the depth and breadth of human experience, and a third possible explanation is that language and emotions are independent of one another and that trauma is, first and foremost, an emotional experience. In listening to the mothers' accounts, I was struck by the very real difficulty of finding language that adequately conveyed their experiences, in a way which



gave them personal and emotional meaning. Frosh (2004), too, talks about the inadequacy of ordinary language to describe extraordinary events.

Finally, many of the mothers alluded to the uniqueness of the experience. For example, many felt that no one could understand their experience unless they had been through it. This links to the notion of the inadequacy of language to convey their experience, but is also a common feature of a trauma reaction. As a result of feeling this way, many isolated themselves from their friends and family which served to diminish their support networks and exacerbate their low mood.

In summary, one possible way in which to understand the psychological experience of the mothers, and one that fits with the findings of the current study, is to view it through a trauma lens. Traditionally the term trauma has been reserved to describe events which threaten one's physical integrity (Briere & Scott, 2013). However, a broader definition, and the one that has been held in mind here, includes events which threaten one's psychological integrity, in that they are highly distressing and overwhelm one's internal resources (Briere & Scott, 2013). It is important for practitioners to be mindful of the findings of the current study, and of others, which suggest the birth mother experience can be viewed as a traumatic. Talking to mothers about their experiences in the context of a trauma reaction may provide an easier way for practitioners to have conversations with mothers. It also legitimises their distress, which I now go on to discuss in more detail.

### **6.4.3 Disenfranchised grief**

The super-ordinate theme 'No one in my corner' speaks to the accounts of the majority of mothers who talked about feeling that they were left to cope alone after their children were taken into care. There was a strong sense that they felt their grief and their loss was not considered to be legitimate. This was also evident in accounts such as 'I should be happy now that my children are happy' and 'my feelings don't matter, it's all about the children'. The majority of mothers described or alluded to not feeling like a person who has needs and feelings in relation to their children being taken into care. This finding speaks to the strong social discourses around motherhood which create a stigma for mothers whose children have been taken into care. Betz & Thorgren (2006) refer to having a child taken into care or adopted as an 'ambiguous loss' which speaks to the super-ordinate theme in the current

study and will be discussed below. The concept of 'ambiguous loss' is also very relevant to the super-ordinate theme about contact 'The children are gone, but still here' and, as such, will also be discussed in that section.

Mather & Rutherford (1996) suggest that socially acceptable behaviour enables individuals to gain social reinforcement and acceptance. It is likely to follow, then, that expressing emotions in relation to having one's children taken into care puts one at risk of being excluded from a social group. This can be viewed as consistent with the concept of disenfranchised grief (Doka, 1989) which suggests that stigma influences the process of grieving and psychological adjustment to loss. Doka (1989) suggests that disenfranchised grief occurs when a loss is not acknowledged or socially validated. It is a concept that is particularly relevant to what Boss (1999) calls 'ambiguous losses', of which having a child taken into care or adopted is one. She identifies two types of ambiguous loss, the most relevant being when a person is physically absent yet psychologically present and suggests that having a child taken into care or adopted is an example of this. It is a loss which, unlike death, is undefined, not immediately recognizable to others and does not have rituals around it such as a funeral. When someone dies, there are cultural practices and social support systems which help to facilitate the grieving process because loss through death is publicly recognised and legitimized (Robinson, 2002; Betz & Thorngren, 2006). As a result one is more likely to receive support from the community. Disenfranchised grief is a concept which Aloï (2009) has linked to the experiences of mothers who voluntarily relinquished their child for adoption and one which appears equally relevant, if not more so, for mothers whose child has been compulsorily removed.

All of the mothers felt that there was a lack of support and that their needs and feelings were not considered important. A few of the mothers reflected that some support was offered at the time, but that they were not able to engage with it due to their loss of trust and anger with services. However, it also seems possible that professionals, like non-professionals, struggle to find empathy with birth mothers, as a result of social discourses around motherhood and around mothers whose children are taken into care. This seems to perpetuate a system in which birth mothers are not supported. Gair (2010) asked thirty-eight social work students to read a range of scenarios and to reflect on whether they felt empathy for the characters in the stories. One of the stories was about a mother's grief after

having been forced, by her mother, to place her child for adoption. The story included her mother's apology to her. The students were asked to answer 'yes' or 'no' to the question, 'do you feel empathy?'. The birth mother narrative received the second lowest 'yes' empathy response. Broadhurst & Mason (2013) suggest that following the tragic death of Peter Connelly, services have become 'child-centric' (a notion embedded within Every Child Matters, 2004) which is driven by concerns about colluding or over-identifying with parents. They go on to argue that:

*'Such anxieties can make practice paradoxical where parents' needs are bracketed off because they are seen as somehow dangerous, contaminating or overwhelming for workers.'*  
(p. 298)

Furthermore, Astell (2004) (cited in Gair, 2010) writes:

*'Compassion or empathy for marginalised and scapegoated groups will mitigate against their further scapegoating, while lack of empathy may perpetuate it.'* (p. 46)

To summarise, the social construction of motherhood as an idealised role creates a great stigma for those whose child or children have been compulsorily removed. As a consequence, it is difficult for mothers to talk about their grief and so it remains hidden. It seems reasonable to hypothesize that this process of suppressing feelings links to the findings of Winkler & Van Keppel (1984) and Condon (1986); that birth mothers' sense of loss intensified, rather than lessened, over time. It is therefore, for a number of reasons, important for practitioners to consider this issue. Firstly, it is important for practitioners at an individual level to develop an awareness of the values and assumptions that they bring with them and to bring to awareness ways in which they might be perpetuating a system in which birth mothers are marginalised. In viewing the needs of birth mothers as legitimate and deserving of attention, and for birth mothers to have a sense of this, it may be much more possible to engage them in services. If birth mothers are able to access support for themselves more freely, this is likely to have benefits for the children with whom they still have contact and could also contribute to preventing mothers from repeatedly having their children removed.

#### 6.4.4 Experiences of child protection process

What emerged in the current study was that the mothers' were often experiencing overwhelming emotions in parallel to the court process. Much like the findings of Charlton et al (1998), many described feeling overloaded with confusing information and a sense of not being in a place to be able to take it in or to advocate for themselves. Ghaffar et al (2011), too, found that it was difficult for parents to retain information given to them due to the stress and anxiety they were experiencing at the time.

A strong finding in the current study was of the mothers feeling like outsiders looking in, in relation to the court process. Many alluded to the distress they felt at not being involved in meetings held by professionals about their children's lives, and ultimately, their own lives. All felt that professionals lacked openness about the process and decision making. The majority of the mothers described or alluded to professionals and services as 'all-powerful' and themselves as powerless. This is consistent with the findings of Drumbill (2006) in which sixteen of eighteen parents interviewed described experiencing child protection services as using power over them in ways they perceived to be 'absolute', 'tyrannical' or 'frightening'. It is possible that professionals position themselves in a way which allows them to be separate and distant from mothers. In doing so, they can maintain an emotional distance which perhaps allows them to sustain the work that they do. Many of the mothers described professionals using jargon which they could not understand. Again, it could be argued that the use of jargon or professional language allows workers a way to keep the human experience at arm's length. Many professionals working in this field will be mothers themselves and so bring with them their own values about motherhood and, importantly, will be able to connect with the pain of losing a child.

The super-ordinate theme 'one story obscuring other stories' represents a feeling described, or alluded to, by the majority of mothers that evidence for the court was presented in a way which painted a narrow picture of them as parents. In addition, many felt extremely frustrated and powerless in the face of a confusing and adversarial court process. This is consistent with the findings of other studies which discuss the impact of an adversarial court process (Ryburn, 1994; Cleaver & Freeman, 1995; Mason & Selman, 1997; Drumbill, 2006; Ghaffar et al, 2011; Smeeton & Boxall, 2011). In Smeeton & Boxall's (2011) study of mothers'

perceptions of the child protection process, they too found that mothers' felt as though they had lost ownership of their stories which had been re-written for them by professionals.

Furthermore, Jackson (2000) reported birth mothers feeling that there was no opportunity for their positive feelings towards their children, or their strengths as parents, to be acknowledged. This fits with the findings of the current study in which the mothers felt that the whole story about themselves as parents could not be told; that their stories had been decontextualized. Many talked about the story that had been told about them by professionals and, implicit in this, was a sense that this was only part of the story. All of the mothers valued the opportunity to tell their version of the story which often meant contextualising rather than denying events. In telling their story from their perspective, the mothers were able to locate their difficulties with parenting in the context of their own struggles, for example, with relationships or mental health problems. In doing so, they tell a story about trying to be a parent amidst chaos rather than a story about having failed to parent. From a narrative perspective, this resonates with White & Epston's (1990) notion that a person's life can be viewed as multi-storied. The idea that people's lives are multi-storied purports that some stories are more meaningful and useful than others. For example, stories told about loss could have plots of blame or guilt or plots of hope and good memories (Betz & Thorngren, 2006). Denborough (2010) conducted a narrative project with children of parents affected by mental health problems which sought to facilitate the telling of rich and diverse stories relating to their experiences growing up. The project sought stories which acknowledged the difficulties and the hardship, but also which allowed stories about the children's skills and knowledge to emerge, as well as the multi-faceted nature of their relationship with their parent. Denborough (2010) called this the 'memory project' and, in line with the title of his paper, its aim was to help people 'to come to reasonable terms with one's own history'. This is one idea which seems relevant in considering interventions which might be helpful for mothers whose children have been taken into care or adopted.

In summary, the findings of the current study suggest that the adversarial nature of the court process serves to exacerbate the mothers' distress in several ways. Firstly, the court process is experienced as confusing and mothers feel overwhelmed with information at a time when they are already faced with the psychological task of processing the sudden loss of their children. In addition to this, mothers feel that there is no one to turn to or 'no one in their

corner' leading to a sense of services being 'all-powerful' and a sense of their own disempowerment. Many of the mothers alluded to the distress caused by professionals presenting a partial or narrow story about them as mothers and parents; stories of having failed as parents. Many valued the opportunity to tell other stories about themselves which included aspects such as their love for their children, their hopes and intentions as parents and the circumstances which led up to their removal .

#### **6.4.5 Managing 'spoiled' identities**

The accounts of the mothers suggested that they found themselves renegotiating their identity after their children were taken into care. In particular, their accounts represented a strong need to move away from the stigma that surrounded them and from an identity of a 'bad' or 'failed' parent. For some this meant that they tried to 'better' themselves by, for example, finding a new career, moving away and getting out of destructive relationships, represented by the theme 'Repairing myself'. This theme speaks to Goffman's (1963) concept of 'spoiled identities' which he coined in his book 'Stigma – Notes on the Management of Spoiled Identity'. Holt (2010) defines the concept well in saying that it is 'an identity which possesses an 'undesired differentness' and which therefore needs to be carefully managed' (p. 416). This 'management' of identity appears consistent with the findings of this study which saw the mothers in a continuous process of trying to renegotiate and redefine their identities.

Another way in which the mothers in this study tried to defend against a 'bad mother' label was to create a narrative for themselves that could be lived with (Schofield et al, 2011), and one which they could present to others. This was illustrated in their minimisation of the circumstances around which the children were removed. There were moments for many of the mothers where they showed an acceptance of their mistakes, but this was painful to stay with. As a result, many seemed to find it easier to be with a narrative in which services and professionals were to blame as it allowed them to defend against the alternative which threatened their identity and self-esteem. In her paper 'Working hard to resist a 'bad mother' label: Narratives of non-resident motherhood', Kiely (2008) combined a discursive and narrative methodology to analyse the accounts of twenty mothers who were living apart from their children as a consequence of divorce or separation from the children's father. Although different to the experience of having a child compulsorily removed, the women still

grappled with defending against an identity surrounded by stigma in much the same way as the mothers in the current study. Kielty (2008) suggests that defending against a 'bad mother' label is also important if the mothers are to maintain contact with their children. One of the ways in which mothers in the current study tried to create narratives that could be lived with was through a minimisation of the reasons for their children being taken away. Implicit in this was that the decision to remove them was the wrong one, which allowed them to defend against a 'bad mother' label. This is consistent with the findings of Kielty's (2008) study where the mothers resisted acceptance of their failings as a mother by pointing out the lack of obvious criteria for having the children removed.

Another way in which a 'bad mother' label was defended against was in statements such as 'I was doing the best for them'. This was a phrase used repeatedly by Dee which conveyed a sense of her having made the decision herself to voluntarily have the children taken into care because it was the best thing for them at the time. This is despite the fact that her children were compulsorily removed. In her paper 'On being a good mother: The moral presentation of self in written stories', May (2008) explores the ways in which mothers 'manage' spoiled identities and writes:

*'If an individual's adherence to social norms is less than perfect they may attempt to repair their potentially 'spoiled' identity by employing narratives that align their behaviour with cultural expectations, thus allowing them to present a morally acceptable self.'* (Goffman, 1963; Mills, 1940) (cited in May, 2008)

In summary, the findings of the study suggest that the mothers employ strategies in order to manage and repair 'spoiled' identities and this is consistent with previous research. If practitioners are able to develop an understanding around these processes they may be in a better position to provide interventions which ameliorate the mothers' distress.

#### **6.4.6 The complexity of contact**

The findings of the present study suggest that contact brings with it both benefits and challenges, and evokes complex emotions. The super-ordinate theme 'The children are gone, but still here' represents the challenge for mothers of being in an 'in-between' state in which they had lost their children but continued to have contact with them. The concept of

'ambiguous loss', discussed previously in relation to disenfranchised grief, provides a helpful framework within which to view the loss of a child to care or adoption. The super-ordinate theme, 'Renegotiating identity' and, in particular, the sub-ordinate theme within it 'Being a mother, but not a parent' are also discussed in this context.

Contact was viewed as very precious to all of the mothers because it allowed them to remain a part of their children's lives. At the same time, contact immersed the mothers in the reality of the situation; that they had lost their children and they were being parented by someone else. Many of the mothers found contact anxiety-provoking for a range of reasons. Firstly, the majority talked about the children feeling like strangers due to the infrequency of contact and because they were being parented by others. They were unsure of how their children might react to them and what kinds of things they liked or were interested in. As a result, although in theory contact meant that they could remain a part of their children's lives, many were acutely aware of their children becoming more and more distant from them. In her study exploring the benefits and challenges of contact for birth relatives and adoptive parents, Neil (2010) quotes a birth mother who says:

*'Basically, the contact is so we don't lose touch with the children ... but I feel as if I am losing them more and more to the adoptive parents'. (p. 101)*

Many found themselves unsure of their role in relation to the child during contact. The majority struggled with feeling like a mother but not feeling like a parent and grappled with trying to reconcile the two. Betz & Thorngren (2006) suggest that following the ambiguous loss some may no longer know what their role entails. Furthermore, they suggest that mothers whose children have been taken away may feel confused as to whether or not they are a mother at all if they are not raising their child. This is consistent with the finding of the current study. Some described trying to parent their children during contact but finding themselves in a 'tug of war' with the foster carers or adoptive parents who were raising them with values of their own. Neil (2003) suggests that the role of birth relative, particularly after adoption, is poorly defined, raising further questions for them in terms of their identity. This is consistent with the findings of the current study in which some of the mothers talked about not knowing what to say, how to behave and, in general, not really knowing what the 'rules' around contact were.



Lastly, although contact meant that the mothers were able to see their children (for those who had face-to-face contact), it also meant that they continually had to say 'goodbye' to them. Many described the pain of seeing their children distressed at saying goodbye which reignited feelings of anger towards themselves because it served as a reminder of their own 'failings' as a parent. It also reignited feelings of grief at their loss. In her thesis exploring the experiences of mothers who voluntarily relinquished their child for adoption, Castle (2010) writes:

*'Contact between a birthmother and her relinquished child is perceived as a (partial) solution to a painful decision, a salve to an enormous loss. For some it meant not having to say goodbye. Yet it is a solution that also appears resistant to fully resolving the grief associated with the act of relinquishment.'* (p. 243)

Here, Castle (2010) refers to the way in which contact with the child who has been taken away complicates the grieving process which is consistent with Betz & Thorngren's (2006) concept of 'ambiguous loss'. They suggest that in situations where a person is physically absent but psychologically present there is an inherent lack of closure. They describe the experience of an ambiguous loss as:

*'... Oftentimes cruel in its unending torment. Because the loss is intangible or uncertain, the mourning process for family members becomes complicated.'* (p. 359)

In summary, contact has implications for the grieving process as well as implications for the mothers' sense of identity as a parent. Neil (2003) suggests that the extent to which mothers are able to adjust to their changed role and relationships following their children being adopted may be crucially linked to the usefulness of the contact for the child. Over time some birth mothers do not keep contact because without support it is hard to manage the painful feelings that it evokes (Etter, 1993; Berry et al, 1998; Logan 1999). It is also important to consider that many of the mothers' described living in chaotic circumstances which is also likely to make maintaining useful and consistent contact difficult.

### 6.4.7 Experiences of support

All of the mothers felt that they did not receive enough, or the right kind of, support before their children were taken into care. This was evident in the sub-ordinate themes, 'I was on my own' and 'I am a person too'. The theme 'I was on my own' represented the feeling from the majority of mothers that, if they had been given the right support, their children may not have needed to be taken into care. Some talked about feeling that they needed therapy at the time in order to be able to manage their own emotional difficulties but that it was not in the timeframes for their children for them to undertake this. Others felt that professionals had been aware of their difficulties with parenting their children, in the context of a chaotic situation at home, for a long time but that support was not put in place to help them with this. Many of the mothers described feeling that they were in a situation which they could not get out of without support, for example, destructive or abusive relationships. The theme 'I am a person too' represented their sense that their needs and feelings were not considered important and were subsequently not addressed after their children were taken away.

