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**WORKING TOGETHER AROUND THE NEEDS OF CHILDREN LOOKED
AFTER: THE VIEWS OF CARE LEAVERS, PARENTS AND
PROFESSIONALS**

Section A: What are foster carers' and birth parents' views of each other and their working relationship? A systematic review and narrative synthesis of the perspectives and experiences of foster carers and birth families working together around the needs of children in care.

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Section B: A grounded theory of how birth parents, social workers and foster carers work together around the needs of the child for contact visits.

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DECLARATION FOR MAJOR RESEARCH PROJECT

Candidate name: Olivia Waisman-Garzon

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed: 


Date 18/04/2024

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. A bibliography is appended.

Signed: 


Date: 18/04/2024

Signed  (supervisor)

Date 18/04/2024

STATEMENT 2

I hereby give consent for my thesis, if accepted, to be made available to external internet users through the CCCU institutional repository and the British Library EThOS service, and for the title and abstract to be made available to outside organisations.

Signed: 

Date: 18/04/2024

Acknowledgments

I would first like to thank all the participants for taking the time to speak with me. It was a privilege to hear your stories and I hope I have done our discussions justice. I would also like to thank my supervisor, Trish. Your supervision has been invaluable, and I feel very lucky to have gotten the chance to work with you. Thank you for keeping my chaos in check.

Finally, I would like to thank my family and friends who have been so patient and supportive. Without you guys I don't think this would have been possible and I cannot wait to spend more time with you all.

Summary of the Major Research Project

Section A: This review aimed to synthesise existing research on the perspectives and subjective experiences of foster carers and birth parents on their working relationship. A systematic literature search was conducted, eleven qualitative studies were identified, and their quality was critically appraised. Narrative synthesis was used to identify five central themes: what helps the relationship; what hinders the relationship; what does a positive relationship look like; what are the perceived differences; and what are the perceived similarities. Eighteen subthemes were also identified. The review discussed clinical and research implications in light of these findings.

Section B: This study presented a grounded theory of how professionals, carers and parents work together to facilitate positive contact visits between families and Children Looked After (CLA). Three social workers, three foster carers and two birth parents were interviewed. Previous interview data from three care leavers, four birth parents and seven contact supervisors were included in the analysis. Data were analysed using grounded theory methodology. The developed theory suggested that the foundation to good contact lies within strong working relationships between professionals, carers and parents. The related interpersonal processes of managing difficult feelings, sharing power and building relationships through communicative actions. Study limitations were discussed, along with potential clinical and research implications.

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Section A: What are foster carers' and birth parents' views of each other and their working relationship? A systematic review and narrative synthesis of the perspectives and experiences of foster carers and birth families working together around the needs of children in care.

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Abstract

Background: The relationship between foster carers and birth parents when experienced to be collaborative and supportive are linked to better outcomes for children looked after (CLA). However, this relationship is under researched, and a literature search could not find a review of this topic.

Method: A systematic literature search carried out in October 2023 on four databases: PsycINFO; ASSIA; Social Policy & Practice; and Web of Science yielded eleven qualitative studies that met inclusion criteria after screening. The identified studies were critically appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018) and Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) and key methodological concerns were discussed. The findings from the studies were synthesised using narrative analysis.

Results: Five central themes and eighteen sub-themes were identified and discussed. The findings showed that mutual respect and empathy were crucial for the positive development of this relationship. Additionally, the most collaborative relationships were reported as being open, with regular communication and information sharing between the two families to facilitate a sense of shared care and inclusivity.

Conclusions: Clinical and research implications were discussed including the need for better support from local authorities in enabling foster carers and birth parents to build positive relationships with each other. None of the included studies were based in the UK and further research is needed within this context.

Keywords: children looked after, contact visits, foster carer, birth parents, foster carer birth parent relationship

Introduction

In 2023, the number of children looked after (CLA) by local authorities in England rose to its highest level at 83,840, continuing the rise seen every year since 2010 (DfE, 2023). Most CLA enter the care system due to early experiences of adversity such as abuse or neglect (Baginsky, Gorin & Sands, 2017). Previous research has shown that early adversity can have harmful impacts on child development (Shonkoff et al., 2012) and contribute to poorer educational, emotional, behavioural and social outcomes (Baldwin et al., 2019; Oakley, Miscampbell & Gregorian, 2018). However, there is growing recognition that long-term foster placements can help mitigate some of the negative outcomes associated with early adversity (Baginsky et al., 2017; Baldwin et al., 2019). Around 70% of CLA are in foster care with more than half (55%) of these children placed in non-kinship foster care (DfE, 2022). Additionally, to further alleviate the trauma of separation from their birth families, organisations actively encourage and facilitate regular contact between children and their birth parents (Baker et al., 2016).

Benefits of Contact

Since The Children's Act (1989) legislation across the UK has emphasised the importance for local authorities to promote contact between CLA and their families. This emphasis for family contact has predominantly emerged from theories around attachment (Bowlby, 1973). During early experiments exploring aspects of attachment Ainsworth (1978) found that upon separation from the parent, strong separation reactions were common from children and she found that children protested and expressed a sense of despair. Therefore, it is important to mitigate the potential negative impact of separation by maintaining the established attachment relationships with the birth parent (Boyle, 2017) and encouraging new attachments with foster carers (Biehal, 2014). Regardless of attachment type, separation from an attachment figure is understandably distressing and anxiety provoking for the child and

can contribute to the development of subsequent problematic behaviours and related mental health difficulties (Zeanah, Berlin & Boris, 2011).

A recent comprehensive review (Boyle, 2017) found that, when contact works well, it can help children to resolve grief and loss, come to terms with their history, strengthen attachments to carers, retain positive family relationships and foster a sense of identity - particularly racial and cultural identities. Other research shows that contact can be beneficial for identity, development and emotional wellbeing (Moyers, Farmer & Lipscombe, 2006; Sen & Broadhurst, 2011). Additionally, frequent contact with birth parents was significantly associated with lower externalizing problem behaviours for CLA (McWey, Acock & Porter, 2010). However, when contact is mismanaged or not regularly reviewed, it can reignite trauma, undermine placement stability, lead to idealization of birth parents or, at worst, allow covert abuse to occur (Boyle, 2017; Crook & Oehme, 2007).

Contact Difficulties for Foster Carers

Most foster carers recognise the importance of contact between children and their birth family (Sinclair, Wilson & Gibbs, 2005). However, many have experienced difficulties with contact that makes them feel apprehensive or resistant to supporting the relationship between children and their parents through contact visits (Haight et al., 2002; Sen & Broadhurst, 2011). The perceived quality of visits can be limited by their short duration in unnatural settings (Haight et al., 2002). Foster carers feel contact visits are emotionally challenging for children (Sinclair, Wilson & Gibbs, 2005) especially if parents display inappropriate behaviour during contact such as discrediting the foster carer in front of the child (Austerberry et al., 2013; Moyers et al., 2006). For cases where parents regularly cancel or do not show up, foster carers then have to manage the children's disappointment and distress (Murray, Tarren-Sweeney & France, 2011; Sen & McCormack, 2011). Additionally,

when contact does occur this can still leave children with feelings of sadness and anger (Pecora et al., 2018), which can lead to difficult behaviours in the foster home (Salas Martinez et al., 2016).

Even in less conflictual contact situations, planning visits, transportation, and accompanying the children can all present difficulties for the foster carers (Austerberry et al., 2013; Murray et al., 2011).

When there are repeated disappointments in contact, children may also begin to refuse contact with their parents which can leave birth parents feeling angry and mistrustful towards foster carers (Salas Martinez et al., 2016).

Belonging to Two Families

Children in foster care are encouraged to maintain close relationships with both their birth parents as well as their foster carers who are both in the role of parents. The concept of 'family' for children in care is complex and likely to include both biological and non-related relationships (Wissö, Johansson, & Höjer, 2019). Research has shown that children who successfully hold these complex family dynamics in balance are more likely to experience stable placements and develop a secure sense of belonging (Andersson, 2009). It can be argued that supporting children with their sense of belonging in two families is difficult but of great importance (Biehal, 2012).

Foster children commonly report experiencing conflicts of loyalty regarding their birth parents and foster parents (Rittner et al., 2011). For example, when foster carers and birth parents belittle, bargain or compete for children's affections this puts children in an uncomfortable loyalty conflict (Neil & Howe, 2004; Nesmith, 2013). Linares and colleagues (2010) found that children can become anxious when put in the middle of conflict between foster carers and birth parents. On the other hand, there are studies that suggest children feel

less stressed when their foster carers have a positive attitude towards their birth parents and refrain from passing judgement (Morrison et al., 2011).

Therefore, the development of a collaborative working relationship between foster carers and birth parents may be crucial to supporting the child to reconcile their loyalty conflicts and encourage a stable sense of belonging to two families (Ellingsen, Shemmings & Størksen, 2011).

Structural Family Systems Theories

Structural family systems theory has been particularly relevant to research on children in foster care and their families (Collings & Wright, 2022; Minuchin, Colapinto & Minuchin, 2006). The theory posits an individual within the context of their larger family systems and smaller subsystems such as the parent–child relationship and the relationship between the co-parents (Cox & Paley, 2003), in this case, foster carer and birth parent. Structural theories emphasize the importance of hierarchies and clarified subsystems with clear boundaries, open communication (Collings & Wright, 2022) and the fluidity of people and resources into and out of the family as well as within the family (Cox & Paley, 2003; Minuchin et al., 2006).

A family systems perspective could provide a framework to understand the potentially challenging dynamics between foster carers and birth parents who are trying to navigate strangers suddenly entering the family system and having to build a novel co-parenting subsystem within the context of a much larger, more powerful child welfare system (Collings & Wright, 2022).

The importance of a positive co-parenting relationship between foster carers and birth parents is highlighted by research that found foster children have higher levels of distress and emotional and behavioural problems when the foster carer-birth parent relationship is antagonistic (Bell & Romano, 2015). However, there are several contributing factors that can

limit the extent to which foster carers and birth parents can form a collaborative subsystem (Collings & Wright, 2022).

The Relationship between Foster Carers and Birth Parents

The relationship between foster carers and birth parents and factors influencing the quality of this relationship have not been widely researched. Nevertheless, this relationship can have a direct effect on children who are attached to both families (Andersson, 2009; Linares et al., 2010) because conflict between the two families jeopardizes the quality and stability of the placement (Austerberry et al., 2013).

Research examining the involvement of birth parents in their child's foster care family placement found that parents who think that the foster carers have a positive attitude towards their participation ended up taking part in more tasks regarding the care of their child than parents who thought foster carers were against their participation (Poirier & Simrad, 2006). Similarly, a foster carer intervention project in the US that encouraged foster carers and birth parents to cooperate more found not only stronger parent-carer relationships, but also contact between birth families and foster families increased (Gerring et al., 2008). They found this increase in contact resulted in foster carers' tolerance and empathy towards birth parents increasing, which in return led to increased feelings of trust from birth parents (Gerring et al., 2008). The foster carers became role-models to birth parents who started viewing them as a source of support rather than conflict which improved their relationship but also that with their child. They concluded that the relationship between foster carers and birth parents should be an important consideration for practitioners working with children entering care. However, we need more research evidence on how this crucial relationship can be encouraged and supported.

Rationale and Aims for the Review

There is currently no review on the literature surrounding foster carers' and birth parents' experiences and views of each other and what factors hinder or help their working relationship. This paper will provide a systematic literature review to understand, compare and synthesise foster carers' and birth parents' perspectives on their relationship. Therefore, only papers that contain direct reports from foster carers or birth parents will be included. The review will follow a narrative synthesis of all views expressed using the approach recommended by Thomas and Harden (2008). The aim of the review is to provide an understanding of how the working relationship between birth parents and foster carers is perceived and experienced by birth parents and foster carers in addition to identifying what works well in supporting collaboration and partnership in this context.

Methodology

Literature Search

An electronic search was carried out in October 2023 on four databases: PsycINFO; ASSIA; Social Policy & Practice; and Web of Science. Figure 1 illustrates the search process following PRISMA guidelines (Page et al., 2021) using search terms outlined in Table 1.

These search terms were decided after trying a few searches and seeing which relevant papers came up to produce the most relevant search. The search could be from anywhere except full text (abstract, title, subject headings and authors). No date limit was applied as there was not enough relevant literature to justify a specific date range and only articles in journals or dissertations/theses were included. Although not peer reviewed, dissertations/theses follow rigorous academic scrutiny and are to a publishable standard to be accepted. Following the initial search, titles and abstracts were screened and lastly full text. Finally, eleven studies were identified as meeting criteria and their reference lists were reviewed, however no new studies were identified.

Table 1

Search Matrix

Search Terms	Boolean Operator	Search Location
relationship* OR collaborati* OR shar* OR negotiati* OR care* OR contact*)	AND	Anywhere except full text (NOFT)
foster carer* OR foster parent* OR 'out-of-home' OR 'looked-after' OR 'LAC' OR 'non-kinship'	AND	Anywhere except full text (NOFT)
birth parent* OR birth families OR birth family	AND	Anywhere except full text (NOFT)

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria of the review are outlined in Table 2. The focus of the review is on papers discussing the perceptions and experiences of birth parents and/or foster carers working together in non-kinship foster care placements. Papers solely discussing experiences from adoption, special guardianship or kinship foster care were excluded because of the already built in attachment dynamics in kinship/guardianship care and in most adoption circumstances contact completely ceases or is very limited. Given the small amount of research on this topic any study design, from any country, was included if the article was published in English or translated into English by publishers.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Published in peer-reviewed journals or dissertation/theses, report of primary research	Non-peer reviewed research or not dissertation/theses
Published in English	Not available in English
Any research design	Non-research
Research pertaining to children in short-term or long-term foster care	Research pertaining only to kinship care, adoption or special guardianship
Research that has foster carer and/or birth parent participants	Research that does not have either foster carers or birth parents as participants
Research that explored foster carer and/or birth parent perspectives of each other and/or their relationship	Research that did not explore the foster carer-birth parent relationship at all

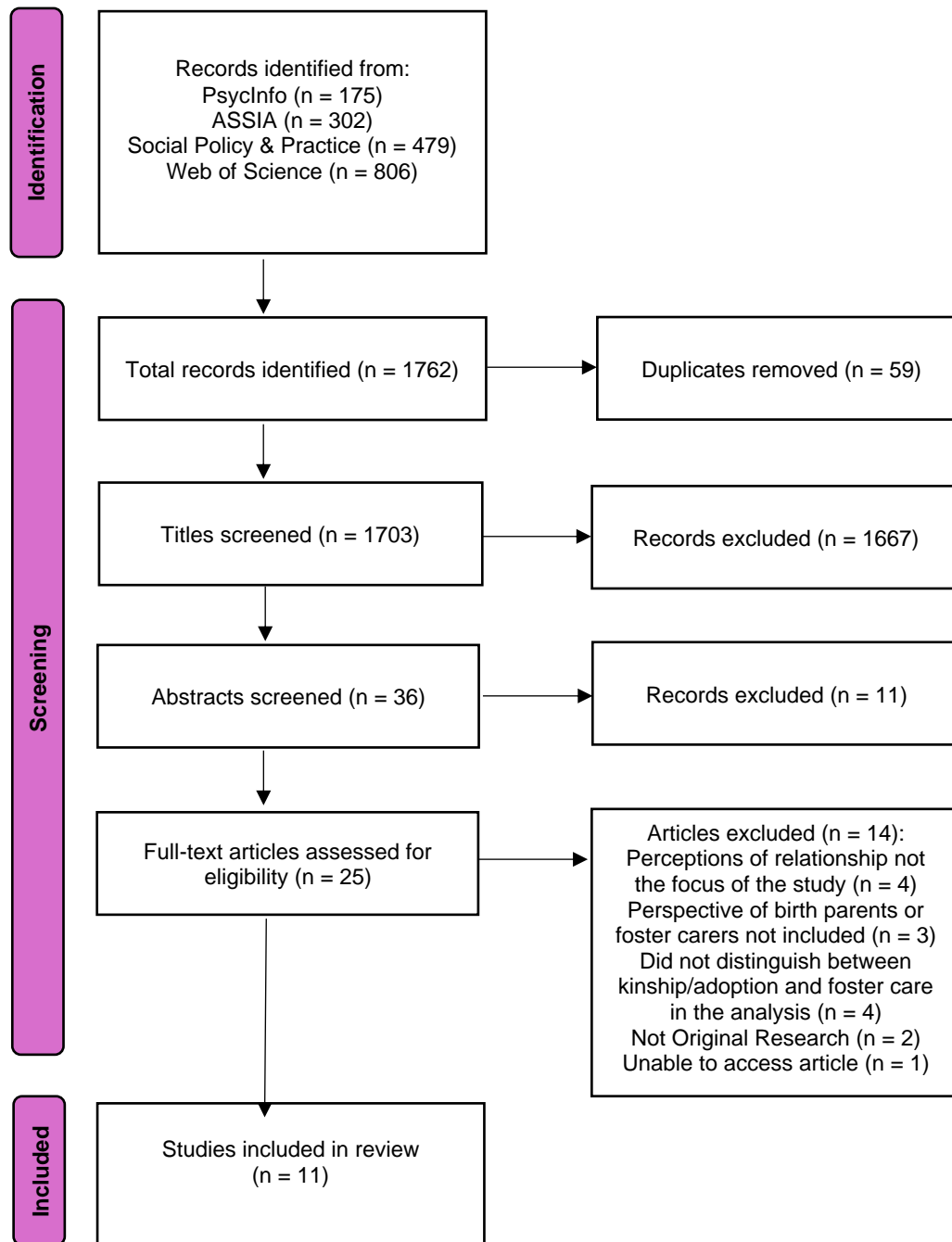


Figure 1

PRISMA Flow Diagram of Search Results and Screening Process

Quality Appraisal

The literature search identified eleven papers meeting the search criteria. These papers were appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018) (Appendix A) for the ten qualitative papers and the Mixed Methods Appraisal

Tool (MMAT) (Hong et al., 2018) (Appendix B) for the one mixed-methods paper. No quantitative papers that met criteria were identified during the search.

There are limitations to using quality appraisal tools (Munthe-Kaas et al., 2019), therefore, rather than using the tools to derive a quality score they were instead used as a framework to guide the structure of the critique and highlight significant areas for discussion. The appraisal tools were also used to identify if any papers were of such poor quality that they needed to be excluded from further synthesis. Following appraisal, all papers were rated as high in quality, and none were excluded from further synthesis. A full summary of the quality appraisals of each study are outlined in Appendix C.

Synthesis

Following appraisal, the qualitative information was synthesised using Braun and Clark's (2006) thematic analysis approach and followed the procedure outlined by Thomas and Harden's (2008) synthesis methodology. There were three stages during the synthesis; inductive line by line coding of the data; organising codes into descriptive themes and then interpreting descriptive theme clusters. It is important to acknowledge that my own pre-existing frameworks of knowledge, including my experience of working with CLA, potentially informed the coding process which is further explored in a positioning statement in Appendix D. This was checked regularly through discussions with my supervisor, asking another trainee to give their views about the emerging codes and practicing reflexivity. Given the essential subjectivity of the analysis, however, it is likely that presented themes were still likely to be potentially affected by my preconceptions (Braun & Clarke, 2019).

The results of the thematic synthesis are presented below with clinical and research implications discussed.

Review

Overview of Studies

Eleven eligible papers (ten articles and one dissertation) published between (2009-2022) were identified from the literature search with a collective of 499 participants. The identified papers were from Sweden (3), the USA (3), Australia (2), Denmark (2) and Canada (1). All papers were of a qualitative design except for Ankersmit (2020) who conducted mixed-methods research. The views and experiences from solely a foster carer perspective was explored in four papers (Chateauneuf, Turcotte & Drapeau, 2018; Hedin, 2015; Lewis et al., 2022). The views and experiences of birth parents only was investigated in three papers (Bengtsson & Karmsteen, 2021; Hojer, 2009; Weitz & Karlsson, 2021). Finally, four papers had both foster carers and birth parent perspectives represented in the research (Ankersmit, 2020; Jarvinen & Luckow, 2020; Nesmit et al., 2017; Spielfogel & Leathers, 2022). The key characteristics and findings of all reviewed studies are outlined in Table 3.

