

Contact with parents for infants in Early Permanence placements: an exploration of the experiences of parents, carers and practitioners.

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## **Abstract**

Early Permanence (EP) and supervised contact between infants and their parents (typically referred to as 'family time' in the UK) are two under-researched areas of social work practice. EP involves placing young children with prospective adopters who are also approved foster carers for the duration of care proceedings, with whom the child remains if adoption is deemed to be in their best interests. The child will usually continue to see their parents at a family centre, supervised by a practitioner, where there are often regular, but brief, opportunities for parents and carers to meet. The circumstances of EP are unique in that both parents and carers hope to permanently care for the child.

This qualitative study took a multi-perspective approach to produce a comprehensive picture of how contact in EP was constructed by those who managed and experienced it. Data were collected from parents (n=6), EP carers (n=9) and practitioners (n=23) through interviews and focus groups. Participants' reflections on how infants responded were also captured. Data were analysed using Reflexive Thematic Analysis, with change over the course of proceedings captured through longitudinal and retrospective methods.

The findings showed that infants were sometimes perceived as finding contact stressful. The purpose of contact was viewed differently by different people and professionals took varied approaches to their role within contact sessions. Both parents and carers experienced a contested and unsettling parental identity, theorised as 'disenfranchised parenting'. This created challenges in their ability to relate to each other. Opportunities for relationship-building between parents and carers were present, but positive foundations were often not built upon in the long-term. Implications for policy and practice are discussed and a model of good practice for contact in EP is proposed which aims to support infants, parents, and carers to experience safe, comfortable and meaningful contact.

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# Glossary of terms

## **ASW**

Adoption social worker

Adoption social workers are responsible for assessing prospective EP carers and subsequently supporting them through the Early Permanence (EP) process. In EP, the adoption social worker may take on the role of a supervising fostering social worker (to ensure the placement adheres to fostering regulations), or an additional worker from a fostering team may be allocated. All the social workers who took a supervising role in this study worked in adoption teams, hence referring to them as adoption social workers.

## **CSW**

Children's social worker

Children's social workers are responsible for making suggestions to court regarding contact based on the child's needs and best interests. Some also supervise some contact sessions.

## **CP**

Concurrent Planning

## **CS**

Contact (Family Time) Supervisor

Contact supervisors are practitioners whose primary role is to facilitate contact sessions between children and their family members. Some supervisors had a dual role involving family support and assessment with other families in their homes.

## **CM**

Contact (Family Time) Manager

Practitioners who manage and co-ordinate contact centres and staff.

## **EP**

Early Permanence

## **FfA**

Fostering for Adoption

## **ICO**

Interim Care Order

A temporary court order which is issued during care proceedings which gives the local authority parental responsibility for a child and allows them to make decisions regarding where the child lives.

## **LA**

Local authority

Local authorities are responsible for the care of children requiring placement away from their birth family. They make decisions regarding the most appropriate placement type for children (including EP).

Local authorities also run their own adoption services which will be part of a wider Regional Adoption Agency.

## **RAA**

Regional Adoption Agency

Regional Adoption Agencies are a collaborative of local authority adoption agencies covering a specific region. RAAs

are part of local authorities who have children in their care. The exact set up and way in which RAAs operate varies between regions.

**VAA**

Voluntary Adoption Agency

A VAA is a not-for-profit organisation who provide adoption services to children, adopters and adopted adults. They assess and support prospective adopters and local authorities may 'buy' approved adopters from VAAs for children requiring an EP or adoptive family.

**Placement Order**

An order which may be granted by the court at the end of care proceedings which allows the child to be placed for adoption, subject to a matching process. In EP, this is significant as it usually means the EP carers have confirmation that they will be able to adopt the child, subject to an Adoption Order subsequently being granted.

**Adoption Order**

An order granted by the court which declares the adoption as legal. All legal ties are severed between the parents and child.

**Traditional foster care/rs**

Referring to foster carers whose primary role it is to care for a child on a temporary or long-term basis, without the initial intention of adopting a child. Some foster carers do go on to adopt the child in their care, but this is not Early Permanence.

**Traditional adopters**

Referring to prospective adopters who have a child placed with them for adoption following the granting of a Placement Order.

**Infant**

A baby aged 12 months or younger.

**Newborn**

A baby up to two weeks of age.

# 1 Introduction

## 1.1 Early Permanence

### 1.1.1 Definition

Early Permanence (EP) is an umbrella term which encompasses Fostering for Adoption (FfA) and Concurrent Planning (CP), two similar schemes used in the English fostering and adoption system which aim to reduce placement moves and delay for young children, giving them the opportunity to live with their potential permanent carers at the earliest opportunity. The process:

...applies to the placement of a child with a carer who has approval as both foster carer and adopter and could go on to adopt the child they are fostering in the event that adoption becomes the plan for permanence and the court grants a placement order (Brown and Mason, 2021).

EP was designed and is most frequently used for children aged two and under (Brown and Mason, 2021; Ludvigsen, Stanford and Stern, 2024).

### 1.1.2 History of EP

The first CP programme was introduced in the 1980s in Washington, USA. The aim was to place infants and young children whose parents were experiencing significant difficulties (substance misuse, mental health problems and/or learning disabilities) with foster carers who could go on to adopt them (Katz, 1990). This involved working 'towards family reunification while, at the same time, developing an alternative permanent plan'. (Katz, 1996, p.8). This involved having a specific team which had a reduced caseload, engaged in early care planning, offered intensive support services to parents and supported contact between parents and children (Katz, 1990).

Katz (1990, 1999) outlined how psychological harm would be reduced for young children in CP by limiting moves between carers, reducing time in foster care and ensuring continuity of relationships (regardless of whether the child was adopted or reunified with their parents). The success of this initial project in terms of reducing time spent in foster care for young children led to concurrent planning being rolled out across the US, where it is now used in most states. Some states in Canada have similar schemes, for example the 'Mixed-Bank Program' was introduced in Quebec in 1988 (Pagé, Poirier and Chateauneuf, 2019).

CP was introduced in England in 1997 by the Manchester Adoption Society, known as the Goodman Project, based on the US approach. Two further projects were set up in 1999 by Coram Family and Brighton and Hove Social Services (Monck, Reynolds and Wigfall, 2003). Of these original projects, only the Voluntary Adoption Agency (VAA) Coram still run a Centre for Early Permanence, recruiting EP carers, but no longer providing supervision of contact or the 'intensive resources' (Kenrick, 2009, p.5) for parents as per the original

project. A concurrency team in the North West of England was re-established in 2014 and was subsequently disbanded in early 2024.

### Early Permanence in England: a timeline

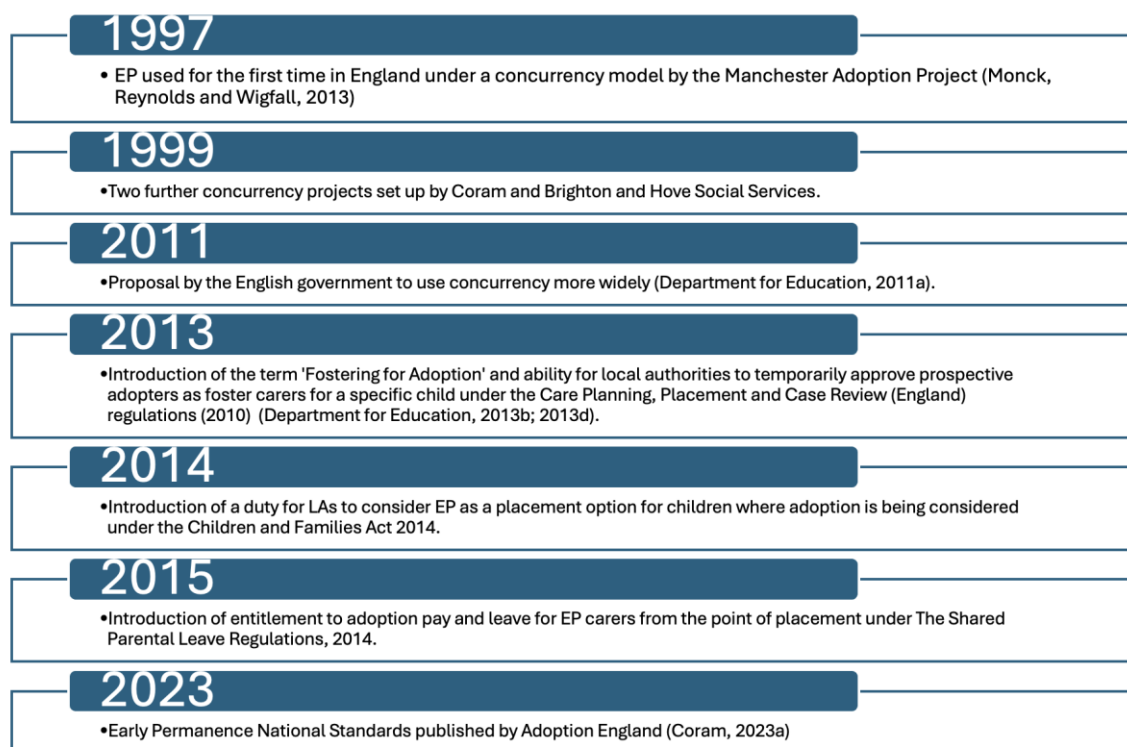


Figure 1: Early Permanence in England: a timeline

The previous UK government proposed the wider use of CP in 2011 in a drive to tackle delay in placing children with permanent carers (Department for Education, 2011a). This was subsequently coined 'Fostering for Adoption' (Department for Education, 2013b), FfA builds on the principles of concurrency where children (primarily young babies) are placed with dually or temporarily approved foster carers but is used when the local authority (LA) has no active plan of reunification with parents. The primary plan with FfA is adoption (subject to court agreement) unless anything significant changes for the birth family during court proceedings. In the UK, the implementation and focus of EP schemes more recently has been in the form of FfA (Ludvigsen, 2018; Brown and Mason, 2021). CP placements tend to be commissioned to VAAs by LAs, whereas FfA remains within the remit of the Regional Adoption Agency (RAA) (Department for Education, 2022) (see Glossary of terms, p.8, for more detailed definitions of types of agencies). It had previously been identified that CP has historically been better resourced and managed than FfA (Brown and Mason, 2021), and therefore there may be a difference in provision for parents and carers depending on what type of placement they experience.

In practice, both CP and FfA are placement models used for children with very similar backgrounds – those with parents who are experiencing such significant challenges in their lives that the likelihood of them being able to safely care for their child on a permanent basis

is slim. EP (whether CP or FfA) does not, however, rule out the possibility of reunification. Legislation still requires local authorities to prioritise any child being reunified with parents or placed with a birth family member if possible, regardless of whether the child is placed with EP carers or not (Children Act, 1989). With CP, there is a clear focus on reunification and as previously noted, the provision of more intensive resources may be offered to parents to support this possibility. Where reunification is recommended, it is noted that ‘a careful, interim care plan will need to be developed which is tailored towards the child being able to successfully achieve a safe rehabilitation in a timescale which meets their needs’ (Borthwick and Donnelly, 2013, p.54). This also includes the provision of emotional support for carers as well in order to process their feelings while supporting the child’s transition and beyond (Monck et al., 2003).

### **1.1.3 The focus on infants**

The first 12 months of a child’s life are known to be crucial for future development, the literature base for which is explored in detail in Chapter Two of this thesis. While infants make up a relatively small proportion (4%) of the current number of children in care in England (Department for Education, 2024), they are a population which require particular focus due to their unique needs and vulnerability. They are also a population that increased between 2012/13 and 2019/20 in England and Wales, with just over half of these infants being newborns (up to two weeks’ old) (Pattinson et al., 2021). Newborns frequently end up in care proceedings as a result of previous proceedings in relation to an older sibling and are more likely to be ‘placed for adoption’ than older infants and children (Broadhurst et al., 2018). With all this in mind, EP is a placement option which tends to be used for these young children – between 2020 and 2023 the average age of children in EP placements was between 8 and 12 months, increasing slightly to 14 months in 2023/24 (Coram-i, 2024). This study, therefore, focuses on the age group that EP is used most frequently for, infants 12 months and under.

### **1.1.4 Legislation, policy and statistics**

The Children and Families Act (2014) introduced a duty on local authorities to consider placing a child in an EP placement alongside other placement options when adoption is being considered. The Children and Families Bill (Department for Education, 2013a) suggests that EP could be utilised at any point in the child’s care journey, including identifying it as an option before a child is born. Statutory guidance for adoption states:

There may be cases where a local authority identifies that, based on the evidence available and on its assessment of the case, the long term permanence plan for a child is likely to be adoption. The local authority may still be considering other outcomes for the child, and may still be attempting rehabilitation with family, but expects that adoption will become the plan should those alternatives not succeed. Local authorities must

assess the appropriateness of placing the child in a FfA placement with dually approved carers on a case by case basis (Department for Education, 2013b, p.33).

EP carers may be dually approved at adoption/fostering panel as prospective adopters and foster carers for any child. More commonly in England, they may be approved as prospective adopters at adoption panel and subsequently approved as temporary foster carers for a specific child under regulation 25A of the Care Planning, Placement and Case Review (England) regulations (2010) (Department for Education, 2021b). This regulation came into force in 2013 and made it easier for LAs to quickly approve EP carers without the need for a full fostering assessment (Department for Education, 2013d). In the eyes of the law, EP carers, however they are approved, are the same as any other type of foster carer. They hold no legal Parental Responsibility for the child and are not party to care proceedings. There have been legal cases which have clarified this position (Re T (A Child: early permanence or kinship carers) [2017]; Re T (A Child: Early Permanence Placement) [2015]). EP placements and carers must adhere to Fostering Services Regulations (2011) and the Fostering Service National Minimum Standards (2011b).

Since new legislation introduced in 2015 (The Shared Parental Leave Regulations, 2014), EP carers in England have been entitled to statutory adoption leave (12 months) and pay (39 weeks) from the point that a child is placed with them<sup>1</sup>. Where care proceedings are protracted longer than 12 months, EP carers have no further entitlement to any leave or pay. During the fostering period, EP carers are paid a fostering allowance by the LA, though the amount varies between agencies (Tobin and Price, 2023).

The number of EP placements in England has been increasing steadily (Coram, 2024b). In the year 2023/24, 676 children were adopted following an EP placement (23% of the total number of adopted children, up from 14% in 2020/21) (Coram-i, 2024). The implementation and use of EP, however, varies significantly across the UK (Dibben and Howorth, 2017; Brown and Mason, 2021; Department for Education, 2021a). London has one of the lowest rates of EP placements in England (Ludvigsen, Stanford and Stern, 2024), whereas other areas such as the North West, where concurrent planning has been in practice for two decades, has one of the highest rates (Coram, 2024a). EP has been identified as a priority area for practice improvement due to variation across the country (Brown and Mason, 2021; Department for Education, 2022). There are currently several ongoing projects funded by the DfE which aim to improve practice in EP in England and subsequently increase the number of children benefitting from this placement type (Department for Education, 2021a). It is therefore a key topic for research to improve understanding and further improve practice.

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<sup>1</sup> Previously EP carers were only entitled to adoption/leave pay at the point the child was potentially subsequently placed with them for adoption following the granting of a Placement Order.

### **1.1.5 Role of EP carers**

EP carers go through the same assessment process as prospective adopters, with additional scrutiny in relation to their suitability as prospective EP carers if they wish to be considered for such a role (Dibben and Howorth, 2017). Statutory adoption guidance notes that adoption agencies should discuss with all prospective adopters whether they are interested in EP and assess accordingly (Department for Education, 2013c, 2014b). Legally, EP carers are foster carers in which their role is 'to provide care and accommodation to children who are looked after, and placed with them, by a local authority' (Department for Education, 2013c, p.5). They will remain as foster carers until a child either moves on from their care (i.e. back to birth family) or is officially placed with them for adoption after a Placement Order is granted.<sup>2</sup>

A key part of the EP carers' role is to support the child to have contact with their birth parents (and potentially extended family). See 1.2 for further details on contact.

There are often different expectations regarding EP carers' involvement in contact which is variable by region and placement type (Brown and Mason, 2021). For concurrency carers specifically, both in the UK and internationally, the expectation has always been that they would support and facilitate the child to have regular contact with their birth parents. This usually includes transporting the child to a family or contact centre and may involve handing the child directly over to parents (Katz, 1996; Monck, Reynolds and Wigfall, 2005; Borthwick and Donnelly, 2013; Dibben and Howorth, 2017). When FfA was first introduced, it was suggested that carers would have less direct involvement with birth parents than concurrent carers do. In statutory adoption guidance (Department for Education, 2013c), there is no mention of any expectation of FfA carers' involvement or direct communication with parents, whereas when outlining concurrency, the guidance states 'the carer may spend time with the parents at both ends of contact sessions to update them on the child's progress. This enables a relationship to develop which is supportive to the parents' (p.34). Practice has evolved such that 'the progression of individual cases has led to a blurring of these differing roles for FfA and concurrent planning carers in the arena of contact and meeting birth parents or relatives' (Dibben and Howorth, 2017, p.27). Between 2020 and 2022, COVID also had an impact on these handovers and the relationships that carers and parents had, as in-person contact stopped completely for most children in care and many carers were involved in facilitating 'virtual' contact in the form of video calls between parents and their children (Neil et al., 2020). When contact resumed, many contact centres suspended direct handovers between carers and parents due to perceived increased risk of COVID infection.

Despite the reality that, in essence, EP carers, whether concurrent or FfA, are in a similar position, the preparation and training they may undergo varies between local

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<sup>2</sup> Carers will still need to be 'matched' with the child at adoption panel (or in the case of a placement by consent, birth parents sign consent to adoption), following the same procedures as traditional adoption.

authorities/agencies. Professionals who were interviewed in an evaluation of EP in England by Brown and Mason (2021) raised concerns that FfA does not necessarily provide the same levels of support as concurrency services for either birth families or prospective adopters. This is noteworthy, given that one of the reasons FfA was introduced was to try and increase numbers of prospective adopters willing to consider taking on a child at an earlier stage in order to reduce drift and delay for children in care (Department for Education, 2011a). It was suggested that FfA may be viewed as less 'risky' and more appealing than concurrency for prospective adopters due to the local authority not usually having a plan of rehabilitation or assessment, but there is no indication that rehabilitation rates are significantly different; in both FfA and concurrency, the majority of children go on to be adopted by their EP carers but there is still the same legal potential for reunification in both (Monck et al., 2003; Kenrick, 2009, 2010; Brown and Mason, 2021). As Weinberg and Katz (1998) note from their research on concurrency in the US, '[Carers] must not be given promises or estimates of 'risk' implying that parents will or should fail. They must truly support the case plan, despite their own attachment to the child' (p. 13). This is a big ask, and one which entails much uncertainty and potential loss, which will be explored further in Chapter Four.

## **1.2 Contact**

### **1.2.1 Definition**

The term 'contact' was introduced in the Children Act (1989) to replace the previous legal term 'access' (Simpson and Clapton, 2020). This legislation set out a duty to promote contact between the child and their parents and anyone else who had parental responsibility and/or previously had legal care of the child, where this was consistent with the child's welfare (s.34). In practice guidance, Slade (2002) defined contact as 'maintaining links between children and absent family' (p.1). This current study focuses specifically on contact between infants and their parents as one of the most crucial relationships to the child, and one which is usually focused on during care proceedings. After the Children Act 1989 came into force, there was a fourfold increase in the amount of contact that children in care had with their birth family and the way in which it was implemented became more formalised (Cleaver, 2000).

Where contact takes place as part of wider court proceedings, it will usually be in a formal setting, supervised by a practitioner (Slade, 2002). It is a complex and often highly emotionally charged process (Hindle and Easton, 1999), involving several practitioners with varying responsibilities. The three groups of practitioners primarily involved in supervised contact between infants and parents are children's social workers, fostering social workers (or adoption social workers in the case of EP) and contact supervisors. The role of the contact supervisor may vary, which is explored further in Chapter Five.



## 1.2.2 Legislation and policy

### Contact for children in foster care: legislation, policy and guidance timeline

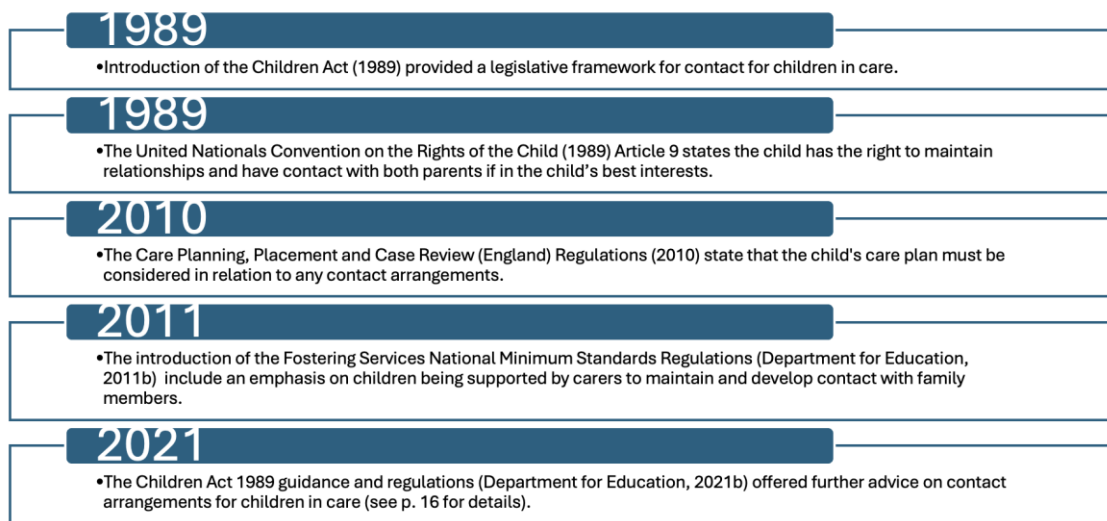


Figure 2: Contact for children in foster care: legislation, policy and guidance timeline

As noted, it was the introduction of the Children Act (1989) that provided a legislative framework for contact for children in care. The court's role includes consideration of the proposed arrangements (which parties can give their views on) and making orders that set out these arrangements or terminate them under s.34 of the act (Dickens et al., 2019). The Care Planning, Placement and Case Review (England) Regulations (2010) note that the child's care plan must be taken into consideration in relation to any contact arrangements.