Alpert (2005) suggests that services are not always available to parents in a timely and accessible manner. Although Alpert's (2005) study is an American one, it raises many of the issues that exist in UK services. For example, she raises the point that many parents are mandated to attend therapy as part of proving fitness to parent but that the services that provide this are often unavailable or inaccessible. In a British study, Stanley, Penhale, Riordon, Barbour & Holden (2003) argue that communication between child protection services (CPS) and adult health services is lacking. They suggest that adult health services are often unaware of parents' roles in CPS and CPS social workers often misunderstand the roles and organizational structures of mental health providers. Alpert (2005) summarises this issue in saying:

*'These conflicting goals and timelines and poor inter-professional communication may contribute to fragmented overall service delivery to parents of children in care. Such*

*fragmentation may lead to a parent's inability to comply with the service plan and/or benefit fully from services, as well as contribute to the parent's disillusionment with the system.'* (p. 364)

All felt that they did not receive support after their children were taken into care and that they were left alone to cope with their loss. This is despite policy which states that birth parents have the right to have their own needs recognised and for support to be offered (Adoption and Children Act, 2002; Children Act, 1989). Broadhurst & Mason (2013) write:

*'Anecdotal evidence suggests that following the compulsory removal of children, the plight of birth mothers all too easily falls outside service provision, leaving women to make their own sense of the lifestyle and relationship circumstances that have led to compulsory child protection intervention.'* (p. 292)

As discussed in an earlier section, it is possible that the lack of service provision for mothers after their children are taken into care or adopted is in part due to the social stigma that surrounds these mothers. Access to support services is perhaps particularly important for mothers whose children have been taken away because many are isolated in the sense that they have poor family and community support networks, as was one of the findings of the current study. This was also found by O'Neill (2003) who suggests that not only is this likely to have contributed to the reasons why their children were removed, but would almost certainly contribute to the mothers' subsequent ability to cope.

In summary, the findings of the current study suggest that birth mothers felt unsupported both before and after their children being taken into care. These findings are supported by research which suggests that services are often either not available or are not accessible in a timely manner. The mothers' accounts suggested that it was not until they had reached a point of crisis that services acted, at which time the decision was made to remove the children. For many it seemed that services had been involved for some time before this point, but that appropriate support or intervention had not been put into place. For the majority it appeared that there was a focus from services upon their difficulties with parenting, for good reason, but that this was not considered in the context of the mothers' complex social and emotional difficulties. Consequently there was a disconnect between the help that the mothers felt they needed, and the help that services were offering. Similarly,

the experience of the majority of mothers was that they were not supported after their children were taken away which often meant that they faced highly distressing emotions related to disenfranchised grief and a loss of identity alone. Clinical implications regarding these findings are discussed later in this section.

#### **6.4.8 Significance of their own backgrounds**

Although not asked about in the interview, many of the mothers described or alluded to having come to motherhood with their own histories of trauma, abandonment and loss. One of the mothers had herself been adopted. While it was not the aim of the study to explore the reasons for the children being taken into care, it seems important to consider the early trauma experienced in the mothers' own lives and how this might contribute to our understanding of the themes that have emerged in the current study.

One of the themes that one could consider in the context of the mothers' backgrounds is that of minimising seriousness. As discussed, while this theme could represent a wish to disconnect from emotion and to create a narrative that can be lived with, viewed through an attachment lens, it could also reflect a reduced capacity to understand the impact that their actions were having upon the emotional development of their children. Fonagy and Target (1997) suggest that 'the secure infant becomes the mentalizing child' (p. 686). That is, a child who has a secure attachment with his or her caregiver develops the ability, as an adult, to understand their own and other people's emotional states and to regulate their own emotions. Many of the mothers in this study described childhoods in which they were physically abused or neglected which might suggest that they were not able to develop secure attachments and therefore the ability to mentalize. One of the ways that the mothers demonstrated difficulty in understanding the impact of their actions on the children's emotional development and well-being was in their descriptions of ways in which their children were cared for physically. Some for example, talked about how the children 'had food in their tummies' and 'a roof over their head' as a way of demonstrating that the children were not neglected.

Katznelson (2014) suggests that there seems to be strong evidence to support the theoretical notion that parents' mentalizing capacity plays an important role in the ability to provide care and comfort to a child. Fraiberg, Adelson & Shapiro (1975) introduced the term

'ghosts in the nursery' as a psychoanalytic concept which they used to describe the repetition of relationship patterns across generations. It assumes that parents may relate to their own children based on representations of the parenting that they received during their own childhood. Thus, it seems likely that their reduced capacity to do this, as a consequence of their own backgrounds, not only contributed to their children being taken into care but also to their ability to understand the reasons as to why they were taken.

The ways in which the mothers described coping with their emotions following their children being taken into care could also be considered in the context of their own backgrounds and attachment histories. All of the mothers coped through strategies employed to cut off from, block out or numb their distress after they were separated from their children. This could be understood in the context of a disorganized attachment style (Carlson, 1998; Main, 1996) resulting from early trauma with their own caregivers. It is suggested that a disorganized attachment develops when one's caregiver is experienced as inconsistent and unpredictable, as well as frightening. As a result, the child learns to suppress their emotions. It could be argued that the ways in which the mothers describe coping with their emotions reflect strategies learnt in their early lives in order to survive, for example, physical abuse or neglect. As a consequence of mothers' cutting off from emotions that are hard to bear, it becomes more likely that they will present as angry instead of feeling the pain of their loss, or appear without feeling at all. It is at these times when professionals may struggle to find empathy, perhaps leading to them distancing themselves or being punitive. Holding in mind the significance of the mothers' own backgrounds and implications for the ways in which they may manage their emotions seems important for sustained engagement. Schofield et al (2011) write:

*'Parents who have angry feelings about some aspects of the past are often predominantly sad... And even then 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.'* (p. 90)

In summary, the mothers' own backgrounds of trauma and loss contribute not only to the reasons for their children being taken into care, but also to the ways in which they may explain to themselves, and others, what has happened as well as the ways in which they

cope psychologically. As such it is important for practitioners to understand these processes in order to provide the most appropriate clinical interventions.

The above findings have been discussed in the context of the wider literature and in the context of specific considerations to be mindful of. I will now go on to explore the clinical implications of these considerations.

## **6.5 Clinical implications**

Some important implications emerged from this study which will now be discussed.

### **6.5.1 Early intervention**

The findings support the need for early intervention programmes to prevent the transmission of maternal trauma. Crucially though, this should form a part of an approach which addresses the complex needs of mothers and families in a holistic manner. The findings of the study suggest that clinical psychologists can, and should, play a key role in providing early and intensive interventions for at-risk and vulnerable mothers and their families. The findings fit with the recent government initiative called '1001 Critical Days' (DoH, 2013) which highlights the importance of intervening early in order to improve outcomes for children and their families. Specifically, it suggests that the period between conception and the age of two is a critical 'window of opportunity' in which the greatest change can be affected.

The finding that all mothers felt there was a lack of support before their children were taken into care warrants further consideration. Many felt that if they had been supported to improve or to get out of the situation which they were in, for example abusive relationships, their children may not have needed to be taken into care. This supports the need for services to be offering interventions for parents and their families at an early stage (Allen, 2011) which go beyond simply monitoring and assessing. The importance of early intervention is already well-known and has a large evidence-base. The Parenting Early Intervention Programme (PEIP) was an initiative begun in 2008 to fund local authorities in England to deliver evidence-based parenting programmes. Outcomes of these programmes showed that there were substantial improvements in parents' emotional well-being,

parenting styles and improvements in their children's behaviour as a result of attendance at parenting programmes (Allen, 2011). It seems crucial to provide intervention and support at an early stage to prevent a situation in which parents are struggling to parent and children are at risk. Parkinson (2012) studied the impact of a newly developed antenatal psycho-educational group on the parent-infant relationship. The attachment-based intervention, underpinned by the theory of mentalization, called 'Baby World', aims to develop parents' capacity for 'mind-mindedness' which Meins, Fernyhough, Wainwright, Das Gupta, Fradley & Tuckey (2003) defines as the 'proclivity to treat one's infant as an individual with a mind, rather than merely an entity with needs to be satisfied' (p. 1194). In doing so, it was hoped that enhancing secure attachment relationships would be beneficial for the emotional well-being of both the parent and child. The study showed that parents made significantly more appropriate mind-minded comments than those in the control group. 'Minding the Baby' (Slade, Sadler, De Dios-Kenn, Webb, Currier-Ezepchick & Mayes, 2005) is another attachment-based intervention, again underpinned by the theory of mentalization, which provides intensive support to vulnerable or high-risk first time mothers. Both of these programmes essentially aim to prevent the transmission of maternal trauma to the parent-child relationship.

### **6.5.2 Holistic and comprehensive services**

While parenting interventions are important and have some impact on the parent-infant relationship they, crucially, do not address the wide ranging and complex difficulties that surround these parents. For example, Balbernie (2001) argues that poverty is a key risk factor which must be addressed as it impacts on all other risk factors associated with the care giver-infant relationship. Furthermore, in her report 'Listening to Troubled Families', Casey (2012) argues that families' difficulties are complex and she suggests that trying to 'fix' single issues such as 'drug-use' is 'destined to fail' (p. 64). Instead, Casey (2012) suggests that services should have an understanding of the family as a whole as well as what has happened to the parents as children. The social work model 'Reclaiming Social Work' (Goodman & Trowler, 2012) was developed in response to children's services becoming risk-averse, anxious and over-bureaucratized, largely following tragic deaths such as that of Peter Connelly. It was first introduced in Hackney and resulted in a 40% reduction in the number of children being taken into care. The model, which radically transformed the process of child protection in the borough, aims to work proactively with families, privileging direct work

with them in order to keep families together where possible. Embedded in this model are clinical practitioners, such as clinical psychologists, who work with the parents and the family as a whole. Here, clinical psychologists can play a key role in providing clinical interventions, at an early stage, to assess and work with the needs of both the parents and their children. This could be, for example, through a combination of individual therapy, as part of addressing the significance of their own backgrounds, and systemic therapy. In addition, clinical psychologists can, and should, make a significant contribution towards developing a culture of systemic and psychological thinking about child protection work through providing consultation and supervision to social work practitioners. This may help to keep families together through helping practitioners to develop risk formulations and in preventing reactive, risk-averse decision-making. It may also allow space for practitioners to reflect on their own feelings about the work and their relationship with empathy in working with these families.

Early intervention parenting programmes such as Baby World and Minding the Baby should be part of a holistic approach to support parents. Related to this, Featherstone, Broadhurst & Holt (2012) consider the challenge of building strong partnerships with children and families in the context of rising inequality and an organisational split which divides services for parents and children. This study, too, highlights the need for greater collaboration between child and adult services. The current divide precludes systemic thinking about the needs of children and families and may mean that multi-disciplinary expertise is not utilised to the fullest. Cleaver, Unell & Aldgate (2011) argue that children's services should give greater priority to utilising the expertise of adult services, for example, who can offer expertise in assessing the impact of difficulties such as mental health problems, learning disabilities and domestic violence on parenting capacity. Here, clinical psychologists can play a key role given their expertise in these areas.

As part of providing holistic and comprehensive services, it is important to consider the impact of, and response to, mothers' experiences of the child protection process. The findings of this study suggest that mothers experienced the process as both adversarial and 'all-powerful', leaving them feeling disempowered and marginalised. While it is acknowledged that the power imbalance is very often necessary in child protection, it is important for practitioners to be aware of, and be able to have conversations about, it's



impact on parents. Featherstone & Fraser (2012) piloted a parental advocacy scheme in England for parents whose children were subject to child protection proceedings. They call for 'a more robust recognition of how daunted parents often are by current systems' (p. 3) in policy and in practice. Of the eighteen parents surveyed in the study to evaluate the scheme, thirteen described the advocate as 'helpful' and felt they had facilitated their understanding of the process and represented their needs and views. Eleven felt that advocacy support had made it easier to communicate with the local authority and six believed it had helped them to contain their emotions, to feel empowered and to understand their rights. These findings require further consideration and are of high relevance to the findings of the current study in which the mothers often found the court process, at best, confusing and, at worst, impenetrable, particularly given the distress they were experiencing in parallel. Featherstone & Fraser (2012) argue that:

*'Intimidated and frightened parents cannot engage constructively with professionals and work in partnership and this needs urgent acknowledgement.'* (p. 26)

### **6.5.3 Post-proceedings services for parents**

A strong finding of the current study is the mothers' experience of a lack of support after their children were taken into care or adopted. Although the evidence is limited, this has been a finding which is common to studies undertaken over the past few decades. Despite the fact that policies like the Adoption and Children Act (2002) have raised the profile of birth mothers and specify the need for post-adoption services, in practice this is minimal and does not mandate agencies to address their needs (Broadhurst & Mason, 2013). Without specialist provision of support for mothers after their children have been taken into care or adopted, they are left to access mainstream services which is often not possible due to the high threshold for service eligibility. In many cases it would also mean a long waiting time. The findings of the current study, and the wider literature, indicates the need for support to be routinely offered to birth mothers to address their needs, and that this is currently not happening (Slettebø, 2013). As this study has shown, mothers whose children have been taken into care or adopted are a vulnerable group, many of whom experience mental health difficulties, socio-economic deprivation and bring with them the legacy of their own difficult and traumatic histories. The compulsory removal of their children serves to further their psychological distress. Given the pressures upon children's services, and the often ruptured

relationship between these services and mothers, it seems important for independent support to be provided. Alongside a concern for the well-being of birth mothers lies a strong economic argument for providing interventions at an early stage. There is growing national concern about the successive removal of children to care or for adoption. Many parents find themselves in a cycle of recurrent legal proceedings which, as well as causing untold distress, costs the local authority approximately £15,000 per care proceeding (Broadhurst & Mason, 2013). Research has shown consistently and unequivocally that birth mothers are a marginalised group with complex needs. It is argued that support for mothers following their children being taken into care should take the form of a multi-disciplinary approach so that their needs are addressed holistically. It is argued that clinical psychologists can, and should, play a key role. Broadhurst & Mason (2013) support this view:

*'We would argue that it is timely to consider a post-proceedings protocol for parents, which would encourage a proactive multi-agency approach to enable the cycle of repeat pregnancies and removals to be broken.'* (p. 298)

However, there has been a striking silence in the field of clinical psychology on the needs of birth mothers and birth relatives alike. Zamostny et al (2003) write:

*'Unfortunately, adoption issues are rarely addressed in doctoral training programs in psychology (Post, 2000), despite the fact that 90% of a sample of doctoral-level practicing psychologists stated that they needed additional education about adoption (Sass & Henderson, 2000).'* (p. 648)

In an American study, Kriebel & Whitten (2014) surveyed training programs in clinical psychology and found that adoption information was severely underrepresented, with 65% of clinical psychologists unable to recall any teaching that addressed adoption. It seems important that the complex issues surrounding mothers whose children are in care or adopted are included. Since such a high number of these mothers experience mental health problems, it is likely that psychologists will be in contact with them and it is important that the possible impact upon them of the removal of their child or children is understood (Sass & Henderson, 2002). Robinson (2002) describes post-adoption grief counselling for birth mothers as part of a government funded group called the Association Representing Mothers

Separated from the Children by Adoption (ARMS), run in South Australia. Here they use a narrative-based approach, designed specifically for the client group. Given the finding of the current study that the mothers felt that services were de-contextualising their story, narrative approaches may be useful to enable them to re-author and take back ownership of their stories (White, 2007). This may serve to reduce feelings of shame and disenfranchised grief by allowing a richer story to be told which would include their love for their children, the positive moments they shared with their children and the parenting they were able to maintain despite the problems. This kind of intervention may also serve a dual purpose of supporting mothers to manage a 'spoiled identity' by eliciting other stories about themselves. Clinical psychologists are in a unique position to be able to deliver complex interventions such as these.

A strong finding of the current study was the mothers' tendency to minimise the seriousness of their actions, or inactions, which led to their children being taken into care or adopted. This suggests that it may be important to address issues of responsibility before embarking on therapeutic work or to make this an integral part of the work. Working with these mothers to help them to hold more responsibility may also ameliorate their anger with services and make their voice more likely to be heard.

In his book, 'Invitations to Responsibility', Jenkins (1990) describes narrative approaches he used with men who were violent and abusive. He suggests that 'the more forcefully we argue for responsibility, the more we invite the perpetrator to argue for the avoidance of responsibility' (Jenkins, 1991, p. 193). If conversations about the taking of responsibility leave mothers drawing negative conclusions about their identity, responsibility will be resisted. Instead, conversations with mothers which explore, for example, preferred relationships with their children are more likely to allow for safe exploration of their current or past relationship and, importantly, the chance for redemptive action.

Interventions in a group format are also likely to be a useful way in which to begin to have conversations about responsibility. For example, these conversations could be integrated into mentalization-based group therapy programmes (Bateman & Fonagy, 2004) which, in and of themselves, may contribute towards accepting responsibility through the development of empathy. If mothers are able to develop their capacity to mentalize and to understand the impact of their actions, and inactions, upon their children they are more likely to be able to hold responsibility. For some of the mothers in the current study, it

appeared that their difficulty with mentalizing contributed to the externalisation of responsibility, for example, through blaming services and professionals.

The findings of this study highlight the challenges of contact. The mothers' role in contact is poorly defined, presenting further questions for them around their identity and it evokes complex emotions. With regard to the provision of support to birth relatives around contact, Neil (2010) writes:

*'It is clear that support services must take account of the emotional impact of contact and for all parties support in dealing with this; supporting contact is much more than just an administrative venture.'* (p. 108)

Here too, clinical psychologists are in a unique position, given their training, to understand and help to manage these processes. Again, the provision of consultation and supervision to social work practitioners in relation to these processes could be invaluable and lead to benefits for both parents and children.

#### **6.5.4 Conclusion**

The findings of the current study, and of others, suggest that the experiences of birth mothers are complex. They face psychological tasks such as processing complex and disenfranchised grief, coping with difficult feelings such as guilt and shame, and renegotiating identity in the context of stigma. In parallel they are, more and more commonly, faced with the task of sustaining useful contact with their children and maintaining effective relationships with foster carers or adoptive parents.

Clinical psychology has much to offer in understanding the experiences of birth mothers whose child has been taken into care or adopted. Clinical psychologists are trained to understand and formulate highly complex difficulties drawing on a range of psychological theory. In particular they are trained to work across the lifespan, focussing on understanding developmental tasks, adjustment to life transitions and healthy coping skills. Importantly, clinical psychology is concerned not just with the individual but with systemic ideas which consider the influence of social and cultural issues upon individuals. The findings of the current study suggest the importance of thinking systemically when considering the

experiences of mothers. Given the complexity of the birth mother experience, it seems vital that clinicians working with them are aware of and sensitive to the issues and dilemmas that they face. Furthermore, clinical psychologists as scientist-practitioners are in an excellent position to contribute to both research and clinical practice in the field of child protection.