Table 3*Summary of Papers*

	Authors	Study	Country	Design	Sample	Measure	Analysis	Key Findings
1	Ankersmit, L. (2020)	Partnership between birth parents and foster carers: A complex systems framework	Australia	Mixed methods design: Online survey Semi-structured interviews	Surveys: Foster carers n = 185 Birth parents n = 7 Interviews: Foster carers n = 12 Birth parents n = 11 Caseworkers n = 10	Survey: rank questions with responses on a Likert scale What factors correspond with positive and negative experiences of the relationship.	Descriptive statistics and chi-squared test Thematic analysis	Survey: Foster carers who had met the birth parent were significantly more likely to have a positive regard for them. Additionally, Foster carers who were encouraged by their caseworker to have a good relationship with birth parents were significantly more likely to report their relationship with birth parents to be supportive. Birth parents expressed wanting to be involved with their children and have a good relationship with carers. Many foster carers understood the importance of parental involvement, but also expressed worries around how to manage this interaction in the best interests of the child and so proceeded with caution and sometimes resistance to the idea.
2	Bengtsson, T., & Karmsteen, K. (2021).	Recognition of parental love: Birth parents' experiences with cooperation when having a child placed in family foster care in Denmark	Denmark	Qualitative: semi-structured interviews	Birth parents n = 26	Semi-structured interviews with questions around experiences of cooperation with foster carers	Narrative analysis	Birth parents whose children were placed in care involuntarily felt it was a violation of their parental rights which had a negative impact on their self-confidence and trust in cooperating with professionals. All parents sought to be recognised as loving parents by foster carers. Experiences of feeling included and being able to participate in their children's lives helped build trust over time and better cooperation. When this need was not met this led to conflicting cooperation with foster carers.
3	Chateaufneuf, D., Turcotte, D., & Drapeau, S. (2018)	The relationship between foster care families and birth families in a child welfare context: The determining factors.	Canada	Qualitative: semi-structured interviews	Foster carers n = 30 Kinship carers n = 15	Semi-structured interviews with questions around their relationship with birth parents	Thematic content analysis	Maintaining a positive relationship between foster carers and birth parents required adjustments on both sides. Foster carers had to be non-judgemental about birth parents, recognise their contributions and accept their limitations. The most successful contact arrangements were found in foster carers who demonstrated high levels of empathy towards birth parents. Similarly, foster carers felt that birth parents should accept the placement and allow the child to develop a relationship with foster carers and their family.
4	Hedin, L. (2015)	Good relations between foster parents and birth	Sweden	Qualitative: semi-	Foster carers n = 3	Semi-structured interviews with themes of	Content analysis	This article concluded that for positive co-parenting to occur foster carers need to encourage an "open foster family" that is open and welcoming towards birth parents. Openness would

		parents: A Swedish study of practices promoting successful cooperation in everyday life.		structured interviews	Kinship carers n= 3 Network placements (fostered a previous sibling) n = 4	family culture, relations, cooperation with birth family and participation		include regularly sharing information about the everyday life of the child, mutual planning/decision making and invitations for face-face encounters between the child, foster carer and birth parent.
5	Hojer, I. (2009)	Birth parents' perception of sharing the care of their child with foster parents.	Sweden	Qualitative: focus groups	Birth parents n = 13	Four focus groups of three hours each over two-day Birth conference	Not outlined in article but appears to be thematic analysis	Birth parents wanted to take part in their children's lives as best they could. They felt they had important knowledge of their children and wanted to share their parental expertise with foster carers. One factor that prevented birth parents from sharing care of children was the foster carers' reluctance to acknowledge their parental capabilities. Birth parents felt they were perceived as "bad parents" and felt stigmatized.
6	Jarvinen, M., & Luckow, S. T. (2020)	Sociological ambivalence: Relationships between birth parents and foster parents.	Denmark	Qualitative: semi-structured interviews	Foster carers n = 16 Birth parents n = 15	Semi-structured interviews from an ethnographic study of everyday life in foster care families	Thematic analysis	Birth parents and foster carers both spoke about 'the best interest of the child' when discussing their own and each other's role. Birth parents felt that foster carers developed feelings of ownership of the child prevented them from maintaining a deeper connection with their children in care. They also felt foster parents were reluctant to share their children's everyday lives and include them in decision-making. They also described feeling exposed and misunderstood. Foster carers felt that sometimes contact was detrimental to the child but expressed a powerlessness in stopping this contact as it was up to authorities. Despite this they discussed trying their best to support the relationship to birth parents despite feeling criticised.
7	Lewis, E. M., Murugan, V., Williams, K. A., Barth, R. P., & Lee, B. R. (2022)	Relationships matter: Exploring the implementation of the quality parenting initiative and the	USA	Qualitative: semi-structured interviews	Foster carers n = 31	Semi-structured interviews on how Quality Parenting Initiative (QPI) improved relationships	Thematic analysis	Most foster carers reported the QPI had a positive effect on their relationships with birth parents and improved their communications and interactions. They felt the approach helped them define their role more clearly and adjusted their expectations of caregivers. The QPI also helped foster carers appreciate birth parents' difficult experiences and develop a better sense of empathy for them.

		foster parent experience.				between foster carers and birth parents		
8	Nesmith, A., Patton, R., Christopherse n, K., & Smart, C. (2017)	Promoting quality parent-child visits: The power of the parent-foster parent relationship.	USA	Qualitative: semi-structured interviews	Foster carers n = 24 Birth parents n = 15 Social workers n = 22	Semi-structured interviews asking participants to reflect on parent-child visits and interactions with others (parents, foster carers & social workers)	Iterative analysis	Identified key factor of empathy that may be critical in reducing strain in the relationship between foster carers and birth parents. For foster carers who empathised with parents it helped them manage parental resentment and encouraged them to actively share parenting power with birth parents. Foster carers supported parental power in birth parents by offering information about the children's daily lives and giving control to birth parents when possible. These simple actions felt meaningful to birth parents and eased tension whilst developing trust over time.
9	Riggs, D. W. (2015)	Australian foster carers' negotiations of intimacy with agency workers, birth families and children.	Australia	Qualitative: semi-structured interviews	Foster carers n = 85	Semi-structured interviews asking how foster carers engage with birth families	Content analysis using Leximancer™	Foster carers spoke of birth families being an intimate part of everyday foster family life even if they are not physically present. Some foster carers reconciled this daily 'presence' of birth families by emphasising the need to honour birth families. Foster carers discussed the challenges of finding ways to negotiate a place for birth families within the foster family when they felt birth families made poor parenting decisions. Foster carers felt they could have an opinion about another person's parenting skills, but ultimately still support their right to a connection to their child.
10	Spielfogel, J. E., & Leathers, S. J. (2022)	Supporting collaborative relationships between parents and non-relative foster parents.	USA	Qualitative: semi-structured interviews	Foster carers n = 15 Birth parents n = 11 Caseworkers n = 12	Semi-structured interviews asking questions for descriptions of the relationship and what factors impede or facilitate the	Thematic analysis	Birth parents felt they entered relationships with foster carers with multiple vulnerabilities and experienced stigmatization. This vulnerability led some parents to feel marginalised in relationships with foster carers and perceived a lack of control in their situation. Collaborative foster carers took initiative to talk with birth parents and provided a range of support to birth parents including emotional support and parenting ideas.

						development of the relationship		
11	Weitz, Y. S., & Karlsson, M. (2021)	Professional or authentic motherhood? negotiations on the identity of the birth mother in the context of foster care.	Sweden	Qualitative: three narratives	Birth parents n = 4 (1 couple and 2 mothers)	Based on data from previous study	Position analysis	All three narratives argued that the birth mother is the only one who can know and love their children, despite any shortcomings. They also felt that foster carers, particularly foster mothers could never take that role from them.

Critique

The CASP Qualitative Checklist (CASP, 2018) and the MMAT (Hong et al., 2018) were used to critically appraise the papers. The appraisal did not identify any papers that were significantly below standards for qualitative or mixed-methods research therefore all papers were included in the following synthesis. A table summarising the quality appraisal of the papers is included in Appendix C.

Research Question and Design

All papers clearly state their research questions and aims which were exploratory in nature and were appropriate for a qualitative or mixed methods design. The papers set out to explore the views and experiences of foster carers and birth parents on their perceptions of each other and/or their working relationship. Most papers explored general experiences and perceptions of the working relationship between foster carers and birth parents (Ankersmit, 2020; Bengtsson & Karmsteen, 2021; Chateaufneuf et al., 2018; Hedin, 2015; Hojer 2009; Jarvinen & Luckow, 2020; Lewis et al., 2022; Nesmith et al., 2017, Spielfogel & Leathers, 2022). Two papers explored the relationship more indirectly through perceived negotiations of intimacy (Riggs 2015) and identity (Weitz & Karlsson, 2021). This variation in research questions may lead to a difference in findings. Additionally, the papers focused on different stakeholders with some overlap at times which again is likely to have an impact on differences in findings.

Sample

All papers employed purposeful sampling strategies to obtain the views and perspectives of foster carers and/or birth parents which aligned with the research aims and purpose of the studies. Additionally, all studies provided detail on their various recruitment strategies.

Sample sizes and perspectives varied across the studies; participant numbers ranged from 4-192. The sample sizes were small enough to manage the data but sufficiently large enough to provide a rich, in-depth understanding of individuals' particular experiences and views (Dworkin, 2012). In Ankersmit's (2020) paper they had a large sample for the quantitative aspect of the study which allowed complimentary descriptive data to be added to the key findings of the qualitative section. Four studies recruited both foster carer and birth parents which provided a range of multiple perspectives in single papers (Ankersmit, 2020; Jarvinen & Luckow, 2020; Nesmith et al., 2017; Spielfogel & Leathers, 2022). All other studies focused on one or the other.

Most of the studies reported a larger number of female participants compared to males. This is likely to be representative of the target demographic as females are overrepresented in professional childcare settings (Hussein, Ismail & Manthorpe, 2016) and as birth parents participating in their child's care (Wells & Marcenko, 2011).

Only three papers reported on the ethnicity or race of participants (Lewis et al., 2022; Nesmith et al., 2017; Spielfogel & Leathers, 2022). Nesmith et al. (2017) and Spielfogel & Leathers (2022) reported black and ethnic minority (BAME) individuals made up over half of foster carer and birth parent participants whereas for Lewis et al. (2022), BAME individuals represented 20% of the participant pool. Given the lack of information about the ethnicity of participants in the eight other studies of the review, it is unclear if the sampled population represented the population it was attempting to investigate.

The studies within this review spanned several different countries where social care and child welfare systems may differ significantly. Additionally, none of the studies took part in the UK which may limit the generalisability of these findings to the UK context.

Data Collection

Each paper clearly reported their data collection methods. Eight studies used semi-structured interviews only (Bengtsson & Karmsteen, 2021; Chateauneuf et al., 2018; Hedin, 2015; Jarvinen & Luckow, 2020; Lewis et al., 2022; Nesmith et al., 2017; Riggs 2015; Spielfogel & Leathers, 2022), whilst one mixed-methods design study conducted an online survey as well as semi-structured interviews (Ankersmit, 2020). One study used focus groups (Hojer, 2009) and another paper analysed three narratives (Weitz & Karlsson, 2021). Rather than interviewing at different time points, all researchers interviewed participants once, which, provided an in-depth analysis of a participants subjective experience at a given time. However, it might have been beneficial to interview at several time points to measure how the relationship changes over time (Hermanowicz, 2013).

Five of the studies provided full interview schedules that would allow for the research to be replicated (Ankersmit, 2020; Lewis et al., 2022; Nesmith et al., 2017, Riggs, 2015; Spielfogel & Leathers, 2022). Three studies provided sample interview questions and topics (Chateauneuf et al., 2018; Hedin, 2015; Jarvinen & Luckow, 2020). Three studies provided no interview question examples (Bengtsson & Karmsteen, 2021; Hojer 2009; Weitz & Karlsson, 2021) which makes it difficult to understand how narratives were elicited during the study and how to replicate the process.

Only four studies made it clear that the interviewer was not affiliated with the services in which they recruited from (Ankersmit, 2020; Chateauneuf et al., 2018; Riggs, 2015; Spielfogel & Leathers, 2022). By not being affiliated with the services where recruitment took place this can allow participants to be more at ease during the interview and talk openly about their experiences without fear it will get back to someone they work closely with in the service. Six papers reported the role and experience of individuals who conducted the interviews (Ankersmit, 2020; Chateauneuf et al., 2018; Lewis et al., 2022; Nesmith et al.,

2017; Riggs, 2015; Spielfogel & Leathers, 2022). The remaining papers did not indicate who conducted the interviews.

Data Analysis

All but two of the studies documented the analytic procedure in sufficient detail that allowed the reader to follow the process of how themes were constructed. The types of analysis the papers followed include thematic (Ankersmit, 2020; Chateauneuf et al., 2018; Jarvinen & Luckow, 2020; Lewis et al., 2022; Nesmith et al., 2017), content (Hedin 2015; Riggs 2015), narrative (Spielfogel & Leathers, 2022; Weitz & Karlsson, 2021) and chi-squared for the quantitative aspect of the mixed-methods paper (Ankersmit, 2020). These studies outlined the various inductive, deductive, comparison and coding methods utilised to reach consensus amongst the researchers which enables the reader to make a judgement on whether the key findings are based on the generated data rather than researcher bias (Johnson, Adkins & Chauvin, 2020).

The different types of qualitative analysis allowed for the exploration of different perspectives and subjective experiences of foster carers and birth parents. For two studies it was not clear what approach was used for the data analysis (Bengtsson & Karmsteen, 2021; Hojer 2009), which makes it difficult to ascertain analytic robustness and replicability. All papers used quotes appropriately to support the generated themes and key findings in relation to original research questions.

Reflexivity

Of the eleven studies reviewed only Lewis et al. (2022) and Weitz and Karlsson (2021) included reference to the researchers' position in relation to the participant population and data analysis. Given the potential biases and stereotypes experienced by different

stakeholders involved in foster care this is a shortcoming of the literature body. This is particularly relevant for Ankersmit's (2020) study as he states in the beginning of his thesis that his family are temporary foster carers, so he has a personal connection to the experiences and views expressed by his participants. There is potential for any of the researcher's unconscious biases to be present within the data collection and/or analysis, therefore, an absence of critical reflexivity may potentially weaken the quality of the papers. When appropriate reflections were included, it made it easier for the reader to understand the researcher's position, potential biases and motivations behind the research.

Ethical Considerations

Only five of the papers (Ankersmit, 2020; Bengtsson & Karmsteen, 2021; Hedin, 2015; Nesmith et al., 2017; Spielfogel & Leathers, 2022) provided a statement that the study obtained ethical approval from relevant ethics committees. This could be due to the differing international requirements to report/state this approval in the paper but is of note, nonetheless. All papers except one were published in peer-reviewed journals and the one study that wasn't was a published doctorate level thesis (Ankersmit, 2020).

Only one paper (Hojer, 2009) did not explicitly describe providing prior information to participants, gaining informed consent and discussing issues of confidentiality or anonymisation. Despite the highly sensitive and potentially emotive nature of the research area no papers mentioned how participant wellbeing was checked up on during the process or described how they minimised the potential distress of participation which is a significant omission.

Literature Summary

The following is a synthesis of all the reviewed papers after considering the quality. A summary of the five over-arching themes, eighteen sub-themes and example quotes are presented in Table 4. An extract in Appendix E shows an example of how the coding process created subthemes linking to an over-arching theme. The following five main themes are presented; what helps the relationship, what hinders the relationship, what does a positive relationship look like, what are the experienced differences between foster carers and birth parents and what are the similarities of experiences between foster carers and birth parents. Under each main theme the sub-themes are presented in bold and further discussed.

Table 4*Themes and Quotes*

Themes	Sub-themes	Example Quote
What helps the relationship?	In good hands	<i>“[child] is in good hands. They [the foster parents] are two stable people with jobs, and yeah, it’s a good place for him...” (Birth parent) (Hedin, 2015, p. 184)</i>
	Recognition that birth parents are trying their best	<i>“I could see instantly that this mother cared for her child. And I could see that my job was to not only care for her child, but to integrate her mum into her life. And so, yeah, we did have an instant connection, and I just felt in my heart that (mum) needed support and care. (Foster carer)” (Ankersmit, 2020, p. 171)</i>
	Empathy	<i>“I felt a lot of empathy for her. I felt really sad for her, even though I didn’t know her story back then.” (Foster carer) (Ankersmit, 2020, p. 158)</i>
	Respect	<i>I guess there is the awareness that there’s a birth family that we need to honor and respect, even if we don’t like them, and even if it’s inconvenient, or it’s difficult. (Foster carer) (Riggs, 2015, p. 442)</i>
	Social worker as facilitators	<i>“Our social worker would ask those questions. She would follow up and make sure that we were doing our part to work with the parents and have that open communication” (Foster carer) (Lewis et al., 2022, p. 600)</i>
What hinders relationships?	Birth parents feeling negatively judged	<i>“People are judging for just how you look or how you talk. If you really get to know somebody, you’d really know what they went through in life. (Birth parent) (Spielfogel & Leathers, 2022, p. 651)</i>
	Feeling inferior/stigmatised	<i>“I have always felt inferior. Of course, this is because I feel guilty and ashamed, as I haven’t been able to be a good mother” (Birth parent) (Hojer, 2009, p. 164)</i>
	Foster carers feeling unfairly criticised	<i>“We are not allowed to tell the truth about them [. . .] but we are always criticised by mum or whoever is at home, because they are a bit envious [. . .] we are used to being spoken badly about [. . .] but sometimes you think to yourself: “argh, I can’t stand this anymore”.” (Foster carer) (Jarvinen & Luckow, 2020, p. 836)</i>
	Being undermined	<i>“It’s certainly not going to help our relationship with mum but it’s not going to help our relationship with the kids either... for them to hear us being critical [about mum] undermines all of the relationships” (Foster carer) (Ankersmit, 2020, p. 181)</i>

What does a positive relationship look like?	Information sharing	<i>“As a parent, it’s important for me to be part of my daughter’s everyday life. . . /I need to be informed. . . I can’t have a discussion with my daughter, because I don’t know where to start –if I don’t have any working material” (Birth parent) (Hojer, 2009, p. 165)</i>
	Being included	<i>“She just made me feel like part of her family” (Birth parent) (Nesmith et al., 2017, p. 250)</i>
	Collaborative decision-making	<i>“They held a meeting between the carers and the parents and the case managers, case worker. We discussed about these things. Like, we have this problem, we want this, we don’t want this. We’re talking about the problems... Together we make a decision to what to do in the future, like what should we do. They involve us, like I told you before. Which is very good” (Birth parent) (Ankersmit, 2020, p. 176)</i>
	Co-parenting	<i>“She actually bends over backwards for our kids, to make them happy. And if there’s a problem with the kids, she tries to find a solution for the kids to work that problem out. And then we ask her, ‘What can we use?’ And she’ll show us. We do ask what works for her, and if it works for her, we try it during a visit.” (Birth parent) (Spielfogel & Leathers, 2022, p. 652)</i>
	Relationship as a source of support	<i>“They’re being more receptive to me helping them and I’m not so much of the bad guy. They’re able to separate I’m not the bad guy that came and took their kids from them. I guess they’re realizing now more that I’m here to work with them and help them get their kid back” (Foster carer) (Lewis et al., 2022, p. 599)</i>
What are the perceived differences between foster carers and birth parents?	Lifestyle/rules	<i>“You can’t be this strict with her, you’re not her real mum” (Birth parent) (Weitz & Karlsson, 2021, p. 708)</i>
	Socio-economic resources	<i>“When birthdays come around, I have to pull my reign back a little bit, because I have the opportunity to do this and do that, and I do not want to outshine the parents. So I definitely make sure that I do not do ... and that I give them their moment.” (Foster carer) (Spielfogel & Leathers, 2022, p. 651)</i>
What are the similarities perceived by foster carers and birth parents?	Loss of control	<i>“I hate being a third party in my children who I have raised. I’ve been raising children for the last eighteen-and-a-half years, you know? And all of the sudden I have no control ... I have to let it go. But it’s hard. Those are my babies. “(Birth parent) (Nesmith et al., 2017, p. 250)</i>
	Powerlessness within the system	<i>“The department’s made a different decision [about parental contact] which I would argue is not in the best interest of the children and it will make our family life – it already is making our family life even more difficult than it already is” (Foster carer) (Ankersmit, 2020, p. 175)</i>

What helps the relationship?

Several papers detailed how birth parents were able to have better relationships with foster carers when they felt their children were being well looked after **in good hands** (Ankersmit, 2020; Bengtsson & Karmsteen, 2021; Jarvinen & Luckow, 2020). Similarly, foster carers empathised with birth parents and wanted to show that they were providing a loving, caring home to their children as they would want the same if they were in their position (Hedin, 2015). Foster carers communicating **empathy** towards birth parents in various ways was seen as another help to developing a collaborative relationship (Ankersmit, 2020; Chateaufeuf et al., 2018; Nesmith et al., 2017; Spielfogel & Leathers, 2022). Birth parents say an openness to listening to their stories and circumstances was an indication of empathy towards their situation (Ankersmit, 2020). Empathy could also be displayed through indirect actions such as being proactive in the relationship and regularly communicating (Ankersmit, 2020; Chateaufeuf, et al., 2018). Birth parents also appreciated when foster carers **recognised they were trying their best** despite the difficult circumstances they found themselves in (Ankersmit, 2020; Bengtsson & Karmsteen, 2021).

Linked with empathy is the concept of **respect** which was found to be important for both foster carers and birth parents (Ankersmit, 2020; Lewis et al., 2022). When parents and carers mutually respected each other's roles and views this led to perceptions of a more cooperative relationship (Ankersmit, 2020; Lewis et al., 2022).

Additionally, there were several studies that spoke to the importance of **social workers as facilitators** and crucial stakeholder of the relationship between foster carer and birth parents (Ankersmit, 2020; Lewis et al., 2022; Spielfogel & Leathers, 2022). This sentiment was expressed even in a paper that did not include social workers as participants (Lewis et al., 2022). Foster carers and birth parents shared that social workers often acted as intermediaries between parents and carers to exchange information and personal details

(Ankersmit, 2020). They also suggested that social workers could take a more proactive approach in encouraging and supporting this relationship (Ankersmit, 2020; Lewis et al., 2022).

What hinders the relationship?

A consistent theme for birth parents that was found in six of the seven studies that included their views, was the detrimental impact of perceiving themselves to be **negatively judged** by foster carers (Ankersmit, 2020; Bengtsson & Karsmsteen, 2021; Jarvinen & Luckow, 2020; Nesmith et al., 2017; Spielfogel & Leathers, 2022; Weitz & Karlsson, 2021). These negative judgements left birth parents feeling excluded from their role as parents, left out of opportunities to see their children and marginalised (Ankersmit, 2020; Spielfogel & Leathers, 2022). Experiences of alienation and marginalisation was most present with birth parents who had conflicting relationships with foster carers (Spielfogel & Leathers, 2022).