Relevant international legislation applicable to contact includes the United Nations Convention on the Rights of the Child (1989): Article 9 which reads:

States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

When the local authority applies to court for an Interim Care Order for an infant, part of this application will include a proposed plan for arrangements around how it will promote contact between the child and birth family, including when, where and who the child will see (Children Act, 1989, s.20). These arrangements will be unique to each child and family.

Alongside consideration of the law, practitioners may draw on statutory guidance available to them to support decision making, such as the 'The Children Act 1989 guidance and regulations' (Department for Education, 2021b). This guidance highlights the need for consideration of the child's wishes (where possible to ascertain), how any arrangements should be focused on the child's individual needs and that parents should be involved in decision-making if possible. It also notes that contact should not be limited to the child's

parents but anyone else with Parental Responsibility and 'any relative, friend or other person connected with the child' (p.39), including a parent where contact may have been lost, siblings and grandparents. There is an emphasis on ensuring appropriate plans are made within the first few weeks that a child goes into care and how these should be reviewed regularly and changed 'as the children's relationships and need for contact change over time' (p.41). It is this guidance that would be applicable to any child in an EP placement.

The Fostering Services National Minimum Standards Regulations standard nine (Department for Education, 2011b) (which are applicable to EP carers) includes that 'children are supported and encouraged to maintain and develop family contacts and friendships, subject to any limitations or provisions set out in their care plan and any court order'. It also advises agencies to provide practical and emotional help to support carers with this task. Statutory guidance on adoption, which is also relevant to EP, (Department for Education, 2013c) provides a summary of types of EP placements under advice on the duties of the adoption agency where it is considering adoption for a child. It does not, however, provide any further guidance on contact other than it is a key element of the CP process and one in which parents and carers will meet. It is noteworthy that this focus on contact is only discussed for CP and not FfA in this document.

Various non-statutory guidance and contact planning tools regarding supervised contact arrangements for children in care and those who are adopted have been published (Adams, 2012; Bond, 2007; MacDonald, 2021; Neil and Baynes, 2015; Price et al., 2014). Good practice guidance on supervised contact was produced by Coram in 2002, which provides legal and theoretical context for the concept before moving on to guidance on venue, staffing, assessment, recording and evaluating contact services (Slade, 2002).

EP guidance (Borthwick and Donnelly, 2013; Dibben and Howorth, 2017) provides some recommendations on arranging contact, which includes drawing up a working contact agreement between parties to clarify expectations and how contact will be reviewed. It also makes clear that the infant's needs and circumstances must be considered, including their need for predictability around routines, and time to start building an attachment relationship with their primary caregiver. The guidance suggests that babies will need time to settle into an EP placement after moving and before contact with parents starts and the individual needs and circumstances of the birth parents should also be carefully assessed. Suggestions around managing the handover of the baby are provided, as well as the contact venue and involvement of EP carers. Regarding frequency and duration of contact, this 'should be tailored to each infant's needs, and research and practice experience should inform this' (Dibben and Howorth, 2017, p.46). Even though this guidance was published with EP in mind, it can be applied to all infant contact arrangements.

Finally, Early Permanence National Standards were published as a national resource by Adoption England in 2023 (Coram, 2023a). The standards aim to support agencies 'to progress and secure consistency and coherence in the early permanence offer to children within their governance and partnership arrangements' (Adoption England, 2024b). Standard six focuses specifically on contact, entitled 'Maintaining significant relationships to support continuity for the child'. This standard provides impetus on agencies to be proactive in supporting children's relationships through the EP period, highlighting the value of these in terms of children's life story. It suggests that EP carers require training to help them understand their role in relation to contact and that contact arrangements should be made in the child's best interests, with clear expectations around everyone's responsibilities. This includes contact supervisors being trained in EP. Finally, a focus is given to EP carers being supported to promote ongoing relationships in the long term, if the child is adopted.

### **1.2.3 Frequency and duration of contact**

While there is a legal imperative on social workers to arrange for children in care to maintain a 'reasonable' level of face-to-face contact with their birth parents, the frequency and duration can vary vastly between different placements and there is not always agreement on what 'reasonable' means (Cleaver, 1997). While decisions regarding frequency of contact *should* be made with the child's needs at the fore (Neil, 2002; Schofield and Simmonds, 2011), at times decisions about contact arrangements by practitioners may be led by other factors such as perceived expectations from court, or the push for higher frequency contact from parents' legal advocates (Humphreys and Kiraly, 2011). Parents' wishes and requests, via their legal representatives, may influence contact, and arrangements may potentially be put in place solely to satisfy the court (Cleaver, 1997). Arrangements may also be constrained by local authority resources (Sen, 2010).

Court judgements can often have an impact on social work practice. With contact, for example, a judgement in 2003 (Re M (Care Proceedings: Judicial Review) [2003]) led to a significant increase in the frequency and duration of contact for infants in foster care, potentially up to six times per week (Schofield and Simmonds, 2011) referred to by Masson (2010) as the 'baby contact regime'. A 'standard' amount of contact for infants in EP placements has previously been found to be three contact sessions per week, between two to four hours per session (Monck et al., 2003). Guidance suggests that contact should be at the same time and day each week (Dibben and Howorth, 2017), which is supported by Monck and colleagues' (2003) study.

A more detailed review of the evidence in relation to decision making around contact is provided in Chapter Five.

#### **1.2.4 Contact in EP: challenges of maintaining relationships**

The previous sections have set out the practical arrangements of contact for children in care (including those in EP placements), but the practice of maintaining relationships between children and their birth parents is rarely straightforward.

Many children experience contact as positive (Dickson, Sutcliffe and Gough, 2009) and it has been identified as something that promotes wellbeing in certain circumstances (Iyer et al., 2020a). However, where children have difficulties with contact their responses can cause a dilemma for the maintenance of a relationship and continuation of contact sessions. Research on older children indicates that contact can cause emotional stress (Wilson et al., 2004; Schofield and Stevenson, 2009) and the behavioural and emotional problems of children following contact can put significant pressure on carers (Macaskill, 2002; Sinclair et al., 2005). For infants in particular, it has been reported that they can present as distressed, particularly around separation from their primary caregiver and where their routines are disrupted (Kenrick, 2009). High frequency contact in particular may have an impact on the child's attachment relationship with their carer (Humphreys and Kiraly, 2011). Balanced with this is the need for infants to maintain a relationship with their parents, particularly where reunification is a possibility, which can be painful in the short term but, for many, beneficial in the long term (Beek and Schofield, 2004; Neil, 2009; Neil, 2010; Sen and Broadhurst, 2011).

When planning and supporting contact, practitioners therefore have to keep the child's needs and at the heart of situations, while also taking into consideration the needs and abilities of parents and carers (Harris and Lindsey, 2002; Schofield and Beek, 2006; Humphreys and Kiraly, 2010). These issues are considered further in the literature review.

### **1.3 Terminology**

#### **'Parents'**

There have been many discussions around the most respectful terms to use when it comes to a child's parents i.e. parents who have had a child removed from their care and placed with foster carers, kinship carers or are adopted. Traditionally, the term 'birth parents' has been used. However, more recently, the terms 'first parents' or 'natural parents' have been preferred, or simply 'parents' as suggested by TACT Adoption and Fostering Agency in their glossary of terms, produced from gathering children and young people's views on the matter (Ortiz, 2019). Given that discussions in this thesis refer to the experiences of 'birth' parents during care proceedings, before any final decisions have been made, the terms 'parent/s', 'mother' and 'father' will be used throughout to refer to a child's biological parents. It should be noted that for the majority of studies discussed, participants are primarily mothers. Where studies include mothers and fathers, this will be highlighted.

#### **'Prospective adopters'**

Prospective adopters are those who have commenced the process to become an adoptive parent. They may still be in stages of assessment, be waiting for a child to be placed with them or have had a child legally 'placed for adoption' with them but have not yet legally adopted them. EP carers are sometimes referred to as prospective adopters, as they have a dual status as prospective adopters and (only if/when a child is placed with them) foster carers.

### **'Carers'**

Within this thesis, the term 'carers' is used to encompass EP carers and prospective adopters/adoptive parents who have previously been EP carers.

### **'Contact' vs. 'family time'**

The term 'contact' has been used since the introduction of the Children Act 1989. Prior to this, 'access' was a common term and internationally, 'visitation' is also used in literature (Clapton, Simpson and Grant, 2022). There has been recent debate and discussion regarding the word or phrase that should be used to refer to the time that a child spends with their birth family when they live with foster carers or adopters (see Clapton, Simpson and Grant (2022) for an overview). The term 'contact' is a familiar and frequently used term in children's social work practice and research since it was introduced in legislation. The term 'family time' was subsequently proposed as a less stigmatising term by TACT (The Adolescent and Children's Trust) (Ortiz, 2019), and has been widely adopted by LAs and RAAs since. In both literature and practice, both terms are often now used interchangeably. In this study, practitioners tended to try to (but did not always) use the term family time whereas parents and carers talked about contact.

The term contact will primarily be used throughout this thesis due to it being a 'catch all' term which is universally understood both nationally and internationally in research and practice. The limitations and connotations of the word, however, are acknowledged and recognised.

### **'Removed', 'placed' and 'placement'**

When children cannot live with their parents, this is frequently termed as them being 'removed' from their parents and 'placed' with foster carers in a 'placement'. Similar to contact, these are words that have also faced criticism as they are seen to reduce the child to a commodity. In reality, they are unable to live with their parents and are having to move to live with a different family. For the sake of ease and understanding in this thesis, the terms 'removed' and 'placement' have been used, but it is acknowledged that these phrases do not fully reflect or acknowledge the life of the infant at the heart of the discussion.

## 1.4 Structure of the thesis

The thesis comprises four parts.

### Part one: Literature review (Chapters Two to Five)

The literature review consists of four chapters, examining contact in EP in relation to infants, parents, carers and practitioners. All chapters draw on relevant literature relating to contact from across the fostering and adoption fields, given the dearth of literature specifically focusing on EP.

- **Chapter Two** covers infant development in the first year, discussing their unique relational needs as well as outlining current research on contact for infants and older children.
- **Chapter Three** contextualises parents' backgrounds and experiences of loss, as well as exploring their experiences of contact and relationships with parents and carers. The missing perspective of parents in research, particularly fathers, is highlighted.
- **Chapter Four** examines the ambiguous role of EP carers, anticipatory grief, experience of uncertainty, and the challenges of supporting the child's connections to their birth family alongside embracing the child within the carers' own family.
- **Chapter Five** discusses the role of practitioners, social workers' decision-making regarding contact, and different approaches to contact support, intervention and supervision.

The literature review was undertaken by initially completing a structured search of the University of East Anglia library database, Google Scholar and key social work journals for specific terms – 'early permanence', 'concurrency', 'fostering for adoption' and 'infant contact'. The aim was to identify all the literature related to these areas of practice. To capture all relevant studies, search criteria were widened to fostering and adoption in general, as specific terms relating to EP and contact were not always included journal titles. Abstracts were reviewed to ensure relevant literature was not missed. The search was then further broadened to include literature on foster care and adoption, as well as infant development, that was identified as relevant based on the initial search for EP and infant contact. Relevant textbooks were utilised where appropriate, particularly in the first chapter on infant development.

### Part two: Methods (Chapter Six)

**Chapter Six** explains the interpretive, constructionist approach of the study, the study design, ethical dilemmas and how these were managed. The chapter concludes with a detailed description of how data were analysed using Reflexive Thematic Analysis (Braun and Clarke, 2006).

### **Part three: Findings (Chapters Seven to 11)**

The findings are presented in five chapters.

- **Chapter Seven** describes participant descriptions of the frequency, duration and practical arrangements of contact.
- **Chapter Eight** details infants' varying responses to contact as described by carers and practitioners.
- **Chapter Nine** examines the perceived purposes and functions of contact for each participant group.
- **Chapter Ten** explores the evolving relationships between parents and carers through contact.
- **Chapter 11** focuses on parental identity and how parents and carers navigate the uncertainty in EP.

### **Part four: Discussion and implications for practice (Chapter 12)**

This final chapter sets the findings in the context of the literature and highlights new knowledge generated by the research. It introduces the theory of 'disenfranchised parenting' to describe the unique position of parents and carers in relation to the development of a contested parental identity. Implications for practice are discussed and a model of good practice for contact in EP is proposed.

# Literature Review

## 2 Contact and infants

This chapter will examine the developmental needs of infants in the first year of life, a period which is crucial for all aspects of development. It will cover four key sections – infant development, the impact of separation on infants, the backgrounds and outcomes of infants in EP, and existing literature on children and contact. The first section focuses on how young babies experience the world around them and how they interact and communicate with others. The importance of early relationships as predictors of later attachment security will then be discussed, considering the concepts of maternal sensitivity and mind-mindedness. The chapter will then turn to examine how infants experience separation and transitions in different situations, linking this to the separation that takes place for infants when they are placed in foster care in the first few days or weeks of their life. The next section provides background context for infants in EP, and outlines outcomes for these children. The literature review will finally draw more broadly on contact literature in relation to older children, where links are drawn to infant contact, and look at scant research which focuses specifically on infants, drawing out any gaps which this present study will address.

### 2.1 Infant development in the first months of life

With the infant's brain growing rapidly after birth, particularly within the first three months of life (Holland et al., 2014), it is important to consider the impact of caregiving during this period and how resilient infants are to any episodes of suboptimal caregiving. This includes highlighting what infants need to flourish in the early days, weeks, and months of their lives, which may subsequently impact on their longer-term development. Developmental theory and research aid our understanding of the context in which contact between infants and their parents takes place, bringing the infant's needs to the fore.

Research on early infant development illustrates that there are innate characteristics that are present from birth, such as reflexes and a relatively well-developed sensory system (discussed later in this section). Most adaptive reflexes are focused on feeding, including the rooting reflex, where a baby turns their head towards the touch of their cheek, as well as mouth movement such as sucking and opening of the mouth (Sheppard and Mysak, 1984). Newborns are also able to grasp a finger upon stroking their palm, have 'tonic neck', where the baby turns their head to one side while awake on their back and extends their arm, and display the Moro reflex, where a baby will extend their arms, leg and fingers and arch their back if they are startled (Bee and Boyd, 2010). Most of these reflexes will disappear within a month or two, however the Moro reflex does not disappear until the baby is around six months old. These reflexes are linked to behaviour patterns and physical skills that develop at a later stage in the baby's life.



For newborns, feeding can occur up to seven times per day at two to three hourly intervals at least, and the amount of time that infants' feed, as well as sleep and cry, decreases over the first year of life (Michelsson et al., 1990). The majority (up to 90%) of the newborns daily routine is initially made up of sleep (Sola, Rogido and Partridge, 2002), with diurnal day/night sleep patterns becoming clearly established by 12 weeks of age (Parmalee, Wenner and Schulz, 1964). Studies have shown that infants experience two different sleep states – active sleep and quiet sleep (Peirano, Algarín and Uauy, 2003). Active sleep can be confusing for caregivers as it may look as though the baby is waking due to twitching and irregular breathing, but it is an important sleep state for development. It has been found that parents can struggle to interpret these different sleep states and often do not know what a healthy sleep pattern looks like (Parmalee, Wenner and Schulz, 1964; Owens, Jones and Nash, 2011). Applied to contact, this indicates that infants' sleep is likely to be interrupted or not respected, and that birth parents and carers may struggle to interpret sleep states.

Circumstances where an infants' sleep is interrupted, for example in Neonatal Intensive Care Units, has raised concern for the impact on their future development (Levy et al., 2017), indicating the importance of respecting infant sleep patterns. Whitesell et al. (2018) found that infants who lived in 'household chaos' i.e. a lack of structure and stable routines, experienced more fragmented sleep and took longer to consolidate sleeping patterns and routines. While this study relates to a high level of disorder within a family home, as opposed to considering the effects of more subtle changes to routine like a baby attending contact sessions, it indicates that predictable routines and timing is important when planning contact.

Thinking about how infants may make sense of changing environments, there is a suggestion that early on, newborns can develop expectations, or 'schemas' (Piaget, 1952), of certain repeated situations. This leads to connections being made between what they see, hear and smell to a certain activity e.g. hearing their mother or primary caregiver's voice may be associated with being fed or picked up. Babies as young as three months can potentially associate specific places with specific activities (Hayne, Rovee-Collier and Borza, 1991) and like adults, babies can get used to certain things such as sounds or objects they are repeatedly presented with (Swain, Zelazo and Clifton, 1993). This is known as 'habituation', where an infants' response will differ when exposed to repeated stimulus (Jeffrey and Cohen, 1971). Exposure to an unfamiliar stimulus in young babies generally causes a physiological response e.g. an increased heart rate (Sokolov, 1963). In relation to a change in caregiver or environment, the notion of habituation indicates they are likely to receive information about their environment through multiple sensory modalities. Babies are likely to have some awareness of transitions and sense a difference between foster carer and birth parent, even as young as a few months old.

The sensory system that most babies are born with (unless they have a disability) appears to be focused primarily on closeness and interaction with the mother. Research has shown that newborn infants can recognise odours they were exposed to in utero and exhibit behaviours which would also indicate they recognise the smell of their mother's amniotic fluid (Schaal, Marlier and Soussignan, 1998, 2000), and their mother's breast milk (Badiee, Asghari and Mohammadizadeh, 2013). In utero, it has been found that only the sound of the mother's voice over other voices is audible to the baby (Querleu et al., 1988). After birth, newborns show preference for their mother's voice over a stranger's (illustrated by sucking frequency) (DeCasper and Fifer, 1980). It is believed that the purpose of this preference is to locate food (Rovee-Collier, 2000). In terms of visual recognition, infants from around two months can recognise their mother's face (Pascalis and de Schonen, 1994). This information indicates that young infants are likely to know if a familiar person is holding or feeding them.

Furthermore, newborns are sensitive to touch (Dieter, et al, 2003) and maternal touch has been shown to reduce crying at two months of age during routine vaccinations (Jahromi, Putnam and Stifter, 2004). One study found that newborns who were separated from their mother after birth for a period of an hour showed significant increases in autonomic activity (i.e. an increased heart rate) compared to those that remained with mother having skin-to-skin contact (Morgan et al., 2011). Several studies evidence the benefits of human touch for newborns and it can be an important compensatory factor in helping infants regulate their distress whose caregivers who struggle with facial animation or engagement (Stack and Muir, 1990; Pelaez-Nogueras et al., 1996). Touch is most effective, however, when combined with voice and sight of the caregiver (Carozza and Leong, 2021).

This body of research highlights the awareness that young infants have of the environment around them, and how they may respond to changes within this. By moving on to look at theory and research on how infants interact, communicate and respond to caregivers and vice versa, we can start to build a picture of what is important to support an infant's overall emotional development.

### **2.1.1 Early relationships: Communication and Interaction**

In early developmental psychology, Piaget theorised that infants are born as intrinsically egocentric beings i.e. they did not have an ability to see something from another's point of view (Piaget, 1952, 1954). In his theory of primary narcissism, Freud (1914 in Bee and Boyd, 2010) stated that infants cannot initially distinguish themselves from others. While this early research argues that differentiation (recognising that one is separate from others) is a developmental achievement, subsequent research has suggested that 'newborns begin life with some grasp of people' (Meltzoff, 1995, p.43), with an innate need to communicate (Kugiumutzakis, 1993). In adult-infant interactions, (Beebe, 2000) suggests that both parties in the dyad can be seen to adjust their behaviours towards the other and interaction is a

two-way process. Infants' ability to regulate their emotions e.g. their 'affect regulation', however, is immature; it is suggested that they cannot distinguish their own feelings from others, therefore they require help from another person who acts as a barrier to manage stimuli, environment and emotions (Taipale, 2016). The research below explores how babies learn to communicate and interact with their caregivers and subsequently, what infants require from these caregivers in terms of emotional regulation.

Crying is the most obvious and primitive form of communication that elicits caregiving, which can be observed in newborns who cry for up to three to six hours per day (Michelsson, Rinne and Paajanen, 1990). Infants who experience drug withdrawal or health issues have particularly distinguishable cries which can be experienced as more irritating by carers (Soltis, 2004), which may be a risk factor in the contact situation as around half of babies placed in foster care have been exposed to substances (drugs and/or alcohol) in utero (Neil, Young and Hartley, 2018). Infants often display a range of cries which sound different to each other (and many parents/carers will talk about learning over time what these different cries mean). Carers who are more familiar with a child may be more attuned to their cries, but in contact, birth parents may find it more difficult to comfort their crying baby due to not knowing what their infant is trying to communicate to them. This understanding is going to become increasingly important as the infant gets older, as the skills which enable them to interact with the adults around them become more nuanced, and the responses they receive need to reflect these shifts.