## **6.6 Methodological considerations**

The use of Interpretative Phenomenological Analysis (IPA) in this study was considered to be the most appropriate since experiences of birth mothers have been under researched and because it fits with the open and exploratory nature of the research question. It constantly invited me to stay close to the participants' experiences, allowing me to avoid viewing their accounts through potentially blaming social discourses and instead analyse the data from their perspectives. This was particularly important, for example, in understanding possible constructions of the theme 'minimising seriousness'. Using IPA also allowed for rich descriptions of the participants' experiences to emerge and allowed me to follow up on unexpected and interesting aspects of their accounts. A possible limitation of using IPA is that there was less opportunity to account for the discursive aspects of the interviews. For example, some have highlighted the significance of the interactional nature of interviews and how this may influence the data that is collected (Potter & Hepburn, 2005). Indeed it was difficult within the methodology used to account for the influence of dominant social and professional discourses upon the data collected. In line with the interpretative nature of IPA, the findings presented here represent one possible construction of the experiences of birth mothers. The findings represent my interpretation of the data and others may have found different themes more salient. However, guidance for conducting rigorous qualitative research was used throughout the research process. IPA is an idiographic approach and, as such, does not make claims about the generalisability of the findings. The findings do, however, contribute to the knowledge base around birth mothers experiences and to giving a voice to a group of people who are marginalised.

The participants for this study were recruited through two different birth mother support groups. At the first group, after discussion with the group facilitators regarding the inclusion and exclusion criteria, it was agreed that any of the group members could take part. As such, the five participants who were interviewed were those who volunteered to take part. In this

way, the study was ethically sound because participants are unlikely to have felt that they were obliged to take part in any way. It is possible that this introduced some bias in that those who volunteered may have done so for a variety of reasons. For example, they may have been more adept than others at talking about and reflecting on their experiences or they may have been particularly angry about their experiences. The final two participants recruited from a different birth mothers group were selected by the group facilitators. While this meant that those who took part were not too vulnerable in terms of, for example, current mental health problems or learning disabilities, it will also have created some bias. The facilitators are likely to have chosen those who they considered to be both willing and adept at talking and reflecting upon their experience of having their children taken into care. However, through there being a combination of those who were self-selected and those selected by the group facilitators, it is hoped that a range of voices were heard in the study. It should also be acknowledged that all the participants taking part were attending or had attended the support group for birth mothers. It is possible, although not necessarily the case, that they were therefore more able to reflect on their experiences than perhaps those who have not had support or the opportunity to talk about their experiences. It is possible that through attending a support group for others who have had a similar experience, that their sense of shame and stigma had been attenuated to a certain degree. Given the findings of the study that there was often a breakdown of trust between the mothers and services, there is likely to be a large proportion of mothers who would not consider accessing birth mother support groups and, therefore, potentially a large proportion of mothers who were 'hidden' from the research. In her paper 'Working with vulnerable groups in social research', Aldridge (2012) argues that researchers should work to access hard-to-reach groups or risk exacerbating their marginalisation. She suggests that researchers use less conventional research designs and methodologies in an attempt to do this. An example of this might be using 'snowball sampling' in which existing participants recruit other participants who fit the research criteria (Barker, Pistrang & Elliot, 2002).

It was my intention to not include birth mothers who had a diagnosis of Intellectual Disability in order for participants to be able to fully understand the research questions and to make full use of the interview. In reality, it was not possible to know whether or not participants had this diagnosis prior to recruitment and it was not felt to be appropriate to ask. I did not feel that intellectual disabilities impacted on any of the participants' ability to fully

understand and to answer any of the interview questions. However, it should be acknowledged that mothers, and fathers, with intellectual disabilities are disproportionately represented in care proceedings (Booth & Booth, 2004) and, for some of the participants in the current study, it did appear that some learning difficulties were present.

## 6.7 Future research

A number of important areas for future research emerged from the current study. Firstly, it would be interesting to explore further the finding of the current study which suggests that mothers whose children have been taken into care or adopted try to create narratives about themselves as mothers that can be lived with. Thus far, and to my knowledge, only a few studies have begun to explore this (May 2008; Wells, 2010) and have done so with mothers who have lost custody of their children through divorce. These studies, though, point to the mothers' management of a 'spoiled identity' through creating narratives for themselves, and which they present to others. Further research, using for example Narrative Analysis, into this area would develop our understanding of how identity is renegotiated following the compulsory removal of a child and, therefore, guide therapeutic interventions. Furthermore, research into the kinds of interventions that would ameliorate their feelings of shame and disempowerment is needed. For example, Slettebø (2013) piloted a user participation group of birth mothers, social workers and foster carers and found that an empowerment-based approach may 'counterbalance interventions that are perceived as a measure of social control of families.' (p. 593).

To date, clinical psychology has remained largely silent with regards to the experiences of birth mothers. Given that clinical psychologists are likely to encounter these mothers in the course of their work, and the fact that this study highlights the importance of them playing a key role in the child protection process, it seems crucial that we have an awareness of the complex issues and psychological tasks that they face in order to guide therapeutic interventions.

The focus of the current study was upon the experience of birth mothers but an equally important and under researched area are the experiences of birth fathers. Only a few studies have undertaken in-depth explorations of their experiences (Clapton, 2007, 2009; Clifton,

2012) which have highlighted both similarities and differences in relation to the experiences of birth mothers.

## 6.8 Conclusions

The study aimed to explore the experiences of birth mothers whose child or children have been compulsorily taken into care or adopted. The use of Interpretative Phenomenological Analysis as methodology makes a unique contribution to the literature in this area. To summarise, four super-ordinate themes emerged from the study. 'No one in my corner' represents participants' accounts of coping alone in chaotic circumstances before the children were removed and thereafter. 'Disconnecting from emotion' captures the lack of emotional content in the participants' accounts and their distancing from the pain of loss and the associated stigma. 'Renegotiating identity' speaks to the participants' loss of identity following their children being taken into care and their attempts to reconcile and repair this. Finally, the theme 'The children are gone, but still here' represents the complex emotions evoked for the participants around contact. The themes have been discussed in the context of a range of psychological theory, which reflects both the complexity of the mothers' experiences and my epistemological position of social constructionism, which purports to the existence of multiple ways of constructing experiences. The findings of the study support the need for early intervention parenting programmes in order to prevent families from reaching a point of crisis and to prevent the inter-generational transmission of parenting difficulties. In particular, early intervention is essential in order to address the growing concern around mothers losing successive children to care. Crucially though, it is suggested that interventions must go beyond that of teaching parenting skills, to addressing the needs of birth mothers and their families holistically. The study highlights the need for clinical psychology to recognise, understand and respond to the complex needs of birth mothers and to be making key contributions to the child protection process. Further research into therapeutic interventions to help these mothers is needed not only for their well-being but also to prevent children from being repeatedly removed and to break inter-generational patterns.

*'The needs of parents and children cannot be compartmentalised' (Department of Health 1995, p. 44).*





## 6.9 References

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## 7.0 Appendices

### 7.1 Literature search strategy

A number of stages were followed in reviewing the existing literature in relation to the research question. These are set out below:

#### **1. Initial exploratory electronic search**

An initial exploratory search was undertaken using Google Scholar as well as databases such as PsychINFO, Web of Science and Pubmed.

Search terms included in different combinations:

- Birth mothers, experiences, adoption, foster care, care, child protection, contact
- Loss, disenfranchised grief

The references found through this search were followed up where appropriate. Searches for particular authors were then carried out, based on these references and any relevant articles cited within the reviewed papers were also followed up, repeating this process for each new reference.

#### **2. Internet search for key documents**

The internet was searched for documents and resources relating to the research question, including a search for relevant DoH policies, etc.

#### **3. Consulting experts**

Colleagues with expertise in the field were also consulted about relevant papers and these were followed up as above.

## 7.2 Ethical approval documentation

UNIVERSITY OF HERTFORDSHIRE HEALTH AND HUMAN SCIENCES

# MEMORANDUM

TO Nina Memarnia

CC Lizette Nolte

FROM Dr R Southern, Health and Human Sciences ECDA Chairman

DATE 1 August 2013

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Protocol number: LMS/PG/UH/00074

Title of study: The Experiences of Birth Mothers Whose Child Has Been Taken Into Care.

Your application for ethical approval has been accepted and approved by the ECDA for your school.

This approval is valid:

From: 1 August 2013

To: 31 March 2014

**Please note:**

**Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.**



**UNIVERSITY OF HERTFORDSHIRE**  
**Health and Human Sciences**

## **M E M O R A N D U M**

**TO Nina Memarnia**  
**CC Lizette Nolte**

**FROM Dr Richard Southern, Health and Human Sciences ECDA Chairman**

**DATE 23/12/13**

Protocol number: aLMS/PG/UH/00074

Title of study: The experiences of Birth Mothers Whose Child Has Been Taken Into Care

Your application to Amend the existing protocol detailed above has been accepted and approved by the ECDA for your school.

This approval is valid:

From: 23/12/13  
To: 31/03/14

**Please note:**

**Any conditions relating to the original protocol approval remain and must be complied with.**

**Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.**

UNIVERSITY OF HERTFORDSHIRE  
HEALTH AND HUMAN SCIENCES

## MEMORANDUM

TO Nina Memarnia  
CC Lizette Nolte

FROM Dr Richard Southern, Health and Human Sciences ECDA Chairman

DATE 23 January 2014

Protocol number: a LMS/PG/UH/00074

Title of study: The Experiences of Birth Mothers Whose Child Has Been Taken Into Care

Your application to amend the existing protocol detailed above has been accepted and approved by the ECDA for your school.

This approval is valid:

From: 23 January 2014

To: 31 March 2014

**Please note:**

**Any conditions relating to the original protocol approval remain and must be complied with.**

**Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken**

## 7.3 Participant information sheet

University of  
Hertfordshire



### **PARTICIPANT INFORMATION SHEET**

#### **Title of Research**

*The experiences of birth mothers whose child has been taken into care.*

#### **Introduction**

You are being invited to take part in a research study. Before you decide whether to do so, it is important that you understand the research that is being done and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. Thank you for reading this.

#### **What is the purpose of this study?**

We would like to understand more about the experiences of birth mothers whose child has been taken into care. The experiences of birth mothers have received little attention in research which is in contrast with the experiences of children in care, foster carers and adoptive mothers. Finding out more about your experiences may help professionals to understand their clients more and develop improved ways of helping.

#### **Do I have to take part?**

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. A decision to withdraw at any time, or a decision not to take part at all, will not affect the rest of the treatment/care that you receive.

#### **What will happen to me if I take part?**

If you decide to take part in this study, we will meet together once for about an hour and a half. I will ask you some questions about your experience of having your child taken into care.

**What are the possible disadvantages, risks or side effects of taking part?**

It is possible that you will find the interview upsetting. You may feel upset during the interview or afterwards, or both.

**What are the possible benefits of taking part?**

In taking part in the interview you will be giving voice to the experiences of mothers whose child has been taken into care. This could make an important contribution to raising the awareness of professionals to what the experience is like which I hope will help to develop and improve services and the kind of support that is available.

**How will my taking part in this study be kept confidential?**

All the information you give me will be confidential, unless I have concerns about your safety or the safety of others. In this case I would need to let a member of your care team know but, wherever possible, I would discuss this with you first.

I will ask to record the interviews so that I can write down exactly what was said afterwards, but the recordings and the written transcription will be kept separately from your name and referred to only by number. All the information will be kept securely and those with access will be the researcher, the supervisory team, the examiners and those transcribing the interview data. Any information that may identify you will be taken out.

**What will happen to the results of the research study?**

This research, which is supervised by Lizette Nolte, is conducted as part of the thesis requirement for a Doctorate in Clinical Psychology and may later be published in a journal (all participants' names and any identifying information will be withheld).

If you wish, I would be happy to send you a summary of our findings at the end of the study in September 2014.

**Who has reviewed this study?**

This research has been reviewed by a team of experienced Chartered Clinical Psychologists at The University of Hertfordshire and has received ethical approval.

**Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by phone or by email: *Nina Memarnia, Trainee Clinical Psychologist.*

*Address:* Department of Psychology, The University of Hertfordshire, Doctorate in Clinical Psychology, College Lane, Hatfield, Hertfordshire. AL10 9AB

Telephone number: 01707 286322

Email: [nina.memarnia@herts.ac.uk](mailto:nina.memarnia@herts.ac.uk)

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University Secretary and Registrar.

Thank you very much for reading this information and giving consideration to taking part in this study.

Protocol number: a LMS/PG/UH/00074

## 7.4 Consent form

University of  
Hertfordshire



### CONSENT FORM

**Project Title:** The experience of birth mothers whose child has been taken into care.

#### Statement by Participant

- I confirm that I have read and understand the information sheet for this study.
- I understand what my involvement will entail and any questions have been answered to my satisfaction.
- I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice.
- I understand that all information obtained will be confidential.
- I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.
- Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.

Participant's Name .....

Participant's Signature .....

Date

#### Statement by Investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that she understands the implications of participation.

Investigator's Name: Nina Memarnia (Trainee Clinical Psychologist)

Investigator's Signature ..... Date  
.....

Protocol number: a LMS/PG/UH/00074

## 7.5 Participant questionnaire

University of  
Hertfordshire



Name:

What is your age?

How would you describe your ethnicity? (Please tick below)

<b>Asian or Asian British</b>		<b>Mixed</b>	
Bangladeshi	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>
Please specify below if you wish.....		Please specify below if you wish.....	
.....		.....	
<b>Black or Black British</b>		<b>White</b>	
African	<input type="checkbox"/>	British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	English	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Please specify below if you wish.....		Scottish	<input type="checkbox"/>
.....		Welsh	<input type="checkbox"/>
		Any other White background	<input type="checkbox"/>
		Please specify below if you wish.....	
		.....	
		.	



**Chinese or Other ethnic group**

Chinese

Prefer not to say

Any other

Please specify below if you wish.....

What is your marital status?

**Single, never married**

**Married or Civil Partnership**

**Widowed**

**Divorced**

**Separated**

How many children do you have?

How many boys and how many girls?

What are their ages?

How many of your children are currently living with you?

How many of your children are currently in care or adopted?

How long ago were they taken into care or adopted?

With whom are they in care or adopted?

Do you have contact with them? If so, how often?

Are you involved with other services? If so, which services? (For example, Adult Mental Health Services)

Are your children involved with other services? If so, which services? (For example, Child and Adolescent Mental Health Services)

Protocol number: a LMS/PG/UH/00074

## 7.6 Interview schedule

### Interview Schedule

1. What made you interested in taking part in this study?
2. How were you told that your child/children would be taken into care?
3. Under what circumstances were they removed? (E. g, taken into care at birth after delivery,  
  
taken into care by social worker after hospital admission for non accidental injury etc)
4. What reasons were given to you? What are your views on the decision?

*Prompts: Do you agree or disagree with the decision? Is there anything that you think might have helped things to be different, so that your child/children were not taken into care?*

5. (a) What was life like for you before your child/children were taken into care?  
  
(b) What was it like during your child/children being taken into care?  
  
(c) What was it like after your child/children were taken into care?

*Prompts: What was your experience of having your child/children removed? (before/during/after) In what way, if any, has this impacted on you?*

6. Can you tell me about your sense of being a parent now that your child/children are in care?

*Prompts: In what ways do you feel different or the same as a parent?*

7. Can you tell me about contact with your child/children now? (If appropriate)

*Prompts: How often? Where? What are the challenges, if any, in having contact, for you and for your child/children? What are the positive aspects in having contact for you and your child/children? Is it different from before? If it is, how is it different?*

8. Can you tell me about your relationship with your child/children's foster carer/adoptive parent?

*Prompts: How do you feel about them? How would you like the relationship to be different, if at all?*

9. What has your experience of support been through the process of having your child/children taken into care?

*Prompts: Have you received any support from professionals, family or friends? What kind of support was it? Practical/emotional? Did you find the support helpful or not helpful? In what ways was it helpful or not helpful? What kind of support would you have preferred?*

10. Based on your own experience, do you have any advice for other parents in your situation? For professionals?

11. What was it like for you to take part in this interview?

## 7.7 Debrief form

University of  
Hertfordshire



# Experiences of birth mothers whose child has been taken into care

## DEBRIEF FORM

Thank you for taking part in this study. We really appreciate you taking the time to help us.

The aim of the study is to further understand experiences of birth mothers whose child has been taken into care. Your interview will be compared with others to see if there are any similar themes or patterns. We hope that this information will help us to understand more about the nature of the experience for birth mothers and what helps and hinders them in coping with their experience.

Please be assured that the information that we have gathered will be kept anonymous and confidential within the limits already explained to you. You have the right to withdraw from the study at any time. You are entitled to have a research findings summary. This will be made available upon your request when the study is complete.

If taking part in this research has caused you any distress, please discuss this with a member of your care team. Alternatively, below are some details of support services which you may find useful:

- **Samaritans**

The Samaritans provides support for people who are experiencing feelings of distress or despair.

National 24 hour helpline: 0845 790 90 90

[www.samaritans.org.uk](http://www.samaritans.org.uk)

- **MIND**

Leading mental health charity in England and Wales. The MindInfoLine offers thousands of callers confidential help on a range of mental health issues.

0845 766 016

[www.mind.org.uk](http://www.mind.org.uk)

- **Mental Health Foundation**

Independent organisation that helps people to survive, recover from and prevent mental health problems.

020 78031100

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

- **NHS Direct**

NHS Direct delivers telephone and internet information and advice about health, illness and health services, day and night, direct to the public.

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[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

If you would like any further information about the study, or you would like to know about the results of the study, please contact us on:

Nina Memarnia

Lizette Nolte

Trainee Clinical Psychologist

Clinical Psychologist

[n.memarnia@hotmail.co.uk](mailto:n.memarnia@hotmail.co.uk)

[l.nolte@herts.ac.uk](mailto:l.nolte@herts.ac.uk)

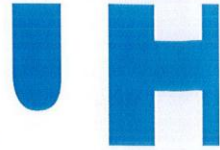
Department of Clinical Psychology  
University of Hertfordshire  
College Lane Campus  
Hatfield  
AL10 9AB  
Tel: 01707 28632

**Thank you for participating in this study**

Protocol number: a LMS/PG/UH/00074

## 7.8 Transcription confidentiality agreement

University of  
Hertfordshire



### TRANSCRIPTION AGREEMENT

Doctorate in Clinical Psychology  
University of Hertfordshire

#### Transcription confidentiality / non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

NINA MEMARNIA ('the discloser')

And

Transcriber for Dictate2us Ltd ('the recipient')

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser.