Another recurring theme that hindered the relationship between foster carers and birth parents was birth parents' experiences of **feeling inferior and stigmatised** in comparison to foster carers (Bengtsson & Karsmsteen, 2021; Hojer, 2009; Jarvinen & Luckow, 2020). Hojer (2009) found that feelings of inferiority had the additional consequences of preventing birth parents from participating in the care of their children. This stigmatisation led to them perceiving themselves as passive in the relationship and unable to actively cooperate with foster carers (Bengtsson & Karsmsteen, 2021; Hojer, 2009). Over time these feelings of inferiority and stigmatisation could develop an asymmetric relationship with foster carers where birth parents felt they had to do just enough to be able to see their children but if they went too far in their progress they felt foster carers perceived this as a threat to their status (Hojer, 2009).

Three papers identified that an important issue for foster carers was the impact of **feeling unfairly criticised** by parents (Jarvinen & Luckow, 2020; Nesmith et al., 2017;

Spielfogel & Leathers, 2022). Foster carers shared experiences where they felt they were doing the right thing such as cleaning children before visits but then being criticised for this act (Nesmith et al., 2017). Some foster carers felt the criticism was one-sided as they would not do the same to birth parents in return (Jarvinen & Luckow, 2020).

Similarly, both foster carers and birth parents spoke about the detrimental effect of **being undermined** in front of the children and how children can begin to resent either parental figure if they speak critically about each other (Ankersmit, 2020; Lewis et al., 2022).

What does a positive relationship look like?

Many of the papers in this review sought to understand the components of a positive foster carer-birth parent relationship. An important factor that contributed to the strengths of this relationship was when birth parents felt they were **being included** (Ankersmit, 2020; Hojer, 2009; Jarvinen & Luckow, 2020; Nesmith et al., 2017; Riggs, 2015; Spielfogel & Leathers, 2022) in the process of their children's care and lives. Ways in which foster carers included birth parents was through **information sharing** (Ankersmit, 2020; Chateaufneuf et al., 2018; Spielfogel & Leathers, 2022) of the children's daily lives through pictures, updates and regular communication. This openness in communication helped birth parents feel like their role as parents was not being completely taken over by foster carers (Ankersmit, 2020; Nesmith et al., 2017) and trust was slowly being built over time (Spielfogel & Leathers, 2022).

Several foster carers and birth parents spoke of a **co-parenting** dynamic developing, using language and metaphors reminiscent of couples working together after a divorce (Ankersmit, 2020; Hedin, 2015; Lewis et al., 2022; Nesmith et al., 2017, Riggs, 2015; Spielfogel & Leathers, 2022). Co-parenting to foster carers and birth parents meant sharing the care of children, respecting each other's parental authority and engaging in **collaborative**

decision-making (Ankersmit, 2020; Hojer, 2009; Lewis et al., 2022; Spielfogel & Leathers, 2022) when appropriate.

Some papers identified situations where the relationship between birth parent-foster carer evolved beyond co-parenting into a trusting relationship that was seen as a **source of support** for birth parents as well (Ankersmit, 2020; Hedin, 2015; Lewis et al., 2022; Spielfogel & Leathers, 2022). There were birth parents who felt through their relationships with foster carers that they were able to get support for their difficulties and learned to be “better” parents through their guidance (Ankersmit, 2020; Lewis et al., 2022).

What are the experienced differences between foster carers and birth parents?

A child's placement into foster care can often reveal differences in **socio-economic resources** between foster carers and birth parents. A few papers from the perspectives of foster carers and birth parents (Jarvinen & Luckow, 2020; Spielfogel & Leathers, 2022) found that both sides noticed the tension this difference can contribute to the relationship. Most birth parents were struggling financially through unemployment and housing instability whereas their children were often placed in much more financially stable foster care homes (Spielfogel & Leathers, 2022). If foster carers were able to afford luxuries or activities for the children that birth parents could not this made birth parents feel inferior and as if their children were being set up to be disappointed by them in future (Jarvinen & Luckow, 2020; Spielfogel & Leathers, 2022).

Some foster carers recognised this strain and sought to minimize its effect on the birth parent and child's relationship. One example of this is being mindful around birthdays and asking the birth parent how they would like to celebrate with their child and not competing with the birth parent through lavish gifts and activities. This way the children were able to see their parents as actively involved in their lives and that even if they were less resourced there

was emphasis on the value they bring to their children in other meaningful aspects (Spielfogel & Leathers, 2022).

Similarly, three studies explored foster carer and birth parents' experiences on how difference in **lifestyle/rules** between families can bring tension into the relationship (Ankersmit, 2020; Chateaufneuf et al., 2018; Weitz & Karlsson, 2021). Foster carers for the most part would ignore differences in lifestyle/boundaries if they felt children were safe and well cared for (Ankersmit, 2020; Chateaufneuf et al., 2018). However, issues rose when foster carers noticed behavioural problems when the children returned from visits (Chateaufneuf et al., 2018). Birth parents were also generally tolerant of lifestyle differences and boundaries if the same courtesy was given to them. They felt a difference in opinion on rules were not necessarily an indication of 'bad parenting' warranting judgement from foster carers (Weitz & Karlsson, 2021). Additionally, some birth parents felt they had to step in when foster carers were being too strict with their children (Weitz & Karlsson, 2021).

What are the similarities of experiences between foster carers and birth parents?

Six out of seven studies that included perspectives from birth parents highlighted a consistent feeling of a **loss of control** over the way their children were being raised and a fear of losing their children permanently (Ankersmit, 2020; Bengtsson & Karmsteen, 2021; Hojer, 2009; Jarvinen & Luckow, 2020; Nesmith et al., 2017; Weitz & Karlsson, 2021). Some spoke about how the trauma of involuntarily removal of their children from their care already left them starting the experience from a position of loss (Ankersmit, 2020; Hojer, 2009; Nesmith et al., 2017). This loss was compounded with ambivalent feelings of joy at seeing their children well cared for by foster carers but also an underlying anxiety that their prospects of reunification were diminishing as children grew more and more attached to foster carers (Ankersmit, 2020; Nesmith et al., 2017; Weitz & Karlsson, 2021).

Similarly, four out of eight papers that included perspectives from foster carers also spoke to this underlying anxiety and feelings of **powerlessness within the system** of child welfare (Ankersmit, 2020; Chateaufeuf et al., 2018; Jarvinen & Luckow, 2020; Spielfogel & Leathers, 2022). Many foster carers spoke of the difficulties of their professional role that is following a system when they might have personally disagreed with decisions being made the social care system (Ankersmit, 2020; Chateaufeuf et al., 2018; Jarvinen & Luckow, 2020). Additionally, several foster carers spoke of the “ticking timebomb” of not knowing if or when the children will be returning back to their parents and the pain of this possible loss (Ankersmit, 2020; Jarvinen & Luckow, 2020; Spielfogel & Leathers, 2022).

Discussion

The aim of this review was to explore the subjective experiences and views of foster carers and birth parents working together to understand how to potentially better support this relationship. From the eleven papers reviewed, this topic can be understood under five main themes; what helps the relationship, what hinders the relationship, what does a positive relationship look like, what are the experienced differences between foster carers and birth parents and what are the similarities of experiences between foster carers and birth parents. This section will discuss the findings more broadly in the context of wider research and relevant theory.

Attachment

A study found that CLA presenting with a “secure” attachment profile were those whose foster carers spoke positively about their birth parents but also listened to the children’s disappointments or experiences of difficult situations. They found that the success of this “secure” attachment hinged on the co-operation of birth parents in this relationship.

Other research has shown that when birth parents positively endorse foster carers during contact this helped to alleviate children's feelings of guilt and allowed them to talk openly about their feelings and experiences (Boyle, 2017).

Similarly, in the papers reviewed birth parents spoke about how important it was to see their children "in good hands" or "loving homes" (Ankersmit 2020; Bengtsson & Karmsteen 2021; Jarvinen & Luckow 2020). Foster carers also spoke of wanting to show birth parents they were caring for their children well in the hopes this could alleviate negative feelings towards them (Ankersmit 2020). Birth parents also appreciated when they were recognised by foster carers as trying their best despite their difficult circumstances (Ankersmit 2020; Bengtsson & Karmsteen, 2021) which encouraged them to continue trying to engage with services and their children. Studies have shown that when birth parents feel positively regarded by foster carers they feel safer to be more proactive in the care of their children (Poirier & Simrad, 2006).

Stigma and Experiences of Marginalisation

In the papers reviewed there was a strong theme of judgment and feelings of inferiority in the narratives and perceptions of birth parents (Ankersmit 2020; Bengtsson & Karmsteen 2021; Jarvinen & Luckow 2020; Nesmith et al., 2017; Spielfogel & Leathers 2022; Weitz & Karlsson 2021) which were exacerbated when recognising the socio-economic differences between birth parents and foster carers (Jarvinen & Luckow 2020; Spielfogel & Leathers 2022). Research shows that when individuals are stigmatised in a way that is incongruent with their self-view, they will adopt strategies to alleviate psychological distress (Goffman, 1963). In the case of birth parents whose children have been placed in foster care they often felt judged as "bad parents" and so to manage this negative self-concept they might construct "good parent" identities allowing them to preserve a sense of dignity in

the face of institutional judgement (Sykes, 2011). A consequence to these psychological defences and constructs is that parents might distance themselves from others in the same role who they perceive as better than them (Sykes, 2011), in this case foster carers. This distancing could also present itself as criticisms of the standards and enforcements of institutional procedures (Sykes, 2011). Similarly, in the current review there were papers that discussed how foster carers felt unfairly criticised at times by birth parents (Jarvinen & Luckow 2020; Spielfogel & Leathers 2022) and had a sense that they could do nothing right (Nesmith et al., 2017).

Hojer (2009) found that birth parents tend to feel inferior to foster carers and perceived them to be doubtful of their parenting skills - a conclusion which was also drawn in other studies in the review (Ankersmit 2020; Jarvinen & Luckow 2020). When birth parents feel they are being perceived as “bad parents” this affects their interactions with foster carers and they develop an asymmetric relationship with them (Hojer, 2009; Kiraly & Humphreys, 2015). The asymmetric relationship is one where foster carers hold all the power, and birth parents feel they cannot interact or connect with their child as much for fear of judgement and losing their children permanently (Hojer, 2009; Kiraly & Humphreys, 2015).

It was clear from the papers reviewed that stigmatisation, feelings of judgement or criticism are important concepts to manage thoughtfully between foster carers and birth parents in order to have a better working relationship (Hojer 2009; Jarvinen & Luckow 2020; Nesmith et al., 2017; Spielfogel & Leathers 2022;). One way these feelings could potentially be managed is by fostering mutual respect and empathy (Ankersmit 2020; Chateauneuf, et al., 2018; Lewis et al., 2022; Nesmith et al., 2017; Spielfogel & Leathers 2022).

Structural Family Systems Theories

When considering a family systems perspective, the negotiation of family boundaries, acceptance of a novel parenting subsystem and sensitively managing perceived socioeconomic differences between families are particularly important in understanding how the relationship between foster carers and birth parents could evolve (Collins & Wright, 2022; Cox & Paley, 2003).

Perceptions that foster carer's primary role is to become a substitute parent can lead birth parents to focus on the maintenance of their family's boundaries and protect their role as parent (Collins & Wright, 2022). Additionally, incorporating foster carers into the parenting subsystem is a novel and strange concept in comparison to "traditional" family presentations (Collins & Wright, 2022; Cox & Paley, 2003). The current review explored how foster carers and birth parents navigate the development and positive maintenance of this parenting subsystem through including the birth parent in their children's care (Ankersmit, 2020; Hojer, 2009; Jarvinen & Luckow, 2020; Nesmith et al., 2017; Riggs, 2015; Spielfogel & Leathers, 2022), regular information sharing (Ankersmit, 2020; Chateaufneuf et al., 2018; Spielfogel & Leathers, 2022), collaborative decision making (Ankersmit, 2020; Hojer, 2009; Lewis et al., 2022; Spielfogel & Leathers, 2022) and engaging in a co-parenting style of working together (Ankersmit, 2020; Hedin, 2015; Lewis et al., 2022; Nesmith et al., 2017, Riggs, 2015; Spielfogel & Leathers, 2022).

Important context to the negotiation of family boundaries and developing a co-parenting subsystem is the feelings of powerlessness or loss of control experienced by birth parents and foster carers. For example, the foster carer can be perceived as especially threatening to birth parents who feel marginalised and fearful of their children being permanently removed from their care (Sykes, 2011). Foster carers similarly feel a sense of fear that children can be removed from their care quite suddenly, returned to their birth

parents or into another foster home (Ankersmit, 2020; Chateaufneuf et al., 2018; Jarvinen & Luckow, 2020; Spielfogel & Leathers, 2022). In the current review birth parents found it particularly difficult to witness the loss of control over how their children were being raised (Ankersmit, 2020; Bengtsson & Karmsteen, 2021; Hojer, 2009; Jarvinen & Luckow, 2020; Nesmith et al., 2017; Weitz & Karlsson, 2021). Navigating these feelings of powerlessness and loss of control is important for a positive co-parenting relationship to develop between birth parents and foster carers.

Social Worker's Role in the Relationship

There were some papers that highlighted the importance of an engaged and proactive social worker in improving the relationship between foster carers and birth parents (Ankersmit, 2020; Lewis et al., 2022; Spielfogel & Leathers, 2022). Some examples given were on how social workers could aid in initial first impressions by facilitating meetings and sensitive sharing of information (Ankersmit, 2020; Lewis et al., 2022).

However, social workers must navigate a balance between being supportive encouragers of change or being perceived as over-involved and controlling (Salas, Sen & Segal, 2010). Although several foster carers and birth parents appreciated social worker's involvement in the beginning of the relationship, they also described feeling like all their interactions had to go through this third-person first which felt time-consuming and unnatural (Ankersmit, 2020). Other research has shown that birth parents and foster carers are more likely to accept input from professionals with whom they have a positive relationship (Triseliotis, 2010). In conclusion, the current review and previous research suggests that in order for foster carers and birth parents to have a supportive relationship the involved social worker plays an important role in the development and maintenance of this relationship (Ankersmit, 2020; Lewis et al., 2020; Spielfogel & Leathers, 2022; Triseliotis, 2010).

There are notable differences in how social care respond to and engage with looked after children, their families and foster carers within the UK (McGhee et al., 2018). Additionally, the current review found no papers from the UK to include. Therefore, conclusions on how social workers can support the relationship between foster carers and birth parents are tentative and further research is needed within a UK context.

Limitations of the Review

The explorative nature of qualitative research makes it difficult to draw conclusions on cause and effect. However, the qualitative methodology is a real strength in understanding subjective experiences and perspectives especially from a participant pool and topic that has limited research. A further limitation of the review is that the variety of stakeholders that participated in the different papers makes it difficult to create a consensus of one perspective across studies.

Due to a lack of UK studies in this review there is a significant concern as to the generalisability of the review findings to a UK setting. The present review spans papers from several countries where social care and child welfare systems differ significantly. For example, in the UK, local authorities commonly arrange contact visits through third-party contact centres (Selwyn & Lewis, 2023). Other countries emphasise contact should be arranged between foster carers and birth families directly (Boddy et al., 2014; Collings & Wright, 2022). Additionally, in the UK most placements are legally enforced and involve transferring some or all parental responsibility to the local authority, whereas, in other European countries parents retain a higher degree of parental authority and the use of legally enforced placements is lower (Boddy et al., 2014).

Given the relatively small number of papers within this review, the findings are not readily generalisable and should therefore, be interpreted tentatively. It is possible that the

author's own potential biases from their experiences working with CLA could have interacted with the existing researcher bias within the studies during the synthesis of findings. Despite these limitations, the relationship between foster carers and birth parents is underrepresented within the literature and this review can provide useful potential considerations for both clinicians and researchers.

Clinical Implications

The findings from this review highlight the importance of better preparation either through training and/or more support from local authorities in enabling foster carers and birth parents to build positive relationships with each other. For example, social workers could increase opportunities for parents and foster carers to meet by facilitating meetings where sharing of information is encouraged, and the two families can overcome logistical issues and begin to develop direct forms of communication. This would be a stark change to local authorities' policy and procedures in the UK as currently most communication between foster carers and birth parents is facilitated through social workers (DfE, 2012). Additionally, with the increasing use of third-party contact centres for arranging contact visits (Selwyn & Lewis, 2023) there is less opportunity for foster carers and birth families to meet and build working relationships with each other. Considering more direct communication between foster carers and birth families would be a drastic change in policy it is important that clear explanations of roles and expectations are provided to help navigate the intricacies of the relationship.

By fostering a relationship of openness and mutual respect this could help birth parents feel less judged/stigmatised, and foster carers feel like their parental authority is not being undermined which can lead to better contact visit outcomes (Gerring et al., 2008). Additionally, encouraging collaborative relationships between foster carers and birth parents has the potential to positively impact placement stability (Austerberry et al., 2013) and

improve children's wellbeing (Morrison et al., 2011). If foster carers and birth parents have a cooperative relationship with each other, built on mutual respect and trust this can provide a stable foundation for children to develop healthy attachment relationships with both parents and a better sense of belonging in two families (Andersson 2009; Biehal 2012).

Research Implications

Given that no studies from the UK were included in the review, further research exploring foster carer and birth parent relationships in the context of the UK social care and child welfare system would be helpful additions to the current literature. Additionally, research can explore the views and experience of all those involved in foster carer-birth family relationships including the children themselves and social workers. Social workers may be relevant stakeholders to include in future explorations given that some studies highlighted the importance of the social worker in the initial development and support of foster carer-birth parent relationships. For children, further longitudinal and developmentally informed research is needed in this area to better understand how children's experiences and perceived impact of the relationship potentially change over their development (Atwool, 2013).

It would be helpful to explore this relationship dynamic within a framework of its practical applications such as when families meet for the first time or in the context of ongoing contact visits. Additionally, more experimental methodologies which introduce an intervention that positively supports and develops foster carer-birth parent relationships could be helpful in exploring the impact of this relationship on associated outcomes such as placement stability, future reunification and children's wellbeing.

Conclusions

The current review examined the perceptions, experiences and views of foster carers and birth parents on what helps or hinders their working relationship. Five main themes were presented; what helps the relationship, what hinders the relationship, what does a positive relationship look like, what are the experienced differences between foster carers and birth parents and what are the similarities of experiences between foster carers and birth parents. The papers described the importance of supporting the relationship through respect, empathy, collaborative decision-making, regular information sharing and co-parenting. Contrastingly, feelings of being judged, unfairly criticised and undermined hindered the positive development of the relationship. A few papers highlighted how certain foster-care birth parent relationships evolved over time to feel less like a competition between the two parents and one of mutual support and collaboration. Many papers discussed the importance of managing difference, both socio-economic and rules between households. Both foster carers and birth parents spoke of feelings of powerlessness and loss of control whilst being part of the institution of child welfare which can also hinder the relationship if not managed or supported correctly with sensitive input from social workers.

Further research is needed to explore the experiences and perceptions of foster carers, birth parents and social workers on how a positive working relationship is developed and supported within a UK context.

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Section B: A grounded theory of how birth parents, social workers and foster carers work together around the needs of the child for contact visits.

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Abstract

Background: Local authorities have promoted the importance of facilitating contact visits between Children Looked After (CLA) and their families. Whilst the benefits of contact have been explored, there is a lack of applicable theory and research on the interpersonal processes between professionals, foster carers and parents. The present study built a grounded theory of how professionals, foster carers and parents work together to facilitate positive contact visits.

Method: Three social workers, three foster carers and two birth parents took part in one-to-one, semi-structured interviews. The two birth parents, one foster carer and one social worker had worked together, and the rest of the participants were independent of each other. Previous interview data with three care leavers, four birth parents and seven contact supervisors from a separate study (McDonnell. K, unpublished doctoral dissertation, submitted April, 2021) were included in the analysis. Data were analysed using grounded theory.

Results: The developed theory suggested that the foundation to good contact lies within strong working relationships between professionals, carers and parents. The related interpersonal processes of managing difficult feelings, sharing power and building relationships through communicative actions were examined and discussed.

Conclusions: Further research is needed, particularly exploring the unique relational dynamics of kinship foster placements and with professionals and families of minoritized backgrounds to assess the applicability and scope of the model.

Keywords: children looked after, contact visits, social worker, foster carer, birth parents

Introduction

The Department for Education has labelled the risk of failure for children in care placements as “critical to very likely” over 2023/24 due to its assessment that local authorities are increasingly unable to afford and locate appropriate placements to meet the needs of children looked after (DfE, 2023). Additionally, the number of Child and Family social workers fell for the first time in 10 years in 2022/23 (DfE, 2022). When considered together this suggests that the current social care landscape is facing increasing pressures in meeting the needs of children in care. Therefore, it is important to consider how to best meet the needs of children within the context of under-resourced local authorities.

Children Looked After and Identity

An area which is important to consider with children looked after (CLA) is the need to respect and maintain a child’s sense of social identity as developing a defined and valued sense of self supports mental wellbeing and self-esteem (Thoits, 2013).

Identity formation begins in early childhood and is shaped by lived experiences and social context (Branje et al., 2021). In his model of psychosocial development, Erikson (1968) emphasized the role of earlier experiences, especially within the family, to subsequent phases of identity development. Erikson (1968) highlighted the contextual nature of identity development, arguing that an individual cannot be understood in isolation from their social context. For CLA who have experienced potentially harmful or traumatic disruption to their early childhoods, support from professionals who seek to understand, respect and represent their unique identity is crucial. Support for children and young people is likely to have more of an impact if their identities are considered and respected; while children are less likely to benefit from or engage with support if decisions are made that take no account of how they see themselves (Hazel et al., 2020).