Meltzoff and Moore (1977) found evidence of social responses to adults in very young babies aged between 12 and 21 days, observing babies to imitate facial expressions and manual gestures such as sticking a tongue out. Meltzoff (2007) later suggested that infants may be making connections between what they are thinking, seeing and feeling and this behaviour cannot be explained as an innate reflex or conditioning. As the infant grows, their communication and interaction advances further, for example with the development of the 'social smile' at around four to six weeks old (Emde and Harmon, 1972; Anisfeld, 1982). At around two months old, there appears to be a developmental shift where babies become more alert and more able and ready to engage with adults (Adamson, 1995). By four months of age, infants show preference for a happy face over an angry one (Labarbera et al., 1976) and at five months old, they are attuned to tone of voice and smile more when something is said to them in a positive tone, regardless of language (Fernald, 1993).

In her theory on the 'occupations' that infants undertake, Rovee-Collier (1996) suggested that after an initial nine-week period of focus on feeding and growth, infants up to 24 weeks old take on the role of an 'Inventory Control Officer'. They increasingly start to understand the world and piece together 'what goes with what, and what happens where and in what order.' (p.386), similar to Piaget's 'sensorimotor' stage of development (Piaget, 1954).

Infants' interactions with others become more obvious in order to elicit caregiving; as early as three months old, babies' responses towards their mother are different to an unfamiliar female stranger (Bronson, 1972).

Developmental theory emphasises how the first few weeks and months of life are a period of rapid change for infants, with shifts being observable on a weekly or even daily basis. It is the role of the caregiver to observe and adjust to these changes, and the way in which they communicate with infants will be important in supporting infants' emotional regulation. This may be a particularly difficult task for parents who only see their baby for short periods a few times a week at contact, therefore they are likely to be less aware of the developmental changes their child has gone through. They may subsequently struggle to respond to the infant appropriately. The next section will identify how caregivers can support infants' emotional development through their responses and interactions, and the potential consequences of caregivers not being attuned to an infant.

### **2.1.2 Early Relationships: Emotional Regulation**

It is widely accepted that infants do not form a 'fully fledged' attachment relationship (and subsequent attachment style) with their primary caregiver until they are around 12 months old (Ainsworth et al., 1974; Bowlby, 1969, 1982). The interactions that babies receive from caregivers in the first 12 months of life, however, have been shown to be important in the formation of attachment styles (Meins et al., 2001). This is the case regardless of whether there is a biological relationship between infant and caregiver, with early interactions between foster carers/adoptive parents and children looking similar and having a similar impact on future adjustment than for biologically related parents and children (Dozier et al., 2001; Stams, Juffer and van IJzendoorn, 2002). In a meta-analysis of attachment in adopted children, van den Dries et al. (2009) found that children placed before the age of 12 months were more likely to be securely attached to their caregivers than those placed after. This indicates that EP may lead to better outcomes in terms of attachment.

From observing infants initially in Uganda and then in Baltimore, Ainsworth (1967; Ainsworth, Salter and Wittig, 1969) was one of the first researchers to consider and develop the construct of 'maternal sensitivity', which she and colleagues later defined as the mother (or caregiver's) 'ability to perceive and to interpret accurately the signals and communications implicit in her infant's behaviour, and given this understanding, to respond to them appropriately.' (Ainsworth et al., 1974, p.127). Ainsworth built on Bowlby's notion, suggesting infants use caregivers as their 'safe haven' to explore their environment (where the infant can confidently return to their caregiver for comfort, reassurance and nourishment) (Ainsworth, Salter and Wittig, 1969; Bowlby, 1969). Ainsworth and colleagues went on to propose four caregiving features that help infants to organise their early secure base behaviour – sensitivity, co-operation, acceptance and availability (Ainsworth, Salter and Wittig, 1969). The sensitive caregiver shows an awareness of the infant's signals,

interprets them accurately and responds to them appropriately and swiftly. A fifth dimension of the secure base model, 'family membership', was later added by Schofield and Beek (2013), which suggests that foster carers need to not only promote each original dimension through day-to-day care, but also need to promote and reflect an acceptance that the child is a member of two families. Part of this role is to support an infant with contact arrangements (see Chapter Four for further exploration of the carers' role).

Since Bowlby and Ainsworth's work, there has been an increased focus on the implications of maternal sensitivity, including what is important in the interactions between caregiver and infant and the potential link with later attachment patterns. De Wolff and Van IJzendoorn (1997) found that across several studies, there was a link between maternal sensitivity and future attachment security, but this was not exclusive, and other factors were also important such as stimulation, synchrony and mutuality. Meins (1997) developed the concept of 'mind-mindedness' to account for more subtle and specific factors related to sensitivity, which relies on caregivers being able to see their child as a separate person (Ainsworth, Bell and Stayton, 1971). Caregivers can therefore 'use information from their children's outward behaviour in making accurate inferences about the mental states governing that behaviour.' (Meins et al., 2001, p.638). This ability to envision the mental states of others and the self, also termed 'reflective function' (Fonagy and Target, 1997), may be more influential of later attachment security in children than maternal sensitivity alone (Meins et al., 2001). Meins and colleagues (2012) went on to conclude that from research with 206 socially diverse mother-infant dyads, appropriate mind-related comments at eight months (i.e. 'Did that scare you?' after infant was startled by a noisy toy) influenced attachment security at 15 months. It has also been found that both mothers and fathers appropriate mind-related comments at four months can positively affect infant's physiological emotional regulation at 12 months (Zeegers et al., 2018). This suggests that caregivers' responses to the child during the first year of life are crucial for the child's future development, security and emotional regulation. It is important, therefore, to consider this in relation to the care they receive during and outside of contact sessions.

The ability for caregivers to be mind-minded can be associated with the caregiver's state of mind and their own attachment patterns (Main, Kaplan and Cassidy, 1985). van IJzendoorn (1995) posited that caregivers' own attachment style was one of the strongest predictors of attachment security in their infants but identified a 'transmission gap' in our understanding of how parental adult attachment influences future children's attachment. In trying to address this gap, research has suggested that mind-mindedness is a relational construct, i.e. it is not associated with individual traits (Meins, Fernyhough and Harris-Waller, 2014; Hill and McMahon, 2016). The representations that the caregiver has of the child can account for impact on attachment security, as Bernier and Dozier (2003) found in their study on mind-mindedness in foster carers and their foster children. Meins (2013) asserted that it

is the process of getting to know an infant or individual that leads to being mind-minded and provides further evidence that maternal sensitivity is a multi-dimensional concept. The development of mind-mindedness is an important consideration in contact research, as if it is indeed a relational construct, parents who only see their child for limited periods are at a disadvantage in terms of knowing their child. This can lead to observable mis-attunement in contact sessions.

Lack of maternal sensitivity, mind-mindedness and attunement, what Stern (1977) coins 'missteps in the dance' (p.133), where caregivers misinterpret the infant's cues, can lead to an infant feeling confused or frightened (Bernier and Meins, 2008). This misreading of cues can result from a caregiver providing an inappropriate level of stimulation; the caregiver may be either overly intrusive or too passive, both of which can be problematic and cause the infant to withdraw from some or all social interactions (Beebe, 2000). According to Ainsworth, an insensitive mother (or caregiver) may 'socialize with the baby when he is hungry, play with him when he is tired, and feed him when he is trying to initiate social interaction' (Ainsworth et al., 1974, p.129). Vital cues may be missed, and the baby does not feel understood by the person caring for them, potentially leading to the infant developing coping strategies to manage these interactions (withdrawal as an example above). Freud (1897) also postulated that infants shut off perceptual function in order to protect themselves from excessive or intrusive stimulation, and avoiding eye contact can be used as a strategy to regulate arousal (Beebe, 2000). Avoidance of eye contact early in infancy, as well as the exhibition of a high level of self-soothing behaviours, may be indicative of future development of an avoidant attachment at 12 months old (Koulomzin et al., 2002). Similarly, Bowlby (1973) suggested that the 'emotional absence' of a caregiver may cause distress which could impact on attachment formation.

Where an infant is not receiving attuned care, they may be left feeling uncontained. In his theory of 'container-contained', Bion (1962) proposed that mothers (or caregivers) experience a state of 'reverie', where they allow the infant's experiences to enter their mind, in order to understand the infant's communication. It is through this process of understanding that the caregiver can then provide containment to the baby. The availability of the caregiver to take on the infant's state of mind and offer appropriate containment can impact on the infant's responses, and infants can experience distress where the caregiver emotionally 'intrudes' on the infant by projecting their own distress onto them.

One example of the lack of ability to provide containment to an infant may be in parents who have experienced previous trauma (Moioli et al., 2022; Cimino and Cerniglia, 2024) or parents who experience mental health problems. A lack of an animated, engaged facial expression may be observed in parents who experience depression, which is common for mothers who have a child removed from their care (Broadhurst et al., 2018) and is a risk

factor for atypical infant development (Rutter, 1981). The Still Face experiment, developed by Tronick et al. (1978), highlights the potential impact of a passive facial expression on infants. The experiment observes infants' reactions to a caregiver looking at a baby with a blank expression for a short period. Tronick found that during this period of passivity, infants smiled less, looked at their mother less and turned their heads away. Their posture also changed, slumping down in their seat. Infants tried to initiate interaction but eventually withdrew. This reaction is clearly established by 4 weeks old and can also lead to physiological responses in infants, as well as observable emotional responses, such as an increase in the variation of the heartrate when breathing where infants are left to self-regulate without assistance (Moore et al., 2009). This illustrates the importance of reciprocity in early interactions between infant and caregiver. Even short periods of mis-attunement or a lack of response from a caregiver could lead to infants' becoming distressed if they are accustomed to sensitive and attuned responses. This has important implications for contact as it suggests that if an infant experiences mis-attunement from parents, this could impact upon their emotional wellbeing and there is some evidence that these effects persist after the episode of mis-attunement, with babies as young as four months 'remembering' a still face experience two weeks later (Montirosso et al., 2013).

A caregiver, therefore, has an important role to play in the emotional regulation of an infant. Infants who have been placed in foster care may have experienced different levels of mind-mindedness and caregiver sensitivity depending on how long they have spent with their parents and the level of care they receive from foster carers. There may be a difference between the mind-mindedness of foster carers/adoptive parents and birth parents, which infants will experience when interacting with different caregivers (during contact, for example). These differences may cause confusion or distress for an infant, particularly if children are used to a high level of mind-mindedness and attunement from carers and they experience a parent who behaves very differently in contact, or vice versa, as seen in Tronick's still face experiment.

With this in mind, both the quality of care an infant receives from their primary caregiver and the quality of care they receive during contact sessions is also vitally important to their overall well-being (Iyer et al., 2020a), 'Quality' of care for infants may be defined as being cared for by someone who is attuned to the baby's needs, can read their cues the majority of the time and respond sensitively to these. The optimal environment would be calm and relaxed (based on infants' sensitivity to adult tone of voice and facial expression, for example), however, supervised contact sessions are often far from relaxing and are frequently described as stressful by parents (Schofield and Ward, 2011). Parents attending contact will likely be experiencing significant challenges in their lives (further explored in chapter three), which may also impact on their ability to interact sensitively with their child. Furthermore, with one of the main ways of learning an infant's cues being observation and

time spent with the infant (Meins, 2013), where parents have not any extended period to 'get to know' their child (for example if their baby is removed at birth), this may be another explanation for mis-attunement. The longer-term impact on short, but frequent, periods of 'mis-attunement' or insensitive caregiving is still unclear and also needs to be considered in combination with the impact of the separation itself.

## **2.2 The impact of separation on infants**

This section will explore how infants may experience separation, initially from their birth parents and then from their primary caregiver for short, but frequent, contact sessions. Given the lack of research on the impact of separation specifically from contact, literature on other situations where infants may be separated from their primary caregivers has been drawn on to provide insight into the potential impact of these separations. This includes research on contact arrangements between separated parents, as well as attendance at day care settings.

The initial separation between infants and birth parents needs to first be acknowledged. These are young babies who have already experienced a significant loss; they will have a visceral experience after birth of hearing their mother's familiar heartbeat, the feel of her skin and touch, her smell and her voice – all of which were discussed earlier in this chapter, with research indicating that newborns show some recognition of their mother after birth. The subsequent separations that a baby experiences when attending contact sessions (and that are being referred to within this section) after being placed in foster care will often be on the back of this immediate and profound experience of separation after birth, during which time the baby is likely to have been cared for by their mother for at least a few hours, if not days, weeks or months. It is a complex area, as subsequent contact may provide the baby with some connection to their parent/s that they have initially been separated from, but equally they are then being separated from the caregivers that they are likely to be starting to form an attachment relationship with (Schofield and Beek, 2006).

Developmental theory and research shows that the significance of the impact of separation is likely to increase with age, related to the pattern of formation of attachment relationships with a primary caregiver (Bowlby, 1973). Rutter (1985) suggested that infants under six months may be 'protected' from the distress of separation due to not having formed selective attachments, with emotional distress being most observable between the ages of six months and four years (Rutter, 1981). From around the age of six months, infants show an increase in 'proximity seeking behaviours' when separated from their primary caregivers i.e., behaviours that will bring their caregiver closer or vice versa, such as smiling, crying, clinging or vocalising (Bowlby, 1969). This is often the age where parents start to describe their babies as 'clingy' or as experiencing 'separation anxiety'. Infants also start to show 'monotropism' (Bowlby, 1982), a preference for their primary caregiver above strangers and other 'secondary' attachment figures (Ainsworth, 1967; Bowlby, 1969, 1982). This indicates



that the infant is likely to become increasingly affected by regular separations from their primary caregiver as they get older, though early work on separation (Robertson and Robertson, 1989) suggested that 'optimal' care from temporary caregivers can help a child to manage separation. Rutter (1981) also suggested that where children are provided with sensitive caregiving during a separation and in the subsequent reunion, this can mitigate, to some extent, the negative effect of the separation in the first place.

Research has found that separations of more than a few hours from the primary caregiver, particularly overnight separations (which lead to a shift in routine) may at least cause some distress (Solnit, Nordhaus and Lord, 1992), but could potentially lead to insecure attachment styles (Solomon and George, 1999; McIntosh, Smyth and Kelaheer, 2013; Tornello et al., 2013). It is important to note, however, that numerous factors may also contribute to insecure attachment styles e.g. high parental conflict was associated with children who demonstrated more attachment insecurity in Solomon and George's (1999) study. In research on overnight separations in Israeli Kibbutz', Sagi et al. (1994) suggested that poor quality alternative care and/or insensitive responses from the primary caregiver upon reunification may also contribute to insecure attachment patterns. Other factors which may be relevant are the changes to the infant's physical environment, which can cause unpredictability (Yarrow, 1963), the infants' temperament and prior experiences (Rutter, 1985) and the frequency, duration and 'the developmental period in which they [separations] occur' (Solnit et al., 1992, p.15). A longer-term change in primary caregiver is widely recognised as being particularly detrimental to attachment formation (Schofield and Beek, 2006) and there is evidence that infants as young as three months show some upset at moving from a foster to adoptive home, with distress increasing with age (Yarrow, 1963). In shorter separations, such as when infants attend day care, the longer-term impact is not completely clear and has been well debated over the years.

In the 1980s, Jay Belsky caused heated discussion and concern among parents and childcare professionals when he asserted that day care may lead to an increase in aggressive behaviours in the preschool years (Belsky, 1986). Belsky and Rovine (1988) later suggested that for infants under one, high levels of childcare (20+ hours per week) was a risk factor for the development of an insecure attachment pattern between 12 and 18 months. A subsequent large-scale study on day care in the US (NICHD Early Child Care Research Network, 1997) did not support previous findings related to the effects of day care on attachment pattern. It did, however, highlight the risks to attachment security from a combination of factors such as maternal sensitivity and either poor quality childcare, multiple care arrangements or high frequency childcare attendance (20+ hours per week). One study by Ahnert et al. (2021) which assessed the physiological and attachment responses of 70 15-month-old children entering childcare found that starting nursery does cause some level of stress, particularly where the child's mother is not present (i.e. after an initial settling in

period) (a previous study by the lead author found similar - Ahnert et al., 2004). This stress may be impacted by the child's relationship with their alternate caregiver, with Ahnert et al. (2021) finding that the development of secure attachments to alternative care providers helped infants to regulate stress. This further highlights the need for sensitive care during contact.

Infants may interpret any separation as maternal rejection (Barglow, Vaughn and Molitor, 1987) or it may impact on how the infant views the availability of their caregiver, as Sroufe (1988) suggested when looking at daily separations. In one study that looked at the effects of overnight separations from the primary caregiver on infants under 12 months, McIntosh, Smyth and Kelaher (2013) found that infants who had frequent overnight stays displayed behaviours indicative of being unsettled such as being more fretful on waking/going to sleep and crying more often, for longer periods of time. It may be that prolonged, frequent separations may put 'developmental strain' on younger children (McIntosh et al., 2013, p.237).

Attachment theory would suggest that separation can cause increasing distress from six months upwards. There may be other factors which could also contribute to a more negative experience of separation which could lead to care becoming disjointed, and risk having a longer-term impact on infants' development and security of attachment (McIntosh and Chisholm, 2008). In contact arrangements for infants, there may be regular disruption to routine and extensive travel to contact centres (potentially being transported by unfamiliar adults) (Kenrick, 2009; Humphreys and Kiraly, 2010, 2011). The infant, as noted previously, may also be spending time with adults who may struggle to read their cues and provide attuned, sensitive care. Studies have found that where infants are separated from their primary caregiver for short periods and provided with a substitute caregiver who only attends to them when they are distressed, their stress responses are higher (Gunnar et al., 1992; Larson et al., 1991). Where the substitute caregiver was warm, interactive and playful towards the baby, cortisol levels and emotional responses were not significantly different to when the mother was present (Gunnar et al., 1992). This indicates that if a parent is not able to provide warm, sensitive and attuned care during short contact sessions, this may cause some distress to the infant. It may be important, therefore, to consider whether someone else such as a consistent supervisor can step in to provide a high level of attuned care when required.

Familiarity of an alternative caregiver is important (Lieberman, 1993; Solomon, 2005), however there may only be so much that a sensitive caregiver can do to compensate for particularly difficult situations of acute distress and disruption (Schofield and Beek, 2006). One suggestion for preventing some of this distress and discontinuity of care is slightly longer, but less frequent, contact visits (i.e. two hours once a week instead of one hour twice

a week) which decrease the number of transitions between carers and cause less disruption (McIntosh and Chisholm, 2008; Humphreys and Kiraly, 2011), though this would involve infants spending longer periods away from their primary caregiver and may actually increase stress as noted previously. The presence of the primary caregiver during contact may also alleviate some anxiety for the infant, as it can do for older children in foster care (Schofield et al., 2000) and for infants of separated parents (Dember and Fliman, 2005). However, the success of this would depend on how positive the relationship between carer and parent/s is.

This section has highlighted that separation from a caregiver may cause some difficulties for infants. However, it is unrealistic to expect that an infant would never be separated from their primary caregiver in the first year of life, especially as many children are looked after by multiple adults in extended family care. This is unlikely going to cause any long-term implications for the majority of infants, however it may cause some discomfort. Where contact looks different, however, is that infants who have been placed at a very young age will not have the opportunity to have a slow and steady introduction to being cared for by someone else, without their primary caregiver present. Instead, contact may start within a day or two where the baby may be handed straight over to someone they have never met (a contact supervisor) who would then hand them over to their parents who they may not, depending on age, have had the opportunity to form a relationship with before they were separated from them. Schofield and Beek (2006) highlight that in a potentially stressful situation where the infant's source of care and protection who they would usually seek proximity to is absent (i.e. their 'safe haven'), 'the infant is in a dilemma that is akin to that which promotes disorganisation' (p.404). In other words, this anxiety-provoking situation could potentially lead to difficulties in the infant forming a secure attachment. When Kenrick (2009) considered this in her study, she concluded that the short-term disruption and frequent separations appeared to be counterbalanced by overall early and secure attachments to carers. While this is difficult to evidence in this particular study, due to no longitudinal data related to attachment outcomes, this has been suggested by others too (Main and Weston, 1981).

The existing literature on contact further helps to further put the early development and impact of separation on infants into the context of contact arrangements.

### **2.3 Current literature on children and contact**

Having outlined infants' developmental needs and the impact of separation on them in the first year of life, we now turn to examine the literature on contact for infants in care. As there is limited research specifically on infant contact, this section begins by looking at the wider literature on children and contact to identify general themes and issues, then looks at small body of literature which specifically concerns infants.

Most research into contact for older children tends to be focused on children in permanent families, whether this be long-term foster care or adoption. The majority of children in long-term foster care will have some face-to-face contact with birth family, whereas contact plans for adopted children in England will generally be indirect in the form of letters (Neil, Beek and Schofield, 2003) (though a culture change is now being seen to include more face to face arrangements – see Neil (2024)). Contact plans do, however, tend to change over time depending on the needs of the child (Schofield et al., 2000). Prior to the implementation of the Children Act (1989), which led to a fourfold increase in contact for children in care (Cleaver, 2000), children were at risk of being ‘isolated in care’, having no or little contact with their families and experiencing unstable placements as a result (Millham et al., 1986). The authors brought to the fore the importance and benefits of contact and continuing links with birth family for children, but noted the complexity of contact arrangements, deriving from separation difficulties, among other factors such as planning within specific policies and procedures.