The information shared will therefore remain confidential.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:

[INSERT NAME]

*D. Leigh*  
*DARYL LEIGH*

Dictate2us

Date:

*10/02/14*

## 7.9 Interview transcript analysis example

	Initial reactions	Emergent themes
Q1 N: ok, so firstly I guess it would just be good to know what made you interested in taking part in the study?		
P1: I am a little bit of a <b>activist</b> [laughs] on the quiet, erm, and I, you know, I'm a great believer in <b>working for the broken winged bird</b> and trying to get things out there that can help vulnerable people, support people, so that we've got a better future because the way things are going its gonna end up being more. So, I think that was <i>really</i> why I was interested.	<p>Interesting 'vulnerable people' = others; still 'we' having better future...</p> <p>Identity: self as helper/self as vulnerable?</p> <p>To fight for others</p>	<p>The self as helper, other people as vulnerable</p> <p>A wish for change</p>
Q2 N: Ok, and how were you told that your children would be taken into care?		
L: [pause] I was told... <b>The minute they took them. It was done under emergency protection</b> , by the police. Social services weren't involved. Erm, <b>my ex-partner, erm, was what they class as a prolific criminal, erm, burglaries, I call it petty crime, y'know, it's probably a bit higher up than petty</b> but it's, y'know, it's on the risk of, <b>he had a drug habit</b> , I wouldn't fund that drug habit so he'd have to go out and make his own money to fund it. <b>He never did anything in our house</b> , he'd go off n do his thing n I used to leave him to that [laughs] so, the police were always looking for him, erm, he was being <b>naughty, he kept comin round, comin</b>	<p>Hesitancy</p> <p>No advanced notice</p> <p>Emergency protection: crisis and traumatic removal – despite 10 year involvement?!</p> <p>Relationship with reasons for removal; how people orientate themselves to reasons...?</p> <p>Danger to child relate to criminal partner</p> <p>'Petty crime' vs prolific criminal = euphemism? – 'bit higher up'; 'naughty' minimizing?</p> <p>Not in house: therefore no implications for children?</p> <p>Interpretation of risk...?</p> <p>Judgement of the situation...`?</p> <p>Context of hardship:</p> <p>Own context – epilepsy, 8 children, lone carer, family issues</p> <p>Chaotic</p> <p>* Mother identity... "I am mother to everyone in my family"</p>	<p>The children being taken into care was unexpected</p> <p>Parenting amidst chaos</p> <p>Creating a narrative that can be lived with</p> <p>Minimisation</p> <p>Creating a narrative that can be lived with</p> <p>Parenting amidst chaos</p>



<p>round. Erm, house, obviously with 8 children, me being sole carer, I've got epilepsy, erm, it was chaotic. You know, and I have a lot of other family issues with sisters and that that have issues and problems. I am what they would call <u>the mummy of everyone in my family</u>, in the hierarchy so to speak, in the peckin order. They always come to me, with their problems, so I used to be overloaded with all their issues and problems as well as my 8 children and my priorities were probably... mixed up in which ones should come first n my house was messy, y'know you've got 8 kids, you'd be tryin to tidy up, clear up, do this. And I feel, personally, the police used it as an opportunity rather than what it was actually about, erm, because they have obviously known my family for many years cos of all the other issues with them and the house had always been the same and they never did what they did up until that day, I'd been in a lot worse situations, on this particular occasion I had an argument with an officer because he went in on the bathroom on my 13 year old daughter, a male, and I told him not to. Me being opinionated it got into a bit of a fracas between the two of us, and another copper called him back and sorta said to him leave it, leave it, and off they went. And.. I was fed up and I, really fed up cos the police had been comin round everyday, so I packed the kids up and I went to my mates house, was</p>	<ul style="list-style-type: none"> <li>* No one to care for her</li> <li>* my priorities were probably... mixed up in which ones should come first</li> <li>* Messy house as reason</li> <li>* Opinionated as reason</li> <li>*Police used excuse – no 'real' reason for taking children into care</li> <li>* I'd been in a lot worse situations – dangers to children over time...?</li> <li>*Family known to police – not individual situation – context over time??</li> </ul> <p>Feeling overloaded and overwhelmed  Priorities become muddled  Switch from self-blame to blaming others</p> <p>Issues known for a long time – unclear 'why now'</p> <p>Feeling overloaded and overwhelmed</p> <p>Sense of being at the end of her tether</p> <p>→own attempts to deal with/respond to the dangers/chaos...</p> <ul style="list-style-type: none"> <li>* Sense of police intention?</li> </ul> <p>Children left alone – police found children left alone  ...party</p>	<p>Trying to cope alone</p> <p>Parenting amidst chaos</p> <p>Why now?</p> <p>Parenting amidst chaos</p>
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<p>gone for two days. Police were in and out of my house while I wasn't in it.</p> <p>N: Why were they going round?</p> <p>L: Looking, looking for him, he was on the run. He didn't live with me but they had no address for him. They were entering my property without any, y'know, valid cause.</p> <p>N: And where were you staying?</p> <p>L: I was staying at my friends house and my neighbours were phoning me up telling me that they were in and out, and I come back on the Saturday, cos it was my friends birthday and we were having a party n, literally been in five minutes, put the kids in the sitting room... and... went... 'I'll be back in a minute, stay there, I'm just gonna take the food up'. Eight doors up it was literally eight doors between us.</p> <p>N: Yeah</p> <p>L: And the police turned up just as I was, and the kids come 'mum, mum, the police', so I come down thinking it was for him going 'you bloody idiot' y'know [laughs].</p> <p>N: Yeah</p> <p>L: And they went, 'we're not here for him, we're here for the kids'. And I went 'pardon?' And they went 'we're here for the kids'. And I went 'what are you talking about?' And they went 'the house is not good enough condition for them to live in'. I went 'pardon?' [laughs], and I, I, thought he was joking! I was just like, what?!</p> <p>N: Yeah</p>	<p>No sense that the taking of the children was done in a planned, thoughtful way which had included having conversations with her (the mother) beforehand.</p> <p>Nervous laugh. Incomprehensibility of what was happening. Shock.</p> <p>Horror Unexpected Disbelief Hysteria Difficult to believe and take in what she was being told Also dealing with the distress of the children, of children not wanting to be taken No idea</p> <p>→ Existing contact with social services – what were previous concerns? Increased awareness of concerns? More careful... Relationship with services??? Trust/ shared understanding</p> <p>Complete disconnect between her view of the situation and the view of social services Her sense that things were improving Different services having different expectations, different rules, different agendas Feels no sense that they were acting in the best interests of the</p>	<p>The children being taken was unexpected Shock</p> <p>Shock Horror</p> <p>Hysteria</p>
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<p>at that time and of course, the police removed them. And they said to my kids, the copper went to my child, erm, 'don't worry you'll be home by Monday'.....Which made me go, well, what was that about then? But when it fell on social services table, because I had a previous and a past where there were similar issues, erm, they saw an opening to run with the ball at that point and use it. Because the kids had been removed and once children are removed, the ball is set in motion... it's...</p> <p>N: So were they taken right there and then?</p> <p>L: Yes, right there and then. Erm, dragged out, kicking and screaming, whole neighbourhood watching, they cornered my house off with tape like I'd murdered somebody, arrested me for neglect....erm....</p> <p>N: And what was that like?</p> <p>L: I was <i>mortified</i>. I was <i>mortified</i>. And I have epilepsy so they had to put a police officer in the cell with me to watch me because I was in such <i>hysteria</i>, I couldn't breathe, I couldn't, I just couldn't believe what was happening and I mean, I was on the floor, on the ground, <i>screaming</i>, crying 'please don't take them'. People were coming rushing to try n take the kids n the police were just pushing them away goin 'no, no, no'. So many people offered to take my kids that night and the police wouldn't let them n they went 'no, no' and <i>my family turned up</i> they said 'we'll take them' they</p>		<p>The ball was set in motion</p> <p>Humiliation – feeling like a criminal Shame</p> <p>Hysteria Shock</p> <p>An outsider looking in</p> <p>You can't help but wonder what it's all about</p>
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<p>went 'no'. And it was almost like there was some agenda goin on there because usually they'd go to a family member in circumstances like that and then you would have a meeting and discussion and it follows a certain protocol but they jumped two steps over what they normally do and we went straight to court.</p>		<p>The ball was set in motion</p>
<p>Q3 N: And what were the reasons given to you, by them, for taking the kids?</p>		
<p>L: On that initial day, just the house, being, erm, a mess. And you know that was the initial setting of it and erm I got arrested and questioned about why the house was in a mess and why it was like this and blah blah blah. Obviously, there was an argument between me and the police over this [laughs] because I hadn't been in the house for three days and I knew they'd been going in and out and there was stuff that'd been moved and in the photos, my whole argument with them in the photos was, 'hang on a minute, why are the beds away from the wall? This isn't how you found the house, you've moved stuff and then took photos, so it's not really how it's been depicted. So it got into a whole barrage and I was, I was like 'no I'm going not guilty I'm not having this.'</p> <p>N: Yeah</p> <p>L: And, all the way through, you know, they bailed me four times, which meant they really had to dig for something. Erm, but they did, they got it in the end and they charged me,</p>	<p>'Just the house being a mess'</p> <p>Dismissive and minimising of the reasons given? 'blah blah blah'</p> <p>Unfairness</p> <p>Barrage Anger Mistrust Outraged No good reasons</p> <p>I am not guilty</p>	<p>Creating a narrative that can be lived with Minimisation</p>

<p>erm, and I was still ‘no, I’m going not guilty’.</p> <p>N: And was that with neglect?</p> <p>L: Yeah, erm, 8 counts initially because they’d removed all 8 of the children so one for each child, erm, and basically just on their housing...</p> <p>N: Yeah</p> <p>L: There was nothing else that they were doing it on!</p> <p>N: So that was the reason the police gave...</p> <p>L: Yes. Social services then put them into foster placements and their court proceedings start. So you got two sets of court proceedings going on next to each other, because they’re on different agendas. One’s for the kids, whats gonna happen with them , what they’ve been through and one is the police’s which is a criminal investigation. Erm, they roll alongside each others, they use each others but they don’t actually go together, they’re on two different levels so it’s complicated. And I was going not guilty, the local authority, which is social services, kept saying to me you should go guilty it’ll go better in your case. Cos it shows you’re taking responsibility for what happened and I was in, sort of like, but I didn’t feel it warranted what they’d done and there was agendas there that I wasn’t happy with and would’ve been happy to have took, and I said to them, in then end what happened was erm, right up until my trial, I was going not guilty, but it got to a point where they wanted my kids to be witnesses, my</p>	<p>Complicated process – difficult to understand - implications?</p> <p>Advice from services, but no trust</p> <p>Invitation to take responsibility</p> <p>Weighing up options and implications – difficult decisions to make</p> <p>You’re in so much trauma you just go along with it</p> <p>Impact of trauma on ability to stand up and fight in court - ‘you just go along with it’</p> <p>Difficult in such a situation to think clearly and know what is best</p> <p>History counts against you</p> <p>“Things that have nothing to do with this case” – should be seen separate from history?</p> <p>Surprised by what will be presented – separate from the process</p> <p>Scary</p> <p>they’ve got your life in their hands</p> <p>No control</p> <p>Needs of the children over needs of herself</p> <p>Wanting to fight but thinking of impact on children – powerlessness</p>	<p>You can’t help but wonder what it’s all about</p> <p>Creating a narrative that can be lived with</p> <p>Minimisation</p> <p>Creating a narrative that can be lived with</p>
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<p>two older ones... and, my kids were happy to do that, they were like, 'no, mum hasn't done nothing wrong, this is out of order, we'll go to court'. But they were 12 and 13 and obviously at first you're in so much trauma you just go along with it, your solicitors going 'yep, you've got it in the bag L..... Possibly, it's a jury, you never, but you've got a strong case' Cos there were so many things that had been moved and stuff like that and, erm, but I went into crown court and they all all social workers there from my past from years ago, health visitors, from stuff that had nothing to do with this case but to try and prove a point of my history, and, erm, I took one look at it and I walked into the crown court and I've never been in crown court before in my life, I been there with ex-partners, d'you know what I mean? But not for myself cos I've never been...  N: And what was it like, to walk in there?  L: It was the most scary things I've ever seen and when you watch them jurors come in and you know they've got your life in their hands, I just thought I can't put my kids through this and I burst into tears, and that's the first time I cried, really. I cried the night they got took and you know you have a little cry on your own in your bed but you know I'm quite [gestured] when I'm out n about, y'know n strong but it doesn't mean you're not breaking inside. And erm, that day there I literally broke down in tears sat in that court</p>	<p>Strong/ ?harsh? outside – breaking on the inside...  Showing strength but breaking inside  Internal world vs what is shown to others – linked to feelings of shame?  Reality hit – was she previously disconnected? 'woah, she's not normally like this'. Switch from talking about 'reality hitting' to 'being stitched up', switch to blaming others - difficulty staying with emotion? Creating a narrative that can be lived with vs. acknowledging 'reality'  Mistrust, being stitched up  They don't know you – not seeing all of you; snapshot.  They don't know me as a whole person.  They don't understand.  Evidence stacked up against me  Overwhelming  Mentalizing, empathy for children  Protecting children  Almost like bargaining stage of grief – reflective of desperation felt?  Briefly saw all the evidence and then went into court – no time to process it/challenge it. No sense of the her being included in the process  Fear and powerlessness. Sense of being 'thrown to the wolves'  Use of the word 'only' incongruent with seriousness of situation</p>	<p>Trauma  Evidence stacked up against you  An outsider looking in  An outside looking in  Internal world vs. what is shown to others</p>
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<p>room and everyone was a bit like 'woah, hang on, she's not normally like...' [gestured] [laughs].</p> <p>N: What do you think it was about that moment?</p> <p>L: The reality of what had happened, the reality of... I still feel... at that point... I still feel to this day like I was stitched up by them all, for their own reasons. Er, the whole initial thing of like you're in this room, these people have got so much power, and they can ruin your life like that [clicks fingers]. In a snap. On basically listening to other people's evidence, which really is a snapshot of your life because they don't know you these people.</p> <p>N: Yeah</p> <p>L: So it's really hard n you're taking it all in and becomes so overwhelming and I just thought, if it's overwhelming for me, what the hell's it gonna be like for that 12 and 13 year old? And I thought, I can't do it. So I called my solicitor and I said 'I can't do this' and she said 'what are you saying?' and I said 'I wanna bargain with them' I said, and I wanna see whats the best deal we can get. I'll go guilty but some things have gotta get dropped on this because I'm not.. there was things I wasn't happy with and obviously the other side knew there was gonna be queries because they agreed to it [laughs]. So we made a deal, that they took xxx and xxx off, so I only got 6 counts.</p> <p>N: And they're the two girls that are with you now?</p>	<p>Not in a place where it is possible to advocate for self? Not strong enough</p> <p>Misleading evidence – do not accept the evidence presented</p> <p>Made wrong decision – hindsight</p> <p>Do not accept reasons given</p> <p>Implications of being found guilty</p> <p>Should have fought</p> <p>A life in ruin – having to start over</p> <p>Ruined a lot of things</p> <p>Implications – career</p> <p>Seen as not capable of working with vulnerable people – identity implications =&gt; self as someone who is the mummy, the one to whom everyone come with their problems, the one who works in child care... judged as not allowed to work with children or vulnerable people</p> <p>Identity</p> <p>"Incident" – moment in time rather than a pattern?</p>	<p>Disconnected from emotion</p> <p>You can't help but wonder what it's all about</p> <p>Creating a narrative that can be lived with</p> <p>One story obscuring other stories</p> <p>Evidence stacked up against you</p> <p>The ball was set in motion</p> <p>Grief</p> <p>Powerlessness</p> <p>Creating a narrative that can be lived with</p>
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<p>I've got 3 children living with me, in my care? I said 'this was an incident, a domestic incident, it wasn't a work-related incident'. You know, it's happened at home.. circumstances.</p>		
<p>Q4 N: And is there anything that you think might have helped things to be different so that your children weren't taken into care?</p>		
<p>L: [pause] In hindsight? A lot of things [laughs]. Bad relationships, number one, kick them out the door, erm, you know, life style is a big impact. I was very young, you know, when I had my first child.</p> <p>N: How old were you when you had your first child?</p> <p>L: I was 17 when I had xxx, erm, you're still a baby, you know, you come out of school and college, and you think you know everything and you're going to work so you think you're a big girl. Like oh I've got my own money.. I'm at college I know everything, you know, my mum n dad can't tell me nothing. 'What do you know?', you know you have that attitude. And I'm my own person.</p> <p>N: But looking back you think 'maybe I was too young'....</p> <p>L: I was 17, of course I was too young. This boy told me he was going to give me the world and he was gonna get a job and look after me n we were gonna be 2.4 happy children [laughs] y'know. Of course, life's not like that and, once I, I didn't even really</p>	<p>Impact of bad relationships. Not feeling prepared for parenthood. Chaotic lifestyle Relationships</p> <p>You're still a baby – own needs?</p> <p>Hopes for a better life. '2.4 happy children' – hopes for and expectations about motherhood</p> <p>Stable upbringing Thinking back to her own childhood</p>	<p>Not knowing how to parent Parenting amidst chaos</p> <p>Not knowing how to parent</p> <p>Hopes for and expectations of parenthood vs. reality</p>