Identity can be further understood as social identity - how someone feels in relation to others, for example through feelings of belonging and acceptance by family, peer group and wider society (Branje et al., 2021). For CLA their social identity formation can be complex given their likely difficult early childhood experiences and upbringing. However, research has shown that young people in care can form a strong sense of social identity which is shaped by their relationships and this identity can act as a protective factor (McMurrery et al., 2011). Therefore, maintaining relationships with family and in particular respecting cultural background is important for CLA in helping them to continue developing their social identity (Winter & Cohen, 2005). This is particularly true when evidence suggests that many children in care want to see their parents regularly (Baker et al., 2016; Selwyn & Lewis, 2023).

Relationships Following Care Proceedings

Previous research suggests that if contact does not work for the adults involved then it is unlikely to work for the children (Neil et al., 2011). However, contact is by nature difficult as adult strangers are brought together under the considerable emotional pressure and stress following care proceedings. Birth parents carry into contact visits the trauma of losing a child and being judged unfit by an adversarial legal system, as well as the personal difficulties that led to investigation in the first place (Broadhurst & Mason, 2017; Collings et al., 2019). For foster carers, they are not only navigating the complexities of supporting a child newly placed in their care but also the inherited interpersonal difficulties of another family (Neil et al., 2011). When families are left to negotiate these complex relational negotiations alone the development of their working relationship can suffer (Selwyn et al., 2014). Whatever the circumstances that preceded care arrangements, families brought together by statutory child removal lack social norms to guide their relationships and may need support from professionals in navigating these difficulties (McDonald, 2017).

Fuentes et al. (2018) found that both foster carers and birth parents want information, preparation and support from professionals to help make contact work. Other researchers found specific areas of skill development by professionals can have a role in encouraging the negotiation of boundaries, managing difficult feelings, and finding ways to communicate with empathy and respect (Wright & Collings, 2019). Similarly, longitudinal research on direct contact after adoption in England found that children can learn to form a dual connection to two families, both equally important but different, when adoptive parents show birth parents respect and empathy and birth parents accept the adoption (Neil et al., 2015). However, many birth and foster families find professional guidance for relationship-building to be lacking (Garcia-Martin et al., 2019; Wright & Collings, 2019).

Structural Family Systems Theories

Structural family systems theory has been particularly relevant to research on children in foster care and their families (Minuchin, Colapinto & Minuchin, 2006). The theory positions an individual within the context of larger family systems and smaller subsystems such as the parent–child relationship and the relationship between the adults (Cox & Paley, 2003). Structural theories emphasize the importance of hierarchies and clarified subsystems with clear boundaries and open communication (Cox & Paley, 2003).

A family systems perspective could provide a framework to understand the potentially challenging dynamics between the different roles and relationships within a contact setting. Structural-related concepts of subsystems and boundaries are relevant to direct contact in permanent care (Coady & Lehmann, 2016). These structural concepts address the family system's patterns of organization and how it functions. For example, there is potential for a “parental sub-system” to form between contact workers and parents or parents and foster carers which can potentially help support parents during contact (Hedin, 2015).

The importance of a positive co-parenting relationship between foster carers and birth parents is highlighted by research that found foster children have higher levels of distress and emotional and behavioural problems when the foster carer-birth parent relationship is antagonistic (Bell & Romano, 2015). However, research from Australia within adoptive placements where contact is ongoing highlighted several contributing factors that can limit the extent to which contact workers, foster carers and birth parents can form collaborative subsystems (Collings & Wright, 2022). They found parents and foster carers needed to embrace their new joint parental identities and accept the child will have dual connections to both families for well-established and robust relationships to form between them (Collings & Wright, 2022).

The Contact System, Roles and Relationships

Contact is a complex system made up of professionals, carers and parents all of whom have differing relationships and roles that change over time, interact and influence each other (Atwool, 2013). Different people within the system have their unique experiences when it comes to contact and it's likely that their perspectives will contrast on what factors are important to supporting contact (Garcia Martin et al., 2019; Salas Martinez et al., 2016). Social workers play an important role in developing and maintaining the relationships within this complex system by providing a relational bridge between parents, children and carers (Schofield & Ward, 2011). Additionally, research has shown that birth parents and foster carers are more likely to accept input from professionals with whom they have a positive relationship with (Triseliotis, 2010). Currently, the research has focused predominantly on how professionals and parents experience contact (Boyle, 2017) but there is little exploration on how the relationships between professionals and parents can potentially facilitate positive contact visits.

Rationale

Whilst previous research has explored what makes a good contact visit (Triseliotis, 2010), the benefits of good contact (Boyle, 2017) and the consequences of poor contact (Ward, 2009) there is little investigation into what processes between the parents and professionals can facilitate positive contact visits. By understanding how to work better together, professionals and parents can potentially improve the experience and impact of contact visits in future.

NHS Values

The project takes into consideration all NHS values but in particular ‘everyone counts’ as the project aims to gather the views of social workers, foster carers and birth parents in forming a theory. Additionally, the conclusions and theory drawn from the research align with the value “improving lives” for CLA as it can inform better ways of working through better understanding of what processes underpin positive contact visits.

Aims

To investigate and develop a theory to explain what interpersonal processes and communications need to happen between birth parents, foster carers and social workers to facilitate positive contact visits between looked after children and their birth parents. The following three questions guided the present research:

- a. What are the interpersonal processes between social workers, foster carers and birth parents underpinning contact visits for looked after children?
- b. What interpersonal processes between social workers, foster carers and birth parents are associated with positive contact visits?
- c. How do social workers, foster carers and birth parents work to repair difficult experiences?

Methods

Research Design

Data were generated, analysed and presented using a grounded theory approach. Grounded theory is associated with epistemological neutrality (Urquhart & Fernández, 2013) therefore researchers can take different philosophical positions whilst conducting this type of research (Singh & Estefan, 2018). The current research is presented within a critical realist position (Bhaskar, 2013) which suggests that objective reality exists, is fluid in nature and is shaped by how people construct its meaning (Timonen, Foley & Conlon, 2018). Critical realist grounded theory takes into consideration the human perspective on the structures, processes and social relationships that constitute the reality of our social worlds (Oliver, 2012) which is particularly well suited to social care (Oliver, 2012) and psychological research (Willis, 2023). Therefore, grounded theory procedures outlined by Corbin and Strauss (2015) were utilised to operate within a critical realist position to gain conceptual clarity about the collected data.

Design Overview

There was a two-stage process of data collection and analysis, both stages are outlined below.

Stage 1

Interview data from a separate study (McDonnell. K, unpublished doctoral dissertation, submitted April, 2021) were re-analysed for the current research. McDonnell (2021) conducted a three-round Delphi study exploring the experiences and views of care leavers, birth parents and professionals around contact visits. The first round of the Delphi study involved interviewing care leavers, birth parents and contact supervisors. These interviews were re-analysed by the current researcher using critical realist grounded theory

methodology to develop emerging categories and an initial interview schedule (Appendix G) to be used in the next stage of research.

Stage 2

Using theoretical sampling further semi-structured interviews were conducted with social workers, birth parents and foster carers to expand and clarify emerging categories from Stage 1 and to explore gaps and tensions within the data. Analysis of the interview data then refined the model.

Inclusion and Exclusion Criteria

Inclusion criteria for participation in the study is outlined in Table 1 below.

Participants whose experience mainly derived from kinship, adoption and residential foster placements were excluded.

Table 1

Participant Inclusion Criteria

Social Workers	Foster Carers	Birth Parents
At least one year's experience working with CLA and their families	At least one year's experience caring for CLA	At least one year's experience of their child/children being in care
To have been involved with attending or setting up contact visits between CLA and their birth parents	Involved with attending or supporting contact visits between the child/children and their birth parent(s)	Have had contact visits with their child/children, at least one of which was positive
Can recall at least one positive contact visit	Can recall at least one positive contact visit	Currently or previously working with social workers and foster carers to facilitate contact visits

Participants

Stage 1

In the first round of her Delphi study McDonnell (2021) conducted semi-structured interviews with three care-leavers and four birth parents, none of whom were linked with each other. Additionally, she facilitated a semi-structured focus group with seven contact supervisors. All participants were white British. Across the participants there were experiences of supervised and unsupervised contact visits. Every interview and focus group were included in the initial analysis. Table 2 contains the participant demographic data from Stage 1.

Table 2

Participant Demographics – Stage 1

Birth Parent	Gender	Age	Race	Length of time child in care
1	Female	25-34	White British	2-5 years
2	Female	25-34	White British	2-5 years
3	Male	16-24	White British	0-2 years
4	Female	35-44	White British	0-2 years
Care Leaver	Gender	Age	Race	Length of time in care
1	Female	16-24	White British	5-10 years
2	Male	16-24	White British	10+ years
3	Female	16-24	White British	10+ years
Contact Worker	Gender	Age	Race	Length of time in role
1	Female	25-34	White British	2-5 years
2	Female	35-44	White British	10+ years
3	Female	Unknown	White British	Unknown

4	Male	25-34	White British	2-5 years
5	Male	Unknown	White British	2-5 years
6	Male	Unknown	White British	Unknown
7	Male	Unknown	White British	Unknown

Stage 2

Semi-structured individual interviews were conducted with a further eight participants in Stage 2. Four participants had worked together around the same child. This included both birth parents (separated), foster carer 1 and social worker 3. The rest of the participants were independent to each other. All participants only had experiences of supervised contact visits. This provided a total number of 16 interviews across 22 participants for the analysis. Table 3 contains the participant demographic data from Stage 2.

Table 3

Participant Demographics – Stage 2

Social Worker	Gender	Age	Race	Length of time in role
1	Female	30	White British	2 years
2	Female	29	White British	6 years
3	Male	59	White British	25+ years
Foster Carer	Gender	Age	Race	Length of time in role
1	Female	60	White British	21 years
2	Male	32	Black British	12 years
3	Female	53	White British	7 years
Birth Parent	Gender	Age	Race	Length of time child in care
5	Female	31	White British	3 - 10 years

6 Male 33 White British 3 years

Previous research suggests data from at least 20 participants are sufficient for Grounded Theory studies (Boddy, 2016; Marshall et al., 2013). Additionally, the present study aimed to achieve conceptual density by reaching a sufficient depth of understanding that would allow the researcher to theorise (Dey, 1999). Criteria related to conceptual depth (Nelson, 2017) were used to determine when theoretical sufficiency had been reached by testing the sample at multiple points throughout the recruitment and analytic process. In the final assessment the data were considered to have reached a high level of conceptual depth. A copy of the criteria used, and conceptual depth assessments can be found in additional documents (Appendix H).

Materials

Data were generated from semi-structured interviews which explored participants' experiences and views around contact visits both positive and negative. The initial interview schedule in Stage 2 was created after analysing previous data (McDonnell, 2021) in Stage 1. The interview schedule evolved over time to include concepts that warranted further exploration with future participants. Examples of this are presented in the conceptual memos in Appendix N.

Procedure

Interviews were conducted either online via video consultation or over the phone depending on the participant's preference. The interviews lasted between 50 and 67 minutes (mean = 58 minutes). All interviews were audio recorded, the recordings were then transcribed and analysed using the NVivo 12™ digital software package (QSR International, 2024). Each interview was transcribed and analysed before proceeding to the next.

Recruitment

Four CLA social care teams were approached, three of which responded. The research project was presented in team meetings to social care managers and social workers. The social workers then approached appropriate foster carers and birth parents with a recruitment poster (Appendix K) and consent forms (Appendix I). Interested social workers, foster carers and birth parents were provided with a participant information sheet (Appendix J) and those who returned consent forms were contacted for interview.

Theoretical Sampling

Theoretical sampling was used during Stage 2 to explore initial connections and gaps in the emergent theory (Corbin & Strauss, 2015). For example, it was clear from Stage 1 interviews that social workers and foster carers needed to be interviewed to gain a richer understanding of the experiences of all those involved directly/indirectly with contact visits. Further examples of theoretical sampling are outlined in Table 4 below.

Table 4

Examples of Theoretical Sampling

Data Collection Point	Theoretical Sampling	Action
After first social worker interview	Social Worker brought up several examples where either they had a good relationship with parents or with foster carers and none where all three had good relationships with each other. It would be good to interview a connected triad of social worker-birth parent-foster carer to explore this dynamic further as all interviews so far have been individuals.	Actively recruited a social worker (3) who could recommend a birth parent (5& 6) they worked with, and the foster carer (1) involved.
After foster carer interview	Most of the interviews have been with women. It feels important to include a male foster carer perspective as although they are rarer, they also provide an invaluable insight into contact.	Actively recruited male foster carer (2)

After second social worker interview	Both social worker interviews so far have been with younger women with less than 10 years' experience. It would be good to sample a social worker with considerable experience as they have much more examples they could potentially draw from and more experience within the social care system.	Actively recruited a social worker with 25+ years of experience (3).
After the first four interviews	Most of the experiences of contact have generally felt quite positive despite having a separate question focusing on negative experiences. Both parents interviewed drew on many examples of positive contact for example.	Revisited Stage 1 interviews for re-analysis and examination against emerging concepts as there were more negative experiences expressed by participants there.

Ethical considerations

The research project was granted ethical approval by the Salomons Institute Ethics Panel (Appendix F). The participants in McDonnell's study (2021) had consented for their data to be used in future research. Whilst collecting primary data in Stage 2 written consent was obtained from all participants after they had read the participant information sheet. Interview recordings and transcriptions were kept on a password-protected database accessible only by the researcher. All identifying information was removed or changed in the transcripts to protect anonymity whilst preserving the integrity of the data. A project summary letter was sent to all participants and the ethics panel once the results were finalised (Appendix S).

Participants were made aware that they could withdraw their consent up to two weeks after the initial interview. This was due to the theoretical sampling process as data were analysed after every interview to inform the next round of sampling. Therefore, once the data was analysed it was too late to withdraw consent.

At the end of every interview there was a wellbeing debrief between the researcher and the participant to check that the participant was not left distressed by the content and discussion of the interview. It was not needed but in the event a participant found the interview distressing it was planned that additional resources such as contact details for local phone and online services for extra support would have been provided.

Data Analysis

Grounded theory techniques outlined by Strauss & Corbin (2015) were employed to collect, analyse and synthesise data to reach a high level of conceptual depth and extract emerging categories to form a theory. See Table 5 for a detailed summary of the analytic process across the different research stages.

Table 5

Analytic Process Summary

Stage	Grounded theory technique	Description
Throughout	Constant comparison	Constant comparison was used at every stage of the research process to consider similarities and differences within and across interviews, memos and categories (Glaser, 1965; Corbin & Strauss, 1990).
	Research diary/Memo writing	A research diary containing theoretical memos (Corbin & Strauss, 1990), annotations, notes and diagrams was used throughout the process to develop or further develop concepts and to encourage continuous curiosity about the data (Appendix N & O).
1	Line-by-line open coding	Stage 1 data was not collected by the current author so to become familiar with the data every interview transcript was coded line by line in an open manner (Strauss & Corbin, 2015).
	Axial Coding	Strauss and Corbin (1990) define axial coding as “a set of procedures whereby data

		are put back together in new ways after open coding, by making connections between categories,” and studying in-depth “conditions, context, action/interactional strategies and consequences” to ensure validity of the analytic process. After making connections between codes and contextualising the data the project supervisor reviewed the initial concepts and model development.
	Diagramming	A tentative diagram of Stage 1 concepts was created (Appendix L) as the starting point of the model to be expanded upon with further theoretical sampling and coding. This illustrated several gaps or questions within the data.
2	Theoretical sampling	Gaps and questions from Stage 1 formed the basis of theoretical sampling in Stage 2 which sought to explore and expand upon earlier concepts and ideas.
	Line-by-line coding	Each interview was transcribed and coded line by line for the researcher to immerse themselves with the data as it was being collected. An example transcript that is fully coded can be found in Appendix P.
	Axial coding	Axial coding supported with the use of diagramming was completed with all transcripts to explore patterns and relationships between concepts.
	Selective coding	Further exploring the “axes” using selective coding was used to generate the overarching core categories and related subcategories of the theory (Corbin & Strauss, 1990). Appendix M shows the evolution of the model over time and Appendix Q highlights further examples of how codes related to the categories.
	Finalising the theory	Categories, subcategories and selective codes were further considered and refined by revisiting all transcripts, memos, notes and annotations across the research stages. This refinement was an iterative process until the cyclical model outlined in the results section below was finalised.

Quality Assurance

At the beginning of the project a positioning statement (Appendix D) was written that explored how the identity of the author related to the research topic and identities of the participants. It helped explore preconceptions, assumptions and biases which could influence the study. This was reflected upon in subsequent supervision meetings and was considered throughout every stage of the project. Quality was further monitored using Corbin and Strauss' (2015) nine conditions of quality grounded theory research, a summary of which is presented in Appendix R.

Results

Mapping the system

Contact visits between birth parents and their children can be supervised or unsupervised. All parents interviewed for the project had supervised visits. All three participating local authorities and participants from the previous study used a third-party Contact Centre to arrange and organise contact visits.

The Contact Centre assigns a contact worker¹ to supervise the contact visits. Where possible they will try and organise the same contact worker to remain with the family, but it might be a small team of contact workers that observe the family over time. The child's social worker will often supervise the first few contacts but then will hand over to the contact worker to oversee the rest. From speaking with participants, it is highly unusual for a foster carer to be present during contact visits, but they are usually involving in dropping off and picking up the children before/after contact. The foster carer is supported by a supervising social worker².

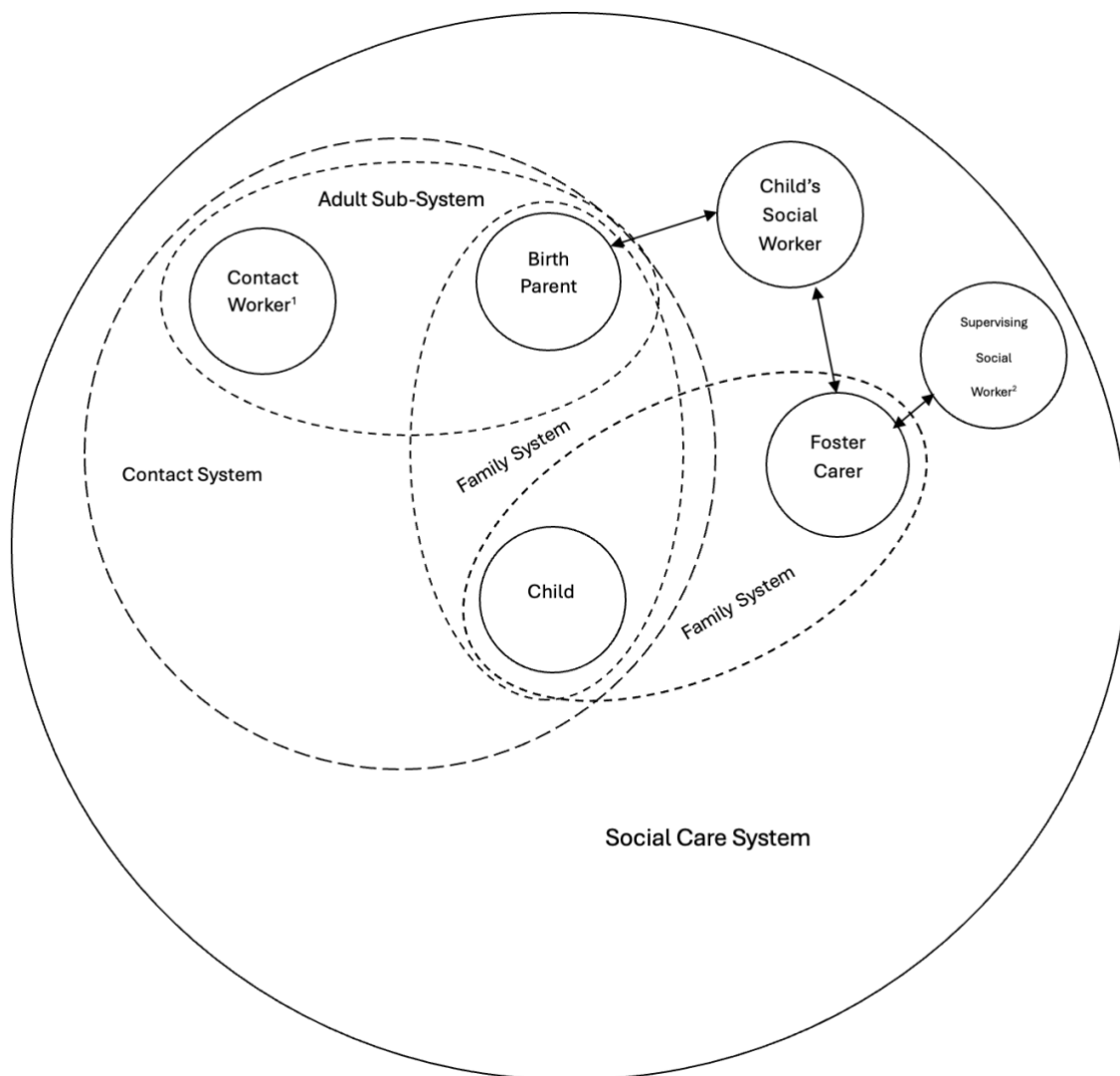
A systems model of contact is outlined below in Figure 1.

¹ Contact Workers – A professional hired by Contact Centres to supervise and observe contact visits. They make notes of the contact which is fed back to social workers and the local authority.

² Supervising Social Worker - All approved foster carers will be supervised by a qualified social worker. The role of the supervising social worker is to assist the foster carer in their responsibility of providing care to CLA.