Where the views of children have been able to be sought on their contact arrangements, it has been reported that children are very keen to have their voices heard and repeatedly reiterate the importance of this (Larkins et al., 2015). The younger the child is, however, the more difficult it is to find out how they feel about contact (Cleaver, 2000) and even when children do express a view, their feelings are often conflicted (Iyer et al., 2020a). On the whole, children want to maintain some level of contact with their birth relatives and look forward to seeing family (Cleaver, 2000; Morgan, 2009), even if these meetings can be stressful for many children (Sinclair, Gibbs and Wilson, 2004). The reasons that children want contact varies, as Macaskill (2002) found in their study with children aged five to 21; reasons cited included for reassurance that their parent was well, to glean information about birth history and sometimes to hold a birth parent to account for childhood abuse. Beek and Schofield (2004) found that for a small minority of children, contact caused significant anxiety, fear and uncertainty, which may be as a result of continuous meetings with adults who abused the child in the first place (Neil, Beek and Ward, 2015). Schofield and colleagues (2000) suggested that carers have an important compensatory role in these situations, by providing containment and support to the child.

A term frequently referred to in contact literature is the ‘quality’ of the contact experience. Schofield et al. (2000) considered this in their study of 52 older children in long term foster care, which can support our understanding of what facets of contact for infants which may lead to it being successful or not. The authors categorised quality of contact into ‘comfortable’, ‘satisfactory but some risk factors’ and two categories of ‘problem contact’ related to practical arrangements or relationships (p. 267). Comfortable arrangements included low anxiety about parents caring for children, carers and parents working well together and carers seeing the benefit of contact (similar to findings in relation to adoption

contact – see Neil et al. (2010)). Satisfactory arrangements did not lead to significant upset for the child, but some risks and anxieties were present. Overall, however, children felt safe due to thought being given to arrangements. Problems arose where contact plans were absent, arrangements were too informal and minimal support for parties was given, which all led to anxiety for children. Some children experienced rejection, inconsistent messages, indifference, unpredictability, and violence which obviously caused distress, confusion and was potentially damaging. These issues were often caused by complex pre-existing child-parent relationships. This study highlights the aspects of contact which can support better quality arrangements and lead to more positive experiences for children, the majority of which are also all relevant to infant contact. What is missing from this study, however, is a clear focus how children experience contact, as opposed to the arrangements and relationships surrounding contact.

Contact for infants may be viewed as ‘riskier’ than for older children, due to the physical vulnerability of babies combined with the significance of early development of relationships with caregivers. One of the ways of managing risk could be through the involvement of carers in plans, to ensure they are able to adequately support an infant before and after contact by offering a ‘secure base’ (Schofield and Beek, 2013). Risk should be managed proportionally, however, as Neil and Baynes (2015) suggested as a principle for promoting positive family links. Additional principles include suggestions that the child’s needs should always be at the centre of planning contact arrangements, that the needs of carers and parents should be considered and opportunities to build trust and collaboration between carers and birth relatives should be identified. In infant contact, relationships between adults will be particularly key. Finally, Neil suggests that contact should be rewarding, fun and child-friendly. This is helpful in considering infant contact arrangements, which, along with the above literature, can help to support our understanding about potential future implications of contact. However, there are some challenges that are specific to infant contact which have been considered in a small body of research.

### **2.3.1 Infant contact**

It is obviously difficult to examine how babies feel about contact, given their lack of ability to verbally express their views (Taplin et al., 2015), however, it is still extremely important to consider their needs and try to understand their experience of spending time with their birth parents, away from their primary caregivers. Research on the task of observing contact has illustrated that it can be easy for the focus on the infant to be lost (Shulman, 2019). Similarly, in their research on transitions from foster care to adoption, Boswell and Cudmore (2014) found that the emotional states of infants were given less attention than older children; carers and adoptive parents found it hard to understand the child’s emotional reactions to separation, with distress not always being displayed overtly by infants (and therefore it being easier to assume they were ‘fine’). As Iyer et al. (2020a) pointed out:

While very young children will not be able to participate in decision-making about contact, decision-making should consider the child's welfare in the short and long term, and their observable reactions to contact should be part of that assessment (Iyer et al., 2020a, p.37).

There are only two published studies that have specifically focused on infant contact – one by Kenrick (2009) in relation to contact in concurrency in England, and another by Humphreys and Kiraly (2011), examining contact in Australia. A third study by Monck, Reynolds and Wigfall (2003) also explored contact but as a facet within a larger evaluation study on concurrency projects in the UK.

Jenny Kenrick, a child psychotherapist, explored the impact of contact on infants' emotional development from the point of view of the children's carers, as well as finding out how contact affected carers themselves. This work was published as two separate articles (Kenrick, 2009, 2010), the second of which focused on the experience of infants. Kenrick interviewed 26 concurrency (EP) carers after they adopted the children they had previously fostered under a concurrent planning scheme (this included one set of carers where the infant was ultimately returned to birth family). Most infants were under the age of six months when placed with concurrent carers, though all had had at least two placements/carers prior to concurrency. Kenrick found that current carers identified that contact often caused disruption to the infant's routine and infants became increasingly distressed by separation from their carers around the age of six months, which links with theory of attachment formation. Carers believed it was difficult for infants when they experienced birth parents doing things differently in contact to what they were used to from their primary carer e.g. feeding, as well as when parents had difficulty responding to the infants' emotional cues. As previously highlighted, this 'mis-attunement' is likely to be a cause of distress for infants. A lot of time was spent travelling to/from contact and carers felt that more time at home for the infant to settle into a routine would have been beneficial (particularly immediately after placement).

In considering whether frequency of contact with birth parents had any immediate and/or long-term impact on the infant's emotional development, some carers described how their children had ongoing anxiety around separation, particularly at times of transition e.g. starting nursery. This was not, however, a longitudinal study so could not provide strong evidence for a link between infant's experience of contact and future issues around separation. Furthermore, the study was retrospective and Kenrick pointed out that carers often struggled to voice their thoughts around previous contact, finding it hard to remember timings related to particular difficulties. At the point at which interviews took place, carers had already adopted the child in question (aside from one child who returned home) and had an established bond with the child. Potentially this may have produced bias in their

views due to their investment in 'their' children; the fact that infants' responses were only represented via the carer leaves a gap in other viewpoints and interpretations.

Humphreys and Kiraly (2011) studied high frequency contact (four plus times per week) between infants under 12 months old and their birth parents in Victoria, Australia. Their mixed methodology included auditing case files, undertaking focus groups and interviews, and compiling case studies from files. Participants of focus groups and interviews included foster carers, social workers (fostering and child protection), contact supervisors and legal representatives for parents and child protection services. As with Kenrick's study, no direct observations of contact sessions took place. Among participants working directly with infants, there was a similar consensus of concern to Kenrick's participants, related to the impact of high frequency contact on building attachment relationships with primary caregivers, as well as disrupted routines for the infant. There were additional issues specific to practice such as numerous different people transporting infants to and from contact sessions, which was not seen in Kenrick's study as carers transported the children to contact themselves.

One particularly notable finding of the study was that contrary to other participants, legal representatives for birth parents did not express any concern for infants' distress or any awareness that high frequency contact may not be positive for infants. This group would not, however, have experienced this directly like other participants and as Humphreys and Kiraly (2011) put it, they did not hear the infants' 'distress signals' (p. 8). This group's focus was, unsurprisingly, on attachment to birth parents and the promotion of this, as well as considering the needs of birth parents. The study raised concerns that the conflict between legal professionals for the birth parents and others working with infants led to the best interests of the infant being lost.

When considering reunification with birth parents, the study found it no more likely that infants who'd had high frequency contact would be reunified with birth parents than those who had less frequent contact, leading to questions as to the point of high levels of contact. The literature on the link between contact and reunification is complex – some studies have suggested a clear link between contact levels and reunification, however others have pointed out the complicating factors in making this assumption (see Sen and Broadhurst (2011) for a review). Humphreys and Kiraly (2011) concluded that professionals' focus should be on quality of contact over quantity, considering best practice to support this such as longer but less frequent contact sessions, more involvement from foster carers in contact and better support for birth parents from contact supervisors to facilitate positive relationships with their child – all of which have been highlighted in the wider body of literature on contact. While this study has relevance to infant contact in the UK, practices are likely to be different.

Finally, in their evaluation study of three concurrency (EP) projects across the UK (encompassing 68 infants), Monck and colleagues (2003) employed a mixed method approach which included case file analysis, interviews with 24 carers and 10 sets of birth parents, as well as measures completed by carers to track the development of the children. The measure for infants 12 months and under was a 10-point checklist to rate general emotional and behavioural development. The limitation here was that the checklist did not incorporate how the baby may present at different times related to contact sessions so conclusions cannot be drawn. Contact was a focus of discussion within interviews, however. Carers frequently reported that contact was unsettling for children, with them being fractious or distressed during and/or after contact, though the authors pointed out that it may not necessarily be the contact session itself which was the issue, but the disruption to routine, long journeys to and from contact and being in a strange environment. Birth parents' interpretations of children's reactions to contact varied:

Some birth parents believed that the baby cried because he knew they were his "real parents" and that he was going to part from them again in an hour or two. Other birth parents said that it was because the child's main attachment was now to the concurrency carers (Monck et al., 2003, p.187).

This highlights how different adults in the child's network are likely to have different interpretations of the infant's and their own contact experience.

All of the above studies highlight several challenges in maintaining positive contact between infants and their parents, but with only one UK study focusing specifically on infant contact in EP placements, there is scope for further research on this pertinent area of practice.

## **2.4 Summary**

By exploring how infants develop during their first year of life, it is clear that even as newborns, they are not passive recipients of their environment but possess an awareness of other people and their surroundings. Although their responses to stimuli and interactions are often more subtle than those of older children and may not always be visually apparent (or might be easily overlooked), these early cues are crucial. This emphasises the importance of focusing on their needs, being attuned to the potential impact of any disruptions to their routine, and providing sensitive, responsive care. This is especially vital for infants in foster care, whose unique needs are often misunderstood (Chinitz et al., 2017). Understanding these early developmental processes helps illustrate how initial bonds are formed and how infants experience separations from their birth parents and later from their new primary caregivers during contact arrangements in care proceedings. Moreover, this chapter highlights the significant gap in research concerning infant contact in short-term foster placements such as EP. Given that such contact may occur multiple times a week



over months or even years for some children in temporary care, it is essential to gain a deeper understanding of how infants respond to these experiences.

### **3 Contact and parents**

This chapter will outline the existing research on how parents experience and manage contact with their children who are in care. The voice of parents is often missing from research (Sen and Broadhurst, 2011) and researchers have emphasised the challenge of engaging and securing their views (Malet et al., 2010; Neil et al., 2010), with them being described as 'a difficult group to access' (Stanley et al., 2012, p.7). However, as some of the most significant people in a child's life, it is important to consider how parents experience contact in order to fully understand the overall picture of the process. This includes how best parents can be supported by practitioners and how to make contact as positive as possible for both parent and child. Given the relatively small research base regarding contact in general, international literature related to foster care and adoption will also be considered, alongside studies specifically relating to EP and parental contact. Literature focusing on contact in separation and divorce has not been included due to the additional and diverse differences in complex parental relationships.

This chapter has four sections. The first outlines the context of contact amidst loss and grief for parents following removal of a child, before going on to review the literature on the experience of contact for parents. Consideration will then be given to the impact of relationships for parents with professionals and carers, before providing an overview of the small body of literature related to infants who are placed in care from birth. This includes specific challenges parents may face with this and with EP placements, which are often used for this age group (Monck et al., 2003; Kenrick, 2009).

#### **3.1 Loss, grief and parental identity: the challenging circumstances of contact for parents**

It is important to consider and understand the context and circumstances in which contact is taking place for parents whose infant is looked after by foster carers. The majority of infants in care are removed from their parents through the court system and remain in care under an enforced care order (Masson et al., 2019), with only a small number of infants being accommodated at the parents' request with their subsequent consent to be placed for adoption (Department for Education, 2024). Many of these children are removed at birth or very soon after, with newborn removals doubling in recent years (Broadhurst et al., 2018). The majority of newborn babies or very young infants removed from their parents' care ultimately end up being placed for adoption (Broadhurst et al., 2018; Neil, Gitsels and Thoburn, 2019). While Broadhurst and colleagues did not analyse data in relation to why this increase has occurred, they did suggest some possibilities which include increasing financial hardship, a decrease in preventative support services and risk aversion of professionals. These numbers, regardless of reason, highlight the importance of having a better understanding of the parents who are in this position.

Parents who have children removed from their care are likely to be contending with their grief alongside several other challenges, such as drug and/or alcohol misuse, mental health problems, learning difficulties, domestic abuse, and family conflict (Neil, 2000; Sinclair et al., 2007; Schofield and Stevenson, 2009; Neil et al., 2010). Mason et al. (2022) highlight how austerity measures have led to a dearth in availability of support services for parents who experience these issues, which in turn impacts on their ability to make positive changes to their lifestyle. Mothers who have a child removed are also more likely to have experienced abuse as children themselves and/or been in care as a child (Broadhurst et al., 2017; Ward et al., 2022) and will not necessarily have had a positive parental role model. While having a baby is often a joyous occasion for many, 'the arrival of a baby is a further source of further stress for parents whose capacity to cope with stress is already compromised.' (Price et al., 2014, p.45). A review of literature on maternal-foetal bonding indicates that some of these factors may have a negative impact on how a mother bonds with her unborn baby (Cannella, 2005), which highlights the fragility of the parents' relationship with their child even before the child is born.

Significant personal difficulties of the parent can be a risk factor associated with difficult contact in adoption (Neil and Howe, 2004). These issues are pertinent during care proceedings and may lead to parents also struggling to engage with supervised contact arrangements, particularly when their needs are often unmet (Farmer and Owen, 1995). The parent's acceptance of a child's removal can also influence the way they respond to and manage contact (Neil, 2003a). Contact sessions may be used as an opportunity to assess the parenting capacity of parents (Sen, 2010), but this assessment will be taking place at the point that parents may be in acute crisis. As Neil et al. (2010) put it, 'at exactly the time when parents needed to be most together, they often fell apart.' (p.100). This can then impact on how parents are seen and responded to by professionals, how they are subsequently involved in decision making and their perceived ability to make significant positive changes within the timescale set by courts.

Having a child removed can be extremely distressing for parents and many studies have identified that parents commonly feel intense sadness, loss and pain following separation, whether this separation be short or long term (Cleaver, 2000; Schofield et al., 2000; Monck et al., 2003; Taplin and Mattick, 2014; Broadhurst et al., 2017). Many of the parents interviewed in Neil and colleagues' (2010) study exploring post-adoption support experienced symptoms of clinical depression, stress and anxiety and some considered taking, or attempted to take, their own life following the immediate removal of their child. Parents are often in a state of acute distress at this time, with feelings akin to a bereavement (Parkes, 2001), but one with perhaps unimaginable complex and competing emotions (Schofield and Ward, 2011). There is often a feeling of hopelessness for parents (Schofield and Ward, 2011) and it can be difficult for them to process what is happening, particularly

when family court proceedings can feel so disempowering (Broadhurst et al., 2017; Clapton, 2020). These feelings may impact parents' ability to interact with their child in supervised contact settings. For example, research into mothers with depression suggest that they may respond in a more negative way towards their babies (Field et al., 1988) and can present as either withdrawn and flat in their interactions, or overly intrusive (Glover, Onozawa and Hodgkinson, 2002). In studies which have examined the different perspectives of those involved in contact, it has been noted that sessions are often rated as poor quality and parents can struggle to successfully relate to their child (Salas Martínez et al., 2016; Fuentes et al., 2018).

Giving birth to a child and having that child removed very soon after, or indeed at any point, may be described as experiencing 'ambiguous loss', where a child is 'physically absent but psychologically present' (Boss, 1999, p.8). If children's services have made a pre-birth plan to go to court once a baby is born, this ambiguity and an anticipation of loss is likely to start during pregnancy, creating additional stress for parents (Broadhurst and Mason, 2020). From interviews with mothers of adopted children in the USA, Fravel, Mcroy and Grotevant (2000) noted how an adopted child remains psychologically present for the mother post-adoption, but there is an incongruence with the child not being physically present, which they referred to as 'boundary ambiguity', similar to ambiguous loss. Boss (1999) highlighted the raw emotions involved in this kind of loss - 'Of all the losses experienced in personal relationships, ambiguous loss is the most devastating because it remains unclear, indeterminate.' (Boss, 1999, p.5-6).

The ambiguous loss parents may experience following newborn removal may be similar to parents who have lost a child to perinatal loss (miscarriage/stillbirth) or terminal illness. Parallels can be drawn from research on this topic. Miscarriage can impact on emotional health and many women report symptoms of anxiety and depression for a long period after the loss (Cumming et al., 2007). Clossick (2016) points out how the physical symptoms following pregnancy can cause 'dual suffering' (p. 12) for mothers who have had a miscarriage or stillbirth, which may be similar for a mother who has had a child removed from her care immediately after birth. The physical trauma and effects of the birth will still be felt, which may be a constant reminder of the baby's absence.

With miscarriage, if this occurs early on in pregnancy, lack of social recognition may lead to cultural isolation, something that parents whose children are removed from their care may also have to contend with. Research has found that men's identity as a father may be impacted following perinatal loss (McCreight, 2004) but as with child protection and adoption practice, men's support needs are often ignored (Neil et al., 2010; Philip, Bedston, Youansamouth, et al., 2021). For parents whose child is diagnosed with a terminal illness, Bowlby (1980) describes an 'anticipatory loss' and Charlton et al. (1998) note similar

reactions for parents who are told of a potential plan of adoption for their child, but with the added difficulty that they might be blamed or blame themselves. The anticipation of the potential permanent loss of a child to another family can also have an impact on parents and is likely to be a factor with EP placements which parents have to contend with.

Research has found that where parents have had a child placed in foster care or adopted, they can experience conflict in their parental identity. In interviews with five mothers whose children were in foster care or had been adopted, Morgan et al. (2019) noted that mothers experienced conflict in their identity as a mother, not feeling like a mother and not knowing their children due to not seeing them often or at all. In an article which drew on parallel data from three countries (the UK, Norway and Sweden), Schofield et al. (2011) explored how parents managed loss and a threatened identity when their children were growing up in foster care. Parents reported that their child felt like a stranger to them and they experienced sadness that they didn't know their children and vice versa. In the write up of the UK study, Schofield and Ward (2011) stated that 'for some parents the overwhelming feeling at that point [immediately after the child was removed from their care] was that they had lost everything and were in fact no longer parents.' (p.76). This threatened identity is also often combined with a sense of shame when having contact (Kiely, O' Sullivan and Tobin, 2019; Clapton, Simpson and Grant, 2022) and parents may be left 'bereft of a meaningful role' (Millham et al., 1986, p.100).

For many parents, this will not be the first time they have been through the process of having a child placed in care (Neil et al., 2010; Broadhurst et al., 2017). EP is commonly used when parents have older children who have been adopted or placed in kinship/foster care (Tobin and Price, 2023). The 'Born into Care' study has explored the consequences of recurrent care proceedings specifically on mothers (Broadhurst et al., 2017; Broadhurst and Mason, 2020). The study employed a mixed-methods approach which included interviews with 72 birth mothers who had experienced repeat removal of children. The authors describe how mothers go through an 'immediate and acute psychosocial crisis' (Broadhurst and Mason, 2020, p. 26) following the removal of a child, which leads to longer term negative consequences. They went on to state that 'life beyond child removal is empty, hopeless and filled with despair' for many mothers in their study (p. 32). This study is particularly relevant to parents whose children are placed with EP carers, with similarity of circumstances (Monck et al., 2003). In the small pool of studies with fathers, they report experiencing similar intense feelings of sadness following the loss of a child (Baum and Negbi, 2013; Clifton, 2012; Kiely et al., 2019; Philip et al., 2021).

The pain that parents go through upon having a child removed may be described as 'disenfranchised grief', which Doka (1999) defined as 'the grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially

supported.’ (p.37). Pregnancy and birth are often times of great joy and celebration, with societal expectations of what happens after a baby is born, whereas some parents go home from hospital without their baby. Robinson (2002) applied the notion of disenfranchised grief to mothers who relinquish their children for adoption, suggesting that mothers suppress feelings of grief due to the loss not being recognised by others. Where the loss of a child isn’t acknowledged, or parents experience stigma associated with the removal of a child into foster care, there is an absence of support that would be available to a parent if that child had died, with very few ‘supportive rituals’ available to them (Boss, 1999, p.8).

How parents manage this loss can depend on the individual and is also related to the passing of time – how they feel in the immediate aftermath of removal may be different to how they feel weeks, months or years later. For example, in their study on ‘Helping Birth Families’, Neil et al. (2010) reported change over a 15-month period for 73 birth relatives (which included 44 mothers and 19 fathers). They found significant variation in how relatives coped with the adoption of a child over time. From scoring how parents were coping with this loss, the research found that many had begun to process their loss after 15 months, while others had seemingly not made any progress (more likely to be birth fathers than any other relative). Other studies have found that many mothers specifically found their sense of loss and/or anger actually increased over time (Condon, 1986), which indicates that there is no set, linear process of coming to terms with losing a child to adoption. Typically, parents also have to manage this grief alone or within abusive relationships, which can exacerbate many of their already existing problems e.g. if they struggle with drug addiction, this may be their coping mechanism. Many report a downward spiral in negative coping mechanisms after their children are placed in foster care (Broadhurst et al., 2017), with court proceedings also impacting on self-worth and self-esteem (Charlton et al., 1998).