<p>know him well enough to be having kids with him, didn't know nothing about his family, nothing about his history, I was already 9 months pregnant by the time I found out, d'you know what his family's completely dysfunctional and I was witnessing things I'd never witnessed before in my life. And you know, I never witnessed domestic violence as a child, drugs, alcohol problems, nothing like that. I had a very stable upbringing, erm, so when you're suddenly thrown into this whole whirlwind of different sort of lifestyle.. you think, hang on, how, how, how am I doing this? But survival kicks in and you just learnt to adapt. And it's very true what they say, like, when kids are removed 'oh they adapt they adapt', <i>people</i> adapt, everybody adapts, it's harder when you're older, but we all do it because that's life and you know it's one of them things.</p> <p>N: You said that looking back, things that might have helped things to be different perhaps were the relationship you were in...</p> <p>L: I think <b>lifestyle choices</b> have a big part in it, erm, and of course when you're young and you're naïve, you sort of go from one bad mistake to another cos once you're in that turmoil, it's very hard to get out.</p> <p>Q5. N: What was life like before your children were removed? You talked about your lifestyle....</p>	<p>Reality of life vs hopes and expectations Having to survive Exposed to different behaviours</p> <p>Adapt Survive (rather than leave... ? child?... relationship...?) Finding a way to cope with impact on children? Adapt</p> <p>"Lifestyle" Caught in turmoil Feeling out of control and not knowing how to get out of the situation</p>	<p>Parenting amidst chaos</p> <p>Your priority is literally surviving</p> <p>Hopes for and expectations of parenthood vs. reality</p> <p>Parenting amidst chaos</p>
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<p>L: Er..... I loved my children dearly but like I said you know it was chaotic and I'm one person and I'm trying to do 8 things with 8 different kids. Erm, at the very beginning, you know, when I just had xxx, it was a lot... you know... it's only had one child so you're one-to-one. Then you got two, so its... you can manage but it... and gradually it gets more and mo...less and less because its, you're dividing so much attention. And I think in hindsight I can see cos I spend so much time with xxx and I see all them little things.... I was missing things with the others cos there was so many of them, so you don't notice it as much cos you're trying to keep on top of everything. Lifestyle-wise, you know, you try to give your kids everything. Now because I had quite a good childhood, I was always trying to overcompensate, erm, I'd always trying and give them what I had and there was no way I could cos I was living within my means, I couldn't, I just couldn't do it, you know, im on benefit, you know....</p> <p>N: So that was quite different to how you grew up....</p> <p>L: To my life.... Cos my mum and dad had their own business n you know we lived on a farm n had you know quite a nice life, didn't want for anything. Whereas my kids were always, they need this, they need that, and there were so many of them that you're trying to constantly, and inevitably you fall into a</p>	<p>Trying to do the impossible. Chaos</p> <p>Overwhelmed by the needs of the children</p> <p>In hindsight I can see</p> <p>Just surviving</p> <p>A wish for a different life for her children. The contrast between what she wanted for her children and what she was able to do for them you try to give your kids everything</p> <p>Hopes and dreams as parent; comparing self to ideal and own hopes – failure -&gt; societal; professional and own constructions of parenthood... similarities and differences? Implications?</p> <p>Overwhelmed by the needs of the children Too many children – struggle to meet their needs</p> <p>??? Catch 22: some bad choices that led to loss of children made in order to try and meet their needs? Inevitably you fall into a bad lifestyle</p> <p>Survival – getting through the day.</p>	<p>Parenting amidst chaos</p> <p>Overwhelmed by the needs of the children</p> <p>Your priority is literally surviving</p> <p>Hopes for and expectations of parenthood vs. reality</p> <p>Overwhelmed by needs of children</p>
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<p>bad lifestyle with people that are probably not the best people to be around. But at the time, you're not looking at that picture, you're not looking at, 'oh they're doing wrong things, this is not a good environment for your kids', you're thinking survival, my kids need new shoes, my kids need this, I'll take it because that's all that's on offer right now. And you're not looking at that bigger picture, you're only looking at this narrow picture of, I've gotta get through today and then tomorrow...</p>	<p>Overwhelmed by day-to-day life – unable to put needs of children first; unable to see the bigger picture; surviving moment-to-moment</p> <p>Impact of poverty on ability to parent and choices available Parenting situated within wider challenges of daily life within context of poverty</p> <p>Lack of choice</p> <p>Young lone parent</p>	<p>Your priority is literally surviving</p>
<p>N: Why do you think you didn't look at the bigger picture?</p>	<p>Experience and impact of earlier trauma</p>	<p>Your priority is literally surviving</p>
<p>L: I think people in lower income families and you know vulnerable situations find it very hard to look at the bigger picture. It's very easy to look at the bigger picture when you're comfortable because you haven't got all them other stresses there because... the finances... you know all them... choices... you have much more availability, and I only know that because I can look at it from that perspective cos I had it as a child, you know, up until I was 17 and I fell pregnant, my life was pretty cushty to be fair [laughs]. Apart from my attack when I was 16... Cos I was raped when I was 16 and it threw me off course and I think that's where I chose the wrong people and sort of went on a whirlwind which obviously ended up in my circumstances. But you know, in whole, my life was pretty good and you don't realise</p>	<p>Regret – I chose the wrong people... ended up in my circumstances</p> <p>Repetition of 'whirlwind' – uncontrollability of situation Life spiralled out of control Acknowledges bad choices Situates bad choices within context of trauma and struggle</p> <p>Only appreciate children once they are gone</p> <p>Regret. Benefit of hindsight</p> <p>Missing normalcy and the everyday – little things Missing normal life Loss of natural everyday life</p> <p>'I messed up' – taking responsibility – progression of narrative from blaming others to taking responsibility. Quite moving.</p>	<p>I let them down</p>

<p>how good you got it until its gone n you know it's true what they say, once it's gone you're like, oh my god, what have I... why didn't I appreciate it when I had that? And the same goes for having the kids you know, you only appreciate your kids, when it's too late. You know, cos you don't think about all them little things you're doing day-to-day cos it's normal life. But it's only when something happens in your life that makes you take stock of everything you think, god, why didn't I look at it like that then? But you don't cos people in natural everyday lives take things for granted....</p> <p>N: And what's it like to, kind of, think that? To look back and think those things?</p> <p>L: It's a lot of guilt. You feel so guilty. I mean that's my biggest hurdle, is getting over that. That guilt that I feel that... I messed up. I really messed up, I let them down because ultimately, you're their parent, you're the one that's meant to be there to protect them and make sure these things don't happen and obviously I did. You know, I was in a domestic violent relationship through periods when they were little and... I always managed to get myself into a situation, and get myself out and sort myself out. But then something else would happen and of course that was the bigger picture when you're in court, that's what they're using, they're... like I said... in the initial stages it was just neglect but when you started unpicking it was like emotional</p>	<p>Guilt Struggling to get over guilt I messed up I let children down Failed at protecting children Stayed in violent relationship Own life moving from crisis to crisis – however, implications for children... meaning of suffering of children within context of suffering of parent... “parental responsibility”: responsibility for children but unable to take responsibility for self</p> <p>Understanding that emotional needs of children were not being met</p> <p>Not meeting threshold</p> <p>Court: life events are linked together into narrative of failure as a parent: implicit in what she is saying that that is not the whole story? The story is more than that... “double stories” (White) Inevitable – once the process is started there is no turning back Piecing things together in a particular way = building a case... sense of ?unfairness; would tell a different story Children should not be with her due to potential for lifestyle continuing.. No help offered – seen as vulnerable, but this invites monitoring rather than help/support...?</p> <p>Long term social care involvement – 10 years – could not prevent crisis...</p> <p>Children in need</p>	<p>I let them down</p> <p>I let them down</p>
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<p>issues were the bigger issue than neglect because you know, you have a threshold when you go to court and obviously all the time that social services were involved before, it wasn't meeting the threshold. But the police had taken that two step jump and gone past there so like I said the ball was already rolling. And then it was a case of when the court started unpicking everything and the local authority were going well hang on, 10 years ago she had a domestic violent relationship, 7 years ago she was involved with a yardie, this, and you know, so they spring up all these things and that's what they bring together as the bigger picture and go well actually this is a long case standing, children are better off not to go home because she might carry on that lifestyle.</p> <p>N: And did you get any support at the time when you were going through the domestic violence?</p> <p>L: Only by myself [laughs], to be honest, only where I went and found. I found social services very..... Social services have been involved with my children, well xxx, since she was 5. So you gotta think, 2010 my kids were took. They've been involved since 2000, in and out, cos of my epilepsy were initial reasons that were you know put on you know... kids needs, this is a vulnerable family. It was she's got a medical condition, she's coping on her own, she's got a domestic violent partner,</p>	<p>Seen as vulnerable family</p> <p>Bit concerned</p> <p>Confusion re how moved from 'bit concerned' to removal of children</p> <p>Monitoring vs help and support</p> <p>→ Also judgement "Tell off"; also no resources</p> <p>Walking away: feeling left to own devices</p> <p>Unsure what to do</p> <p>Many other issues</p> <p>A sense of not knowing what to do to improve the situation and not being supported to improve the situation</p> <p>'Expecting you to know what to do' – Things that may be obvious to professionals are not always obvious to the parents.</p> <p>Not knowing how to parent</p> <p>Survival – priorities get muddled</p> <p>Impact of social situation on ability to parent.</p> <p>She was in a completely different mindset/place to the professionals – sense that they were in different worlds/on different pages altogether - do you wanna swap places with me then?</p>	<p>Disconnected from emotion</p> <p>One story obscuring other stories</p>
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<p>we're a bit concerned. And social services would come along and they'd look in and go 'well this isn't very good and this isn't very good, we'll see you again in a month'. I was like 'how is that helpful?' [laughs].</p> <p>N: It wasn't helpful because... ?</p> <p>L: Their idea of prevention is not prevention. It's coming in, giving you a little tell-off, walking away and expecting you to know what to do. And parents that are not just you know switched-on parents [clicks finger], it doesn't come, you know when you've got so many other issues that are laid in front of you other than parenting which are you know surviving another attack from a violent partner or surviving whatever's going on in your estate cos it's a rough estate, the last thing you're thinking about is 'oh is my child having an emotional... you know, are they emotionally unstable because of what's going on', you're not thinking that, you're thinking we need to survive. Make sure I'm alive tomorrow and everyone in this house is ok. So the priorities become so muddy.</p> <p>N: It sounds like your priorities at that time were very different to the social workers priorities at that time.</p> <p>L: Yeah, and your priority is literally, surviving. It's, I'm getting through today and I'll deal with tomorrow, tomorrow. Whereas a social worker is coming in and going 'well, we want you to look at your family dynamics and, you</p>		<p>Why now?</p> <p>Not knowing how to parent</p> <p>Your priority if literally surviving</p> <p>Your priority is literally surviving</p>
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<p>know, prioritise the children' and you're just looking at them like, do you wanna swap places with me then? Because you can't put yourself in that place cos you're not in the mindset because you've got too much other stuff going on. And if the local authority can't prevent you from sorting them issues out first, inevitably you're gonna end up in a court arena situation. Because the prevention side of it just isn't working.</p>		<p>Services are on a different page</p>
<p>Q6 N: Can you tell me a bit about what it was like after your children were taken into care?</p>		
<p>L: Probably the most disturbing thing I've been through. And I've been through a lot [laughs]. Like I said, you know, I was raped at 16, one of my partners was murdered, erm, I've been through some horrific things, but I tell you what, having my children removed was the worst. The worst feeling you can ever imagine and I don't even [deep breath], I don't even think there are words that can describe the despair you feel because it's not.... It's not a normal feeling. It's not something that you envisage in your life ever feeling. You don't ever imagine going through that and, even in your worst case scenarios where you know they're involved and things are vulnerable and it's all dodgy, you always think 'we'll get through it, we'll get through it' because that's the survival kicking in. When it</p>	<p>Use of the word 'disturbing' Nervous laugh – difficult to get close to the emotion. Need to 'laugh it off' – too painful. Worse than murder or rape Horrific /horrifying The worst feeling you can ever imagine Deep breath – overwhelming just thinking about it Alien feeling, it's not normal – no words/language to describe it No experience of the feeling or anything that comes close to it that she can compare it to – uniqueness of experience An unimaginable feeling – cannot be related to any other Was in survival mode – always got through/survived before, shock at things suddenly falling apart Despair Emotional turmoil  Thoughts about killing self – a wish to escape – too painful to bear and couldn't see another</p>	<p>Disconnected from emotion</p> <p>A feeling that cannot be described</p> <p>A feeling that cannot be described</p>

<p>happens... it's the most... Unbelievable feeling that I ever had.. the despair... you go through every emotion possible from thinking about killing yourself because you just can't think of anything else you could do, to trying to be that strong person and 'no, I'll take on the whole world', all in like half an hour you can feel them feelings, to feeling sad, to feeling guilty to feeling, you know, some people feel relief because their life is so chaotic they can't get passed all you know... they're like relieved just to be away from everything....</p> <p>N: Was that something that you felt?</p> <p>L: I didn't really feel relieved. In hindsight now, I sort of can see how people feel relieved because I've got much more space to look at things in a much more reflective view. But it's taken a long time for me to get to that place and I was very angry for a long long time. I still am. If I'm absolutely honest I'm still angry. Because I feel that they did them a misservice in a lot of ways, they didn't deal with it the way they should of, you know, if the local authority had been doing their job properly in the first place maybe we wouldn't have been at the situation, they wouldn't have been took the way they were because there were so many other things going on where I feel there were missed opportunities. In hindsight, if they took my kids when I lived in my previous home where I was involved with the yardies</p>	<p>option – reflects impact of no support after children are taken</p> <p>From 'I'll take on the whole world' to wanting to kill herself – fight or flight? Links to statement at the beginning about her being an 'activist'? Decided to fight as a way to survive.</p> <p>Emotional turmoil – feeling sad to angry to guilty within an hour</p> <p>Use of 'you' not 'I'</p> <p>'Some people feel relief' – difficult to admit her own feelings of relief? Perhaps even more difficult after having had children removed – doesn't fit with attempt to maintain narrative of 'good', loving mother. Talks about 'other people' feeling relieved. Creating a narrative that can be lived with</p> <p>Anger that is long-lasting, still angry now. 'If I'm absolutely honest' -again, difficult to admit feelings of anger?</p> <p>Did the children a misservice or her? Or both?</p> <p>People weren't doing their jobs properly – situation caused by other people not doing their jobs??</p> <p>Idea that things had changed for the better. If she was still involved with gang members she would take responsibility.</p> <p>Acknowledges things were bad in the past.</p> <p>Why weren't the children taken before? No idea what led to them being taken when they did (but this fluctuates)</p> <p>As though she's being punished for how things were in the past</p> <p>Karma/paranoia/conspiracy</p> <p>Services as punishing and spiteful</p> <p>Questions/doubts herself – am I just not seeing the bigger</p>	<p>Creating a narrative that can be lived with</p> <p>Anger with services</p> <p>Disconnected from emotion</p> <p>Creating a narrative that can be lived with</p>
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<p>n everything else, I would've sort of put my hands up and gone 'ok, I can see your point, I was doing wrong'.</p> <p>N: Can I ask what a yardie is?</p> <p>L: It's a Jamaican, it's a Jamaican gang slang thing, for gang people.</p> <p>N: Ok</p> <p>L: But yeh, when I moved, I started changing my life around because I felt it's such a missjustice because it's like they done it 6/7 years too late.</p> <p>N: It's as though things had started improving....</p> <p>L: And it almost feels a bit more like karma [laughs], than a good reason to do it. Erm, and of course you can't help but be a little bit paranoid about it and sit down and think, have you just done it out of spite? Because at the time you lot felt like I'd got away with a lot, the murder had happened and stuff like that. Or is it just it's one of them things and I'm not seeing the bigger picture...</p> <p>N: What do you mean about the murder?</p> <p>L: Erm..... Obviously at the time, when I was involved with all the gangs n stuff, from my first boyfriend who was domestic violent and he was on drugs. I jumped from the frying pan straight into the fire [laughs] cos I was scared to be on my own, cos I'd been raped at 16 n I'd gone into this relationship, had kids n my mum n dad had always stayed together when I was little so I sort of had it in my head that's how you were meant to be, you gotta make it work, you gotta make it work. And, of</p>	<p>picture? Internal conflict about who is to blame? Resorts to ideas such as karma to try to explain what has happened – easier to live with this idea/story.</p> <p>From one mistake to another – sense of being out of control Her own vulnerability as well as her children's – 'I was scared to be on my own' Tried to make relationship work in attempt to keep the family together, to give her children the 'stable' upbringing she had but in doing so stayed in violent relationship. 'I couldn't make it work' – fighting a losing battle but scared to be alone.</p> <p>Her own vulnerability – 'bag on the floor' – needed to be picked up, couldn't pick self up. He said 'I'll look after you' – perhaps something she hoped for rather than always being 'the mummy of everyone'?</p> <p>Meal ticket – abused. Hopes for relationship vs. the reality</p> <p>I got pregnant and his friend got murdered – juxtaposition – reflective of chaos of situation</p> <p>Living in fear for her life... 'and also I had my kids to think about' – not her first concern? Aware of the danger they posed to the children – felt scared to 'cross' them in case children were hurt but children were hurt by the situation regardless – catch 22?</p> <p>Services knew all about this and did nothing Other people's neglect to take</p>	<p>Why now?</p> <p>You can't help but wonder what it's all about</p> <p>Creating a narrative that can be lived with</p> <p>Parenting amidst chaos</p> <p>Hopes for and expectations of parenthood vs. reality</p>
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<p>course, I couldn't make it work because he was just so vile n beating me up n everything. And of course, this Jamaican yardies come along, oh god I'll give you the world, I'll look after you, look how beautiful you are, and it was the confidence I needed at the time cos I was literally in a bag on the floor. And, erm, he just went to me, look what he's doing to you, he's gonna kill you. And of course I just thought, yeh, you're right. And I just went off with him, and within a week he' moved all his stuff in cos I was a bit of a meal ticket to him. White girl, got a council house, you know, that's what they need, they're immigrants, really and truthfully, they're not meant to be here a lot of em. So you know, we, he, I got pregnant and, erm, his friend got murdered, erm, and it was within the house of their own people... own lot doing it, in their little gang, one of them turned on the other one. And the police knew I knew what'd happened but I wasn't prepared to get my knee caps blown off [laughs] for anybody, and also I had my kids to think about and I knew these type of people are dangerous people, if you cross them, they're gonna go and kidnap your child from the school and go, yeh we got your child.</p> <p>N: Right, so it was because you didn't tell the police about it....</p> <p>L: Yeh, and so the local authority were involved, all the way through all of these things, you know, from my</p>	<p>action</p> <p>Wasn't meeting the threshold?!</p> <p>Services gave her an ultimatum.</p> <p>Anger</p> <p>Worry about having to tell child about their father but no acknowledgement of the benefits for them of her getting out of the relationship.</p> <p>In the caring role again – mummy of everyone.</p> <p>Him as the vulnerable one who needed a helping hand – not her.</p> <p>Identity as someone who helps people who are vulnerable – separates herself from other people who are vulnerable</p> <p>I was teaching him – idea that she was very much 'together' in order for her to help and teach him, but she is vulnerable herself</p> <p>Talks about his mistrust, yet she is mistrustful of services/professionals.</p> <p>Contradiction – good father but couldn't commit/took drugs/committed crimes. What are her ideas about what it is to be a good mother/father?</p> <p>Him as unable to cope, with emotional problems and suicidal – other people as vulnerable.</p>	<p>Parenting amidst chaos</p> <p>Your priority is literally surviving</p>
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<p>first boyfriend with the domestic violence, they had witnessed everything going on [laughs], and never done nothing! Just always walking off going, 'oh yes well we're not very happy about it but...', because of course it wasn't meeting a threshold. And you know, it did get to a point where they said 'look, you've gotta make a decision, either these people or your kids'. So I got rid of them, and it was a nasty turning point but.... My partner got deported n he got murdered. And I said to them that would happen and they didn't believe me and when it did, I was like, why did no one listen. And you know then you've gotta live with this whole, I've got this child who one day I'm gonna have to sit her down and tell her, y'know, and there's so many issues in it all. And then of course I met XXX and we got together and he took her on as his own and, erm, went on to have 4, 5 kids [laughs], I already had 3 so... and, but he had his own problems, he was a child in care, he was from the care system, bit younger than me and..... broken wing, like I said at the beginning I'm a bit of a sucker for it [laughs] so I like picked him up, oh, you know, I'll give you a helping hand and it grew into, you know. But he'd never been parented, he was passed from foster care to foster care, he didn't understand, he still don't understand love, he has no concept of what it is, and, erm, it was really hard, I was like trying to teach him, you can</p>	<p>Chaos. Feeling overwhelmed</p> <p>I just existed – no emotion, disconnected, robotic</p> <p>Not feeling like a person in own right – just there for the children. Identity - Not feeling like a whole person, just a mother. Impact of not getting own needs met on ability to be a parent. 'Everyone else's person'</p> <p>I had nothing to do?? Emptiness. Hollow. Desolation – left to cope with profound loss without support Horrorifying Lonely</p> <p>The pain of being in the house where the children once were – constant reminders.</p> <p>Always do things the difficult way</p> <p>I was there on my own – thoughts about the children??</p> <p>What 'they' have done, not what 'I' have done/not done</p> <p>'No one's perfect' – minimising? Shock. Unexpected. Other people know I am a good mother – they couldn't believe it</p> <p>We've never had this many letters – I'm different, I'm a</p>	<p>Why now?</p> <p>The self as helper, other people as vulnerable</p> <p>The self as helper, other people as vulnerable</p> <p>The self as helper, other people as vulnerable</p>
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<p>trust people, you can love, cos people in care very rarely trust people.</p> <p>N: And do you think that had an impact on the way he was able to be a father?</p> <p>L: He's a good father. All his parent assessments were really good. But, he couldn't commit, and that was where the crime and the drugs coming. His emotional stability was so weak and so of course that left me on my own again and trying to cope with everything, and cope with him having manic depression because he couldn't cope with everything that had happened to him in his life. And so you know, he'd be suicidal, tryin to kill himself, throwing himself off, trying to throw himself off a bridge, and I got 8 kids at home, you know, and I'm trying to , you know, and I'm trying to support this person with all these emotional problems and it becomes so chaotic because you're trying to balance about 10 different things.</p> <p>N: Do you remember what that felt like at the time? What it actually felt like for you.....</p> <p>L: You don't really... it's... looking back on it, I just think I just existed, I just literally existed day to day. Erm, because that's all you can do, you're supporting everybody else, you're, you know, you're not a person in your own right, you're everybody else's person [laughs]. Because you're there for them children and for whoever else is leaning on you.</p> <p>N: And you said that after they</p>	<p>'good' mother Powerlessness. Ball set in motion and nothing can stop it. Out of control 'Banging head against brick wall'</p>	<p>Trying to cope alone</p> <p>Parenting amidst chaos Trying to cope alone</p> <p>Your priority is literally surviving</p> <p>The self as helper, other people as vulnerable</p> <p>You're everybody else's person</p>
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<p>were taken away, it's really hard to find the words to describe what that was like...</p> <p>L: I mean obviously cos I had been this [gestured], I literally had nothing to do. I'm sat there, staring at walls. And I'm staring at hollow walls of a house which was full of screaming kids, you know, and that was horrific. It was horrific. I used to sit in that house and literally cry and cry and cry because it was so lonely, it's such a lonely place to be... sitting in a house, where all your children were... that's why a lot of people move on, do you know what I mean, because they <i>have</i> to remove that and start a fresh. I haven't done that [laughs], I've stayed in my home, erm, I always do things the difficult way [laughs].</p> <p>N: Sounds lonely...</p> <p>L: Yeh, it was hard, cos initially all the kids were removed, he went to prison, you know, cos they were looking for him and of course he come out the woodwork and so he went to prison. And I was literally there on my own, n my friends were good, my friends were really supportive, and everybody that knows me still to this day says I can't believe what they done, we never thought it would happen to you. Never in a million years, you know. No ones perfect, they, you know, we know you're not perfect but that was completely out of... none of us expected that, of all things.</p> <p>N: Sounds like it was a shock...</p> <p>L: And I think you know, I had so much support, I mean, in</p>		<p>Horrifying</p> <p>Coping alone with the loss</p> <p>Coping alone with the loss</p> <p>Creating a narrative that can be lived with I am a good mother Minimisation</p>
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<p>court, even the judge said, we've never had this many letters from people saying, you know. But they don't listen to all of that, they listen to the professionals and you know, that's where it all lays... on.</p>		<p>The ball was set in motion</p>
<p>N: Can you tell me about your sense of being a parent now that your children have been.... now that they're in care... or adopted?</p>		
<p>L: As in... what do... What...  N: I guess, how you see yourself as a parent now that your children aren't living with you....  L: It's very hard, cos I still see myself as their mum. Regardless of, you know, whatever. But... you have to 'play' your mind that the kids don't always, and of course with protocol and policies there is an agenda to it which is, children are removed and they must move on. So these kids are said 'right, that's your old birth mum and now this is your new mummy!' And so kids become slightly, and I hate saying this word, but brainwashed [laughs] in a certain sense, and we're all brainwashed to a certain way of thinking, depending what you believe in. Because you know that's the way you're brought up n you'll believe in your morals and your values and that's that's, and you know, even with government, they're brainwashing you to believe in what that party has best, for your best interests, and you will choose which one you want to be. So I think it's difficult cos you're still in a</p>	<p>It's hard... - feels conflicted.  Still feeling like their mum is hard because they are not with her and the children may not see her as their mum</p> <p>Still feel like their mum but told that the children must move on. Feeling that she should do what is best for the children but finding it hard for herself  Identity- Being the 'old birth mum' vs the 'new mummy' – use of word 'old' – no longer needed  Idea that there is an agenda to brainwash the children to forget about their birth mum and move on. Sense of professionals having so much more power that they could 'brainwash'?</p> <p>Comparing it to governments convincing you of what's in your best interests  Difficult to have a sense of who she is because she moves between different roles. No sense of stability in or certainty of identity  Feeling of having to detach from children but still feeling like their mum – setting self impossible task, and a task set by professional? Dissonance – feel like mum but must separate from</p>	<p>Sense of self as a mother in constant transition</p>