Figure 1

Systems Model of Contact Visits and Personal/Professional Relationships



Model Overview

“I mean it’s stating the obvious but if you’ve got carers working well with us, with birth parents, vice versa and all around there’s open communication. Then you can get a lot achieved even if there are difficulties.” (Social Worker 3)

The developed theory for how professionals, carers and parents work around the needs of the child in contact visits was encompassed by a core category: relationships are the foundation of contact. Throughout the interviews there was a clear message that for contact to

go well there needed to be at least one strong working relationship within the contact system. These personal and professional relationships are child-led and involve a series of interpersonal subprocesses that help or hinder the formation of strong working relationships within the contact system. These subprocesses are described across four categories and related subcategories.

Participant quotes have been selected across Stage 1 and 2 to illustrate and describe the model and further example quotes can be found in Table 6. A summary of the core category, categories and subcategories are presented in Table 7. The model which includes relationships and interactions between categories is presented visually in Figure 2.

Table 6*Categories, Subcategories and Example Quotes*

Relationships are the foundation of contact		
Category	Subcategory	Example Quotes
Building blocks of a good relationship	Trust	I feel quite lucky to, to be able to be trusted to do that without you know, a lot of you hear these horror stories about you know, these parents kicking off with foster carers and, you know, trying to kidnap the kids and all that kind of stuff. (Parent 6)
	Honesty	Yeah, yeah, yeah, and actually have... and even if it's like right you cannot live with her, but like that like... stuff that happened in the past, when she's older and whatever like in a way they should have you in umm, a position to actually... even if they are saying right this is what's going to happen, at least tell it to you and don't just lie. (Parent 1)
	Communication	When it runs smoothly it's because of communication and when it doesn't run smoothly it's because of lack of communication. (Foster Carer 2)
	Consistency	I did have many, many social workers. Like more than one a year for every year... so... that's something but it would be nice if they could stay consistent. (Care Leaver 2)
	Empathy	Uh... to understand that I can't do things like everyone else. I've- I'm in constant pain. And I hide it from Child. But just to know that I'm trying to do things as normal as I can. And I would do anything to have a normal life. But that's not possible for me now. (Parent 5)
	Getting to know each other over time	And I think we, because I had actually built a relationship with this foster carer for a long, long time, because I've been working with the family for such a long time. (Social Worker 3)
Difficult feelings and context that can	Anger	Certainly, when a child first comes into care, there's a lot of anger on all sides. (Foster Carer 1)

interfere with relationships	Anxiety	I think, well, a lot of the foster carers I work with can be quite anxious about birth parents. (Social Worker 3)
	Stigma	And then you can forget that for some children and again and again, for older children particularly they find that really stigmatising that they've got somebody sitting in a restaurant with them and overseeing. And parents obviously feel like that as well. (Social Worker 1)
	Judgement	I was badly named and shamed effectively as a bad father. (Parent 6)
	Scrutiny	I would describe it as like a panopticon effect where everything's being monitored so the way you are, you know, your hopes, your pictures, your... anything you want to say, you can't say ought in private, so it's just not... to me it's not good contact. (Care Leaver 2)
Sharing power	Parental authority	Yeah one hundred percent, yeah, but I think you should be treated as like... as that you have a say because at the end of the day it is your child. (Parent 4)
	Co-parenting	It is very noticeable that mum was silent and she had no clue what to do, she was just you know... relied on me to sort of hold the situation. (Contact Supervisor 3)
	Working together	So my experience overall is it can be... some just run smoothly, you know, I mean, they just run, you know, it's all arranged, and it works really well. Everybody kind of works in partnership. (Social Worker 3)
	Social worker as mediator	Absolutely. Yeah, we're always kind of if there's an issue, we kind of are the bridge to sort of the other side. (Social Worker 2)
	(Contextual) The social care system and	And it just felt wrong, that they can have that sort of power. (Parent 1)

feelings of
powerlessness

Relational actions	Enthusiasm	Definitely yeah, I think even if you know, you don't have the perfect parents like, they might say the wrong thing and you know they're still learning, if they can just show that they're just really enthusiastic about spending time with their child, I think that goes a really long way. (Contact Supervisor 1)
	Putting the child first	I would say they're the same, they're just child focused, they understand there's difficulties but this is in the best interests of the child. (Social Worker 3)
	Seeing the child well cared	When I go to contact, it's so good to see Child. See how happy he is see how well he is doing. (Parent 5)
	Sharing memories	So what I've been doing a week before each contact, I've sent to the social worker, some photographs, like I send them. And then underneath it is when we had a trip to there. And this is when we went camping three weeks ago, and so that he can then forward that to the parents before the contact, so that they can say, Oh, I hear you went camping, or, you know, sort of you did you did your Christmas show at school? How did that go. And so they've got something so that they know a part of his life, that they've got something to talk to him about. Because he's he talks about what he likes, but not necessarily what they would like to hear. (Foster Carer 1)
	Trying to appear normal	So it was a bit easier to make things a little more normal, obviously I had a contact worker with me. But the contact worker I had, she used to take her badge off when we was in the park and stuff, so no one knew. (Parent 3)

Interaction of Categories

Following the central development of “foundations of a good relationship” the mapping of the other categories highlighted how different interpersonal processes helped or hindered the development of a solid relational foundation. All three categories of; “sharing power”, “building blocks of a good relationship” and “relational actions” contributed to the “foundations of a good relationship”. However, the category “difficult feelings and context that interferes relationships” was separate to the other categories as rather than helping improve the foundations of a good relationship it negatively impacted the other subcategories if contact was not managed well. This hindering effect on the other categories is exemplified by the red markers connecting this category to the others.

All processes were contained within the context of the wider social care system and inherited ruptures from the context of a difficult past following care proceedings.

Additionally, it was felt that through good relationships the benefits of contact could be achieved, and the double arrows highlight this as a cyclical process whereby beneficial contact also positively impacts relationships.

Figure 2

Developed Model of Category Interactions

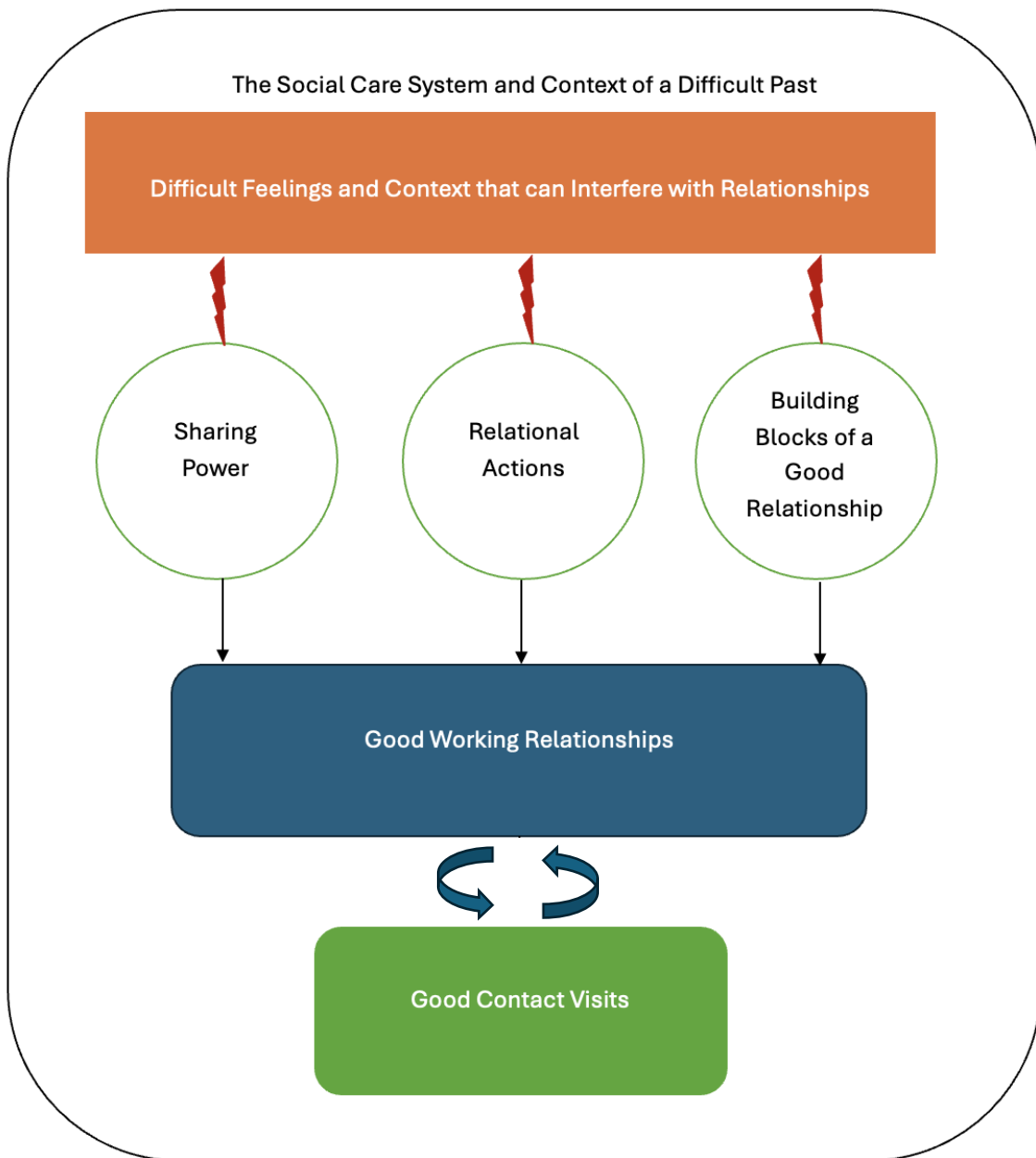


Table 7*Categories with Subcategories*

Core category: *relationships are the foundation of contact*

Category	Subcategories
1. Building blocks of a good relationship	(1.1) Getting to know each other over time. (1.2) Trust (1.3) Open communication (1.4) Honesty (1.5) Empathy (1.6) Consistency
2. Difficult feelings and context can interfere with relationships	(2.1) Anger (2.2) Anxiety (2.3) Experiencing stigma (2.4) Feeling scrutinised (2.5) Feeling judged
3. Sharing power	(3.1) Respecting parental authority (3.2) Co-parenting (3.3) Working together (3.4) Social worker as a bridge between relationships (3.5) (Contextual) The social care system and feelings of powerlessness
4. Relational actions	(4.1) Enthusiasm (4.2) Putting the child first (4.3) Seeing the child well cared for (4.4) Sharing memories (4.5) Trying to appear normal

1. Building blocks of a good relationship

“This job is about people, it’s about relationships.” (Foster Carer 3)

A good relationship requires strong relational foundations. What these foundations are was discussed across all participants.

1.1 Getting to know each other over time

All professionals and parents acknowledged the importance of time to the development and maintenance of their relationships as they get to know each other: *“Because I’m involved with families for such a long time, I get to kind of know the parents really well.”* (Social Worker 3). Time also allowed for parents to prove their commitment to their children and for this to be acknowledged by others in the system: *“I think time was a big factor. You know, Child’s dad attends meetings and things. And, you know, over the years, that we’ve known him, he showed himself to be involved and concerned about Child”* (Foster Carer 1).

1.2 Trust

Linked to the concept of time was a strong feeling of needing to trust each other: *“She, for whatever reason, was able to get on with me far better than the previous worker, which I think really helped build her trust in me.”* (Social Worker 2). Trust was found to be particularly helpful within contact itself as when parents felt trusted by professionals, they felt empowered to focus on their child during contact: *“But with the worker I’ve got now because I’ve been working with her for years she knows to just let me and Child get on with it.”* (Parent 5).

1.3 Open Communication

A consistent concept throughout the interviews was the need for open communication at all levels: *“So I think yeah, communication is key. And that they’re always approachable.”* (Parent 6). For foster carers they described how much of their role involves communication

as they're not directly involved in contact: *"From my end of things it's all about communication. It's just about keeping me in the loop so I can take care of the kid as best I can"* (Foster Carer 2).

Professionals also felt that communication was important in order to feedback to parents on what went well and to potentially start a conversation on how to improve contact: *"I speak to families after the contact and I get their views and then I can feedback what perhaps our views were that might differ to their views... it's just communication isn't it"* (Contact Worker 5).

1.4 Honesty

Related to open communication was the subcategory of honesty, particularly in the context of care proceedings where there might be difficult feelings and experiences being held by members of the system. It was felt that honesty was important to move forward and build the relationship: *"I suppose it's just being really clear that actually, we are here because of the x, y, z reasons. And we are saying for now, it's this level, because of x, y, it's just being really clear so there's no room for miscommunication."* (Social Worker 1). Foster carers also felt it was important that they felt encouraged to be honest with other professionals: *"I feel I can talk quite honestly to him [social worker] and he actually said, are you all right with this? Because it's going to be down to you. Are you happy to do this?"* (Foster Carer 1)

1.5 Empathy

Another important foundation to a good working relationship was empathy. This was particularly relevant to parents who had been through care proceedings which were understandably felt to be more punitive than empathetic: *"I think maybe if they just treated us with a bit more respect and a bit more empathy, and be a little bit more sensitive to the fact*

that you know, we are parents that have lost our children” (Parent 4). Additionally, it was felt that social workers are well placed to encourage this empathy within the system as they are the professional that is holding all this information: “You try to show the others what parents are going through. You try and give some kind of sense that there’s a struggle going on for them.” (Social Worker 3).

Acknowledging empathy was also important for the professionals who felt they often get blamed by others for proceedings that were outside of their control: *“You do get blamed for a lot and that’s ok, parents are angry.” (Social Worker 1); “The workload on social workers is just phenomenal and they do get blamed for a lot of stuff” (Parent 6).*

1.6 Consistency

Across all participants the concept of consistency was crucial in underpinning the development of good working relationships: *“It would be nice if they [professionals] could stay consistent. Just so they can get to know you properly” (Care Leaver 3). One parent described how having a consistent contact worker across the two parents was helpful in getting a fuller picture of how contact was going for the children: “I would ask them how was contact with dad? Instead of the kids answering, the supervisor can say, actually yeah I was there and it was really lovely, the kids really enjoyed themselves” (Parent 1).*

Professionals also felt that parents showing consistency was important: *“So I think one thing it does paint a picture is like, it lets parents show us how dedicated they are to their children.” (Social Worker 1). For foster carers the consistency of parents could also help alleviate some reservations they might have about contact: “Over the years he has been really consistent. So at first I had some concerns but not anymore” (Foster Carer 2).*

2. Difficult feelings and context that can interfere with relationships

Given that contact is a result of care proceedings and the removal of children from parents' care it is understandable that at the start of contact there may be a lot of difficult feelings that parents might be experiencing. These difficult feelings can impact relationships negatively if they are not adequately managed and supported through by the network.

2.1 Anger

An emotion that runs through the interviews is that of anger. There was a lot of anger expressed both in the interviews but also from other professionals when thinking of their experiences with parents. A foster carer empathised with the high expressed emotion of anger that parents and children might feel but acknowledged that for contact to proceed these feelings needed to be accepted at some point: *“The child might be blaming the parent, the parent might be blaming the child or social services, and it's all very fraught, and it's always everybody else's fault anyway. But I think over time, when you see the same parents and the same children over a period of time, you get to a point where there's an acceptance. We stopped blaming everyone and shouting and ranting about everything, and then they can use contact for what it's meant for to sort of be with each other and talk to each other and try to maintain that relationship.”* (Foster Carer 1).

Anger could also get in the way of parents being present within contact itself as one care leaver pointed out: *“She'd be using the contact workers as like someone she could rant at or express what was happening in her life and that hour that we had together was about her and not about us”* (Care Leaver 2).

2.2 Anxiety

There was an undercurrent of anxiety being expressed by most participants. Parents expressed anxiety around doing something wrong: *“I can't put my foot wrong or it's gonna*

get written down, it's gonna go back to the social worker, if that goes back to the social worker is my contact gonna be stopped?" (Parent 1). Whereas foster carers acknowledged they feel anxious about contacts as they worry about how it will impact the children they care for: *"They're really anxious about how children can present before and after contact."* (Foster Carer 1).

One parent also noted that if contact workers were new to the family they can also express their anxiety during contact and this can negatively impact contact: *"Because they were so anxious about contact you then start to feel anxious"* (Parent 4).

2.3 Experiencing Stigma

Acknowledging the stigmatising nature of contact was explored with some of the participants. It was particularly expressed amongst care leavers as they felt like contact was a stigmatising experience that impacted their identity and ability to participate: *"When you're out in the community you can't relax because you just think everyone knows you're in care. It's not natural."* (Care Leaver 3).

A social worker also acknowledged the importance of managing stigma when it comes to contact: *"And then you can forget that for some children and parents they find that really stigmatising that they've got somebody sitting in a restaurant with them and overseeing."* (Social Worker 3).

2.4 Feeling scrutinised

A resounding theme with parents was managing their feelings around being scrutinised during contact: *"Psychologically as soon as you've got someone else in the room it changes."* (Parent 4). This feeling of constant assessment was consistent with parents and it left them feeling uneasy about contact: *"You are constantly under assessment all the time, everything you say, everything you do"* (Parent 2).

Care leavers also felt that the scrutiny resulted in a feeling like contact was not about the family but about behaving: *“Because I think in my own experience, you behave the way that professionals want you to behave... it’s not family time, in my eyes it’s professional time”* (Care Leaver 2).

2.5 Feeling judged

Related to this feeling of being scrutinised was the idea that parents were being harshly judged or looked down upon: *“You felt like they just had no faith in you”* (Parent 3). One father spoke about the unfairness for being perceived as an absent father without being spoken to by professionals before care proceedings took place: *“They didn’t even know me, know my situation and just labelled me a bad father, an absent father.”* (Parent 3).

3. Sharing power

An element of building a strong relational foundation starts with acknowledging power imbalances and working together to share power within the context of a social care system where most individuals do not have much power. The concept of power was particularly relevant to parents who felt disempowered by the system and that their parental authority was already questioned. The power of the social worker in this system is also explored and discussed.

3.1 Respecting parental authority

Parents really valued when they were updated on the care of their children: *“Like, if there’s an appointment, he’ll [social worker] let me know when the appointment is. It’s just a lot better experience because I feel like I’m more involved.”* (Parent 5)

They also appreciated feeling like their perspectives could be considered when it came to their children’s care or contact: *“And it’s like I’m not being judged. I’m being looked at like, okay, you’ve noticed something let me go and find out.”* (Parent 2)

3.2 Co-parenting

Parents and professionals spoke about how they work together around the needs of the child which some could describe as a co-parenting relationship. For example, in a rare instance of when a foster carer was present during contact a parent spoke about how they helped them to be with their child: *“When the foster carer used to say look this is what I do to calm her down ... I just done what they said, and it helped”* (Parent 3).

Contact workers also acknowledged that it is a delicate balance between knowing when to step in and support a parent and knowing when to let the parent lead: *“As a supervisor you need to know whether it's your place to be stepping in, or whether you should be stepping back so that you're allowing the parent to take a lead.”* (Contact Supervisor 4).

3.3 Working together

An interesting concept to emerge was the idea that when things are going well and there are strong relationships there is a perception that proceedings run smoothly and it does not feel like there is a lot of involvement, rather contact is allowed to naturally proceed: *“So my experience overall is some just run smoothly, they just run on their own it seems, it's all arranged, and it works really well. Everybody kind of works in partnership.”* (Social Worker 3).

3.4 Social worker as a bridge between relationships

An important power imbalance to acknowledge is the role of the social worker. Parents and foster carers often do not have direct contact with each other, and it is only through the social worker that they are able to communicate: *“We kind of are the bridge to the other side.”* (Social Worker 2).

As a result of this power within the system a social worker acknowledged that it is up to them to support and encourage the relationships because without them there would be no

relationship or information sharing: *“It's really important that they get a sense through the social worker, what each what each of them are like, in my experience. Because obviously, carers don't really know the parents, I get to know them, and vice versa.”* (Social Worker 3).

3.5 (Contextual) The social care system and feelings of powerlessness

Across all participants the concept of the wider social care system and feelings of powerlessness were expressed. Contact felt quite set and inflexible: *“I think contacts in a lot of cases are quite rigid. I think it doesn't offer as much flexibility as I'd like sometimes. I think contacts following care proceedings are very set in their ways.”* (Social Worker 2). It was also felt that if any changes to contact were being requested that this change took a long time to enact: *“But it then has to go through a whole process of, of getting permissions from social workers possibly court to change things.”* (Foster Carer 1).

4. Relational actions

Part of encouraging the development of good working relationships is the concept that your actions can indirectly communicate and encourage relationships forming. These indirect relational and communicative actions are explored below.

4.1 Enthusiasm

For professionals it was important for them to see parents enthusiastic about contact and trying their best: *“I think even if you know, you don't have the perfect parents like, if they can just show that they're just really enthusiastic about spending time with their child, I think that goes a really long way.”* (Contact Supervisor 2). Care leavers also felt that seeing their parents enthusiastic about seeing them helped them to feel wanted and cared for: *“I actually had a better relationship with my dad because he actually showed up. I knew he wasn't ok but just showing up I kinda felt like that meant he must have cared about me”* (Care Leaver 1).

On the other hand, for parents, enthusiasm displayed by professionals helped them to feel encouraged to take more of an active role in contact: *“I think what he did really well was just making an effort to get me on board. I felt like because he believed in me I could believe in myself.”* (Parent 3).

4.2 Putting the child first

Throughout the interviews many parents and professionals brought up the shared goal of putting the needs of the child first which helped motivate them to work with each other: *“The main thing is that we're there for my son. We all want the same thing for him so let's not argue about it and let's all get on with it.”* (Parent 6). A few social workers pointed out that they found foster carers who are more child focussed tended to accept contact more readily as they knew children wanted to see their parents: *“If foster carers are child focussed then that really helps get them on board with contact – because they can see it's important”* (Social Worker 3).