Dealing with grief and loss may negatively impact on parents’ experience of contact with their children. Sensitively managed contact, where parents are treated with respect, however, can help parents to begin to adjust and process the situation (Schofield and Ward, 2011). In the longer term, parents’ acceptance of and adjustment to placement if a child goes on to be adopted is generally related to the resolution of loss and grief – the more resolved a parent is, the more able they will be able to engage in ongoing contact (Grotevant and McRoy, 1997). In her research, Neil (2006) considered how birth relatives feel to have a child taken away and adopted, how they subsequently adjust and the role of contact in this adjustment. The study identified three main groups related to acceptance – ‘positive acceptance’, ‘resigned acceptance’ and ‘angry and resistant’. Birth parents were more likely than other relatives, primarily grandparents, to fall into the latter two groups. The study also found a bi-directional effect with contact and acceptance, where those who had face-to-face contact were more likely to positively accept the adoption. While this study indicates birth parents are likely to struggle with acceptance, the study also indicated that contact may

help, but the circumstances of adoption and EP differ. In EP, contact between parents and child is ongoing, during a period where parents know that adoption is likely. The impact of contact on acceptance in this specific situation is not fully understood and requires further exploration.

### **3.2 The experience of contact for parents**

As noted in the introduction, during the EP period, parents are likely to have supervised contact with their child. Supervised contact is, for all intents and purposes, an 'artificially constructed situation' (Triseliotis, 2010) which, for parents who have had a child removed from their care and are going through care proceedings, will generally be the only opportunity they have to spend time with their child face-to-face. One of the first tasks for professionals when considering the removal of a child is managing the situation of separation and considering how and when parents should see their child (further discussed in Chapter Five). For parents, this reliance on professionals to facilitate and arrange contact, as well as them often being excluded from decision making processes, can lead to them feeling powerless (Schofield and Ward, 2011). This is situated within a wider legal process which is further permeated by a lack of power (Featherstone et al., 2018; Taplin et al., 2021).

The experience of having contact supervised by a professional can be significant to parents, but Ross et al. (2017) found that parents (n=18) in their study 'rarely experienced supervision as adding to the quality of their time with children' (p.41). Some parents can find that supervisors do not understand them and they can resent the contact supervisors taking a passive stance where they just sit and take notes (Neil et al., 2010; Morrison et al., 2011). Parents' feelings related to contact can include a mix of anxiety, relief, enjoyment, humiliation, and sadness (Schofield and Ward, 2011). Many parents value feeling like they're having 'real' family time with their child (Schofield and Ward, 2011) and express pleasure at seeing their child (Neil et al., 2010), but this can be difficult in a 'false' and clinical environment like a contact centre (Taplin et al., 2021). In EP specifically, as reported by Monck et al. (2005), the challenges of contact included when parents witnessed the distress of their baby. Their interpretation of the reactions of their baby often differed to those of professionals or carers, for example some believed that their baby cried during contact as the baby knew they would soon be separated again. Others, however, saw the baby's main attachment being to the carers which was upsetting to observe. Most parents in the study were able to continue attending contact, which is likely influenced by the high level of support available to them through concurrency arrangements (Katz, 1999; Kenrick, 2009). Many, however, found contact difficult and stressful and 16% of parents did not attend any contact sessions at all – this may be connected to the heightened emotions around grief and loss that parents are experiencing at this time.

For many parents who have not experienced supervised contact before (in previous proceedings), this will be a very new and probably disconcerting situation for them. Many

parents understand there are rules for contact, but these are not always made explicit (Schofield and Ward, 2011), or if they are, parents are not always given a reason for the expectations that are set, which can be a source of anxiety (Neil et al., 2011). As Johnson (1986) put it, 'they do not know the rules of this new ball game.' (p. 45). Neil et al. (2010) found that restrictions such as not being able to discuss certain topics or express their love for the child due to concern it could be confusing for them caused distress to some parents, going on to state that 'birth relatives appeared to find rigidity, unnaturalness and reliance on rules as stifling and counter-productive to the development and maintenance of their relationships with their child' (p. 171). Parents whose children are in EP placements have been found to have difficulties understanding what is expected of them, and the additional EP element can be confusing, where some parents believe a decision has already been made that their child will be adopted (Monck et al., 2005). There is often a lot of 'guesswork' for parents (Triseliotis, 2010) and this may affect how natural a parent can be with their child, impacting the quality of the contact and therefore relationship between parent and child, as well as how they are assessed during contact.

With any contact situation, emotions are likely to be high and vulnerable individuals are managing this alongside the additional challenges they have to contend with (outlined in the previous section). Parents report that having regular, positive contact is important to them, not only for their sake but with a view that it this was important for their child too (Osmond and Tilbury, 2012) and greater satisfaction with contact in adoption correlates with higher frequency and more informal arrangements (Neil et al., 2010). Contact can offer parents reassurance that their child is okay (Neil et al., 2010; Neil, Copson and Sorensen, 2020) and can help to ease feelings of loss (Etter, 1993). Schofield and Ward (2011) noted that it is an opportunity for parents to continue to play a role in their child's life and it can help parents feel connected to their children, but on the other hand, it can be a difficult and challenging experience which had to be managed practically as well as emotionally on a continuous basis.

There are often practical and emotional challenges around the process of getting to contact in the first place such as complex journeys by public transport (Clapton, 2020) and parents often receive inadequate preparation and guidance around contact (Macaskill, 2002). It can also be difficult for parents to see a growing relationship with foster carers, particularly EP carers who are also prospective adopters (Monck et al., 2005). The feeling of inferiority can also be difficult parents, which may be exacerbated by carers not respecting and using the knowledge of their children that parents shared with them (Höjer, 2009). Parents can experience feeling like an 'outsider' (Neil, 2010) and this may lead them to stepping away from contact to emotionally protect themselves. Where parents and carers can forge a positive relationship, however, this can help parents with their experience of contact. This is explored further in the following section.



### **3.3 Parents' relationships with professionals and carers**

Parents' experiences of contact are closely related to those people surrounding them and their child, and their relationships with them. This includes their relationship with professionals and support services, as well as with the carers of their child.

#### **3.3.1 Working with professionals and support services**

The support that parents may need and want will vary depending on the individual (Neil et al., 2010), but generally parents will need some form of support from professionals around contact in order to gain the most out of the experience (Masson, 1997), particularly in the early days of placement. Bond (2007) highlights the importance of parents being supported before and after contact, with it being suggested that taking a trauma informed approach to support around contact is helpful, including preparation before, during and after sessions (Price et al., 2014; MacDonald, 2021).

In interviews with 39 birth relatives who received support with contact for their adopted child, Neil et al. (2011) identified a general overall lack of support on offer to birth relatives. In particular, the study found that birth relatives were less likely to receive support from professionals which promoted and protected their specific interests than adoptive parents. The support offered most to birth relatives focused on helping with the practicalities and logistics of the contact session. Where emotional support was offered, some found this valuable, and others didn't. Those who found it valuable described a positive relationship with the worker and felt the worker cared about them, with parents valuing trust, honesty and reliability from professionals who are sensitive to their circumstances. This study highlights how influential the professional relationship may be, but that the support on offer to parents is variable. The limitation in applying this to the context of EP is that post-adoption contact takes place after proceedings have ended and parents are likely being supported by a worker who was not previously involved in care proceedings.

In an analysis of a survey of 191 parents in Scotland on their experiences of the child protection system (including court processes), Clapton (2020) identified how parents felt they were being punished by professionals and felt anger towards, and conflict with them. Many felt a sense of injustice and experienced feeling powerless with a lack of voice. The majority reported not to trust social work professionals and felt they were not treated with respect. Following on from the survey, Clapton, Simpson and Grant (2022) went on to further analyse the 101 responses to questions related specifically to experiences of contact. Parents reported dissatisfaction with how contact was supervised. Parents reported feeling that contact supervisors were intrusive and there was a reluctance for practitioners to share information with parents which could help them to support their child. This is similar to findings in Neil and colleagues' (2011) study where birth relatives were more likely than not to describe supervisors taking an 'inspection and correction' role (p.248). This could lead to parents feeling that interactions with their children were fake and overly controlled.

Support services for parents are essential to the success of contact, which can help parents deal with emotions such as loss and grief (Fernandez and Atwool, 2013), as well as help build positive relationships and maintain engagement, regardless of eventual outcome (Osmond and Tilbury, 2012). However, the provision of services may be dependent on geography and resources, as well as how pro-active professionals are with engaging parents, with ongoing support work not always taking place (Fernandez and Atwool, 2013). Neil et al. (2010) found that engagement from parents with support services can be limited, and of those parents who did engage with adoption support services, fathers were more likely to sporadically use support services, whereas mothers often used services regularly. In Neil and colleagues' study, most parents were positive about the adoption support they received (this may have been either pre or post proceedings). Similarly to other studies, it was found that the quality of the relationship with the support worker was key, with relationship-based approaches from workers leading to a more valued experience.

### **3.3.2 Relationships between parents and carers**

The quality of relationship between carers and parents is important in enabling the contact experience for the child to be as positive as possible (Neil, 2009) and to help parents accept the situation where a child is no longer in their care (Schofield and Ward, 2011). For some parents, foster carers can be a positive source of support and information about their child (Monck et al., 2003; Neil et al., 2010). Given that parents can often experience preoccupation with the child and anxiety over how they are doing (Schofield and Ward, 2011), effective communication between parent and carer can facilitate better quality contact and can increase parental satisfaction with contact arrangements (Henney et al., 2004; Humphreys and Kiraly, 2011). This has been shown to have a positive impact on the child's adjustment, which may be down to the communication, acceptance, openness and ability to manage complex relationships of the adults, creating an environment for the child to develop their own ability to manage emotions and relationships (Grotevant et al., 1999).

In EP practice, an expectation has developed that there should regular meetings between carers and parents at contact handovers wherever possible (Dibben and Howorth, 2017). Research has found, however, that at times, professionals can be quite risk averse and prevent direct communication between parents and carer (in traditional, not EP placements) (Mason et al., 2022). However, in many situations, positive relationships between parents and carers can be facilitated by increased contact with each other (Neil, Copson and Sorensen, 2020). Neil (2010) highlights the importance of positive relationships in adoption:

Where adoptive parents and birth relatives can relate to each other constructively working together in the best interests of the child, contact is much more likely to be comfortable for the child.' (Neil, 2010, p. 92).

Given that EP placements may well end in adoption, it is essential that parents and carers are supported to engage positively with each other wherever possible as a basis for any ongoing long-term relationship, as adoptive parents' attitudes towards parents can influence how valued they feel, and therefore how likely they are to engage in future contact (Neil, 2006).

Relationships between carers and parents are not always easy, however, and parents may feel anger towards carers looking after their child (Schofield and Ward, 2011) or feel that carers threaten their own parental status, leading to feelings of inferiority (Höjer, 2009; Järvinen and Luckow, 2020). Monck and colleagues (2003) found that parents' attitudes towards EP carers varied, with some being very positive and having a good feeling about carers, with reports of fairly warm relationships. Relationships often changed over time however, sometimes with resentment building as time went on, with parents struggling to give baby back to carer at the end of contact. For others, relationships were defined as 'negative', where feelings were hostile. Sometimes parents didn't know how to interact with carers, or they felt like they were not being treated with respect, which increased these feelings of resentment. Given that in an EP scenario these relationships may end up being lifelong if a child goes on to be adopted, and therefore impact upon ongoing contact arrangements, it is essential that there is as much understanding as possible about how these relationships can be promoted and valued. The current, limited studies on EP only go so far as to help with this understanding.

### **3.4 Parents' experiences of EP placements**

As noted in the introduction to this thesis, EP placements are used where there is the likelihood of a child being able to return to parents' care is low (Dibben and Howorth, 2017). While it is the local authority's role to choose the most appropriate placement type for a child, statutory guidance states that parents' wishes and feelings regarding any potential EP placement should be sought where practical (Department for Education, 2021b) and practice guidance advises that parents should be made aware of the plan for the child to remain with the carers if a Placement Order is made (Dibben and Howorth, 2017) though research has shown they do not always understand what an EP placement is (Monck et al., 2003).

Specific research on parents' views of EP and contact is extremely limited. The practice guidance produced by CoramBAAF in recent years (Dibben and Howorth, 2017) was based partly on focus groups with social workers, the completion of questionnaires by social workers and by previous FfA (EP) adopters, plus practice guidance shared by a number of local authorities. This includes some anecdotal evidence of the experience of contact for parents, but only as viewed by professionals and carers.

The position of a parent in an EP placement can be very difficult and ambiguous, knowing that the people caring for their child hope to adopt them. They may experience feelings of vulnerability and consider their status as parents to be threatened (Chateauneuf, Pagé and Decaluwe, 2018). On the other hand, some parents can find it reassuring to know who would be caring for their child on a permanent basis and valued the opportunity to get to know these people, with one parent reporting to Dibben and Howorth (2017) - *'I liked the carers when I first met them... They kept a diary for me of the baby's sleeping and feeding. They showed me the diary whenever we had contact. Later I wrote to the judge saying that the baby could be adopted only if he could go to the carers, as I know they will love him.'* (p.57). As noted previously, with EP placements it is important to get these relationships right as early as possible due to the potential longevity of the relationship.

Following an overall evaluation of EP projects in the UK, Monck et al. (2003) went on to publish a separate article which highlighted the experience of contact for parents and carers (Monck et al., 2005). It was identified that it was generally difficult to get hold of parents which led to parents being spoken to in only 42% of cases (10 parents in total). Semi-structured interviews explored parents' experiences of contact, relationships with others and the impact of contact on attachment with their child. The study found that parents felt that there was often no point in 'fighting' for their child to return home. This feeling may be strengthened by the type of placement, where adoption is being discussed as an option very early on and some parents got confused as to whether the decision for their child to be adopted had already been made.

Similarly to other studies on fostering and adoption more generally, many parents in this evaluation talked about the pain of being separated from their children. The study also highlighted that parents were often juggling other priorities/responsibilities, such as finding work or attending assessment sessions, which meant that they struggled to maintain the levels of contact initially set by the court. It was important for parents to have information about their child and they valued receiving this from carers at contact handovers.

### **3.5 The missing perspective of fathers**

Most of the research outlined above has focused on the feelings and experiences of mothers in relation to contact, with the voice of fathers either not being actively sought or not being heard equally. This is not just an issue with research related to contact but mirrors other areas of social work practice such as child protection and adoption, with repeated calls to include the perspectives of fathers in social work research (Clapton, 2001; Philip, Clifton and Brandon, 2019; Philip, Bedston, Youansamouth, et al., 2021). For example, from a search of social work journals, Shapiro, Krycik and Krycik (2010) found that very few studies (12.5%) included fathers as participants. Furthermore, a literature review by Zaroni et al. (2014) identified that fathers are relatively overlooked in both practice and research, stating '...there remains a long way to go before all fathers are consistently considered 'core

business' within child welfare, and are treated with equal inclusion and value as mothers' (p. 1067). The review concludes that regardless of whether fathers are viewed as a risk or protective factor, it is important for them to still be included to facilitate better outcomes for their child.

The inclusion of fathers in research is vital to aid professionals' understanding of fathers' experiences, but there may be several reasons why they are not included in research, which may mirror the issues that professionals have with working with fathers. For example, a father may be unknown or undisclosed by the mother. Neil (2000) noted that children's services had only scarce information about fathers and in 17% of cases in her study, the identity of the father was unknown. Where the identity was known, social workers had either not attempted to engage the father in the adoption process or vice versa. Fathers may have work commitments which inhibit their ability to be included in meetings, or they may be managing a complex relationship with a new partner (Philip, Clifton and Brandon, 2019). In practice, fathers can be seen as 'difficult' (Zanoni et al., 2014) and report that they can be misunderstood by professionals, which can lead to professionals feeling unable to work with them. Heightened emotions may be viewed as anger (and therefore a 'risk'), whereas holding back and not showing passion may come across as a disinterest in a child during child protection procedures (Philip, Clifton and Brandon, 2019; Philip, Bedston, Youansamouth, et al., 2021; Philip et al., 2024). This may lead to fathers getting overlooked when it comes to support services later on, for example in post adoption contact, with Neil et al. (2010) finding that less than 20% of those referred for support services were fathers. A further barrier to accessing support may be the humiliation faced by fathers when their child is adopted (Clifton, 2012).

From a study with 26 fathers in recurrent care proceedings, Philip and colleagues (2021) found that they were more likely than those in first hearings to have been in care themselves as children (22% vs. 6% respectively), which could impact on their relationships and regulate their emotions. Most of the fathers had some type of contact with the children they did not live with, which included supervised for some, but lived with the shame and stigma of having their children removed from their care. The study found that similar to mothers, fathers experience disenfranchised grief and what the authors coined 'liminal fathering' where fathers 'described a painful uncertainty and ambiguity about their fatherhood identity as a consequence of care proceedings' (p.123). It is not clear how many fathers in the study experienced EP, but one quote indicates at least one father had a child that was placed with EP carers. Regardless of placement type, the results of this study indicate that fathers wanted to see their child and take part in care proceedings, they cared about their children but were often excluded due to gender-blindness or lack of pro-active gender-focused intervention and support.

One small scale study has been identified that specifically explored fathers' (and professionals') experiences of contact in Ireland (Kiely et al., 2019). The findings related to professionals are reported in Chapter Five of this thesis. Five fathers who used a supervised contact centre were interviewed, one of which was due to a private law matter and the other four due to ongoing public care proceedings. The study's findings were similar to those that focused on mothers, such as fathers feeling that interactions with their child felt unnatural due to being observed, with anxieties over how these interactions are interpreted. Similarly, fathers also valued positive relationships with supervisors, but the authors suggest that gender should be a key consideration when supervising contact. This assimilates with Philip and colleagues' (2019) point that a more gender sensitive approach is required to supporting parents and equally to undertaking research with them.

### **3.6 Summary**

This chapter has examined the context in which parents experience the removal of a child from their care, whether the child is placed in foster care (including EP) or goes on to be adopted. It has highlighted the complexities of ambiguous and disenfranchised loss and grief, along with the challenges and benefits that arise from interactions with professionals and carers in the contact setting. A gap in the literature has been highlighted regarding the impact of supervised contact during care proceedings on parents, as most existing research focuses on post-adoption contact and long-term fostering for older children. Parents of infants, particularly those whose babies are removed at birth, face unique challenges. Their experiences of profound loss and grief require careful consideration, especially as they attempt to engage in contact with their child. Furthermore, support for parents (and associated research) tends to focus on the post-adoption period rather than the uncertain time during court proceedings before a final decision on permanency is made. With only one UK study addressing EP and incorporating parents' perspectives, this area clearly requires further investigation.

Engaging parents in research presents challenges, however, particularly given the personal difficulties they face. Efforts should continue to involve parents in research on contact issues, with the realistic understanding that they may not always be able to participate. Research can provide parents with a valuable opportunity to voice their experiences in a situation where they often feel powerless. As Masson (1997) stated, 'research which does not include the perspectives of parents and children can only give a limited view.' (p. 222).

## **4 Contact and carers**

Early Permanence carers play a vital role to the child they are looking after, and it is therefore important to examine what this role looks and feels like. This includes how carers are impacted by contact in EP placements, as well the overall uncertainty engendered by the EP process. This chapter has three main sections. The first considers the identity of the EP carer, including an exploration of their motivations and their ambiguous role as a foster carer and prospective adopter. The chapter goes on to cover the current literature on how carers (traditional foster carers, EP carers and adoptive parents) experience contact and how they support a child's connection with their parents. Carers' relationships with the infants will be discussed, and the literature that applies the concept of anticipatory grief to fostering will be explored. The chapter concludes by considering how carers navigate relationships with parents, highlighting the importance of collaboration in all placement types.

This chapter primarily focuses on literature specifically related to EP carers, only including wider literature on traditional foster carers and adoptive parents where this is relevant and helpful.

### **4.1 The role and identity of the Early Permanence carer**

#### **4.1.1 What motivates EP carers?**

Most people approach adoption with a view to forming a family (Triseliotis, Feast and Kyle, 2005; MacDonald, 2016), with infertility being a primary motivation (Jennings et al., 2014; Neil, Young and Hartley, 2018). There is also now a substantial minority of adopters who identify as LGBTQ+ and choose adoption to start a family, with 19% of English adoptions in 2022/23 being to same-sex couples (Department for Education, 2023). Traditional foster carers, on the other hand, tend to cite more altruistic and internal motivations, with many already having children (Triseliotis, Borland and Hill, 2000; Kirton, Beecham and Ogilvie, 2007). Their motivations focus more on wanting to provide a loving, safe home for children who need it and/or to build a 'second' family (Cleaver, 2000; Schofield et al., 2000; Rodger, Cummings and Leschied, 2006). For most people, there will be more than one motivation to foster or adopt, for example adopters may want to be a parent but also want to help a child in care have a new family.

While some prospective adopters may approach adoption agencies with a desire to become an EP carer, EP is usually introduced to prospective adopters after they have made initial enquiries where they then may 'buy into' the approach, having to shift their mindset from being an adopter to a foster carer (Brown and Mason, 2021, p.47). Their initial motivations, therefore, align more with those of prospective adopters than of traditional foster carers (Kelly et al., 2007; Mannion et al., 2023). This is key when considering EP carer identity and the context in which EP carers are supporting contact. As Pagé, Poirier and Chateaufneuf

(2019) put it, EP carers must 'redefine their parental project' (p.96) when commencing the process.