<p>transition period, for many years, you know you go through so many different roles when your children are in care and it's very hard to detach yourself from your kids.</p> <p>N: Can you tell me about those roles?</p> <p>L: You have, you know, mum, which is when all the kids are at home and you play every role possible. And when we were in court proceedings I was still very much being that person because there wasn't anyone fulfilling that role. Now I'm trying, now they're in stable places, I'm trying to sort of, be mum, but as a detached mum that's not so sort of like in every role. I'm always gonna be their mum but you have to accept there's someone else playing that day to day caring role of mum.</p> <p>N: And what's that like, playing that role where your mum but your 'detached mum'.</p> <p>L: It's really hard. Cos your emotions get the better of you, inevitably. And as much as you try to be objective and a lot of people can't, a lot of people can't do it, i've spoke to so many mums who just will not have none of it. But I only do it because I think its for the kids best interests, you know, it's not about me, it's about what's best for them and what's happened, happened, we can't change it, the law's the law, so as much as I don't like it and as much as I have no nice words to say about the local authority or any of them people that had anything to do with it, it's not the adopters fault, its not the foster carers</p>	<p>children.</p> <p>Expectation that mothers will be able to adapt but it takes a long time to adjust and come to terms with the loss of the children and the loss of role/identity.</p> <p>Finding a way to be mum/feel like a mum when separated from children</p> <p>'Mum' when with children vs mum separated from children</p> <p>Mum vs Detached Mum</p> <p>Emotions get the better of you – implication that emotions are generally avoided/hidden/blocked out?</p> <p>Talking about 'other mums'. Other mums who struggle to be objective.</p> <p>It's not about me, it's about the children – priorities clearer now where once they were 'muddied'?</p> <p>Different now as a mother – it's all about the kids. Something about what's happen has allowed this new perspective?</p> <p>'The law's the law' ??</p> <p>It's about trying to get the best for the kids</p> <p>Lots of people involved and everyone coming from different angles and playing different roles. Difficult to navigate a way</p>	<p>Sense of self as a mother is in constant transition</p> <p>Sense of self as a mother is in constant transition</p> <p>Disconnected from emotion</p>
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<p>fault. They're doing a completely different department job, you know, and they've come in from a completely different angle. You can't blame them, you have to get on that wavelength where you can understand, they just want a family, the ones that are adopting, you know, they've come in from a place where they just want to have a family and look after them, so you have to respect that. And the ones doing the foster care role, they're doing a job, you know, and they're doing a loving, caring job, so you have to respect them for that. So it is not their faults, and the anger shouldn't be pointed at them or anything, so it's about trying to get the best for the kids in that situation. And it is hard cos everyone's coming from different angles and if you can't compromise and meet in the middle it becomes a war field, which is why they tend to keep everyone apart [laughs] cos it's easier. But I do believe it would be nicer for kids and less dysfunctional for everyone if everyone could sort of meet in that middle and, you know, like I said, the law is the law and what's happened has happened, you can't change it so try and make the best out of this situation and get it on a level where them kids are gonna have the best out of all angles rather than it being something that don't talk about, cos it's not healthy. But it is hard to play it, it's really hard to play it.</p>	<p>through it all – conflicting feelings towards all the people involved</p> <p>Meeting was polite and civil – no one talked about emotions. Disconnected. True feelings, from both sides, hidden. Questions unanswered</p> <p>Expected or hoped to feel relieved to meet the adopters but in reality she felt the same. Expected to feel something.</p> <p>For the kids it's easier??</p> <p>Importance for her of knowing who they were but sense that the meeting was all about the kids and so own needs get lost or pushed aside</p> <p>Contradiction – she says it's about the kids not her because it should be that way but sense of feeling resentful about this?</p> <p>Worry about couple arguing and</p>	
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<p>been all this trauma, you don't want them put into another set of trauma. So it is, it is really difficult</p>		<p>children</p>
<p>N: Can you tell me about your relationship with your childrens foster carers or adoptive parents? If you have a relationship with any of them.</p>		
<p>L: I've only met one set of adopters and like I said I've only met them that once and it was civil and it was pleasant and they seemed nice enough and we had a pleasant conversation n my kids met them n we all had photos and everything. But that's more for the kids benefit than anyone else's.</p> <p>N: So you don't have a relationship with your other children's carers?</p> <p>L: Erm, I've never, erm, my two in foster care have just moved so I haven't met them yet, haven't had any contact with them so don't know much about them. You get certain little bits of information but you have to drain it out of the local authority. If you're a birth parent that...priorities aren't like me, cos I'm really on it.... You will be ignored. But I'm the sort of person that rings and wants to know and I'm demanding answers and, you know, you can get it out of them but you have to sort of drag it out of them. They don't wanna tell you too much because you know there's this confidentiality thing and some parents do go over the top and go and hunt them down and do mad things. So, you have to</p>	<p>'Pleasant' meeting, had photos taken together – seems very artificial, lacking in honest discussion of worries, concerns, hopes, expectations.... Her needs not considered important – there for the children although it is a significant event for her also.</p> <p>Birth parents have to fight or will be ignored, not considered important</p> <p>I'm the sort of person that rings – 'activist', 'survivor' identity. Chosen to fight.</p> <p>The need for information – reflection of emptiness felt? Loss</p> <p>You're constantly trying to find something to grab hold of. Emptiness Activist identity helps to fill the void?</p>	<p>Birth mothers' needs not considered important</p> <p>Birth mothers' needs not considered</p> <p>Importance of having information</p>

<p>understand that, it's hard though, again, because you know, as a birth parent, you know, it doesn't matter where your kids are, there's that, there's something there, and it's always <i>missing</i>, it feels like something's always <i>missing</i>. So you're constantly trying to find something to grab hold of, you know, and it's a very hard place to be..... And I don't really.... I mean I have had foster carers that I've got on really well with, erm, in the initial proceedings. There was 4 foster carers, erm, got on fine with that lot. Then there was another set of 4, because they moved and I got on well with 3 but not one them, one of them I didn't get on with. Erm, and not that I disliked her, there was nothing in particular, I just didn't agree with some of her parenting methods and the kids would tell me things and I thought, I don't like you doing that with my kids, it's not fair, so and I bring it up in meetings with the local authority and we'd rag it out and everything but ultimately you don't get far, all you can do is make them aware of the situation and hope that the local authority take it on board and do something with it.</p> <p>N: And the other ones you got on well with...</p> <p>L: Yeh I got on relatively well, I went to concerts to see the kids with one of them. Er, my daughter broke her leg, in care, which didn't please me cos of course none of my kids ever broke a bone when they were with me and 4 months</p>	<p>Unfairness Trying to be a mother from a distance – powerlessness and loss of identity as a mother 'Trying to find something to grab hold of' – desperately trying to hold on to role of mum</p> <p>That never happened with me - 'I am a good mother' Wanted an investigation – reflection of her sense that everything she did was investigated and she wanted the same rules to apply to everyone else, even though it was an accident. Reflection of her anger about having children taken away? 'See, they can't do it any better'.</p> <p>Feeling judged. She can't come in – stigma – society seeing people like her as threatening/dangerous Distress of the child</p> <p>Importance of people knowing she loved her children and that it was circumstances that led to them being taken away. 'I am a good mother' It was circumstances – as though she was not making any choices at the time/ as though she had no control. Passivity</p>	<p>Importance of having information</p> <p>Trying to hold on to being a parent – a tug of war</p> <p>The ball was set in motion</p> <p>Trying to hold onto being a parent – a tug of war</p>
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<p>into being in care she brakes her leg on a trampoline and I hit the roof, and, erm, of course wanted an investigation and everything into it, and, er, the foster carer actually, you know, we sat in the hospital together and she was really good cos at one point, you're always judged in these situations. You go into hospital and of course the paperwork comes through that this is a looked after child in care, this is the birth mother, oh no you can't come in. And of course the child's crying for you, sat there crying, I want my mummy, I want my mummy, and this particular foster carer was really good, she was like, let her mum go in with her, she wants her mum. And I think most of the foster carers I worked alongside with could see you, know the love was there and it wasn't anything to do with attachment or bonds or anything like that, it was circumstances that had got us to that point. And so they were pretty good in large. I didn't really have a massive bad experience. There were a few issues, things that had happened where kids would get hurt, and I'd always bring it up and say to the local authority, hang on a minute, you're trying to say I'm neglect... my child's coming in with a black bruise down her neck, how the hells that happened. 'Oh well accidents happen'. Why is it one rule for these people but another for everyone else? And you know, it can become very tiring going</p>	<p>Reflection of anger felt at children being removed, injustice of it – sense of there being one rule for her and another for other people. Tiring going though the court process, but 'part of the parcel' – sense of having to just accept things. Powerlessness</p>	<p>I am a good mother</p> <p>Feeling judged</p> <p>I am a good mother</p>
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<p>through the whole court process but like I said its part of the parcel.</p>		<p>The ball was set in motion</p>
<p>N: Yeh.... Can you tell me about contact with your children now, if you, do you have contact with them?</p>		
<p>L: The ones that were adopted, no, just letter-box once a year which is, rubbish as far as I'm concerned.</p> <p>N: So you write letters to you once a year?</p> <p>L: Yeh</p> <p>N: And do they write back?</p> <p>L: Erm, the parents write back and as the children get older they can write back if they want to. Erm, but I'm not a great fan of letter-box contact, if I'm honest, I don't really agree with it.</p> <p>N: Why is that?</p> <p>L: I think it's all done arse about face if I'm honest [laughs]. Erm, the idea of letter-box contact is to keep some contact there so that children know where they come from, blah blah blah, they know their surroundings, blah blah blah. My biggest issue with letter-box contact is it's to the parents, it's not to the child. Now, in the beginning stages my contact with my kids was 4 or 5 times a week, I was seeing my kids everyday for 2 years in the court process, for 2 years. So and then one day all of a sudden we had last contact and you don't ever see them again. I was buying them birthday presents, clothes, doing all the normal things, like I said playing that mum role of all the roles and then</p>	<p>Anger</p> <p>'Blah blah blah' – dismissive, minimising</p> <p>Suddenness of contact being stopped – feeling unprepared emotionally.</p> <p>Impact on identity - From being mum to being 'nothing'</p> <p>The letter doesn't even go to the child. Having to speak to child through someone else – loss of privacy – intrusion into relationship</p> <p>Being erased from the picture –</p>	<p>Loss of identity</p> <p>Preciousness vs. pain of contact</p>