4.3 Seeing the child well cared for

Parents felt more accepting of contact and foster carers when they could visibly see how well their children were being looked after: *“I feel more happy that my son's happy if that makes sense. Because I can tell my son's safe. He's loved, he's cared for. To the point that I even class his foster carer as his second mum.”* (Parent 5).

Foster carers also felt less anxious over time about contact when they could see how the child was benefiting from contact: *“You never know when contact starts if it's going to be helpful or unhelpful. But then you see the child and how happy they are after and it all makes sense.”* (Foster Carer 3).

4.3 Sharing memories

One element of direct and indirect communicative action was the concept of sharing memories with each other across the network. For foster carers this was sending photos and updates to parents through the social worker: *“I send over like little photo books so each time the parents get a little memento and bits and pieces.”* (Foster Carer 1). Parents really appreciated these mementos and reflected on how it felt like they were still being included in their children’s lives even when they could no longer be with them all the time: *“It makes me feel like I’m still involved in Child’s life, like I still matter, like I know what’s going on for him”* (Parent 5).

Care leavers also reflected that they found it helpful when contact workers were proactive in the process of recording happy memories with their families and how much they appreciated having mementos to look back on: *“She [contact supervisor] took a load of photos, so seeing what she done it was lovely.”* (Care Leaver 3)

4.4 Trying to appear normal

A consistent theme with both parents and care leavers was an appreciation for when contact workers would amend their behaviour to allow for a semblance of normality. It was previously discussed how self-conscious families could feel during contact, especially out in the community, so they were grateful for when contact workers appropriately joined in to help make the situation feel more natural: *“The supervisor will sit with us and eat with us...we look like just a normal family going out.”* (Parent 1); *“When we were out the contact worker would take their lanyard off which was nice. It meant we could kinda look normal as we were out”* (Care Leaver 2).

Discussion

Previous research on post-adoption contact showed that contact can assist children's families to create a new form of kinship network (Collings & Wright, 2022; McDonald, 2017; Neil et al., 2011). This study adds to the existing literature by demonstrating that contact presents an opportunity to forge new blended family/working relationships within the context of contact visits in foster placements. Additionally, incorporating contact workers and foster carers into a parenting subsystem is a novel concept in comparison to “traditional” family presentations (Cox & Paley, 2003). The current study identified how parents, foster carers and contact workers navigated this novel family system through respecting each other's parental authority, open communication and non-judgemental co-parenting. Collings & Wright (2022) in their study interviewing foster carers and birth parents post-adoption in Australia also identified these themes within their research. They highlighted how birth parents' perceptions of foster carer's as becoming “substitute parents” can lead to birth parents focusing on maintaining stricter family boundaries to protect their role as parent. This was further complicated by perceptions of contact workers as not just substitute “parents” but also as critical observers. Similarly, in the present study parents that accepted the foster carer and contact workers as potential areas of support rather than threats also reported better working relationships and an improved dynamic on contact.

Another key tenet of family systems theory is that families are open, living systems that can adapt to change and challenges (Cox & Paley, 2003). As demonstrated by the participants in this study, successful relationships were those where they were able to share power whilst respecting each other's parental authority through the support of a social worker who was the link between the two families.

The negotiation of family boundaries, acceptance of novel parenting subsystems and sensitively managing difficult feelings brought up by care proceedings are particularly important in understanding how the relationship between contact workers, foster carers and birth parents could evolve (Collings & Wright, 2022; Cox & Paley, 2003). The model confirms conclusions from Fuentes et al. (2018) and Neil et al. (2011) about the need to manage difficult feelings from recent traumatic contexts with empathy and respect.

In the present study, birth parents appreciated when they were recognised by social workers and contact workers as enthusiastic and trying their best despite their difficult circumstances which left them feeling encouraged to continue engaging with the contact process. Studies have shown that when birth parents feel positively regarded by professionals (Triseliotis, 2010) and foster carers (Poirier & Simrad, 2006) they feel better able to be more proactive in their children's care.

Finally, throughout the interviews all participants emphasised putting the needs of children first when it comes to contact. Most participants spoke of hoping to maintain a child's sense of identity and belonging to two families by navigating contact visits effectively. Research has shown that when asked to describe their identity CLA's responses were often shaped by their relationships with their birth family and their fostering experiences (McMurray et al., 2010). Therefore, contact is a potential source of identity formation support for CLA when positively facilitated.

Strengths & Limitations

A particular strength of the present research is the methodology of grounded theory which allowed for a deeper understanding of the personal views and experiences of contact and working relationships (Corbin & Strauss, 2015). Additionally, the project included perspectives from all members of the contact system. This allowed for multiple perspectives to be considered and conflicts within the different narratives to be explored. All participants

varied in age, gender, social class and years of experience which enriched and gave more depth to the theory.

However, a considerable limitation was that all but one participant identified as White British. Whilst some participants did reflect on the ways in which racial identity might impact working relationships, it is still important for the experiences and perspectives of people from minoritized backgrounds to be included to better understand the role of race and ethnicity in the developing theory. The lack of minoritized voices is particularly limiting when considering research has shown that parents and children from minoritized backgrounds can have worse outcomes within the social care system (Ince, 1998) and have unique issues of identity across ethnicities and experiences of contact and foster care (Thoburn, Chand, & Procter, 2005).

Research Implications

Considering the limitations discussed it would be advisable to expand upon this study with purposive sampling of participants from minoritized backgrounds to explore the ethnic, cultural and religious differences that might intersect and interact with elements of the developed theory. There may be additional challenges faced amongst these groups which are not captured within the views and experiences of the present participants.

As most of the experiences spoken about in the present study relate to supervised contact visits, to expand the model further it would be important to include insights from unsupervised contact. Children and parents often report a preference or desire for unsupervised contact as to allow them a better sense of privacy (Larkins et al., 2015; Selwyn & Lewis, 2023). However, unsupervised contact has the potential to be harmful for the child, particularly when there is a history of maltreatment from parents (Sen & Broadhurst, 2011). Although not explored in depth in the current project, a recurring theme of the supportive or unsupportive nature of social media was discussed across participants. Both professionals and

parents shared how with the normalisation of social media, children have much easier access to their birth parents and families. The use of social media has resulted in a rise of indirect, unsupervised contact between children and their birth families that has yet to be acknowledged or fully explored in the literature (Macdonald et al., 2017).

Finally, an increasing number of local authorities are fostering children with family and friends as their primary placement, otherwise known as kinship care or guardianship (DfE, 2023). In the case of kinship care and/or guardianship, research has suggested a unique ‘tangled web’ of pre-formed intergenerational family dynamics that are then impacted by care proceedings (Kiraly & Humphries, 2016). Given there is pre-existing relational history in the context of kinship care further research is needed in this area to further develop the existing model.

Clinical Implications

The current study suggests that by improving the quality of working relationships within the contact system, contact itself could also potentially improve in perceived quality. Therefore, this value of supporting the development of stronger relationships could inform future training and practice.

For example, a positive relationship between parents and professionals was highlighted as enabling parents during contact to feel more comfortable and less judged. One way a clinical psychologist may support the development of positive relationships between parents and professionals is by facilitating a space where social workers, parents and foster carers are able to have honest, open conversations where all parties feel their views are listened to respectfully and contribute to the continuing care of the child. It is especially important for clinical psychologists to support their social care colleagues when it is known their caseloads are increasing and they may struggle to facilitate these types of collaborative spaces when under ever increasing pressure and stretched resources (DfE, 2023).

Within the context of the contact visit, co-parenting and respecting parental authority was important. Parents reported wanting to be offered encouragement and support during contact but still being given space to take the lead. Therefore, appropriate training for supervising contact workers could help them feel confident in providing appropriate support for families during contact.

Additionally, birth parents could potentially benefit from further psychological support following care proceedings that considers the reasons children have been removed from their care, supporting them through the difficult contact process and encouraging the development of good working relationships with professionals.

Furthermore, given that a positive relationship between parent and foster carers can potentially improve the quality of contact, (Balsells et al., 2011), it is important that foster carers receive adequate support and training from their supervising social worker or other resources with space to reflect given all the difficult feelings likely to come up through fostering. Initiatives in other countries to increase support for foster carers through increased specialised support from social workers and peer support groups found that relationships between foster carers and birth parents improved (Lewis et al., 2022). To implement such initiatives in the UK would involve changing current policy and procedure as the present study found most local authorities are not encouraging direct contact between foster carers and birth parents, most communication between them goes through social workers.

Contact should be regularly reviewed (Boyle, 2017) and involve the perspective of all stakeholders (Muench, Diaz & Wright, 2017; Ottaway & Selwyn, 2016). One way the above model could be used by local authorities is as a framework for reviewing CLA's contact visits, especially if there have been reported difficulties. The proposed model follows systemic principles of collaboration, attending to context, thinking about power, including multiple voices and encouraging the development of positive working relationships (Lobatto,

2021). If contact is not going well the model can facilitate a discussion using systemic principles that could hopefully illustrate potential solutions to contact difficulties. For example, if it was felt that there were difficult feelings and contact interfering with the relationships then that could be attended to by the network and hopefully will have a positive effect on contact according to the model. Additionally, the model could be used more proactively as a reflective tool before contact is being set up. Key issues might be identified early on in the process and thoughtfully considered during contact arrangements. The model highlights that contact should be considered on a case by case basis and that every CLA and their families may need more or less support within different domains of the model.

Conclusion

In response to the identification of a significant gap within the literature on contact visits, the present study aimed to build a grounded theory of how professionals, carers and parents work around the needs of the child for contact visits. The developed theory suggested that the foundation to good contact was collaborative working relationships between people within the contact system who are holding the needs of the child in mind.

To develop supportive working relationships, there needed to be solid foundations underpinning the relationship which grows stronger over time through action and sharing power. Additionally, difficult feelings and overcoming difficult historic context had to be successfully managed to further encourage relational development otherwise this was seen as a barrier. Suggested areas of intervention, training and development are explored.

There were noticeable sampling limitations and further research including experiences from individuals from minoritized backgrounds and kinship care is needed to increase applicability and scope of the presented model. Given the increasing number of children

being looked after in the UK and associated risk of poorer outcomes for these children, the continuous development of research in this area is very much needed.

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Appendix A: Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018)

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Appendix B: Mixed Method Appraisal Tool (Version 18) (Hong et al., 2018)

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Appendix C: Quality Appraisal Table of Studies

Qualitative Appraisal Tool – Critical Appraisal Skills Programme (CASP) Checklist – Qualitative

Study	1. Was there a clear statement of the aims of the research?	2. Is a qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?	7. Have ethical considerations been taken into consideration?	8. Was the data analysis sufficiently rigorous?	9. Is there a clear statement of findings?	10. How valuable is the research?
Bengtsson, T. T., & Karmsteen, K. (2021).	Yes	Yes – exploratory research on birth parents' experiences of cooperating with foster carers	Yes – the researchers justified use of interviews as they wanted to focus on birth parents' narratives	Yes – purposeful sampling adequately described	Yes – although interview questions not included the methods description is thorough	Can't tell – no mention of researchers reflecting or critically examining their role	Yes – study met international standards described in <i>Danish Code of Conduct for Research Integrity</i> . Participant information, anonymity and informed consent discussed.	Can't tell – researchers followed a narrative approach and used software but haven't described the process of coding and creating themes	Yes – themes relating to research question discussed along with appropriate quotes. Appropriate conclusions drawn.	Yes – implications for social workers on establishing and securing better cooperation with birth parents discussed
Chateauf, D., Turcotte, D., & Drapeau, S. (2018)	Yes	Yes – exploratory research on foster carers perspectives on their relationship with foster carers	Yes – open-ended questions based on four themes inspired by previous studies	Yes – purposeful sampling and methods described well	Yes – interview questions clearly matched research aims and objectives	Can't tell - no mention of researchers reflecting or critically examining their role	Can't tell – article does not mention ethical approval but has been published in peer-reviewed journal. Brief	Yes – thematic content analysis methods described well. They including their coding process, how	Yes – clear themes and sub-themes explored in the results/conclusion. Quotes provided.	Yes – by exploring foster carer attitudes and perspectives on their relationship with birth parents this has practical

							mention of participants receiving information prior to interview.	themes were decided and which software they used.		implications for planning contact visits and potentially how to improve relationship.
Hedin, L. (2015)	Yes	Yes – exploratory research aiming to contribute perspectives from foster carers and birth parents into the literature	Yes – interviews justified by exploratory nature of the research and use of content analysis	Yes – use of purposeful sampling and inclusion/exclusion criteria described	Yes – interview questions were described as including different relevant themes to the research questions	Can't tell - no mention of researchers reflecting or critically examining their role	Yes- study approved by regional ethics committee in Sweden. Participant information and informed consent not discussed	Yes – content analysis used and discussion included how data were coded and categorised	Yes – clear themes and related quotes including in the findings. Appropriate conclusions drawn.	Yes – provides valuable insight into how birth parents and foster carers can work well and if its not going well then why
Hojer, I. (2009)	Yes	Yes - exploratory research on birth parents views on sharing their children's care with foster carers	Yes – focus group methodology justified as useful way to collect knowledge and perspectives from an under researched group	Yes – purposeful sampling and possible recruitment bias explored	Yes – although interview questions not included the derived themes related to the research aims	Can't tell - no mention of researchers reflecting or critically examining their role	Can't tell – article does not mention ethical approval but has been published in peer-reviewed journal.	Can't tell – data analysis process not described in the article	Yes - clear themes and related quotes including in the findings. Appropriate conclusions drawn.	Yes – increased awareness of how stigmatization may affect birth parents capacity to be an active participant in their children's care. Other practical implications discussed.
Jarvinen, M., & Luckow, S. T. (2020)	Yes	Yes – exploratory research on foster carers and birth	Yes – semi-structured in depth interviews used as a way	Yes – very thorough description of purposeful sampling and	Yes – interview questions not included but were described as	Can't tell - no mention of researchers reflecting or critically	Can't tell – article does not mention ethical approval but	Yes – thorough description of data analysis provided	Yes - clear themes and related quotes including in	Yes – explored the “ambivalent” co-parenting relationship

		parents views on their working relationship	to collect views on the research topic	inclusion/exclusion criteria	focused on the relationships with foster parents/birth parents	examining their role	has been published in peer-reviewed journal. Participant information, informed consent and anonymity discussed.	included how the researchers coded and created themes	the findings. Appropriate conclusions drawn.	between foster carers and birth parents and implicated how this relationship can be understood and supported practically
Lewis, E. M., Murugan, V., Williams, K. A., Barth, R. P., & Lee, B. R. (2022)	Yes	Yes – evaluative and exploratory research on the Quality Parenting Initiatives’ (QPI) impact on foster carer relationship with birth parents from foster carers perspective	Yes – semi structure interviews justified as way to gain feedback on the initiative and explore views	Yes - purposeful sampling used and thorough discussion around inclusion/exclusion criteria	Yes – sample interview questions provided which related to research aims	Yes – researcher positionality was considered and explored appropriately in the article. The research team met regularly to have reflexive discussions to challenge biases.	Can’t tell – article does not mention ethical approval but has been published in peer-reviewed journal. Participant information, informed consent and anonymity discussed.	Yes – thorough description of their thematic analysis approach and coding process provided.	Yes – very in-depth dissemination of findings discussed including clear themes and related quotes. Appropriate conclusions drawn.	Yes – implications for future research and practice include how this initiative might help foster carers and birth parents improve their relationship
Nesmith, A., Patton, R., Christopheren, K., & Smart, C. (2017)	Yes	Yes – exploratory research on foster carer and birth parents views on their working relationship	Yes – semi-structured interviews justified as way to gain insight into subjective perspectives of	Yes – purposeful sampling and inclusion criteria included	Yes – sample interview provided which clearly related to research aims	Can’t tell - no mention of researchers reflecting or critically examining their role	Yes – study approved by local institutional review boards at county and university level.	Yes – thorough analytic and coding process discussed	Yes - clear themes and related quotes including in the findings. Appropriate conclusions drawn.	Yes – several implications for social work practice discussed including how they can encourage and support

			participants and how they interpret their experiences				Participants went through an informed consent process.			relationships between foster carers and birth parents.
Riggs, D. W. (2015)	Yes	Yes – exploratory research on how foster carers navigate intimacy with birth parents	Yes – semi-structured interviews justified as means to gain foster carer perspective on this topic	Yes – detailed description of purposeful sampling and inclusion/exclusion criteria. Included discussion on participants that had been excluded and why.	Yes – interview schedule provided which clearly related to research aims and questions	Can't tell - no mention of researchers reflecting or critically examining their role	Yes - The human research ethics committee of the author's institution granted approval for this research	Yes - data entered into Leximancer™, a qualitative data analysis programme that identifies trends and patterns utilising word sequence matching	Yes - clear themes and related quotes including in the findings. Appropriate conclusions drawn.	Yes – findings presented add to the existing literature and practical implications on how to potentially support foster carers navigate intimacy issues discussed
Spielfogel, J. E., & Leathers, S. J. (2022)	Yes	Yes - exploratory research on perspectives from 13 triads (foster carers, birth parents and social workers) on their relationships	Yes – members of triad interviewed separately for confidentiality. Semi-structure interviews justified to gain in-depth narratives from participants	Yes – detailed description of purposeful sampling and inclusion/exclusion criteria. Included discussion on participants that had been excluded and why.	Yes – interview topics provided and clearly related to research questions	Can't tell - no mention of researchers reflecting or critically examining their role	Yes – ethical approval granted by university and the state child welfare agency. Participants underwent informed consent process and data presented was anonymised.	Yes – thorough narrative analytic and coding process described.	Yes – key narratives thoroughly discussed and appropriate conclusions drawn.	Yes – study highlights opportunities to potentially better support parents through more collaborative relationships with their foster carers

Weitz, Y. S., & Karlsson, M. (2021)	Yes	Yes – re-reading and re-analysing previous interview data to explore more deeply birth parents identity negotiations in comparison to foster carers	Yes – semi-structured interviews justified in order to explore birth parents’ perspectives	Yes – purposeful sampling described	Yes – themes covered by interview questions described which related to research aims	Yes – researchers used position analysis and would regularly reflect on the interviewers position in relation to birth parents, identified they were being positioned as ‘judge’	Yes – study approved by the Regional Ethical Vetting Board in Stockholm. Participants went through informed consent process and data presented is anonymised.	Yes - thorough analytic and coding process discussed	Yes – key themes thoroughly discussed and appropriate conclusions drawn.	Yes – study contributes important knowledge on how birth parents make sense of their identity in the context of foster care and how this impacts cooperation. Practical implications on how this may be practically supported are discussed.
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Mixed Methods Appraisal Tool (MMAT) – Mixed methods studies

Study	1. Is there adequate rationale for using a mixed methods design to address the research question?	2. Are the different components of the study effectively integrated to answer the research question?	3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	4. Are divergence and inconsistencies between quantitative and qualitative results adequately addressed?	5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Ankersmit, L. (2020)	Yes – researcher gave thorough rationale for mixed methods design based on their epistemological perspective (interactionist) and research aims.	Yes – quantitative data provides context to the rich narratives and themes explored in qualitative data. Both sets of data are integrated well into a coherent results section.	Yes – the reported quantitative outcomes were expanded upon data from qualitative interviews	Yes – no divergence between quantitative and qualitative	Yes - the sample for the study is appropriate and generalisable. Data collection and analysis clear for both methods. Researcher’s subjectivity explored. Ethical approval granted through researcher’s university. All participants went through process of informed consent and data presented is anonymised.

Appendix D: Positioning Statement

I am a 28-year old female second year trainee. I am fortunate to have never been involved personally with social services in my private life and have always remained under the care of my family. I first came into contact with social workers, CLA, foster carers and birth parents during my first job in the NHS which was in an adolescent mental health unit. Many of the young people who were admitted informally or under section to the unit were CLA. As a result I was able to take part in contact visits occasionally and saw the real benefits but also the real negative consequences when a visit did not go well. Additionally, I worked with some really brilliant social workers that really opened my eyes to the world of social work including the challenges social workers faced within services at that time. I can reflect that my experience working alongside social workers may mean that I have a bias towards their views and experiences which I will be mindful of during the literature search and my own interviews for the MRP.

Culturally, I am Argentinian and as in many Hispanic households there is a huge emphasis on the value of family. I think how this might relate to the research is that I might be more optimistic about the benefits of contact as it relates to bringing different families together. I will be mindful of when I can sense myself overlooking the negatives by speaking with my supervisor and using my reflexive research diary effectively.

Finally, I am not a parent and have no plans to become one anytime soon. However, my sister was born when I was 12 years old and I played a very active role in helping to raise her. I might not be able to fully understand how a foster carer or birth parent views their parental role and might inadvertently bias my views to thinking raising children is easier or more straight forward than they know it to be due to my lack of experience.

Appendix E: Extract of Part A Coding, Subthemes and Theme

Theme	Subtheme	Code	Quote
What helps the relationship?	Empathy	Understanding through shared grief	Little did I know that, yeah, the empathy that I felt for these women. I know I'll never understand their grief. I know I'll never understand the grief of a woman having a child taken from them, but I can definitely understand the grief of not ever being able to have a child myself
		Not judging	This is probably one of my strengths, but, you know, I'm not inclined to judge the biological parents. I tell myself, 'We don't all have same background and we don't all react the same way'. So I try to respect them and I think it makes the relationship between the foster family, the child, and the parent better.
		Parents had a tough life	She's got so much going for her and she's just had a tough life
		Compassion	I had a good relationship with most of the parents because it was just compassion. Just the compassion that you have for them that, you know, they're just making bad choices, and they're the only ones that can change that. And you can't take it personal. It has nothing to do with you. They're just not taking care of their kids, and you're there for the kids... I didn't say it to them, but I just kind of understood how they got where they were.
		Wanting to be understood	I wrote a letter to (carer) explaining some of my history, my family abuse and stuff like that; then she responded back
		Feeling empathy towards parent	I felt a lot of empathy for her. I felt really sad for her, even though I didn't know her story back then

Appendix F: Salomon's Ethical Approval Letter

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Appendix G: Example Interview Schedule

An Example Interview Schedule for Social Workers

Provide a definition of contact visit before beginning. Specifying those, which involved liaising with foster carers and birth parents.