As part of an evaluation of EP in England, Brown and Mason (2021) sought practitioners' views on why people pursue this possible route to adoption. The study found differences in the motivations of EP carers depending on which route they entered via (concurrency or FfA). Practitioners reported that concurrency carers may be motivated by their strong belief in the concurrency approach (notably that it is child focused) and potentially being able to support a child to return to their birth family. They suggested that FfA carers, on the other hand, are more motivated by being able to parent a child from a young age as possible and experience as many 'firsts' as possible. Both routes potentially included the motivation to adopt a sibling of a child carers had already adopted. Brown and Mason (2021) outlined how 'prospective adopters in CP are more comfortable with their initial role as foster carers than those within FfA services' (p.54). A limitation here, however, is these motivations are not directly reported by carers themselves.

Motivations such as EP carers' desire to form a family, often due to infertility and/or previous loss may impact how they view and manage their role as a foster carer, and subsequently may influence their thoughts and feelings around contact and relationships with parents (Brown and Mason, 2021). The next section explores identity further, unpicking this role ambiguity and considering how EP carers may make sense of their unique identity.

#### **4.1.2 Role ambiguity and identity of EP carers**

This section will explore the complexity and status confusion of carers by drawing on research on EP carers, foster carers and adoptive parents. Foster care research has highlighted how fostering is often an ambiguous and complex task, tempered with 'uncertainties, confusion, rivalries and mixed feelings' (Triseliotis et al., 1995, p.21). This ambiguity can also be seen for adoptive parents. While there is more clarity over the legal status of adoptive parents, they must still accept and acknowledge a requirement for a different type of parenting to raising a biological child, which includes the presence of birth family (Kirk, 1984). This difference and the additional task of supporting the child's connection to birth family can contribute towards a fragile identity (MacDonald, 2016). For EP carers whose identity, emotional status and relationship to the child does not exactly align with either foster carers or adoptive parents, additional ambiguity and complexity may be present.

Studies have found that there are often blurred boundaries between being a professional carer and a parent to a child. From interviews with 40 long-term foster carers, Schofield et al. (2013) found that carers identified either primarily as parents or carers, but these roles were not clearly defined. Carers were more successful in managing this identity conflict when they were able to flexibly move between roles due to how 'being a successful, skilled



professional foster carer facilitated being a successful, loving parent and vice versa.’ (p.52). The study indicates how intertwined the two roles may be, something which Järvinen and Luckow (2020) also identified when applying the notion of sociological ambivalence to relationships between parents and long-term foster carers in Denmark, where carers saw themselves as ‘professional co-parents’ (p.837) in order to manage the experience of identity conflict and contradictory relationships. This vague and uncertain role can be further reinforced in wider society. Blythe et al. (2013) noted how long-term female foster carers identified more as a parent than a carer or professional, but faced difficulties when they were not recognised as such. For EP carers, the acceptance of having a professional role in the child’s life may be particularly challenging, given their initial motivations.

Research with EP carers has found that feeling conflicted in their role can be linked to several different aspects of the EP process and may result in feelings of stress and anxiety. In a study with 84 foster-to-adopt families in the US, Goldberg et al. (2012) identified that lack of control and legal insecurity is particularly challenging, noting that ‘caring for children without legal recognition or decision-making power was perceived as creating additional stress during an already challenging transition’ (p. 299). The study found that for LGBTQ+ carers (of which there were 30), there may be additional concern and stress related to potential discrimination. A lack of entitlement to the child has also been identified as a stressor, which may increase tensions between carers and parents at different points in the EP process (Monck et al., 2005).

Uncertainty is an element of the EP process which carers are prepared for in training (Tobin and Price, 2023) and it has been identified how this is something which can impact on parental identity. Pagé, Poirier and Chateauneuf (2019) undertook semi structured interviews with 25 foster-to-adopt carers in Canada (from the Canadian ‘Mixed Bank Program’, similar to EP), exploring how carers make sense of their role and identity. Interviews were conducted with carers at varying time points – some carers were still in the short-term fostering process waiting for clarification as to the court outcome, and others had legal certainty that the child would remain with them. The study identifies that carers may experience periods of ‘certainty’, ‘momentary uncertainty’ and ‘chronic uncertainty’, which can impact their sense of being a parent. Certainty was felt more when fostering younger children, where birth family were not attending contact and when carers felt (and were being told by social workers) that it was ‘clear cut’ that adoption would go ahead. Particularly stressful events, such as a birth family member coming forward as a potential carer for the child, led to momentary uncertainty which the authors described as ‘a more or less extended period of uncertainty that had resolved itself by the time of the interview’ (p.105). Chronic uncertainty was related to regular contact, prolonged presence of birth family and short-term court orders (under a year). The authors stated:

...it seems that uncertainty can hinder the development of the sense of being the parent when that feeling has yet to establish itself, whereas when that feeling is already solidly in place, it can be shaken by uncertainty without necessarily crumbling... (Pagé et al., 2019, p.111)

This study provides a helpful theoretical context for identifying how parental identity can shift and change depending on both internal and external factors. Caring for a child on a day-to-day basis who carers wish to adopt is something that can also contribute towards feeling like a parent. The process of undertaking parenting tasks i.e. 'doing' parenting has been found to be an important aspect of parental identity for adopters, where an entitlement to be a parent is built through an 'intense exchange of family practices' (MacDonald, 2016, p.122). Pagé and colleagues' (2019) similarly noted that carers' sense of being a parent could be impacted by undertaking care of the child as well as their unique relationship with them. In the study, the presence of uncertainty impacted on whether carers were able to imagine a future with the child, which could negatively impact parental identity. Furthermore, Kelly et al. (2007) noted that for some of the 11 EP carers interviewed in their study, they saw the child as belonging to their family from the point the child moved in with them. For others, it was linked back to certainty that the child would remain with them (the granting of the adoption order was a key turning point).

These studies suggest that when EP carers identify as a parent may vary, but it is likely this happens through a process of relationship-building with the child throughout the fostering stage. The lack of recognition and sensitivity from practitioners regarding carers' status and the emotional investment they have in a child has found to be a particular challenge for EP carers (Mannion et al., 2023; Monck et al., 2005). A parental status, however, may be difficult for practitioners to support, given the legalities of EP carers being foster carers.

Where this may be complicated further is when carers must support the child to continue a connection to their birth family through contact. As noted, the presence of birth family through ongoing contact is one aspect of EP and adoption that can impact on carer identity. MacDonald (2016) identified that where parents are seen as 'unfit', adopters feel more affiliated to an identity as a parent. This is relevant to EP where parents have continued, regular involvement with the child through contact, and EP carers are likely to know how the parents are doing. Other studies have found that contact can serve as a reminder to EP carers about their ambiguous and uncertain status, and further threaten their parental identity (Kelly et al., 2007; Mannion et al., 2023). There is a challenge for EP carers, therefore, to balance their own role and identity with supporting the child's connection with their birth family.

### **4.1.3 Supporting the child's dual connection**

EP carers are expected to, as part of the care plan, encompass the child into their own family, alongside supporting their connection to their parents via contact. Through their secure base model for foster care and adoption, Schofield and Beek (2013) theorise this necessity by highlighting how a key dimension to the carer's role is to support a child's belonging to two families through a sense of 'family membership', which supports healthy psychosocial and emotional development. However, contact in long term foster care is often highly 'emotionally charged' for carers (Schofield et al., 2000), and carers can find it a 'demanding aspect' of EP placements (Monck et al., 2003, p.204).

The involvement of foster carers with children's birth families, and their views around this, were historically considered by Holman (1975) in relation to long-term placements, who introduced the terms 'inclusive' and 'exclusive' fostering. Carers who take an exclusive approach may 'contain the foster child within the foster family while excluding other connections.' (p. 8), including birth families and social workers, with carers seeing themselves as the child's parents. For the inclusive concept, there was emphasis from carers 'on the children's need to obtain a true sense of their present identity and past history within a framework of affection.' (p. 10). This allowed them to provide love without identifying as a parent. While this paper is over fifty years old, and the fostering role has evolved somewhat since this time, this notion of inclusive fostering can support our understanding of the link between foster carer role and the ability to support a dual connection.

This notion of inclusivity vs. exclusivity was developed further in a more recent qualitative study of 35 female short-term infant foster carers by Pyman (2007). The study identified three typologies of carers - 'replacement mothers', 'transitional foster mothers' and 'temporary care providers' (the latter two will be discussed in section 4.2). Like carers in Holman's study who approached fostering exclusively, 'replacement mothers' saw the child as their own and resented the involvement of professionals and the birth family. Pyman noted how these carers left the birth family's role in the child's life unacknowledged and struggled with supporting contact arrangements. This indicates that EP carers who identify solely as parents may struggle with contact. Schofield and Beek (2006) suggested, however, that providing a full time, committed parenting role to a child does not mean that birth family need to be excluded but there are several aspects which can impact how carers feel about contact.

Involvement and control over contact arrangements are two aspects which has been found to impact how carers feel about the process. Neil and colleagues' (2011) research on direct post-adoption contact identified that contact could invoke complex feelings, including ambivalence and a sense of threat, even where relationships were relatively positive. Aspects which helped adoptive parents to manage anxieties included them having legal Parental Responsibility for the child, control over arrangements and being present during

the contact. For traditional foster carers, it was found that less control and involvement can lead to them feeling excluded. Similarly for EP carers, lack of control has been found to heighten anxiety around contact (Kelly et al., 2007).

As noted in relation to identity, difficulties for EP carers have been linked to the presence of birth family and emotions related to this may threaten carers' ability to support a dual connection. Pagé et al. (2019) noted that an increase in contact could lead to periods of uncertainty for carers. Goldberg et al. (2012) found that challenges regarding the birth family system were a key stressor identified by carers in their study. Where children returned from contact in a state of distress, this also increased carer stress and led to carers struggling to identify how it benefitted the child. Other studies on EP have also identified similar concerns regarding children's responses (Monck et al., 2003; Kelly et al., 2007). When looking at this stress within the additional context of an ambiguous role and identity, it is clear that EP carers need additional support with managing contact, seeing the benefits of it and working with birth parents.

A further factor identified in relation to carers' ability to support the child's dual connection lies in how accepting carers are of their role in the child's life alongside that of the birth family in the longer term as well as the short term. Based on his research on adoptive family life in the 1960s, Kirk (1984) introduced the concept of 'shared fate', suggesting that adoptive parents must re-evaluate their own experiences and accept their position in family and society with an 'acknowledgement of difference' (Kirk, 1984, p.158). This, Kirk suggested, would allow adoptive parents to be better able to accept their child in their family and communicate with them about adoption. Brodzinsky (2005, 2006) went on to build on the foundations of Kirk's work to theorise adopter attitudes and openness towards adoption, identity and birth family. He identified two types of openness - 'structural' and 'communicative openness', the former being related to the practical arrangements for contact such as frequency and duration (Brodzinsky, 2006). 'Communicative openness' reflects:

...the general attitudes, beliefs, expectations, emotions, and behavioural inclinations that people have in relation to adoption. It includes, among other things, a willingness of individuals to consider the meaning of adoption in their lives, to share that meaning with others, to explore adoption related issues in the context of family life, to acknowledge and support the child's dual connection to two families, and perhaps to facilitate contact between these two family systems in one form or another (Brodzinsky, 2005, p.149).

Correlations have been identified between levels of direct contact and adoptive parents' communicative openness. For example, from interviews with the adoptive parents of 30 children who had recently been placed for adoption, all of whom had face-to-face contact

with birth family, Neil (2003) found that those adoptive parents who had empathy for birth relatives were more likely to have a more positive view of direct contact and be more likely to maintain contact arrangements. In later longitudinal research, Neil and colleagues' (2015) identified that adoptive parents who are deemed to have 'adoption communication openness' were more likely to have children who were having direct contact with birth family. Similarly, Kenrick (2009, 2010) found that concurrency carers who had higher levels of contact with the child's parents showed more 'communicative openness' than those who had less.

One hypothesis for the correlation between structural and communicative openness is that adoptive parents who are naturally communicatively open will choose an open adoption (Brodzinsky, 2006). Elsbeth Neil (2009) suggested, however, that having direct contact promotes the dimensions of communicative openness, for example by adoptive parents finding it easier to empathise with birth parents and talk to the child about adoption. Applying these findings to EP, the frequency of contact may contribute towards carers being more communicatively open and accepting of the child's dual connection across the course of proceedings, but as noted previously, some carers (particularly in concurrency) may initially be motivated to pursue EP because of the perceived benefits of an open relationship with parents.

The next section builds on the previously outlined context of the precarious position EP carers are in, by focusing further on carers' relationships with infants, exploring what factors may influence carers' connection to the baby.

## **4.2 Carers' relationships with infants**

Chapter two highlighted infants' needs for sensitive, attuned and consistent caregiving from carers who, for those infants in foster care, are able to support them with the frequent separations experienced through contact. This section will consider how carers may provide this care to infants in relation to commitment and bonding.

The expectations on how traditional foster carers interact and bond with the children they are caring for has changed over the years. Previously, carers were given 'a warning against any deep emotional involvement with the child' (Goldstein et al., 1973, p.24). With current knowledge and understanding of child development, we know that children need carers who are emotionally invested in them and can provide them with sensitive and attuned, responsive parenting for the infant to develop a good quality attachment relationship (Goldberg, 2000; Schofield and Beek, 2006).

There is an expectation that on stepping into the role of a foster carer, the EP carer not only provides an appropriate level of care for the child, but also that they form a close relationship with that child, or as Ainsworth (1989) referred to it, an 'affectional bond' (p.711). According to Schofield and Beek (2006), a bond is 'the caregiver's sense of commitment, concern,

responsibility and love for the child' (p.30). Bonding is closely linked with the carer's sense of loyalty to the child, referred to as 'caregiver commitment' by Dozier (2005), who later defined this as 'the extent to which the caregiver is motivated to have an enduring relationship with a particular child.' (Dozier and Lindhiem, 2006, p.340). It is suggested that from an evolutionary perspective, a caregiver who is highly committed would put themselves at risk to protect the child. Dozier made clear that children need commitment, to the point it is necessary for survival (Dozier, 2005; Dozier, Zeanah and Bernard, 2013).

For traditional foster carers, their commitment may be higher if they have fostered fewer children (Dozier and Lindhiem, 2006), indicating that EP carers, who are only likely going to foster one or two children in that specific role, as well as having a perhaps unique emotional investment in a child, may have relatively high levels of commitment. Indeed, most studies with EP carers suggest that ultimately, they are able to provide a high level of love and emotional care to the children, developing strong bonds with them despite the uncertainty regarding future permanency (Kenrick, 2010; Mannion et al., 2023). Some research, however, suggests that uncertainty in the process can lead to carers holding back on forming an emotional bond with a baby in order to emotionally protect themselves, particularly at the beginning of a placement (Pagé, Poirier and Chateaufneuf, 2019). How the carers feel towards the child may also depend on their views of how certain it is they may adopt them, and they may be more comfortable and confident in their acceptance of being a parent if they feel certain the child will remain. Ways in which EP carers may allow themselves to commit to a child in the face of uncertainty may be by developing strategies such as making a conscious decision not to worry due to having no power or control over the situation (Page et al., 2019).

In traditional foster care, different approaches to the fostering role may be linked to how the carers see their relationship with the child. Returning to Pyman's (2007) study on infant foster care, some carers in the study committed to the child as if they were their own, whereas others, who Pyman called 'temporary care providers' did not see themselves as mothers and focused on providing basic care for infants, where emotional distance was retained. Pyman identified that variables including experience of previous placements, personal situations outside of the fostering role and visibility of birth family could impact on the carer-child relationship. Child-specific factors could also have an impact such as looks, age, temperament and behaviour. Where an emotional connection to the child was not present, this could be problematic for infants who subsequently may not receive the attuned care they require as outlined in chapter two. The ideal typology of foster carer for Pyman was that of the 'transitional foster mother' who struck a balance of providing mothering to the child while acknowledging and accepting that they had a professional role in the child's life.

This section has highlighted several variables that may impact carers' relationships with the infants they are caring for. EP carers are being asked to commit to and 'claim' the child they are caring for while facing the uncertainty that the child may not remain with them. They may, in some circumstances, try to prepare themselves for this in various ways and the next section explores how anticipatory grief may be experienced by EP carers.

#### **4.2.1 Anticipatory grief**

Anticipatory grief, also referred to as anticipatory loss in some literature, is a concept which may be helpful in trying to understand what EP carers may be experiencing during the fostering stage. The term was introduced by Lindemann (1944) as a description for the process of grief for the wife of a soldier at war, as protection from her husband's potential sudden death. Aldrich (1974) went on to define the concept as 'any grief occurring prior to a loss, as distinguished from the grief which occurs at or after a loss' (p. 4). Circumstances in which anticipatory grief has been applied in literature include spouses of older people with dementia, families of terminally ill children, and prenatal experiences where it is known that an unborn baby will have a life limiting condition (Orbach, Sutherland and Bozeman, 1955; Friedman et al., 1963; Holley and Mast, 2009; Cortezzo, Ellis and Schlegel, 2020).

Hebert, Kulkin and McLean (2013) specifically explored foster carer grief in a mixed methods study with 43 carers in the US, some of whom were EP carers (though specific numbers are not clear, half of the 43 carers in the mixed methods study had adopted at least one of their foster children). The authors found that while the carers in the study experienced grief after a child moved on, they also experience ambiguous loss, disenfranchised grief and anticipatory grief prior to a move. The study suggested that anticipatory grief was helpful in managing a healthier grief response when a placement actually ended, though it has been debated as to whether anticipatory grief is functional or dysfunctional (Fulton and Gottesman, 1980). For carers in Pyman's (2007) study, some managed this in a functional manner, focusing on a sense of purpose around the child, with it being part of their role to move a child on. Carers also accepted that this aspect of the role would be painful for them but necessary for the best outcome for the child. Hebert et al. (2013) identified a similar theme, with the added complexity for EP carers that the 'state of not knowing how long they will have the child or the final outcome can engender anticipatory grief.' (p. 256). Mirroring research with parents, this study also identified that ongoing relationships with the foster child after they had moved back to parents led to carers being able to negate feelings of ambiguous loss, On the other hand, where carers worried and wondered about the child this led to a sense of ambiguous loss (Boss, 1999).

For EP carers, there is the possibility of exposure to significant loss, and experience of profound grief if a child were to move on, just as many traditional foster carers feel after a child moves from their care (Kertesz, 2024; Lynes and Siteo, 2019), as well as the loss of role identity (Hebert et al., 2013). When a child has been reunified with birth family in EP

placements, it has been reported (via EP practitioners) that this experience is akin to a bereavement (Brown and Mason, 2021). Carers are not just having to manage their own feelings around anticipatory grief, but they, like traditional carers, have to manage grief 'in many guises' (Edelstein et al., 2001, p.8). This includes from wider family members too. At the same time as carers are experiencing these feelings, birth parents are likely to be following a similar trajectory (Charlton et al., 1998).

### **4.3 Relationships with parents**

Research has indicated that the quality of relationships between carers and parents can have a significant impact on quality of contact and the child's experience of it (Tilbury and Osmond, 2006; Neil et al., 2011; Selwyn, Wijedasa and Meakings, 2014; Iyer et al., 2020a). These relationships are sometimes overlooked, however, due to the focus being on the child's time with the parent (Morrison et al., 2011; Austerberry et al., 2013). The nature of the relationship between carers and parents may also impact on the likelihood of ongoing face-to-face future contact in EP placements (Chateauneuf, Pagé and Decaluwe, 2018). We know from previous research that there are several barriers for parents in establishing positive relationships with foster carers/adopters, including their feelings of humiliation, guilt and shame, hostility towards carers and a lack of acceptance of the situation (Broadhurst and Mason, 2020; Philip, Bedston, Youansamouth, et al., 2021; Clapton, Simpson and Grant, 2022; Philip et al., 2024). For foster carers/adopters, their negative perceptions of parents, lack of empathy and their own feelings of inferiority as a parent can impinge on positive relationships (Hindle and Easton, 1999; Kiely et al., 2019; Sen and Broadhurst, 2011; Triseliotis, 2010). The ambiguity of EP for carers and parents may also impact on their interactions with one other during the EP period and beyond. While parents are likely to be preparing for the loss of their child, but hope to regain the care of them, carers are preparing for the gain, but keeping in mind the possibility of loss. With this confliction of ambiguous loss and ambiguous gain, what Mannion et al. (2023) termed the 'battle of concurrency', navigating relationships may be very challenging. Relationships between carers and birth parents are significant to the success of any placement, however, but can be a cause of stress for both parties (Neil and Howe, 2004).

A lack of connection or collaboration between parents and carers has been identified as a potential challenge to managing contact. Carers are likely to hold pre-conceived views of birth parents (Cashmore and Taylor, 2017) which may lead to feelings of fear and anxiety over meeting them (Monck et al., 2003). Despite initial worries, many carers can form positive relationships with parents (Kenrick, 2010), however the pressures that EP carers face during the fostering period can impact on future relationships with birth parents and their views around ongoing contact arrangements (Chateauneuf, Pagé and Decaluwe, 2018). Difficulties with parents (or relationships with them) can also put a high degree of strain on carers (Sinclair et al., 2004) and continuing to manage these relationships over



the course of care proceedings and beyond is a significant task. Relationships between birth families and EP carers can often be emotionally charged due to each party feeling vulnerable and insecure regarding their status and role (Chateauneuf et al., 2018).