<p>all of a sudden you have <i>nothing</i> to do with them apart from this one letter which doesn't even go to the child, it goes to the parent. It makes no sense.</p> <p>N: So was it while they were in foster care that you could see them 4 or 5 times a week and then when they were adopted it was just letter-box?</p> <p>L: Yeh, they draw it out, as they're getting nearer to adoption, you see them less and less so it'll be the 4 times will go down to 3 times then it'll go to once a week then it'll go fortnightly then once a month so that the kid realises that you're seeing them less and less and it <b>draws you out of the picture.</b></p> <p>N: What was that like when the contact was reducing?</p> <p>L: <b>Horrible, horrible, cos you realise that this is a path you can't... you're not coming back from. I mean my last contact with xxx and xxx and I'll never forget it, it was horrific, I don't know how I managed to stay so strong throughout that contact.</b></p> <p>N: What was it like.... What happened?</p> <p>L: My daughter was 4 and, erm, my son was 3 and my daughter knew. <b>My daughter knew what was happening cos they do tell them but you just don't expect.... You know she was literally kicking and screaming, mummy don't leave me, mummy don't leave me! I'm putting her in the car, I'm strapping her in and she's kicking, mummy don't go! And my son's going, why's xxx so upset? And I just said, oh xxx,</b></p>	<p>made invisible</p> <p>Uncontrollability. A path you're not coming back from – finality. Process like a runaway train Slowly losing the children – knowing she was losing them as contact is reduced . The pain of contact when you know you will soon never see them again Horrific Stayed strong during final contact</p> <p>Not prepared for the reaction of her children. 'I'm putting her in the car! I'm strapping her in' – feels unreal to think about what she was doing, and the pain of letting them go Distress of the children. Kicking and screaming. Inconsolable.</p> <p>Harrowing image</p> <p>Not knowing whether they are OK</p> <p>'That lives with me' – trauma</p> <p>Guilt – feels like she's turned her back on them</p> <p>Fear that the children will think she didn't want them, that she made a choice</p> <p>Her needs pushed aside – not seen as a whole person but as there for the children</p> <p>Repetition of 'disturbing'. 'The only word I can use'.</p>	<p>Preciousness vs. pain of contact</p> <p>Preciousness vs. pain of contact</p> <p>Internal world vs. what is shown to others</p> <p>Preciousness vs. pain of contact</p>
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<p>xxx's just a little bit upset, be a big boy, be a big brother and look after her for me. Cos he didn't really realise, that whole year does make a big difference and, erm, he was like ok then mummy and xxx was just inconsolable. You know then they do this whole thing where they phone you and say 'oh... she was alright 20 minutes down the road'..... Really? You don't know what's true and what's not, do you know what I mean? You've only got their word for that. And it's horrible because that that lives with me, her kicking and screaming, cos I feel guilty, cos you feel like you've turned your back on them and agreed with them and let them take them. And it was never like that but you've got no choice and of course kids don't understand that, all they're ever gonna remember is me putting them in that car and me going, 'I love you, it'll be ok', because you've got them in your ear going 'be brave, don't let them see you cry cos it'll be worse for them'. You know, you've got so much stuff going on and you're trying to be this strong person for these little people. And its... it's disturbing. I... I think that's the only word I can use it as because...</p> <p>N: Why would you use that word?</p> <p>L: Because it haunts you. Something that haunts you is always disturbing. If it's something you can't get rid of, that last memory. You know it's a bit like when someone dies and you go and see them</p>	<p>Trauma? 'It's something you can't get rid of'. Shock</p> <p>Comparing experience to when someone dies</p> <p>They don't look how you expect them to look - shock</p> <p>Haunting memories – trauma?</p> <p>Worries about what the children might think of her</p> <p>Talks about potential damage to the children in a disconnected/detached way 'Par for the course'</p> <p>The pain of knowing that her children haven't got a family or are 'lurching' between them. They 'become just statistics' – a phrase usually associated with death</p>	<p>Internal world vs. what is shown to others</p> <p>A feeling that cannot be described</p> <p>Grief</p>
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<p>and they don't look how you expect them to look, it always stays with you. But if they look peaceful and restful and how you remember them to be, it's not so bad. And I just think, them last memories of my kids, if I remember it, what are they remembering? So that haunts you even more because you're thinking what are them kids last memories of you? You know, is it abandonment, is it, you know, my mum left me, my mum didn't bother getting back in touch because one day she was buying us present, next day she didn't send us a card or nothing, because that's what you're told to do. And it just all seems so wrong, I can't get my head round how that's ok to do that to anybody and I just believe that open adoption would be a much more sensible approach to it all, which is why is why I don't really agree with letter-box.</p> <p>N: And, do you have contact with any of your other children?</p> <p>L: Yeh, I have contact with the ones in foster care and I see them every half term, or, now they've moved it'll probably go down, it'll probably reduce again to 4 times a year. I think the younger a child goes, the more adaptable it becomes and so it's easier for them, you know, they will have problems later on, they will have that identity, you have to set in mind that its gonna happen because, it, you know, you're lucky if it don't but the majority it does happen to because that's par for the</p>	<p>Distress and anger of the children</p> <p>Trying not to be angry for the sake of the children – emotions become suppressed in an attempt to be a 'good mother'</p> <p>Trying to be objective</p> <p>Hard to play different 'roles' – internal conflict between feeling angry with everybody and having to keep it in</p> <p>Trying to do what is best for the children but struggling with feelings of anger</p> <p>Strange that she laughed here when talking about her own children who may be 'damaged or traumatised'</p> <p>Can't help but wonder what it's all about – mistrust, suspicion of services</p> <p>Still trying to process it all</p> <p>Still trying to adjust to it – still isn't sure what she thinks – perhaps also conveyed by contradictory statements about responsibility.</p> <p>'This is a mess' – narrative is 'messy'</p> <p>I take responsibility for some of it</p>	<p>Trauma Shock</p> <p>Preciousness vs. pain of contact</p>
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<p>course of what they're going through. The ones in foster care are like lost kids, you know, they're not adopted, they haven't got a family, you know, they're lurching from family to family. It's a system that's lost it's got no, no help in it whatsoever and it becomes these lost kids that inevitably become just statistics on everyone's books and I just think that's so wrong to have it like that. You don't want it to be like that but I just don't know what the answer is in that circumstance. And the ones, you know, my son that's with my dad.... He's got it better than the ones in foster care cos he gets to see me but you know, still problems there cos you know he wants to be at home, he can't be at home.</p> <p>N: Does he say that to you when you see him?</p> <p>L: Yeh, yeh, and you have to constantly alliterate the reasons why he can't come home and it's not your decision but you have to abide by the law and it makes you sound like such a hypocrite because you're saying in one hand, it's not what I want.... but there is no choice. And the kids become so confused, they become these people that are like so angry with everybody and you're trying to be that objective person, not make them angry, but in the back of your head you're thinking, I understand where you're coming from cos I feel a bit the same! But you're trying not to be that person and it becomes very hard to play them roles n you know, you just have to try</p>	<p>Idea that you have to be trained to have empathy</p> <p>Not knowing how to parent. Feeling unprepared She was a nursery – identity around caring for others/children</p> <p>Expectation of what parenting might be like compared to the reality</p> <p>Doesn't mention her view on herself</p>	<p>Disconnected from emotion</p> <p>Preciousness vs. pain of contact</p> <p>Internal world vs. what is shown to others</p>
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<p>to give you parenting classes', which they should [laughs], they should do it. Because you know, nothing prepares you for being a parent and I was a nursery nurse so of course I thought I knew everything anyway but nothing prepares you, it's such a different world, working environment with kids to living with them 24-7. So...</p> <p>N: So a sense of feeling unprepared for being a parent....</p> <p>L: There is nothing that's prepare you for it, you're either good at it, you're either not good at it, some are better at managing it, it just depends on the person you are and of course we're all different people so.... I think by n large, I think there's a lot more can be done to support people and help people get through what, if you're the right sort of person, you know, sometimes I think we should have licences to have kids [laughs]. Cos I just think some people are not meant to be parents at all.</p>		<p>Not knowing how to parent</p> <p>Hope for and expectations of parenthood vs. reality</p> <p>Not knowing how to parent</p>
<p>N: Can I ask you a bit more, just going back to contact, just about what you think, if any, are the challenges of contact? You did say a bit about that.....</p>		
<p>L: Contact can be very difficult, you know. Your kids will become, more and more distant from you. Because it is inevitable, because the detachment becomes more because you're not with them 24-7.</p> <p>N: And what's that like when you feel there's more distance?</p> <p>L: It's horrible because you're, you're trying to hold onto it,</p>	<p>Having contact with her children who over time are becoming more and more distanced from her – painful Children become strangers over time</p> <p>Trying to hold on but losing them – uncontrollability, runaway</p>	<p>Preciousness vs pain of contact</p> <p>Trying to hold onto being a parent – a tug of war</p> <p>Trying to hold onto being a parent – a tug of war</p>

<p>you know, as the birth parent you're <i>holding</i> onto something because you love these kids but these kids are with other people being brought up with different rules, manners, beliefs, all sorts of things are going on which is setting confusion in, cos they don't know whether they're coming or going cos they come to contact and you're telling them one thing but they're going home and someone else who is telling them something different.</p> <p>N: Yeh... so you're trying to hold on but...</p> <p>L: Yeh, so it becomes a bit of a tug of war because it's different people teaching them different things, you might not believe in that, your child might do something at contact and you'll say, what you doing? And then your child's gonna turn round and say 'well who are you to tell me? I don't live with you'. You know, they start, they start bouncing off and using that. And of course, local authority are very good at doing this whole thing of 'we have to listen to the child', when it suits them, because when my kids first wanted to come home, they didn't listen to them [laughs]. And the kids were all crying, they wanted to come home, they kept going no you can't go home, sorry, sorry, no you can't go home, can't have what you want. But then when they get their care order and the child's saying well you can't tell me nothing cos my social worker says it's your fault I'm sat here. And</p>	<p>train. Children become strangers- different rules, manners, beliefs. And her own sense of not knowing whether she's coming or going? Trying to negotiate role of parent but not parent, mum vs detached mum.</p> <p>A 'tug of war' – sense of desperation. Reflects difficulty finding any kind of resolution or relief. What would it mean to put down the rope?</p> <p>'Who are you to tell me? I don't live with you?' – How do you parent when apart from children? Loss of role as a mother but fighting to keep it.</p> <p>Conflict between her child's needs and wishes and her needs and wishes</p> <p>Professionals not understanding things from her perspective and not having empathy Not understanding what it might feel like to lose role as a mother; to no longer have a say in the care of your children Feeling rejected by her children – managing feelings of hurt</p>	<p>Trying to hold onto being a parent – a tug of war</p> <p>Trying to hold onto being a parent – a tug of war</p> <p>Birth parents' need not considered important</p>
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<p>then the child says well I don't wanna see my mum, oh well we must respect the child's wishes. And you're sat there and then you're in all this conflict because you got all these different things going on...</p> <p>N: What's the conflict that happens for you then?</p> <p>L: I think, some people become really angry, I was quite angry. I was angry with the local authority for not having the empathy, as they like to put it, to understand from my point of view what it's like as the parent going into a contact and your child telling you... sticking two fingers up at you really and saying, I ain't doing that, no I don't have to do that, I don't have to listen to you. Because then your child's coming up with different manners, all of a sudden they're being rude and you're trying to put the discipline in but you've got other people saying you don't have to listen to her.</p> <p>N: Yeh, so that's really hard...</p> <p>L: And it becomes a conflict, you know, how do you get through to a child that you're seeing 4 times a day for 2 hours and the rest of the time they're with somebody else.</p>	<p>Loss of influence as a mother/parent Impotency</p>	<p>Trying to hold onto being a parent – a tug of war</p>
<p>N: What are the positive aspects of having contact, do you think?</p>		
<p>L: That you're still getting to see them, you're still getting to see how they're growing, seeing their milestones, getting just a little bit of their time and attention. And you get that time and attention</p>	<p>Always feeling that she may not see them again - importance of making it special and making memories.</p>	<p>Preciousness of contact Feeling a pressure to make contact special</p>



<p>with each other that is probably some of the last times you're gonna get it so you make the most of it, you do make them really special. And you know, you try to over-indulge in things that you might miss out so that they've got memories and that you've got memories. And you know we went cinema, we went shopping, we went to the park, you know, things that in day-to-day life you wouldn't be doing as much of because you either can't afford it or there's too many of them or you don't have time....</p> <p>N: Yeh, I was going to ask you, how is the contact different to how you used to be with your children?</p> <p>L: Yeh, normal day life, you wouldn't go to the cinema twice a month [laughs] and stuff like that cos you know it'd cost a fortune but in them circumstances you do because you're trying to make that piece of time you have together so memorable and special because they're not gonna be having it day-to-day. I think it is a bit over-compensating sometimes, you know, sometimes you need to just go back to basics and just sit and have a chat but them things tend to go out the window because you're so over-run with all these emotions of 'oh my god, I'm not going to get to take them to the cinema ever, I'm not going to do...' so you know them things become more important to get done and it... it becomes, you know, they're enjoyable, but there's always...</p>	<p>Sense of saying goodbye over and over again Preciousness of time 'Over-indulge' in things she may otherwise miss out on. Importance of children having memories of her – of remembering she is their mother Contact time not the same as everyday life – lacks a sense of normality because of feeling that it has to be special.</p> <p>Doing things we wouldn't normally do</p> <p>Trying to make it 'so memorable' – not wanting to be forgotten</p> <p>Pressure? Anxiety? To make it special</p> <p>Difficult to just sit and chat because of pressure/anxiety about making it special 'oh my god I'm not going to take them to the cinema ever' Over-run with emotions Contact as precious but difficult Sense that this could be the last time she sees them – sounds as though she's talking about someone who is terminally ill and wanting to make the most of the time left Contact as enjoyable but anxiety-provoking. 'Different element to it' Difficult for the contact to be natural and relaxed</p>	<p>Feeling a pressure to make contact special</p> <p>Feeling a pressure to make contact special</p> <p>Feeling a pressure to make contact special</p>
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<p>there's this other bit where you're thinking... anxiety... oh what can we do, make it special, make it this, especially when it's their birthday or Christmas. Erm, you know, it all has different elements to it I think.</p>		
<p>N: And what has your experience of support been through having your children taken into care?</p>		
<p>L: From who?  N: From professionals or family or friends....?  L: I've had two experiences, erm, in the first instance, absolutely rubbish, there was not one person I felt I could turn to for any support I felt every single one of them was against me...  N: Is this when your children were first removed?  L: Yes, when they were first removed. Erm, all very negative and they all believed each other! You know you have all these new people come in that are meant to be independent [laughs]  N: And these are professionals you're talking about?  L: Yeh, professionals, cos you have the local authority who've known you X amount in this area, doing whatever, they're the ones that are you know, raking up everything and setting it all for a stand. Then you get like, erm, CAFCAS that come in and do an independent piece of work and they're meant to be for the children, but they're assessing you. You just find that they don't believe anything you're saying, they're</p>	<p>Everyone against me</p> <p>All negative – professionals story about her as a mother vs her story/other stories.  'Double stories' (White)  Adversarial nature of court process</p> <p>'Raking everything up' – presenting all the evidence against her. Shame/humiliation and also frustration at the lack of recognition of the efforts she did make? Other stories of her as a mother  Adversarial nature of court process</p> <p>No one's listening. No voice. Powerlessness. As though the decision has already been made.</p> <p>Evidence presented in such a way?</p>	<p>No one in my corner</p> <p>One story obscuring other stories  No one in my corner</p> <p>One story obscuring other stories</p> <p>One story obscuring other stories  Evidence stacked against you</p> <p>The ball was set in motion</p> <p>An outsider looking in</p>

<p>listening to the local authority and even when you're saying 'they're exaggerating this situation, it wasn't... this didn't happen... this didn't happen like that', no one's listening. Because they're just reading what they're reading on paper and going 'no, this sounds horrific' and they're following it from that 'cos they're professionals 'we must all... you know, we're all coming from the same table'. And then you get a psychologist that comes in and I mean I had 3 of them, and one, I hated every single one of them to start with [laughs], I just sat there and thought.... These people!</p> <p>N: What did you think?</p> <p>L: I found, you know, they were polite enough, you have a conversation, we're sat like this and you're talking. But you can see the cogs are turning in their head, or what their writing, before they've even written it [laughs].</p> <p>N: What did you think they were writing, or thinking?</p> <p>L: At the time I didn't know, I could just see them analysing, everything I'm saying, everything I doing, you could see they're like 'mhmm, mmhmm'. And this one particular guy did this whole thing, he'd go 'mmm, mmm, mmm' like this [gestured], and I'd be like 'weirdo.... What you doing?!' [laughs]. I found it really weird. And he did one with my kids and even my kids found him weird. My kids kept coming up to me and going 'mum, he's weird' and I'm like 'why?' and she goes 'he keeps</p>	<p>Again, a sense that people's minds have already been made up. Fighting a battle that has already been won</p> <p>Feeling judged/scrutinised</p> <p>Feeling scrutinised Artificial, unnatural situation</p> <p>Horror Uncontrollability – no say in what is written. Difficult to understand how professionals came to their conclusions – lack of collaboration/inclusion</p>	<p>No one in my corner</p> <p>The ball was set in motion</p>
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<p>doing things like throwing a pen in front of me to see what I do' [laughs]. Like they were doing like these little tests obviously, he would pretend to trip one of them up to see what their reaction would be and I was just like 'ah they're just messing', you know, thinking 'oh my god' [laughs].</p> <p>N: So you saw some psychologists which you didn't find helpful....</p> <p>L: I just found it very strange, really weird scenario to be in, you know, you got this person sat in a room, on your contact, watching how you're behaving with your children and writing all these notes...</p> <p>N: Right, so they were observing your contact...</p> <p>L: Yeh, so then they spunk out this report at the end and you read it and you're like, you're horrified at what you're reading, you're thinking 'What?!' 'Hang on! How do you come to these conclusions?!' And I really quizzed everything up because I couldn't get my head round a lot of it, I was like what... what is this all about.</p> <p>N: So you mean you didn't understand what was written in the report...?</p> <p>L: I couldn't, it's not that I couldn't understand what was written, I just couldn't understand how he'd come to the findings.</p> <p>N: Oh I see, yeh.</p> <p>L: I was like 'how'd you come to that finding from that?' And they become so deep and methodical about everything, half the time you can't understand what they're going</p>	<p>Not understanding the reasons why – lack of collaboration</p> <p>Speaking different languages Jargon</p> <p>End up giving up trying to understand because no one's listening and it doesn't make any difference - powerlessness 'Banging head against brick wall'</p> <p>No voice.</p> <p>Isolation 'No one in your corner' – powerlessness</p> <p>No one is there – feeling alone</p>	<p>An outsider looking in</p> <p>The ball was set in motion</p>
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<p>on about [laughs]. Cos they start you know giving all the jargon and you're looking at them thinking can you talk in some language that I understand [laughs] and, erm, you get to the stage where you just end up giving up with professionals, and that's what I feel. I feel I got to a stage where I just.... Whatever. Because you're not listening to me anyway so, it don't make no difference.</p> <p>N: What made you feel like you weren't being listened to?</p> <p>L: Every report I read. Every time a report come out, I'd read it and think 'you've not been listening to a word I'm saying. All you've done is stuck together and not heard me out and just, made your own conclusions.'</p> <p>N: You felt like they were sticking together.... And then there was you...</p> <p>L: Yeh, yeh. And you know, you get to trial and they said, verbally I'm quite good at standing up and they said I gave a good account n everything, but at the end of the day, the judge has to go on all these reports, that are all sticking together and saying well, you know, der de der de der, and you just feel so <i>isolated</i>. You feel like there is <i>no one</i> in your corner, and the problem is, in a situation like that there's no after care there, there's no one there to support you, you've got your solicitor but they're doing a job anyway so they're not really in any way there to support you. Local authority are doing their job so they</p>		<p>The ball was set in motion</p> <p>No one in your corner</p> <p>No one in your corner</p>
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<p>can't support you, CAFCAS are doing their job, there is <i>no one</i> there.</p>		
<p>N: How would you have preferred things to have been? What would have helped, do you think, at the time?</p>		
<p>N: How would you have preferred things to have been? What would have helped, do you think, at the time?</p> <p>L: I do believe there should be better aftercare. I think when a child is removed, you should be working <i>with</i> that parent, you should not be working <i>against</i> them. You know, obviously you're working against them in.... that's what the solicitors and barrister is there for, the social worker is not there to <i>penalise</i> you, they're meant to be there to work alongside you and get you to that point where you actually could get your family back together. But it doesn't work like that, once you're in court proceedings, these lot stuck together, these lot stuck together, and you're just sat there in the middle on your own. And there's no... there's no empathy, again, to..to where that parent is, or how best to get em... you know they told me 'go and do all these courses', these parent courses, I went n done em all! I did every course, it still was never enough, it was <i>never good enough</i>.</p> <p>N: What do you think you needed? So, the parenting classes weren't what you needed, what did you need at that time?</p>	<p>Lack of collaboration</p> <p>Felt she was being penalised rather than supported to improve her situation</p> <p>Felt that no one empathised with her situation – no one understood</p> <p>Unfairness</p> <p>You're just sat there in the middle on your own</p> <p>Sense of powerlessness – nothing was ever enough. Frustration of not knowing what to do</p> <p>Had done courses, was a nursery nurse – had knowledge but it was the things that couldn't be taught like empathy....</p>	<p>No one in your corner</p>