Overarching question: What are your experiences of working with foster carers and birth parents in setting up and/or attending contact visits?

Demographics

Age

Ethnicity

Gender

How long have you been working as a social worker?

How long have you been working around arranging contact visits?

General questions

What are your personal views around contact visits? In what ways have you found them helpful or unhelpful?

In your experience, who is generally there at visits?

If a foster carer is not usually there during visits maybe asking a question around, would it be helpful to have them there? Or how would the dynamic change if the foster carer was in the room as well? Would that be helpful/unhelpful?

How do you interact with each other during visits?

Experiences of good contact

Can you talk about a time when a contact visit went well? What happened?

In your opinion why do you think the contact visit went well?

Prompt: Is there anything about how you, the foster carer and the birth parent worked together that you think helped the visit go well.

Further Prompts:

Is there anything you noticed about communication between yourself and the parent that you think helped the visit to go well?

Is there anything you noticed about communication between yourself and the foster parent that you think helped the visit to go well?

What about how the three of you communicated?

Experiences of poor contact

Can you talk about a time when a contact visit did not go so well? What happened?

In your opinion why do you think the contact visit did not go well?

Prompt: Is there anything about how you, the foster carer and the birth parent worked together that you think that lead to the visit not going so well?

Prompt: anything else?

Do you interact differently with birth parents/foster carers when a visit is not going well? Interacting more/less and with whom?

Prompt: if yes, how so?

Further Prompts

Is there anything you noticed about communication between yourself and the birth parent that you think lead to the visit not going so well?

Is there anything you noticed about communication between yourself and the foster parent that you think that lead to the visit not going so well?

What about how the three of you communicated?

Preparation – before a visit

How do you go about setting up a visit? Who do you speak to? How?

How do you prepare for a visit?

Prompt: What kinds of communication (verbal or non-verbal) would you typically have with a birth parent before a visit?

How do you check in with birth parents and foster carers before a visit to make sure it is appropriate to go ahead with the contact?

Communication During

What kinds of communication would you typically have with a birth parent during the visit?

Have you noticed any behaviour you might do in the room during visits that would help birth parents/foster carers feel more relaxed during visits? (Scrutiny code, feeling watched, feeling scrutinised – more relevant for birth parents)

What kinds of communication would you typically have with a foster parent during the visit?

After the Visit

How do you check in with birth parents/foster carers after the contact to discuss how the visit went? How helpful have you found it to check in with birth parents/foster carers after visits in preparation for the next visit?

Prompt: What kinds of communication (verbal or non-verbal) would you typically have with a foster carer after a visit?

Prompt: What kinds of communication (verbal or non-verbal) would you typically have with a birth parent after a visit?






Can you describe how do you three prepare for the next visit?

End

Is there anything else you wanted to discuss around contact visits?

Appendix H: Conceptual Depth Tests

Table 1. Conceptual depth scale.

Criteria (with sources of evidence)	Low (1)	Medium (2)	High (3)
Range (e.g. frequency and variety of codes; multiplicity of data sources)	Few examples to support concepts. Only a single data-type		Abundant examples to support concepts. Multiple data-types
Complexity (e.g. coding trees; positional maps; matrices)	Descriptive codes; simple or basic connections between codes; low level analysis		Sophisticated networks; abstract conceptual categories which synthesise a range of codes and concepts
Subtlety (e.g. memos; social worlds diagrams)	Conceptual language is regarded as unproblematic and one dimensional		Conceptual language is understood as rich, ambiguous and multi-dimensional
Resonance (literature)	Weak resonance; emerging theory is remote from existing literature and theoretical frameworks		Strong resonance; emerging theory makes sense alongside existing literature; there are correlations with other theoretical frameworks, albeit with variations and novelties
Validity (e.g. applicability test)	Low level theorising and inward facing; the findings have limited application to the research participants or those familiar with similar contexts.		Abstract level theorising and outward facing; the findings make sense to those in the social context of the research, or ones broadly similar.

Conceptual Depth Test:

After Stage 1 Analysis (1)

After Four Participants Interviewed (2)

After 8 Participants Interviewed (3)

Criteria	Rating 1	Rating 2	Rating 3
Range	2	2	3
Complexity	1	2	3
Subtlety	1	2	3
Resonance	1	3	3
Validity	1	2	3
Total Score	6	11	15

Appendix I: Participant Consent Forms

Consent Form

Title of Project: Contact visits between children and their birth parents: A grounded theory of how birth parents, social workers and foster carers work together around the needs of the child.

Please initial box:

1. I confirm that I have read and understood the information sheet dated.....for the above study. I have looked carefully at the information. I have been able to ask questions if needed and have had them answered well.
2. I understand that taking part is voluntary and I can leave at any time without giving any reason.
3. I understand that I have up to two weeks after my interview to change my mind and ask for my interview responses to be deleted. After that time the data will have been analysed so I will not be able to withdraw my consent for my interview to be used in the project.
4. I understand that an anonymised version of my interview may be looked at by the lead supervisor (Trish Joscelyne). I give permission for this person to have access to this information.
5. I understand that the information I share will be confidential; unless the researcher is worried about my safety or the safety of others (including children) and then they may need to talk to other professionals.
6. I agree to my interview to be audio recorded.
7. I agree that anonymous word for word quotes from my interview may be used in published reports of the results of the study.
8. I agree for my anonymous information to be used in further research studies.
9. I agree to take part in the above study.

Name of Participant: _____ Date: _____

Signature: _____

Name of Person taking consent: _____ Date: _____

Signature: _____

Appendix J: Participant Information Sheet

Participant Information Sheet

Information about the research

Project Title: Contact visits between children and their birth parents: A grounded theory of how birth parents, social workers and foster carers work together around the needs of the child.

Hello, my name is Olive Waisman-Garzon and I am a trainee clinical psychologist at Salomons Institute for Applied Psychology, part of Canterbury Christchurch University. I would like to invite you to take part in my doctoral research study into contact visits between birth families and looked after children and how birth parents, social workers and foster carers work together to facilitate this.



Before you make your decision, it is important that you understand why I am conducting this research and what taking part would involve. Do talk to others about the study if you wish.

What is the aim of the study?

The aim of this study is to investigate and develop our understanding about how birth parents, foster carers and social workers work together and communicate in order to create positive contact visits between looked after children and their birth parents. Finding out about how adults work together in positive ways (or how they overcome difficulties) will hopefully in the future allow us to offer guidance to professionals.

What is the type of research?

I am using a type of research called Grounded Theory. This involves interviewing birth parents, foster carers and social workers to hear about their experiences of working together around setting up and managing contact visits and what they think does or doesn't work when communicating together. I will then take this information to build up a picture of what everyone says about contact visits and what types of communication between the adults is helpful or not helpful. It is hoped that this information will help services and families in the future when thinking about setting up contact visits.

Why have I been invited to take part?

I am finding out what birth parents, social workers and foster carers think about working together to set up and/or attend contact visits. I am expecting that everyone involved will have different but equally important points of view. You have been invited to take part because you are a foster carer, birth parent or social worker who take part in or facilitate contact visits.

I am hoping to put all these peoples' thoughts and ideas together to get an overall view of what everyone thinks and to generate a theory to explain what relationship processes and communications are important in supporting the contact visit to go well.

Do I have to take part?

No. Taking part is entirely voluntary; it is completely up to you if you would like to take part. You are not obliged to do an interview as part of your job or as part of the child's care. **Taking or not taking**

part in this research will not make any difference to your job or decisions about the child. If you do decide to take part, I will ask you to sign a consent form and you are free to change your mind any time up to two weeks after the interviews without having to give a reason. If you change your mind, within this two-week period then your interview will be deleted. After two weeks, I will not be able to delete your interview as I will already have begun to analyse it.

What will happen if I take part?

I will invite you to an interview at a time and place (online or in person) that suits you. The interview will last up to one hour and will be audio recorded and transcribed by myself. After the interview there will be a de-brief and a check in with me to see how you are feeling.

As a thank you for taking part, you will be given a £10 shopping voucher and you will be reimbursed up to the value of £10 for your travel expenses if there are any.

What are the possible benefits of taking part?

There is unlikely to be any direct benefit to you in taking part. But talking about contact visits may be helpful to you in thinking about what works and doesn't work when you are setting these up. Thinking about the research as a whole, the information you share will help us to understand more about how birth parents, social workers and foster carers work together to meet the needs of looked after children during contact visits and will inform recommendations made to services to improve these visits.

What are the possible risks of taking part?

During the interview difficult feelings or memories may come up for you. Before the interview we can identify someone (friend, partner, parent etc.) whom is available and you can go to for further emotional support after the interview if you need this. If you are finding topics discussed in the interview difficult, then we can take several comfort breaks or reschedule the interview. Additionally, there will be a wellbeing check-in at the end of the interview to discuss how you are feeling and you will be given contact details for services that could potentially emotionally support you if you found the content of the interview distressing.

You may also have some experiences of contact visits that are not positive. However, any accounts either positive or negative will not be linked to you personally, and negative experiences can also be really helpful in developing the theory.

How will I use information about you?

I will need to use some information from you for this research project. This information will include your age, gender, ethnicity, professional title (if you have one), and your level of involvement with contact visits. I will keep all information about you safe and secure. I will write my report in a way that no one can work out that you took part in the study.

Will participation be confidential?

Yes. We will follow ethical and legal practice and all information will be handled in confidence. All information and notes from the study will be made anonymous and kept in a secure place. This means your interview will not have anybody's real name on it. Information from the study will be stored securely at Salomons Institute for Applied Psychology for ten years after the project is complete and will then be destroyed. If you are being interviewed as part of a team around the child, I will not share details of your interview with other people in the team. For example if you are a foster carer I will not share anything that you say with your looked after child's birth parent or social worker unless I am concerned about the child's safety or your own. If I am concerned about your safety or those around you I may signpost you to third party organisations that can help, report

these concerns to the social worker on your behalf or even to the police depending on what local safeguarding procedures are in place. We will discuss these at the beginning of the interview.

Like all adults that work with children, I will have the same limits to my confidentiality in order to keep children safe. Therefore, should you say something that suggests that a child that you name is in danger of harm (emotional, physical, or sexual) then I would ask you some more questions about this, which would not be part of the interview. Part of this conversation is about what professionals we might need to talk to in order to keep the child safe. Very occasionally I might need to inform the social worker who referred you to this study about my worries about a child's safety even if you do not give permission for this.

What if there is a problem?

If you have any concerns or complaints about anything to do with the study during participation, please do not hesitate to contact me by email (o.waismangarzon75@canterbury.ac.uk) or leave a voicemail (01227 927070) asking to speak to Olive Waisman-Garzon and I will do my best to answer any questions you have. If I am not able to answer your questions in a satisfactory way, and you would like to talk to someone further about anything that you were not happy with, you can contact Dr Fergal Jones, the Research Director at Salomon's Institute for Applied Psychology (Tel: 01227 927110 or Email: fergal.jones@canterbury.ac.uk). If you would like to contact the Data Protection Officer for the Sponsor, please email Deborah Chadwick on deborah.chadwick@canterbury.ac.uk or call 01227 927074.

What will happen if I begin taking part but then decide that I don't want to carry on with the study?

You can stop being part of the study at any time, without giving a reason up to two weeks after the interview. This is because the responses you have given in the interview will have been transcribed and analysed after the two weeks and will not be able to be redacted from the study.

Who is organising and funding the research?

This research project forms part of the assessment for my Doctorate in Clinical Psychology training programme. The study is funded and organised by Salomons Institute for Applied Psychology, which is part of Canterbury Christ Church University.

Who has reviewed the study?

The study has been independently reviewed by the Salomons Research Ethics Committee to protect participants' interests. This group of people look at the plans of a research study before it begins and agree for the study to go ahead if it meets high standards for keeping participants safe from any potential harm.

What will happen to the results of the research study?

When the research is finished it will be written up in a report that will be available to everyone who has taken part. The results of the research may be published in a scientific journal, online and in print. You will not be identified in any report or publication. The results of the study will also form part of my doctoral thesis to become a qualified clinical psychologist.

Taking part

You might like to talk to someone about this information and whether you would like to participate. If you have questions to ask, then please do contact me by emailing ow75@canterbury.ac.uk or leaving a voicemail at 01227 927070 and I will get back to you as soon as I can.

Thank you for your interest in this research study

Appendix K: Project Poster

SHARE YOUR VIEWS

WE WANT TO FIND OUT WHAT SOCIAL WORKERS, FOSTER CARERS AND BIRTH PARENTS EXPERIENCES HAVE BEEN ABOUT WORKING TOGETHER FOR CONTACT VISITS. WHAT HAS WORKED FOR YOU? WHAT DIDN'T WORK?

YOU CAN TAKE PART IF YOU'VE BEEN INVOLVED WITH SETTING UP OR ATTENDING CONTACT VISITS FOR AT LEAST ONE YEAR

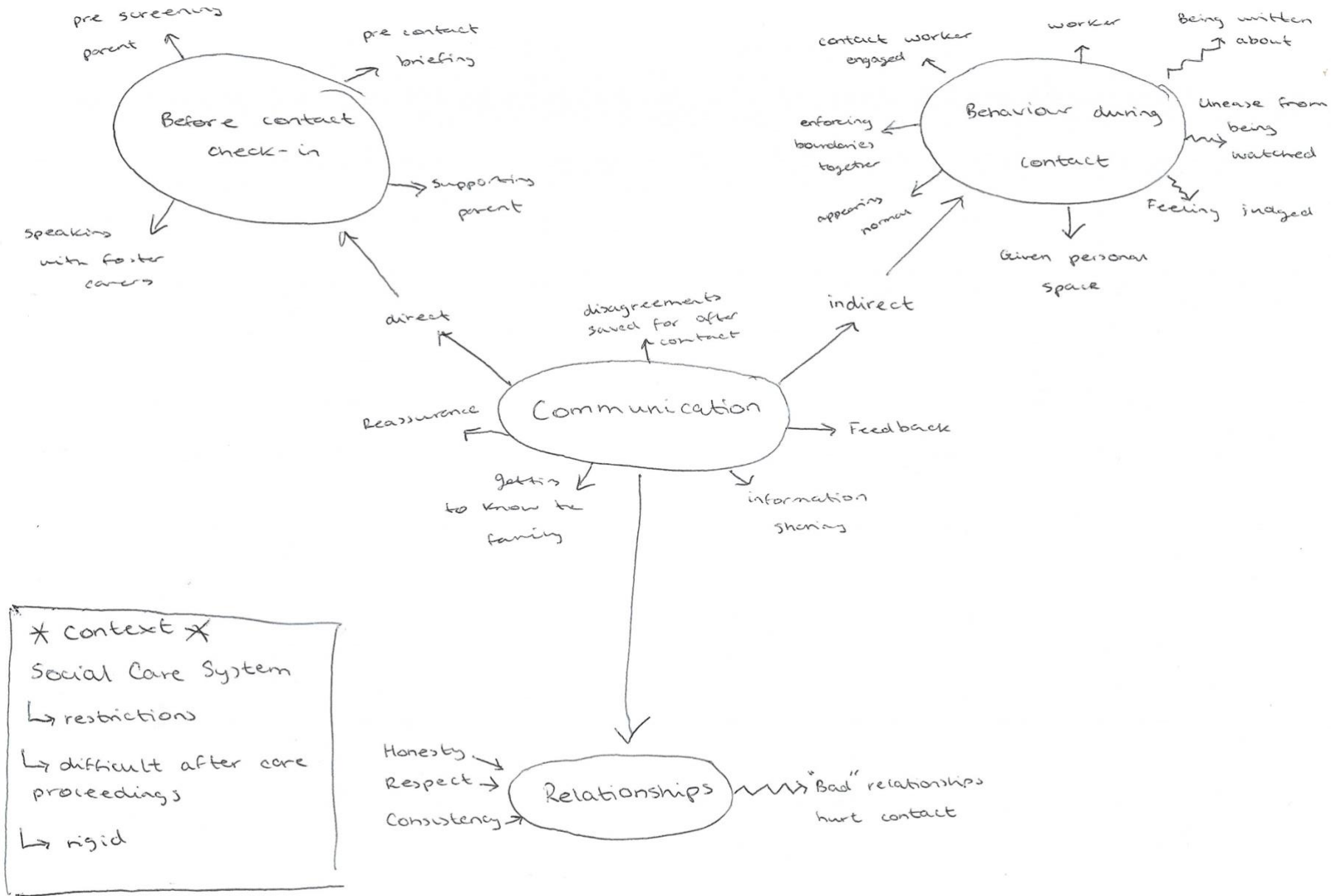
Q
A

PARTICIPATION INVOLVES A 1 HOUR CONFIDENTIAL DISCUSSION WITH THE RESEARCHER ONLINE OR IN PERSON AND YOU WILL GET A £10 VOUCHER TO THANK YOU FOR YOUR TIME

HOW TO CONTACT:
EMAIL: O.WAISMANGARZON75@CANTERBURY.AC.UK
PHONE: 01227 92707
OR LET WHOEVER GAVE YOU THIS FLYER KNOW YOU'RE INTERESTED