Studies exploring relationships between EP carers and parents can assist our understanding of when they are successful and when they are not. In a study of foster care and kinship families in Canada, Chateauneuf, Turcotte and Drapeau (2018) found that the quality of relationships was impacted by quality of contact, how often this took place, foster carer attitudes and birth parent characteristics. Positive relationships with parents were identified for most foster carers, which were marked by respect and acknowledgement of each other's role with the child. Difficulties with relationships included tensions related to competitiveness and lack of confidence. The authors noted the importance of scaffolding and support of relationships by practitioners, but opportunities for this were not always utilised. While the findings of this study help to illustrate that positive relationships are possible, and identify some of the successful dimensions present in these, the inclusion of kinship carers alongside foster carers limits the applicability of the study to the EP context. It is helpful, therefore, to turn specifically to a study on EP carers.

From their evaluation of concurrency placements in the UK, Monck and colleagues' (2003) rated relationships between the parents and carers, based on both practitioners' and carers' perspectives. Despite some of the obvious potential difficulties, practitioners felt that most parents and carers showed warm, friendly behaviour towards each other (75% were rated as having a 'good' or 'very good' relationship), with a minority being assessed as either 'cool' or 'hostile'. Some of those same carers, however, reported that relationships were not as good as practitioners believed, and at times they kept negative feelings to themselves as they were concerned that expressing these feelings would impact negatively on the final decision regarding permanence. This indicates that practitioners and carers may perceive the same situation differently and highlights the importance of social workers talking to carers about their feelings (and acknowledging these will likely be conflicting) in order to provide appropriate support, advice and guidance.

Studies focusing on EP have also found that the feelings evoked in carers towards parents can vary - ambivalence towards birth parents was a theme that was identified by carers by Goldberg et al. (2012), with complex and conflicting emotions such as anger. Carers also felt threatened by birth parents, while at the same time they were trying to foster a positive attitude towards them. Parents' lack of attendance at contact could lead to further ambivalence as carers may feel a sense of hope that lack of attendance may increase the chances of them adopting the child, but this would also mean a wish for 'failure' of birth parents (Monck et al., 2003). Kenrick (2010) found that relationships were particularly

fraught when there were issues around drug and alcohol misuse, or a background of domestic abuse.

However, the development of relationships between parents and carers, particularly in EP, has been identified as having many benefits. Contact with birth parents has been identified as being one of the most positive and beneficial aspects of concurrency (Kenrick, 2010); indeed, the carers in Kenrick's study who seemed to value the relationship with birth parents the most were the ones who had the highest levels of contact with them and talked about knowing the 'real' parents. Kenrick (2009, 2010) suggested that these regular meetings would benefit the child's sense of identity in the longer term, and give carers the ability to give a balanced and truthful account to the child of what their birth parents were like. Ponomarenko, Kaniuk and Mesie (2018) drew similar conclusions from a longitudinal study with 12 adopters whose child had been placed with them via concurrency. Knowing parents helped carers to feel suitably equipped to answer their children's questions about their history and birth family when these arose, with the ability to give their children first-hand information about their experiences. For Brown and Mason (2021), contact with birth family was a dominant theme in interviews with previous EP carers. As Kenrick (2010) summarises, 'contact with even the most dysfunctional birth parent means that the CP carers have a real and balanced representation of the birth parents to give the children as they grow up.' (p. 47).

Relationships between carers and parents do, however, have to be carefully managed and scaffolded. There is a need for pro-active social work support for both parties and where this is not available, difficulties can arise (Neil, Beek and Ward, 2015; Neil, Copson and Sorensen, 2020). Carers have an important role to play in how infants and children experience and respond to contact, with Schofield and Beek (2006) commenting:

...how caregivers think about, feel about, talk about, anticipate or review birth family contact will also give positive or negative messages for the child in relation to birth family members. Even the caregivers' tone of voice in talking about birth family members and contact will act as a form of social referencing for the infant, signalling whether to treat birth family members as a source of pleasure or anxiety. (Schofield and Beek, 2006, p. 253-4),

The authors suggest that carers need to build a bridge between the two families for the child, which includes managing the individual contact sessions as well as their own feelings around contact and birth parents, in order to make it as comfortable for an infant as possible. Schofield and Beek (2006) talk about placements as either 'temporary' or 'permanent' in relation to the above. What is unique to EP placements is that the placement feels like neither of these – there is a sense of liminality, with it being a period of transition where it is 'betwixt and between' – it is unknown whether it will be temporary or permanent for carers

and therefore what they are being tasked with is arguably even more emotionally taxing than for other types of carer. This remains an area where more knowledge and understanding is required.

#### **4.4 Summary**

This chapter explores the complex context in which contact occurs for EP carers. EP carers face many of the same challenges as traditional foster carers and adoptive parents, including providing daily care for a child, building emotional bonds, supporting the child's identity within two families, and facilitating contact with their birth family. Research suggests, however, that EP carers often find themselves in a liminal space, filled with uncertainty about whether they will be able to keep the child they are caring for. How the concept of anticipatory grief applies to EP carers would benefit from further development though, given the uncertainty they face and their precarious role.

There is a clear need for more research into how EP carers understand their identity while simultaneously supporting the child's dual connection to their birth family. The majority of existing research on carers and contact primarily focuses on long-term foster care or adoption. This chapter highlights that there is limited research specifically on EP carers or those who have adopted through EP, with most studies not reflecting the current English EP process, which integrates both FfA and CP. As Monck, Reynolds and Wigfall (2005) state, contact in EP 'has meanings and responsibilities that are not the same as the contact arrangements for other looked after children, either those in 'traditional' foster placements or those placed for adoption' (p.16). This highlights a significant gap in research where we need to know more about these relationships and how they develop.

## **5 Contact and practitioners**

This chapter will focus on the role of practitioners in planning, supporting and managing contact. There are several practitioners involved in the contact process who have varying responsibilities – children’s social workers, contact supervisors and adoption social workers. While adoption social workers play a crucial role in supporting EP carers with contact, as well as providing feedback on contact arrangements to children’s social workers, they tend not to take an active role in contact planning or supervision. Therefore, this chapter will focus on literature related to children’s social workers and contact supervisors, two of the participant groups that this study focuses on. As with previous chapters, the scope of the review will be broadened to traditional fostering and adoption, as there is limited literature related to practitioner roles in EP contact.

This chapter will first highlight and discuss the existing literature in relation to planning and decision making around contact for children’s social workers. The purposes of contact will be identified before moving on to exploring the varying approaches to supporting parents and carers through the contact process. The chapter concludes with a focus on the role of the contact supervisor, reflecting on how this task is experienced and the skills required to undertake it.

### **5.1 The role of social workers: Decisions about contact**

Decision making related to contact arrangements for infants needs to include aspects such as how frequent contact should be, who it should be with, what level of supervision and support should be provided, logistical arrangements such as time and venue and how parents and carers are to be supported, both practically and emotionally, before, during and after contact (Schofield and Simmonds, 2011). Making multiple decisions about contact is clearly not straightforward, with many factors, views and needs to balance; as Triseliotis (2010) stated, ‘making judgements on the quality and nature of contact remains a mixture of art and science, possibly balanced more towards art’ (p.59). Social workers’ decisions have great influence on the level and quality of contact (Masson, 1997). A concern, however, is that arrangements for infant contact are often seen by the judiciary as an afterthought in court (Munby, 2010) when in fact they are crucial to the infants’ wellbeing (Iyer et al., 2020a).

Research suggests that planning contact is not an easy process, however. There are complexities for making decisions in infant contact in EP, where there is a need to promote an attachment to caregivers (to support consistency and security), alongside a relationship with parents to keep the possibility of reunification alive (Monck et al., 2003). Iyer et al. (2020a) highlight how challenging this is when infants do not already have an established attachment with their parents due to being separated from them at an early age. Schofield et al. (2000) found that at times, the emotional and psychological factors impacting upon the child’s experience of contact were not always considered in how contact was being

planned and managed. Regarding infants in particular, Humphreys and Kiraly (2011) noted how babies needs should be held 'at the heart of arrangements' as they are 'not objects that can simply be passed about to meet the needs of adults and comply with legal orders and the demands of complex organisational arrangements.' (p.57).

Balanced with the needs of the child are the parents' needs, including being realistic about the role they can play in the child's life (Schofield and Beek, 2006). Humphreys and Kiraly (2010, 2011) found that local authority social workers are often at odds with legal representatives of birth parents who had less of a focus on the needs of the infant and more on the rights of the parents, indicating that different parties within the court process may have conflicting interests. The importance of considering the views of all parties involved in contact has been noted in several studies and reviews (Bullen et al., 2015; Fuentes et al., 2019).

It has been suggested that decision making is particularly complex when parents are contending with their own challenges, such as drug misuse, which can impact their ability to attend and engage in contact sessions (Taplin and Mattick, 2014). Further complicating matters is how contact plans are often made 'at a time when, for the birth parents, the fight for their children is not yet over' which causes difficulties with assessing how far they are able to 'cooperate constructively' with contact plans (Harris and Lindsey, 2002, p.148).

When making decisions about contact, practitioners may draw on relevant legislation, statutory guidance and research which must be considered alongside assessing the individual circumstances related to each child and their family. Statutory guidance relating to the Children Act (1989) (Department for Education, 2021b) outlines that contact arrangements must be set out in the day-to-day placement plan, taking into consideration the child's permanence plan when it is known. Statutory guidance specifically relating to EP focuses on approval and does not cover contact (Department for Education, 2014b). This means that practitioners are left to work out for themselves what to take into consideration and decisions may be influenced by existing views, beliefs and experiences (both personal and professional). These variables are all likely to entail a strong element of subjectivity (Harris and Lindsey, 2002; Neil, 2002). Professional attitudes may also influence and impact on carers' attitudes towards contact plans (Neil, 2007).

There has been concern from the judiciary around a lack of justification by social workers for why specific decisions were made regarding contact plans for children in care. At the Family Justice Council annual debate in 2010, which focused specifically on infant contact, Sir Justice Munby stated:

I cannot recall a single occasion...where there was any attempt by anybody to explain or justify by professional opinion, let alone by reference to any research or

expert evidence, why it was being said that two or three times a week, one and a half, two hours at a time was sufficient. (Munby, 2010)

Where references to theory or research have been used, Harris and Lindsey (2002) noted confusion around terms often used when talking about contact, such as attachment, indicating these may be being used incorrectly. There are also concerns in a tendency to plan contact 'arithmetically by weight of hours in an attempt to ensure that the infant preferentially attaches to the birth parent' (Schofield and Beek, 2006, p.403) which has been referred to as a 'baby contact regime' (Masson, 2010, p.3). Studies have noted that quality of contact is more important than quantity (Humphreys and Kiraly, 2011; Iyer et al., 2020a), but what constitutes good quality contact is not always clear. On contact in adoption, Neil and Howe (2004) state:

The value or otherwise of contact is determined by the views, thoughts, feeling and behaviours which the child, the adopters, and the birth parents bring to the conduct and management of the event. Because contact has the capacity to be a highly charged and stressful experience for one or more of the participants, their psychological strengths and weaknesses, including their coping skills, will be brought into play (Neil and Howe, 2004, p.229)

In a literature review of British research, Sen and Broadhurst (2011) conclude that 'poorly planned, poor quality and unsupported contact may be harmful for children' (p.305) and that social workers are pivotal in their influence of the overall plans and experience of contact. The general consensus from research and practice guidance on contact in fostering and adoption is there is no overall guiding principle with regards to frequency and duration, but it is unique to each child and family's situation (Slade, 2002; Neil, 2002, 2024; Adams, 2012; Atwool, 2013). Humphreys and Kiraly (2010) sum this up, connecting the need to focus on the infants' and their development as outlined in chapter two, with decision making. This ensures that, as Iyer et al. (2020a) put it, contact is safe and meaningful whereby:

A balanced, differentiated approach involves considering the purpose of contact in an individual child's situation, structuring arrangements accordingly, and ensuring these arrangements are flexible and responsive to changes over time. (Iyer et al., 2020a, p.2)

## **5.2 The purpose of contact**

Contact can serve several purposes, but where there are 'multiple and different' purposes of contact this can lead to confusion and lack of clarity in terms of aims and objectives of sessions (Bullen et al., 2015, p.13). Research suggests that contact needs to be purposeful (Sen and Broadhurst, 2011) and this purpose needs to be made explicit (Schofield and Simmonds, 2011), but the meaning ascribed to contact may be different for different practitioners depending on their role (Harris and Lindsey, 2002). It is therefore important to

identify what these differing purposes may be from literature, and consider them in relation to EP.

In EP, the purpose of contact may depend on whether there is any active plan for rehabilitation back to parents or wider family (as is usual at the beginning of a concurrency placement and remains a consideration whenever any child is on an Interim Care Order). In interviews with 19 social work professionals in Scotland, assessment of the parent-child relationship was identified as one of the primary purposes of contact in short-term, temporary foster placements, alongside that of maintaining relationships (Sen, 2010). This study was limited to recruitment from only one local authority, but other studies and guidance have also identified assessment as a potential purpose when contact takes place during interim court proceedings (Slade, 2002; Monck et al., 2003).

Various studies on contact have cited that a further primary purpose in short-term placements is to support the potential for reunification (see Sen and Broadhurst (2011) for an overview). High frequency contact may not necessarily lead to reunification (Humphreys and Kiraly, 2011) but it may link to other factors such as parental commitment. When reunification is the plan, increasing contact is typically recommended as part of the preparation process (Wilkins and Farmer, 2015). Where active assessment of parenting capacity in EP is not being undertaken, or the plan is not reunification, practice guidance suggests that the 'primary purpose of contact is likely to be to enable the birth parents or other family members to retain a relationship with the child while longer-term decisions are made' (Dibben and Howorth, 2017, p.44).

Aligned with the above viewpoint, recently published national standards for EP state that 'Practitioners, managers and leaders [should] actively enable the child to maintain significant relationships throughout the care journey and into the future.' (Standard 6) (Coram, 2023b). This standard focuses on the potential longevity of relationships between the child and their birth family, as well as the need for short-term relationships. Moreover, the Public Law Working Group (2024) has also recently recommended that face-to-face contact should continue following EP 'where it has been working well' and 'any obstacles should be fully explored and addressed' (p.46). Sen and Broadhurst (2011) note that support for maintaining relationships between children in care and their parents tends to be underpinned by attachment theory and the impact of separation on children, though as noted in section 1, these theories may be misunderstood. There are limitations to the extent to which infants will be able to form an attachment to parents during time limited and often stressful contact (Schofield and Beek, 2006), hence perhaps a focus more on relationships than attachment in the literature that considers the purpose of contact.

Maintaining relationships is one function of contact that has been identified not only in EP literature and guidance, but also in wider literature on fostering and adoption. It was

highlighted in Chapter One how maintaining relationships for children in care can be challenging due to the need for practitioners to balance the benefits of maintaining relationships with the child's responses to it. Some of the challenges identified around post-adoption contact can be seen for children in short-term care like EP. For example, Neil (2024) identified how contact sessions may feel unsafe for children, particularly emotionally if there is a history of neglect or abuse. They may feel awkward, unnatural and not reflect family life, and there may be limited opportunities for adults to communicate outside of the contact space, particularly when combined with a risk-averse approach from practitioners. An approach is required, therefore, that balances the needs of the child, parents, and carers, while considering both the short- and long-term benefits and potential risks.

Other functions of contact have also been identified from research on long-term fostering and adoption, which may also be applicable to EP. From interviews with social workers relating to 33 children in care, Cleaver (2000) identified different approaches that social workers took to contact, with four distinct purposes – to **reunite** with parents, to **keep in touch** with family, to **improve relationships** between the child and family and to **provide reassurance** to the child about their family (p.133). Bullen et al. (2015) identified two further purposes – to **prevent idealisation** of parents (relevant more to older children) and to **support the child's identity** through a continued link to birth family. With post-adoption contact, Neil et al. (2011) identified similar benefits. With EP, however, the trajectory for young infants is likely to be different than for those children who are in long term foster care or who have already been adopted (Broadhurst et al., 2018) which highlights that a different approach and conceptualisation of contact is required.

In a cross-national study of contact in four European countries, including England, Boddy et al. (2014) found that 'contact is insufficiently conceptualised as an area of practice, and that this is problematic in terms of meeting child[ren's] needs, whether or not the plan involves return home.' (p.156). The authors drew comparisons between England and other countries where legislation and policy focus on a more holistic view of the child's needs, with clearer frameworks for supporting families as a whole and with an increased emphasis on the involvement of parents. Other countries in the review (Denmark, France and the Netherlands) have a significantly lower rate of adoption than England. Denmark was highlighted as one example, where there is a legal imperative for social work professionals to provide support to parents through the requirement for them to have their own care plan. It was noted that 'children [in Denmark] have a right to 'samvær'—a concept which goes beyond 'contact', meaning literally 'being together'—with parents and the wider family network' (Boddy et al., 2014, p.156). This highlights wider issues with the term contact, not just around terminology as discussed in the introduction to this thesis, but about the approach taken to maintaining relationships and offering holistic family support.



The issue with the current literature regarding the purpose of contact is that it generally focuses on older children in long term foster care, kinship care or who are adopted. There is very little focus on the purpose of contact for infants. While there may be some crossovers, infants' needs are unique in terms of their developmental stage as well as potential future plans (i.e. the likelihood of adoption will be higher). Contact frequency for children in long term foster care is also generally less frequent than short term foster-care/EP (Schofield et al., 2000; Schofield and Simmonds, 2011) so literature is not directly applicable. The purpose of contact needs to be considered in relation to the infants' needs both in the short and long term.

### **5.3 Managing and supporting contact**

How well contact is facilitated has been identified as key to its impact on children's wellbeing, rather than frequency, duration or whether it happens or not (Iyer et al., 2020a). When social workers are planning contact between parents and children, there can be a focus on practical arrangements without sufficient consideration of the emotional aspects of the process (Simpson and Clapton, 2020) which can lead to the quality of it being overlooked. In a review of birth family contact in New Zealand, Atwool (2013) identified five key variables related to contact management - the 'child or young person's developmental stage and history; child or young person's views and wishes; type of placement and future goals; cultural factors; and work with birth families.' (p.181) All of these factors may influence how contact is managed and supported by practitioners, but the lack of best practice guidelines can be problematic (Mason et al., 2022).

Research suggests that practitioners need to take an approach which encompasses facilitation and support, not just solely controlling the arrangements (Bond, 2007; Neil et al., 2011). In relation to post-adoption contact, MacDonald (2021) identified a need for a trauma-informed approach which could also be applied to EP. Resources based on this approach have recently been published and aim to help practitioners support all involved with contact (Adoption England, 2024a).

The time and resources available to practitioners for supporting contact may, however, be limited. As noted in Chapter Three, austerity has led to resource constraints for local authorities which has impacted on the support that can be provided for parents pre-birth and after their infant has been placed into care (Mason et al., 2022). In Brown and Mason's (2021) evaluation of EP, contact in CP, more so than FfA, was found to be better managed, which correlated with how well it was resourced.

The following two sections aim to identify the different approaches to supporting parents and carers around contact in EP, and indicate where gaps in research lie.

### **5.3.1 Working with parents**

Social workers hold a lot of power in terms of being able to control the relationship that parents and children have with each other (albeit via legal processes in most instances) (Simpson and Clapton, 2020), and they are often excluded from decision-making in contact (Taplin et al., 2021). Brown and Mason (2021) found that practitioners believed that high levels of contact in EP could be seen as beneficial and positive for parents, but Chapter Three outlined how parents may experience both practical and emotional challenges related to contact, whereby the process can feel disempowering, anxiety provoking and stressful. This suggests that practitioners need to have a clear focus around how parents' needs and experiences can be given due consideration, how they can be supported with contact arrangements and how they could be included in decisions wherever possible.

Support for parents to engage in contact has been identified as being crucial, with Howe (2010) suggesting that where workers can establish relationships with parents, this can lead to improved safety for children. In a review on the effects of contact in foster care, Ruiz-Romero et al. (2022) suggest that specific interventions are needed to ensure good quality contact, with contact needing to be supported by skilled and experienced supervisors. It has been identified that where support for parents is not offered, or not substantial enough, and their needs remain unmet, contact with their children may be lost (Cleaver, 2000; Farmer and Owen, 1995). Support may be emotional or practical, or a combination of both, either informally or through specific interventions.

From a review of contact intervention studies, Bullen et al. (2017) found that specific interventions during or surrounding the contact process can be useful and lead to positive outcomes, particularly in terms of improvements in how parents were able to manage their emotions. The authors identified two types of interventions – group vs. individual, with the majority focusing on parenting skills and parent-child interactions and others providing parents with the space for emotional support and reflection. The 'Visit Coaching' model (Beyer, 2004, 2008) was used in several of the studies, whereby the supervisor actively participates with parents before, during and after contact to support parenting skills and capacity. One such intervention that builds on this model is 'KContact' (Taplin et al., 2015), developed in Australia to increase the provision of support and preparation around contact for parents of children in long term foster care through an evidence-informed model. The KContact model focused on support before and after contact which included preparation for contact including planning activities, follow up to help the parent reflect on the session, and subsequently plan for next visits (Bullen, Kertesz and Bleeker, 2015). Results from a randomised controlled trial of the intervention identified that it led to fewer cancellations of contact by parents, and reports of higher satisfaction by them (Suomi et al., 2020). A limitation in terms of applicability to EP is that the children in this study were older, up to the age of 14, and in long term, permanent placements. While the study strengthens the

suggestion that interventions can be supportive for parents, there may be different support required for parents whose child is in EP, is much younger, and where there may be a continued element of assessment.