<p>L: I did, I did get something out of them parenting classes, even though I'd done them all before cos I was a nursery nurse [laughs], so it was stuff that I'd already done. But it never hurts to re-visit them, and, erm, you always get something out of it, even if you don't like it you always get something out of it, so I did get something out of them but it wasn't what they wanted. It wasn't... they didn't feel I'd made enough improvement so I was stuck in this situation where I was like... you feel like you're banging your head against a brick wall, it's like <i>what</i> can.... I used to say to them <i>what</i> do you want me to do? Tell me what you want me to do! And they'd go, 'xxx, we know if we tell you what to do you'd go do it', but it's not about that, it's about '<i>maintaining</i>'. And of course you can't prove that you can maintain something unless they give you the chance to do it.</p> <p>N: So it sounds like you were doing a lot of things that you felt you needed to do and you should do, do you know what I mean? From professionals telling you, can you do this and that....</p> <p>L: Oh you know, you'll jump through all the hoops possible in that situation, doesn't mean you agree, that's the problem. And of course this is where the conflict.... Cos they <i>know</i> that. They're sat there thinking you're just doing it cos you want your own way, you're not doing it cos you believe in it. And they want you to</p>	<p>Frustration – 'banging your head against a brick wall'. 'Tell me what you want me to do!'</p> <p>Not knowing how to parent</p> <p>Powerlessness</p> <p>Said in a sarcastic tone - minimising</p> <p>Having to just 'jump through all the hoops' because there was nothing else she could do</p> <p>Sense of not being able to win whatever she did 'caught between a rock and a hard place'</p> <p>Became pregnant again, while court proceedings were still going on for other children</p> <p>Attempt to 'prove' self as a mother? Regain lost identity?</p> <p>Petrified</p>	<p>Not knowing how to parent</p>
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<p>believe in what they're saying. So you are caught in this really hard place because... even now... I don't know how I won xxx [laughs]. I look back and I think.... And this is where it becomes confusing, this is where I was gonna say the positive outcome comes a little because when I had xxx we were still in court proceedings, we were just coming to the final and they'd already decided the kids weren't coming back to me, but I was pregnant so they started a new case, with xxx. And I had to start all over again. And they gave me all the same people, which is very unlike... you know, they don't normally do that, they normally start from scratch but they said 'no, in this case... ' the judge said, 'I want...' because there'd been such a lot of conflict and I'd made so many accusations in the trial, I think they could see that there was something but there wasn't enough evidence laid bare, so you know they all stuck together n brushed it under the carpet and got on with it. Will in this particular case, obviously local authority wanted to remove xxx, they were dead set, 'we're removing'. And I think they were so sure, they would, they were gonna get it. And xxx was born premature so it sort of threw them off course cos they normally have things done in a particular fashion but they couldn't because he come early and we're in scaboo, in the hospital and I was petrified. I mean that...</p>	<p>Hysteria Panic</p> <p>Having the chance again to be a mother and 'get it right'? To start from the beginning.</p> <p>Happiness but also guilt</p> <p>In a battle with her emotions</p> <p>Identity as a 'fighter'/'activist'</p>	
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<p>that night I had xxx I was screaming for 24 hours because I wasn't allowed to go down to him because I'd had a cesarean and they'd kept me upstairs and all I'm thinking is 'they're gonna take that baby, they're gonna take that baby, they're gonna.... I want to go down', and I was crying and everything because I was in such a <i>panic</i> that they were gonna take him and not, you know....And cos that was the local authority's, you know, what they wanted to do. And my CAFCAS worker, who I'd had, who'd... now remember she's gone against me and said no, all the kids should be removed, she come to the hospital and she asked to speak to the nurses and they said 'what do you xxx?' and I have to give my hats off to the nurses, they were like 'she's brilliant', she goes, 'obviously we don't know her past, but I don't think...' she goes 'I don't understand what the issue is here.' She goes 'her care of him is brilliant, she's here everyday, she doesn't not turn up, she does everything being asked of her' and so my CAFCAS worker come in and she come and observed and watched and, erm, she turned round and said, 'no, I think you need to give her chance'. And the local authority went, WHAT?! ARE YOU MAD? And even the judge turned round to the CAFCAS worker and said, are you sure? Are you losing your marbles? [laughs] <i>You've said....</i> But she stuck by her guns and she went, no, and do you know if it hadn't</p>	<p>Feeling like a criminal</p> <p>Minimisation. Children removed because house was messy??</p> <p>Why didn't social services act before?</p>	<p>Fear of losing another child</p>
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<p>been for her, I would never have got xxx.</p> <p>N: What did it feel like when you were told you could keep him?</p> <p>L: [tearful] .... I can't explain the words [laughs], again, cos it's one of them.... You never think you're gonna get that chance again, so when you do, it's like.... I don't know, the biggest present you could ever imagine. But, along with that comes so much guilt, because you feel guilty that you've got this little boy but you've got other kids out there that you can't have. So you're constantly battling with them feelings and emotions, but it was such a <i>relief</i> to.... I mean I'm still not out of the woods yet cos he's under a supervision order but you know, I had to fight so hard, they still went to trial [laughs], they still made us go through the whole trial! And said no, we, she's lost her marbles, don't listen to her, and they tried so hard to get him off me, erm, and I just had to jump through every hoop possible and still am, that's part of the complex needs thing. And, you know, I think I have probably changed, cos you do inevitably... not massively because my beliefs are still the same and I'm still an opinionated old cow [laughs] and everything else that comes with it! But, erm, little things, you know, my priorities are much.... You learn by them mistakes, and it's like I said if I'd have known that it was a criminal offence to let your house get in a mess</p>		<p>Mixed feelings about having subsequent children</p> <p>Creating a narrative that can be lived with Minimisation</p>
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<p>[laughs], I would never have let it get like that. But of course they were walking in and out never telling me them things! So, you become oblivious, you know what I mean, and you become a bit ignorant and you become, oh well it won't happen to me because they've been in and out here loads of times! So when you hear these other stories you think well it ain't gonna happen to me, and I can't alliterate enough families that are vulnerable like me, when I go in houses and I see them like... you better fix up and, you know, they need that short, sharp shock, it can happen to anybody. You know, and so much more so these days because it's becoming, you know, so many policies n guidelines to follow, you've only gotta put one foot wrong and they're there having a look.</p>		
<p>N: Erm, can I got back to the support, just briefly, just in terms of what kind of support you would have preferred when your children were taken into care....</p>		
<p>L: I think... I mean I probably wouldn't have preferred it at the time, cos I'd have probably been thinking, who are y..... move, I don't wanna talk to you I hate you people. But I do believe the local authority have a duty of care to that family to follow the aftercare through.</p> <p>N: What kind of care do you think that would look.... What would it look like... that kind of</p>	<p>At the time too angry with services to accept help but still a wish for some support to be there.</p>	<p>Anger with services</p>

<p>support or care?  L: I think, again, you know, they have to have the empathy, you know, because they have to understand where that birth family's coming from and their issues, they have to understand that whole package of variety of things and be able... and maybe psychologists do need to play a part in that because I don't think social workers can have <i>enough</i>.. you know... oomph, to really work with people who've got that many issues. You know, my sister had her child removed, ironically, social services put him in my care before they removed [laughs] the kids. Which was only 4 weeks before my kids got removed. Erm, social services.... And that was done all through the protocol way, the way it's meant to go, and she was on drugs. And they removed him and you know I could see that it was in dire situations and really and truthfully, even the judge said, you should never have put the child with her look at all the problems she had and what were you doing as the local authority?! So I don't know if the local authority are well adapt enough to deal with all the issues as such but...  N: And has that been your experience... that they haven't really understood?  L: Yeh, no, there's a very lack, there's a big lack of understanding to issues that arise in families because their agenda is only them children, they're not looking at the</p>	<p>Understanding the perspective of the birth mother and having empathy  Professional's lack of empathy, professionals distancing themselves    Something about the complexity of difficulties experienced and the need for these to be understood    All about the children rather than the family as a whole    A lack of understanding of the context around difficulties with parenting.  Influence of social context – poverty, abusive relationships...</p>	
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<p>family unit and its, that's down to the government and the policies they make and the way they put it across. They are teaching the wrong way, you know, you're not just looking at children, you're looking at a dysfunctional family. If there is a problem in that family, it's not just about the kids it's about that family unit and to make the children safe you have to work with the parents, you have to make the whole family unit safe. That work isn't done, and so, inevitably, you get to a stage where, you know, you're battling against a situation you're not gonna win because people are coming from different angles and its not meeting in the middle, and, erm, the aftercare situation is just diabolical. I have never witnessed a scenario where... it explodes so big, and then they just all walk away scott free and the parents are just left there, devastated on the floor. And all that happens to these parents, you see, with me I was lucky cos I had my kids so, I had three children still to work with so you <i>have</i> to come back to a level and become you know on normality level n try n deal with stuff. But for parents who've had their children removed and there's <i>nothing</i>, they become so desperate, they become in such despair, they give up on themselves. And then you have dysfunctional people living in your community that have <i>no will</i> to do anything for themselves and you know, you</p>	<p>Once the children have been removed, everyone walks away and birth parents are left 'devastated on the floor' 'Scott free' – as though professionals have committed a crime? Or in sense that professionals don't need to deal with the emotional consequences?</p> <p>Use of 'they' not 'I' – trying to maintain story of strength? Difficult to admit vulnerability. Other people feel these things</p> <p>Repeated phrase – 'banging your head against a brick wall' - frustration</p>	<p>Birth parents' needs not considered important</p>
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<p>witness it sat in the birthmothers group, you can see they find it so hard to find a new life because it's, it's... you have to move on, but how do you move on if there's no support there? There's <i>nothing</i> there, and that once a month isn't enough, you know, but it's all they can offer cost the resources are too tight. There's no resources, there's no money... banging your head against a brick wall again.</p>		
<p>N: And, based on your own experience, do you have any advice for other parents in your situation?</p>		
<p>L: Yeh, <b>don't trust anybody</b> [laughs]. Erm, no, I think the biggest thing you have to realise is we do live, we don't live in a democracy, it's a democracy with dictatorship attached to it [laughs], you know, <b>we do live in a society where they expect a certain amount of you.</b> The problem being, it's not taught to you, so, you might think you know something but you don't really...  N: Can you tell me what you mean?  L: <b>The expectations that are expected from a professional level to the lay people is ridiculous because no one's been <i>taught</i> them things.</b> You know, a professional will come into your life and say 'you should be doing this, this and this and this', well you've been trained, how am I meant to know that? It doesn't just wake up and the light bulb comes on!  N: So do you mean they were</p>	<p>Mistrust of services</p> <p>Expectations of mothers in society and expectations of what your own abilities as a mother should be vs reality</p> <p>Societal expectations of mothers – 'you should be doing this, this and this and this'</p>	<p>You can't help but wonder what it's all about</p> <p>Expectations of and hopes for parenthood vs. reality</p> <p>Not knowing how to parent</p> <p>Expectations of and hopes for parenthood vs. reality</p> <p>Not knowing how to parent</p>

<p>asking you things that you didn't know how to do?</p> <p>L: No, I was just like 'what are you on about?!'</p> <p>N: What kind of things?</p> <p>L: I mean some of.... They'd make me do tests and I'm looking at them thinking....</p> <p>N: What kinds of tests?</p> <p>L: .... What are these? And whats this got to do with parenting?! Erm, they're trying to test your academic ability and you know, stuff like that. How that links up to me being able to wash up, I don't know [laughs], you know, they'd have me doing a puzzle and put shapes into shapes and slots to see what.. how quick you are at doing it. How's that linked to whether I can do my washing up and the ironing in one set of day, to me, sitting here... you know they have this, you know, psychologists will tell you, 'well it's to do with, you know, whether you can multi-task, to see if you can.... ' sorry, in the lay world, the practicability is you're not gonna think oh well if I can do this puzzle, I can do the washing up and the ironing [laughs] in the same day. It makes no sense, so you're sat there thinking, 'what are you on about?!', you know, how... there's no explanation, they're just telling you 'do this for me', and you do it, and you haven't got a clue what you're doing.</p> <p>N: Ok, so in terms of advice for other parents...</p> <p>L: I think you have to ask the question. You have to be forthright. Don't feel shy to say to them, what are you... what's this for? What're you</p>	<p>Still processing what has happened. Still seems conflicted about the role she had to play in what happened – repetition of 'who knows what the bigger picture is?/maybe I'm not seeing the bigger picture'</p> <p>They might be right</p>	<p>Not knowing how to parent</p>
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<p>expecting from this? You know. Because with my psychologist that I was seeing, like I said first time round I hated him [laughs], I was like grrr [laughs], said awful things when I read the report about him but of course I had the same psychologist for xxx and... he come round to [laughs] you know, and gave me a good report, and, and, you know, the same as the CAFCAS worker. So, again, I believe that maybe they could see a few cracks with what'd happened with me and the local authority and the police and were like hang on a minute maybe we all jumped in a bit quick here and we need to have a step back and look at it, or maybe I did make changes that I just haven't witnessed yet [laughs]. Who knows, what, what, the bigger picture is, but I guess I still haven't come out right at that other end, to you know, you're still in that process. But I do believe that you have to, you <i>have</i> to ask the question, you have to believe in yourself, don't let them beat you down to the point where you don't believe in anything anymore because you will just crumble on the floor, you know, as much as they might be right, cos they might be right, you might need certain things and you might be in a bad place and you know there are circumstances where we do need social workers, where they do need to be doing their jobs n you know cos there are so much going on out there but don't, if you truly believe</p>		<p>Sense of self as a mother is in constant transition</p>
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<p>in your heart of hearts you don't understand what they're talking about and you need an explanation, ask it.</p>		
<p>N: Yeh, ok. And the last question is just... what was it like for you to take part in this interview?</p>		
<p>L: I always believe research is always a good thing [laughs].  N: What was it like for you to talk about your experience?  L: Yeh, it was a little bit emotional, yeh, it was a little... I touched on emotion a couple of times, I felt myself well up a little bit [laughs] but, erm, generally, no it was good and I hope you get something out of it, of all the waffle [laughs].  N: I definitely will, thank you very much.  L: That's ok.</p>	<p>External not internal</p> <p>I touched on emotion a couple of times – something she was aware of trying to avoid throughout?  Concerned about showing emotion? + laughing</p>	<p>Internal world vs. what is shown to others</p>

## 7.10 Clustered themes for analysis example

### **A tug of war – trying to hold onto being a parent**

- Sense of self as a mother is in constant transition
- Mum vs. Detached Mum
- The self as helper

### **No one in my corner**

- Birth mothers' needs not considered important
- One story obscuring other stories
- An outsider looking in
- The ball was set in motion
- Coping alone with loss
- You can't help but wonder what it's all about
- Why now?

### **No one's perfect**

- Minimisation
- Disconnection from emotion
- I am a good mother
- Parenting amidst chaos
- Not knowing how to parent
- Your priority is literally surviving
- Overwhelmed by the needs of the children

### **Preciousness vs. pain of contact**

- Preciousness of contact
- Importance of having information
- Feeling a pressure to make contact special

## 7.11 Super-ordinate themes for all interviews

### Interview 1 - Lucy

- A tug of war – trying to hold onto being a parent
- No one in my corner
- No one's perfect
- Preciousness vs. pain of contact

### Interview 2 - Sarah

- It's given me a shock
- I'm still their mum, I'll always be their mum
- Disconnected from emotion
- Preciousness vs. pain of contact

### Interview 3 - Tracey

- Renegotiating identity
- It felt like it was night all the time
- Preciousness vs. pain of contact
- No one in my corner

### Interview 4 - Alice

- I just didn't feel right
- No one in my corner
- Preciousness vs. pain of contact
- Renegotiating identity

#### **Interview 5 - Dee**

- I'm doing what is best for them
- No one in my corner
- Preciousness vs. Pain of contact
- Disenfranchised grief

#### **Interview 6 - Kate**

- No one in my corner
- Preciousness vs. pain of contact
- Am I still a parent?
- I think I blocked a lot out

#### **Interview 7 - Eve**

- I don't know how I felt, I really don't know
- No one in your corner
- Preciousness vs. Pain of contact
- Renegotiating identity

## 7.12 Table to show the presence of themes across interviews

Superordinate Themes	Subordinate Themes	Lucy	Sarah	Tracey	Alice	Dee	Kate	Eve
No one in my corner	Parenting amidst chaos	✓	✓	✓	✓	✓	✓	✓
	I was on my own	✓	✓	✓	✓	✓	✓	✓
	One story obscuring other stories	✓	✓		✓	✓		✓
	I am a person too	✓		✓			✓	✓
Disconnecting from emotion	Minimising seriousness	✓	✓	✓		✓		
	Coping with unbearable feelings		✓	✓	✓	✓	✓	✓
Renegotiating identity	Being a mother but not a parent	✓	✓	✓	✓	✓	✓	
	Repairing myself		✓	✓	✓		✓	
The children are gone, but still here	I can't wait to see her but I'm dreading it	✓	✓	✓	✓	✓	✓	✓
	Finding something to grab hold of	✓		✓	✓	✓	✓	
	Saying goodbye, that's the challenge	✓		✓	✓	✓		