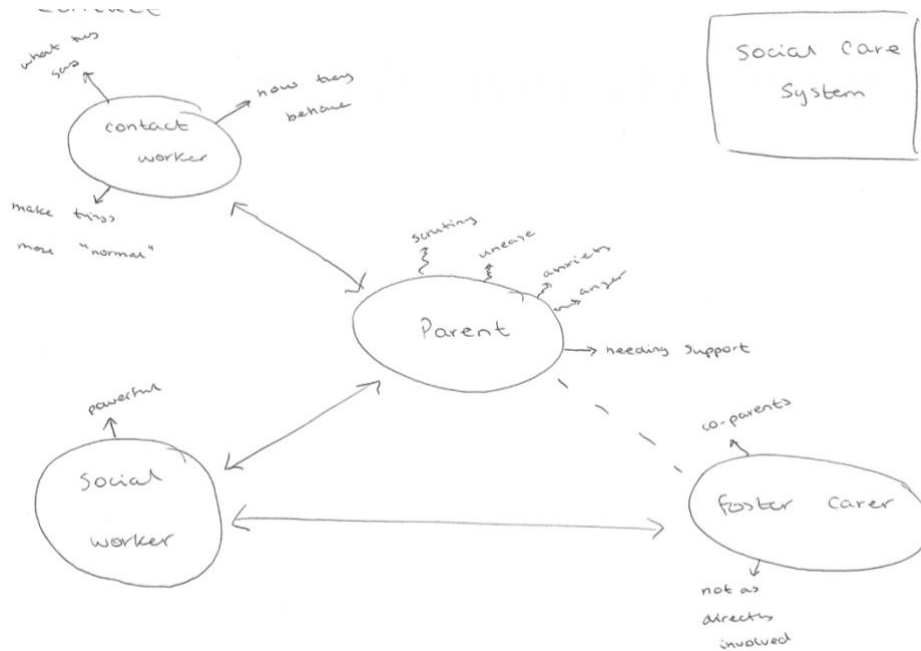
Canterbury Christ Church University

Appendix L: Diagram of Concepts after Stage 1 Coding and Analysis

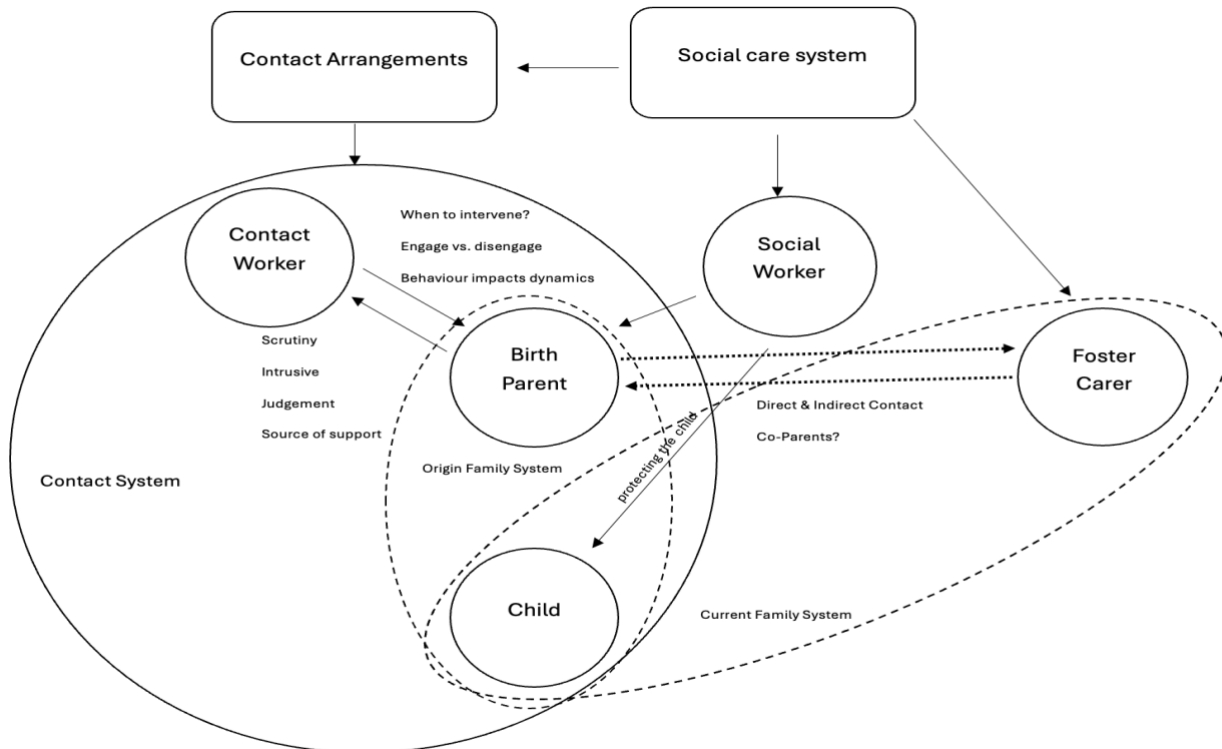


Appendix M: Early Model Development

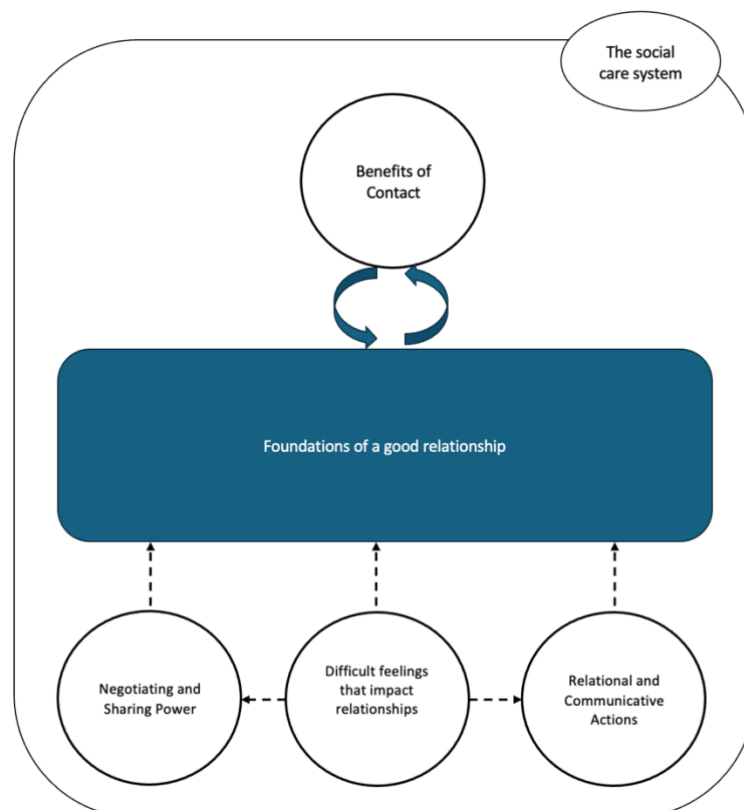
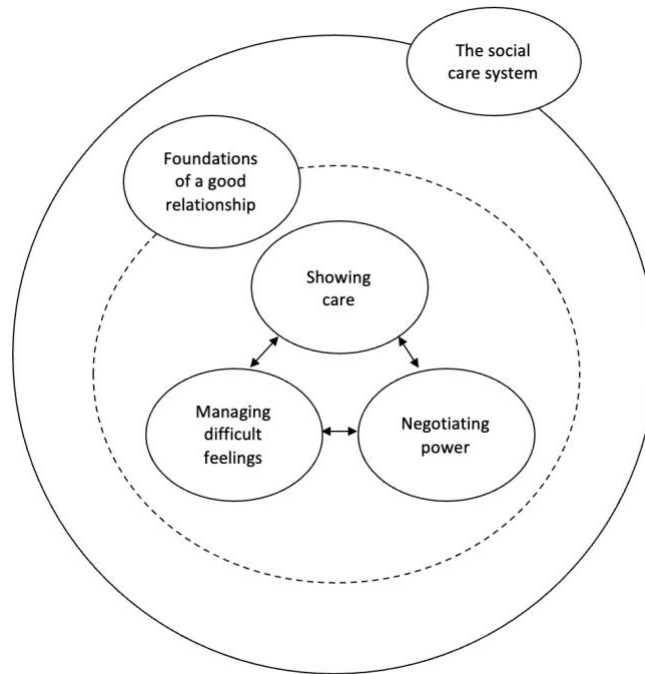
Initially I focused mapping the concepts in relation to the relationships within the contact system with the parent in the middle. After speaking to my supervisor she challenged my thinking around why I the birth parents are central to the model rather than mapping the relationships more generally.



This led to me mapping the concepts into a wider systems diagram.



However, I found that with mapping the concepts and relationships together this was both confusing and a central category did not appear to be emerging. After speaking with another trainee and my supervisor again a core category of “relationships are the foundation to good contact emerged”. I did use the systems mapping separately to complement the analysis but it was no longer forming the base of the model. Initial models with this core category and its evolutions are included below.



Appendix N: Selected Memos

Conceptual Memo – First Social Worker Interview 30/09/2023

Social Worker 1: *contact is generally really restrictive. And it's so unnatural. So I think one thing it does paint a picture is like, it lets parents show us how dedicated they are to their children. Erm... Because it's very easy for people to say, you know, they want their children back and like... Which is very natural, understandable for them people to say that, but then actually, when some barriers get put in place, there's some parents who just falter completely.*

Already I am seeing further expansion on some of the concepts from initial coding in Stage 1. In the first sentence the social worker is speaking to the rigidity of contact after care proceedings and the unnaturalness of it. The social worker is also speaking to the scrutiny that parents had previously expressed in Stage 1 interviews when she speaks about using contact as a way to see how “dedicated” parents are and almost as a way to “prove” themselves after care proceedings.

Social Worker 1: *I think it really shows a difference between the people who are willing to try and make the changes within a child's timeframe, and the ones who just are not able to, or... are only putting their feelings and thoughts first rather than the child's.*

From this I'm getting an emerging concept of putting the child first or focusing on the child rather than one's own needs. Again, the social worker is speaking to parents proving themselves through contact that they can be consistent and are willing to change. This feels important when considering why children came into care in the first place.

Conceptual Memo – First Parent Interview 19/12/2023

Birth Parent 5: *For em just to... I don't think they're free but just to step back. So it's not like we're being watched even though we are because I know they have to watch everything I understand that. But with the worker I've got now because I've been working with her four years she knows to just let me and Child get on with it. And we laugh a lot at the things Child comes out with-he's funny. Social worker calls him-what was it? His little cheat? Because if you play a game with him, he'll cheat so has- so he wins. And then he'll be like haha you're a loser haha.*

From this paragraph I have interpreted that the parent is speaking about the desire for normalcy and for her parental authority to be respected. She acknowledges that they have to be watched but that the contact supervisor luckily knows them well and so “trusts” her enough to let the child and parent enjoy their contact together. Importantly, in the second part of the excerpt the focus shifts to a shared moment of everyone laughing in contact because of something the child said. I interpreted this as a desire for human connection with the others involved in contact and again for contact to be “normalised” in that way. The social worker has a nickname for the child which would not happen without considerable knowledge and experience of being with the family. Rather than a passive observer the supervisor is also engaging in the contact in a “normal” way by laughing along.

Contact is not just contact; it is a happy memory being formed and shared by all. Additionally, none of what was discussed could happen without a solid relationship between all those involved. Between transcripts it seems to always come back to relationships.

Conceptual Memo – First Foster Carer Interview 18/01/2024

Foster Carer 1: *And what happens at least 50% of the time is parents end up not coming to contact. They might start off very enthusiastic, but then it gradually fizzles out. Erm. And it's, you know, again, that doesn't affect the baby, particularly because they don't know, oh, it's Wednesday, we're going to contact. But it does mean, you know, I drive them along to the contact centre, find out mum or dad's not there and then go home again, and you know, might have had to wake them up or change their routine to fit in with contact, and then it doesn't happen, which I mean, gets annoying from my point of view, but doesn't actually harm the baby as such. But, you know, again, you come to a point where you think, well, who who are these being organised for whose benefit to my- I'm, I'm the advocate for the child and the baby. And a lot of the time contact isn't for their benefit I don't feel. Sometime it is but there, it, contacts tends to change over the months and years. And not always in the child's best interest, I don't think.*

So far I have only had foster carers views included through second-hand narratives from parents and social workers. This interview confirms some of those narratives and further develops them. This foster carer is speaking to the inconsistency of parents in their experience and how that might influence their optimism towards contact. She also highlights the frustration foster carers feel when they prepare a child for contact, get them to the centre and then it falls through at the last minute. These frustrations lead to thoughts around who is the benefit of contact for and further develops the concept of focusing on the child's needs. Here the foster carer also identifies and aligns themselves as an advocate for the child and putting the child first.

Conceptual Memo – Care Leaver 2 31/01/2024

I revisited earlier codes at Stage 1 because a lot of the data in Stage 2 seems to revolve around positive experiences of contact and I want to go back to previous data where participants are speaking more negatively of their experiences to cross-validate conclusions. This care leaver had particularly negative experiences of contact due to the way their parents presented but also how professionals behaved. However, they had interesting views on what they might have appreciated as a child in hindsight.

Researcher: *... who in your opinion, like from your experience who should be the people that are in the room*

Care Leaver 1: *Foster carers*

Researcher: *You think foster carers?*

Care Leaver 1: *100%, but because it's not, because of a lot of parents have less conflict towards foster carers, whereas towards social workers, even though yeah I won't the social worker that took away the kids, in their eyes I'm still a social worker so I still branded with that same... you know meaning...*

Researcher: *You get... you get such a bad press*

Care Leaver 1: *But it's about what a social worker means to that family and it's not good really is it*

Researcher: *Yeah*

Care Leaver 1: *Yeah, so to me I think it should either be independent contact workers, but it has to be consistent, or foster carers, cos foster carers know that child better than... like if you think I was with my foster carer longer than I was with my mum*

There are several ideas that pop into my mind whilst revisiting this interview. Firstly, how unusual it is for someone to want a foster carer to be in the contact. No other participant I interviewed yet (including foster carers) has suggested foster carers being directly involved with contact. However, from a child's perspective they would have appreciated having them there as in their eyes the foster carer is their primary caregiver and they get on better with them than their parent. They also mention the inherited conflict and difficult context going into contact and that is the perceived adversarial relationship with social workers following care proceedings. Additionally, the theme of consistency even in a hypothetical situation is once again highlighted. I think I will add a question to the interview schedule around exploring ideas around direct foster carer involvement in contact. It will be particularly interesting to hear from foster carers but also social workers and parents will have their own unique perspective on this too.

Appendix O: Research Diary Extracts

17/01/2022 – Project Selected and Supervisor Confirmed

I have been reflecting on what has led me to this research area and working with this supervisor. I think to answer this reflection I need to look at my history pre-training when I was on a mental health ward for adolescents. Most of the children who were admitted to the ward were either under social care proceedings or children looked after. I worked with an incredible social worker on the ward who inspired an interest in social care. I think my time on the ward and taking part in contact visits in a way has led me to pursuing this research area. I remember how fraught these visits could be but also when they went well how positively they impacted the young people I was working with. I feel passionate about this research area, about working and investigating systems and am hopeful this passion will see me through to completing the research.

23/06/2022 – MRP Proposal Feedback

I have received incredibly positive feedback on my MRP proposal. This makes me feel hopeful that not only the project is a viable piece of research but also I slowly can feel myself wrapping my head around the surrounding literature and how much work needs to be done in order to achieve good results.

23/01/2023 – Ethics Approved

My ethics has been approved and now I need to focus heavily on recruitment as that is my main anxiety. I have many contacts to follow up with but nonetheless I envision this will be the hardest part of the research process so the sooner I get started the better.

15/02/2023 – Begin reaching out to Contacts

I am feeling slightly disheartened by the response to the project so far. I have sent quite a few emails and have reached out to many colleagues past and present but nothing seems to be sticking. I am also recovering from Covid which left me feeling poorly for quite some time. I am not sure how to disentangle my physical symptoms from my emotional feelings of anxiety but at the moment I am not in an optimistic headspace when it comes to recruitment.

12/04/2023 – Continue trying to recruit and getting nowhere

I am continuing my attempts to recruit as I have not confirmed a single trust is on board yet. I have started analysing and coding Stage 1 data which makes me feel like I am starting the actual research even when I do not have participants of my own. I am finding the line by line coding hard, it feels like so much data and is quite overwhelming but already I am feeling drawn into the narrative's and experiences of the people who were interviewed by Katie. I think by focusing on the people this research matters to it is helping me to feel less disheartened by the recruitment process.

01/08/2023 – Meeting arranged

After months of trying to recruit I am finally meeting with a professional to discuss the project personally. My hope in terms of recruitment has renewed and I am going in to this meeting with confidence that my passion for the research area will show through. I am also

feeling a growing sense of desperation for participants which I am trying to be mindful of as I don't want this to cloud my judgement in terms of who would be appropriate to recruit.

26/09/2023 – First Interview with Social worker

That first interview was difficult but also really interesting. The views of social workers has been particularly missing in the data so far so it was helpful to now have a baseline of what their views might be. The social worker I interviewed seemed to further develop emerging concepts such as scrutiny, communication and consistency whilst adding fresh ideas including around not needing everyone in the contact system to work well together but at least one good relationship needed for the benefit of contact.

27/02/2024 – Interviewed two foster carers in one day now have enough participants

I am so pleased I have somehow managed to interview two foster carers in one day which now brings me to a reasonable amount of participants where I can submit in April. That is an enormous weight off my shoulders and I am now genuinely looking forward to meeting with Trish to share the good news.

Appendix P: Coded Transcript – Social Worker

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Appendix Q: Extract of Categories, Subcategories, Codes and Quotes

Category	Subcategory	Code	Quote
Sharing power	Working together	Working with the parents	But I usually, in my experience, it's usually kind of working through and working with the parents to kind of work with us uh... to sort of make the the contact as as good as we can. (Social Worker 3)
		A good team of people	I've got a good social worker. That helps. I've got a good team of people, and an amazing foster carer and an amazing child that all work together. (Birth Parent 5)
		Collaboration	So collaboratively, me and mum together came up with the idea. (Social Worker 2)
		Arranging contact together	As I say, I've worked with the contact centre for a long time, staff now, and generally they ring me up and say, Are there any days we need to avoid, you know, that you can't do in the next six months, and most of the time there aren't. And then they let me know, they email me out a timetable. (Foster Carer 1)
		Working together makes a difference	So I think that's perhaps the thing is, is, you know, the being agreeable to working together makes the difference (Foster Carer 2)
		Upskilling a foster carer	So it was just kind of giving her... upskilling her a bit more, because she was so she was sort of doing it, she sort of had the right idea, and it was just fine tuning to be like, and then that's good but this is what I would need. (Social Worker 1)
		Nice relationship and working well	They had quite a nice relationship and worked well together which did make things a little bit smoother for me. (Care Leaver 1)

Appendix R: Quality Assurance

Grounded Theory Research Quality Conditions (Corbin & Strauss, 2015)

Condition	Description of research process
Methodological consistency	The project committed to the grounded theory process whereby data was not used to merely describe the phenomena but to extract core concepts to form a theory/model.
Clarity of purpose	The research aims of exploring the experiences of social workers, foster carers and birth parents working together around contact visits was kept at the forefront of every stage in the project.
Self-awareness	A reflexive research journal (Appendix ?) and memos (Appendix ?) were used to document the researcher's thinking process and were used as opportunities to reflect regularly as the research progressed. Additionally, the lead research supervisor examined several transcripts, examples of coding, memos, categories and emerging models which allowed for potential biases to be explored and challenged at every stage of analysis.
Training	The researcher is part of a Clinical Psychology Doctorate and receives extensive training through seminars, lectures, supervision and working on placement in clinical settings.
Sensitivity to participants and data	This is described by Corbin & Strauss (2015) as having "empathy, carefulness, respect and honesty" (p. 349). All participants were spoken to honestly with respect, kindness and empathy particularly when they were discussing difficult memories from the past such as the removal of their children for birth parents.
Willingness to work hard	The research was conducted over several stages over the last two years of training. The researcher has taken the necessary time to immerse themselves in the recruitment, analysing and writing process.
Ability to connect with the creative self	The researcher used their creativity both in the recruitment materials (Appendix ?) and also in the diagramming and note taking process (Appendix ?).
Methodological awareness	Working within a critical realist position was considered throughout the research process as evidenced in the research journal (Appendix ?).
Strong desire to do research	The researcher was particularly motivated to conduct research in this area due to their experience of working with CLA and contact visits. A particular interest in finding out why some contact visits work better than others led the author to the research area.

Appendix S: Project Summary Letter

Dear participant,

Thank you for taking part in the study. It has been a privilege to hear your views and experiences and I hope done justice to capturing the essence of our discussions. The following is a summary of the project and key findings.

Project Title

A grounded theory of how birth parents, social workers and foster carers work together around the needs of the child for contact visits.

Research Summary

Local authorities have promoted the importance of facilitating contact visits between Children Looked After (CLA) and their families. There is much evidence to suggest that there are many benefits to children when contact goes well. However, there is little research on how professionals, carers and families work together to help contact visits go well.

This study used qualitative grounded theory methodology to generate a theory of how social workers, foster carers and parents all work together to help contact visits go well. Three social workers, three foster carers and two birth parents took part in one-to-one, semi-structured interviews. Previous interview data from three care leavers, four birth parents and seven contact supervisors were included in the analysis.

Findings

The developed theory suggested that the foundation to good contact lies within strong working relationships between professionals, carers and parents. It was found that good building blocks of a relationship, sharing power and communicating through actions helped relationships. However, difficult feelings such as anger and anxiety if not managed properly could hinder the relationship. How all these categories relate to each other are shown in the diagram of the model below.

Example Quotes

Here are some example quotes from participants:

“I mean it’s stating the obvious but if you’ve got carers working well with us, with birth parents, vice versa and all around there’s open communication. Then you can get a lot achieved even if there are difficulties.” (Social Worker)

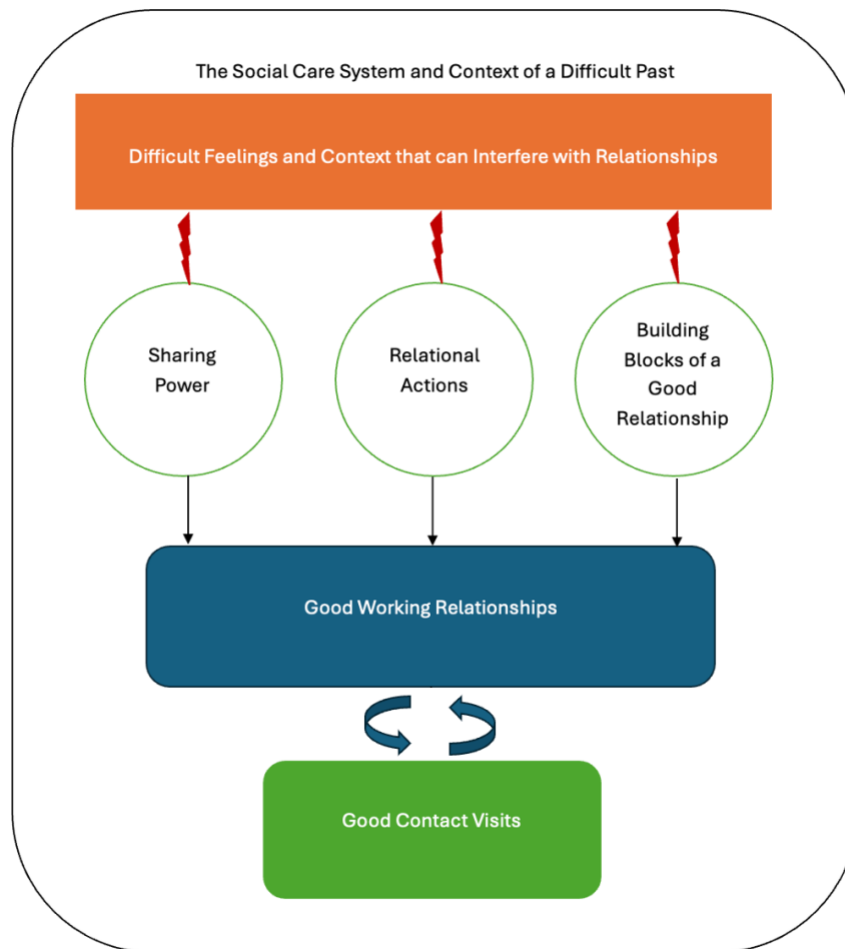
“This job is about people, it’s about relationships.” (Foster Carer)

“And it's like I'm not being judged. I'm being looked at like, okay, you've noticed something let me go and find out.” (Parent)

“I think even if you know, you don't have the perfect parents like, if they can just show that they're just really enthusiastic about spending time with their child, I think that goes a really long way.” (Contact Supervisor)

“The main thing is that we're there for my son. We all want the same thing for him so let's not argue about it and let's all get on with it.” (Parent)

Model



Implications

Further research is needed, particularly exploring kinship foster placements and with professionals and families of minoritized backgrounds.

The study also suggests that given the importance of working relationships on contact it is crucial that social workers, foster carers and parents are all adequately supported either through training, supervision or psychological support to navigate this.

Thank you again for taking time to participate in this study. If you had any further questions or comments please feel free to contact me.

Best wishes,
 Olive Waisman-Garzon
 Trainee Clinical Psychologist
 Salomons Canterbury Christ Church University

Appendix T: Author Guidelines for Child and Family Social Work Journal

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