A particularly key aspect in infant contact, and one that some interventions above have focused on, is how well parents can interact with their baby and meet their unique needs (as outlined in Chapter Two). Interventions which support parent-child interactions for parents who may struggle with this due to poor mental health may also be applicable to contact in EP, particularly given that many parents who have had their child removed may experience clinical depression or have other mental health diagnoses (Neil et al., 2010). Puckering et al. (2010) reported results from a waiting-list controlled trial of mothers experiencing postnatal depression, half of whom accessed a group programme which 'aims to promote both mother-infant interaction and maternal well-being' (p. 28). More positive interactions were observed between those mothers and infants who were provided support and those who were not, as well as reports of improved mood in mothers. While this intervention was not provided under supervised contact conditions in the context of child removal, it does indicate that a targeted intervention can support positive changes in interactions between parents and infants, and that a focus on supporting parents' reflective functioning, which when applied to contact, may lead to a better quality experience for both parties.

The studies above suggest that support during contact can be helpful for parents, though it is not always offered as part of a child's care plan (see section 5.4 for further discussion). Support for contact for parents alone will not necessarily, however, lead to successful, good quality contact. Bullen et al. (2017) highlights the importance of collaboration between parents and carers, and the connected need for interventions which focus on both parents and carers, rather than just parents. The next section will discuss opportunities for support for carers around contact.

### **5.3.2 Working with carers**

As described in Chapter Four, EP carers are generally expected to support and engage with the child's contact with their parents. Statutory guidance (Department for Education, 2021b) also highlights that contact arrangements must be discussed with carers and while there is an expectation that carers will facilitate contact, it is noted that 'contact arrangements should be sensitive to the needs of carers and their families as well as those of parents' (p.91). How carers feel about contact can impact on its success, where if carers' feelings towards parents and contact is negative, this can lead to contact itself becoming a negative experience for all involved (Neil, Beek and Schofield, 2003). In post-adoption contact, social workers identified that supporting adopters was a key task, second to supporting children and (interestingly) more so than supporting parents (Neil, 2007). Given the additional emotional tasks for EP carers related to uncertainty, lack of control and parental identity (as

outlined in Chapter Four), it is essential that practitioners adequately support them with their involvement with contact and their relationships with parents.

This support includes working in collaboration and involving carers in discussions around contact plans and the child's responses to contact. Cleaver's (2000) study on foster care (Cleaver, 2000) found that 'where social workers and carers worked in partnership and held a common understanding about the objectives of contact, carers were more likely to play an active role in promoting contact than in those cases where views differed' (Cleaver, 2000, p.271). This also involves talking to carers about the child's responses to contact, with Schofield et al. (2000) noting the importance of social workers listening to carers' views and reports. With EP, however, it has been noted that carers' investment in the child in terms of adopting them may influence these reports at times, with carers being particularly sensitive to infants' responses (Monck et al., 2003). There is a balance, therefore, in involving carers but equally supporting them with their role around contact and providing a reflective space.

Brown and Mason (2021) found that practitioners believed that contact in general was perceived to be positive for EP carers. Other studies have highlighted that social workers may view contact as more positive than other people involved in it, such as foster carers (Salas Martínez et al., 2016). Research with EP carers indicate they find it a stressful process (as outlined in Chapter Four) and require an additional layer of support in relation to contact due to the level of uncertainty they are experiencing. Kenrick (2010) identified that while contact is generally stressful for carers in general, there are particular circumstances which are anxiety provoking such as where carers observed parents to be under the influence of drugs, in 'disturbed states' or very unwell. In these situations, it was identified that the supervisor could mitigate some of this anxiety when the carer trusted that they would keep the baby safe – this level of trust only being built through having the same supervisor.

The above is one example of the role a contact supervisor may take. The next section explores in detail the different tasks and approaches to the role.

#### **5.4 Role of the contact supervisor**

This section draws on limited literature on the role of the contact supervisor in EP, as well then widening this to supervision of contact in traditional foster placements (both short and long term). In FfA practice guidance, Dibben and Howorth (2017) highlight the significance of the role of the supervisor, stating they are 'fundamental to contact working most effectively' (p.47). The approach that individual practitioners and agencies take to supervising and reporting is variable and at times unclear (Triseliotis, 2010; Mason et al., 2022). The lack of any kind of framework for the task of overseeing contact has also been noted as an issue for supervisors (Kiely, O' Sullivan and Tobin, 2019) where 'much of it has to be guessed' (Triseliotis, 2010).

A dilemma regarding supervised contact is what role the supervisor should take and to what extent they should intervene (Hindle and Easton, 1999; Forsberg and Pösö, 2008; Sen, 2010). It has been found that contact supervisors often struggle to interpret their role and the task they should be undertaking during contact sessions (Easton, 1997). From descriptions of contact from parents, Monck and colleagues (2003), found that the approach supervisors took varied between one that was passive and observational vs. others who were more actively involved in the sessions. The study highlighted how supervision of contact in EP, specifically concurrency, required a dual role which was 'broader than simply providing supervision during contact but includes encouraging positive parenting as well as contributing to the assessment process.' (p.190).

As noted in the previous section, intervention models which involve supervisors being more pro-active in terms of support being offered during contact itself have been found to be successful in terms of how parents experience contact, but many of these interventions rely on the supervisor taking a pro-active role during and/or before and after contact. Focusing on short-term traditional foster placements, Sen (2010) identified three categories related to the role of the supervisor – 'non-participant observer', 'participant observer' and 'active educative participant' (p. 428). These were derived from interviews with 19 social work professionals. Non-participant observers took a step back and were there to ensure that the child was safe and to observe interactions between the parent and child. Where a child or parent sought interaction with the supervisor, this led to them taking a minimal role as participant observer. Respondents that described the supervisor taking a more active role to support the parent with interacting the child as an 'active educative participant' were in the minority. This suggests that many see the role of the supervisor as simply to observe and assess, as opposed to help and support. A limitation to this study is that not all social workers appeared to have direct experience of contact supervision, and therefore may not accurately represent the supervisor role and approach.

Where studies have included practitioners with direct involvement of supervising contact, a similarly mixed picture is seen, however. Focusing on supervised contact with fathers in Ireland, Kiely and colleagues' (2019) study included focus groups with seven practitioners, six of whom had direct experience of supervising contact. Ambiguity regarding approach was also a facet of this study. Supervisors reported taking guidance from social workers regarding their role, which could be to purely observe and ensure the child's physical safety or offer more support and guidance. External stakeholders who were also interviewed in the study including a child protection social worker and court Guardian placed a greater emphasis on supervisors taking a more supportive approach to help and mentor parents. This indicates that there may be disagreement between different practitioners and stakeholders as to the understanding and expectations of the supervisor's role.

In EP, specifically in concurrent planning, there may be clearer aims and objectives in terms of the support that is on offer to parents during contact. In Monck and colleagues' (2003) evaluation of concurrency projects, supervisors were reported to provide support and advice to parents, not just observe and assess, stating that 'many birth parents gained considerable support from the concurrency teams and felt that they were supported in ways that had not happened to them before' (p.190). These differing practices and expectations highlight the need for clarity and guidance about the role and task of the supervisor.

In research on agency-supported face-to-face post-adoption contact, Neil et al. (2011) used a longitudinal mixed methods design which included interviews with 55 adoptive parents and 39 birth relatives. The authors identified four categories of support in relation to how contact was approached by practitioners – 'administrated', 'facilitated', 'supervised and facilitated' and 'supervised' (p. 251). The first two involve supporting with practical arrangements and some preparation, but no provision of a support worker present during contact sessions. 'Supervised' is primarily an observational approach with no direct preparation. With 'supervised and facilitated', the worker was supporting relationships (e.g. between adopters and parents and/or between the child and parents), as well as offering emotional support during and outside of the meetings. This approach was found to be valued and appreciated by birth relatives and adoptive parents, helping contact to run more smoothly. It is important to note here that the aims and objectives in adoption will vary from EP, and in post-adoption contact adoptive parents are usually present which can support the child's experience of it. The authors noted that the 'supervised and facilitated' approach was primarily about relationship-building skills and communication on the part of the worker.

Research has found that the experience and training that contact supervisors have can vary (Kiely et al., 2019), but is something that is crucial to the role. On discussing how to approach problematic contact to promote the child's welfare, Slade (2002) noted that it is helpful to have workers who are trained specifically for the supervision task and cited Coram's definition of supervised contact which includes how supervisors must be 'experienced and confident enough to intervene immediately and firmly if anything of concern arises' (p.41). This is noted to be more likely related to emotional abuse than a physical risk, as MacDonald (2021) also suggests in her argument that contact is almost always physically safe, but it also needs to feel emotionally safe, especially for the child, and supervisors need training in trauma-awareness. Practice guidance also suggests that supervisors require an in-depth knowledge and understanding of child development (Slade, 2002).

There are some studies which have evaluated the success of training for contact supervisors and considered the impact on practice. One such study was undertaken in Canada by Joly and colleagues (2022), who undertook interviews with 20 social workers

who completed training designed to equip them to supervise contact. The training addressed five competencies, which covered analysing the need for supervision, drafting a plan, planning a session, leading a session ('in a caring manner') and reviewing the plan. Practitioners reported that the training gave a clearer frame of reference for contact and helped them to better define their role in terms of whether to observe or support, with an acknowledgement of the key role that supervisors play in parent-child interactions. It was also reported that the training highlighted the helpfulness of completing planning and feedback sessions with parents. This research provides some evidence towards the helpfulness of specific training for contact supervisors, though as a small-scale qualitative study where interviews were undertaken up to two years following completion of the training, there are limitations in being able to generalise further.

#### **5.4.1 The task of observation in an intimate space**

The contact space, with its intimate interactions between children and parents, is a space which professionals outside of the child protection system are not privy to. Bonding between young babies and their parents or caregivers usually occurs in private, but the only time that parents whose children have been removed from their care have to interact with their children is in a closely monitored situation. For the practitioner present in the room, it can be an awkward place to be and briefly exploring how practitioners experience the space, and the task of observation, provides some context and understanding to the challenges of the supervisor role.

From his research on child protection visits, Ferguson (2016) writes about how uncomfortable it can be for social workers to be present in the privacy of the home environment of parents and children due to confusion about their role and the rights of parents regarding respect for family and private life (Article 8, Human Rights Act 1998). Ferguson also suggests that avoidance of imposition on personal spaces may be due to interactions being too difficult. A sense of being intrusive has been identified as a key emotional experience that social workers encounter in these situations, which could cause feelings of discomfort, awkwardness and anxiety (Cook, 2020). These feelings and interactions may involve a certain amount of 'emotional labour' on the part of the practitioner i.e. the outward management of one's own internal feelings (Hochschild, 1983; Moesby-Jensen and Nielsen, 2015). While these studies do not discuss the contact space specifically, they do highlight that working closely with families can engender powerful feelings which may lead practitioners to take a step backwards as a way of managing them.

As noted, part of the supervisor role, regardless of approach, will be to observe the interactions between the child and parents either primarily with a focus on safety or, more likely, with a view to contributing to an assessment. Observation skills are often an aspect of practice that are taught on social work courses. However, with the supervision of contact between children and parents frequently delegated to lesser experienced staff members,

for example family support workers or student social workers (Kiely et al., 2019), it is unlikely that contact supervisors will have had any specific training on infant observation despite it being a key task of the role (Shulman, 2019). This lack of training can lead to practitioners feeling confused about what they have observed (Hindle and Easton, 1999) whereby professional interpretations of observation may diverge without a common framework (Kiely et al., 2019).

Hindle and Easton (1999) emphasised the importance of observational skills for contact supervisors in order to maintain a clearer focus on the supervisory task and to deepen understanding of what is being observed. Further to this, Shulman (2019) discussed the application of the Tavistock model of infant observation (Bick, 1964) to supervised contact, reflecting on the impact of running two 10-week infant observation training groups for social workers who were tasked with supervising contact between infants and their parents. The paper discussed the usefulness of this technique in ensuring a focus was retained on the infant. Shulman identified how the emotional content of observed behaviours and interactions are often not considered or reported which risks that key information being missed that can provide clues to how infants experience contact, and their relationship with their parents. While not a research study, Shulman's reflections highlight that a specific observation technique can be helpful for practitioners in providing a clearer framework for observation.

As Shulman (2019) identified, there is a risk that where infants are not observed closely, interpretations of their experience will be lost. This may be due to perception of the role and purpose of contact, for example a misconception that assessing parenting capacity involves primary focus on parents' behaviour rather than that of the infant. Tuning in to the state of the infant can be emotionally demanding for practitioners as it requires an ability to 'tolerate pain and conflict' which, in turn, requires access to quality supervision to manage these feelings (Neil, 2007, p.23). Within the intimacy of the contact space, practitioners may potentially be faced with the distress of children as well as parents. The observation of young infants may involve becoming close to what Rustin (1988) called 'primitive anxieties', which can lead to intense feelings and subsequent ambivalence on the part of the observer (Diem-Wille, 2024). Close observation of infants may be avoided due to the pain it causes the observer to attune to the infant's state of mind (Rustin, 1988), a point also highlighted in contact supervision guidance (Slade, 2002), which states that focusing on the parents can be a defence against 'the painful and distressing realities of children's experiences' (p. 41). Shulman (2019) also points out the presence of a painful dimension in connecting with an infant's anxiety which 'shakes the professional's sense of competence and effectiveness' (p. 5). This highlights the depth of feeling that contact workers are exposed to, and the intimate interactions they are engaged in during contact sessions.



#### **5.4.2 Consistency in supervisor**

A concluding point in relation to the role of the supervisor relates to issues of consistency and continuity. The overarching message in relation to contact arrangements is that consistency of supervisor is important (Monck et al., 2003; Dibben and Howorth, 2017; McAllister et al., 2023). This can be particularly problematic for parents if frequent changes in contact supervisor leads to communication breakdown (Kiely, O' Sullivan and Tobin, 2019). There is a gap in research related to how supervision is approached in this regard, and the impact it has on parents, carers and infants.

### **5.5 Summary**

This chapter highlights the complexities and ambiguity surrounding the planning and management of contact. It has identified gaps in research relating to how practitioners approach contact in EP, and emphasises the variability and underdevelopment of practices related to contact, where the purpose of contact may be multi-faceted and at times, problematically undefined. The existing literature primarily focuses on social workers, who often do not supervise contact frequently, leaving a significant gap in understanding the experiences and approaches of contact supervisors. While some research suggests that supportive interventions focused on contact can improve outcomes, implementation of these are variable, and no specific interventions have been developed or evaluated for infant contact in EP settings.

Reflecting on previous chapters, the literature review overall highlights the need for more focused research on the emotional challenges faced by those involved in the process. It points out the unique developmental needs of infants, which differ from older children, and the need for more research on the experiences of parents during contact. Parents often experience contact as emotionally taxing, marked by grief, loss, and stress, which can affect their engagement. There is a significant gap in studies that incorporate parents' perspectives, particularly in the context of EP.

Additionally, the review highlights the emotional challenges faced by EP carers, who experience anxiety and uncertainty due to their dual role as foster carers and prospective adopters. These emotional complexities, especially regarding the presence of birth parents during contact, can affect carers' sense of identity and their ability to manage the contact process. The literature reveals that research on EP contact is sparse, and the need for a more comprehensive understanding of the unique experiences of infants, parents, carers, and practitioners in EP is evident. The current study aims to address these gaps by exploring the diverse challenges faced by those involved in contact in EP, ultimately informing future research and practice in this area.

## **6 Methods**

### **6.1 Introduction**

This chapter describes the methodology used in this study. Section 6.2 outlines the background to the research, including how the research questions were shaped by two key factors – my professional background, which heavily influenced the choice of topic, and a review of the literature. The second section describes how an interpretive, constructionist approach was taken and explores how being a practice-experienced researcher contributed to the chosen methodology. The third section describes how participants were recruited and how interviews and focus groups were undertaken. Penultimately, the chapter details the multiple ethical considerations before and during data collection. The final section describes how the data were analysed, using Reflexive Thematic Analysis (Braun and Clarke, 2022).

### **6.2 Background**

#### **6.2.1 Professional experience**

My professional social work background heavily influenced the decision to undertake a PhD on EP. After qualifying as a social worker in 2011, I initially worked in a safeguarding team before moving to a local authority adoption team in 2013. It was in this team that I was introduced to the notion of EP. I undertook assessments of prospective adopters who were interested in EP and subsequently was asked to take a joint lead role in expanding this placement type. It was here I found a passion for this area of work and built a foundation of knowledge on the subject. My role included tracking all children (pre and post birth) who might be considered suitable for EP placements, chairing planning meetings to discuss individual children's plans and making links between children and prospective EP carers. Within this role, I observed the benefits to infants' attachment relationships from early placement and fewer moves between caregivers.

What I also learned, however, was that this route to adoption came with challenges. I had a good understanding of carers' experiences of contact from my own practice and went on to attempt to answer some initial questions related to carers in a small-scale MA research project (Copson, 2018). The focus was on carers' relationships with birth parents; I interviewed seven carers to find out how these relationships developed and what the benefits and challenges were for EP carers meeting with parents on a regular basis. I noticed that supervised contact seemed to be constructed differently by different people, with a different focus and meaning between individuals. Supervised contact was not only the main setting where parents and carers were meeting regularly, but it was a process that carers discussed frequently. The study found that carers valued the opportunity to get to know birth parents 'in real life', but having to navigate these often tumultuous relationships formed part of the 'emotional rollercoaster' that carers experienced across the EP period. What was missing from this study was a focus on the other key parties – parents, infants and practitioners. Upon leaving the adoption team in 2018, I was acutely aware that to

support these types of placements successfully, we needed to know more about the experience of contact for all involved.

Further to my professional experience, the literature review for the current study identified a significant gap in research in relation to EP and infant contact, and our understanding of how people experience this process. The literature review also highlighted there were limited examples of studies which sought to gather the perspectives of the people who are primarily involved in contact in EP placements. Where studies had focused on one or two of the above groups, this was usually within the context of traditional fostering placements or adoption. It is not known how these parties experience and manage contact during the period of EP and this determined the research questions for the present study.

### **6.2.2 Research Questions**

The study aims to answer the following questions:

- How is contact experienced and understood by parents and EP carers?
- How do infants respond to contact?
- How do practitioners plan, manage and view contact?
- How can practitioners address some of the challenges related to contact and support all involved appropriately?

These questions will generate a deeper understanding of the infant contact process in EP, with a view to developing theory regarding the experience of contact for all involved. Answering these questions serves multiple purposes – to better understand the child's experience of contact and how to make this more comfortable, to support and guide practitioners who work with those who experience EP, to give voice to parents who are often overlooked in social work research, and to help those prospective adopters who are considering EP to gain a better understanding of how it might feel and what might be involved.

### **6.2.3 Theoretical framework and researcher positioning**

In order to aid study design and make sense of the data, it is important to consider the belief and value systems, i.e. the research paradigm, that underpin the lens through which reality and knowledge are understood i.e. ontology and epistemology. Ontology concerns what exists and the fundamental nature of reality, including the relationship between the world and human interactions. Epistemology refers to how we come to know what we know and is concerned with the creation of knowledge. As Braun and Clarke (2022) describe, 'ontology is about what it is that we think we can know, and epistemology is about how we think we can know it' (p.166).

There are two broad paradigms in social sciences – positivism and interpretivism. Positivist research assumes a single reality that can be known and exists separately to any research process (Tracy, 2020; Braun and Clarke, 2022) and is a paradigm commonly adopted in quantitative research. Interpretivism, on the other hand, suggests that there is not just one reality or knowledge, but multiple knowledges which truth is constructed through (Braun and Clarke, 2013). This knowledge is subjective, dependent upon individual realities and social life where subjective meanings can only be understood through a process of *Verstehen* (understanding). *Verstehen* is a term that was introduced by the philosopher Wilhelm Dilthey and applied to the social sciences by Max Weber (see Sarantakos (2013) and Tracy (2020)). Interpretivism, therefore, provides an overarching theoretical framework for this study which ‘seeks to explore and “unpack” meanings and why those meanings matter’ (Braun and Clarke, 2022, p. 289) through a process of ‘empathic understanding’ (Tracy, 2020, p.51).

Aligning with the interpretivist paradigm, a constructionist approach has been taken in this study<sup>3</sup>. Constructionism can be defined as:

The view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context. (Crotty, 1998, p.42)

Applying this to the topic of contact in EP, these processes are understood differently by different people and do not have meaning until ‘a mind engages them’ (Sarantakos, 2013 p.38). *Social* constructionism highlights how individuals come to understand the world through social relationships (Berger and Luckmann, 1991; Burr, 2003) and is particularly valuable in research into social phenomena. For example, the concept of ‘family’ can be observed and constructed differently by different individuals. One person may describe a group of people as a family even if they do not live together or are not biologically related, another may not (specific examples are highlighted by Holstein and Gubriem (1994)). The reality and meaning of contact in EP, therefore, stems from people’s interactions with their environment, legal processes, specific experiences and relationships they encounter along the way. Existing research and my own professional experience highlight that contact is understood and experienced differently between individuals and groups, rather than it being one objective thing that can be understood in isolation. The constructionist approach, therefore, aligns with the aim of this research which is to capture the different ways in which contact is experienced, constructed and understood by different groups within the context

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<sup>3</sup> It is acknowledged that some authors would consider constructionism to be an ontology, some an epistemology and some suggest it falls under both theories of reality and knowledge. It is clear where boundaries are blurred where definitions encompass both the nature of reality and creation of knowledge, as in the following definition. In this section, constructionism is described as both an ontological and epistemological position under an interpretivist paradigm.

of the relationships between individuals and the social processes in which contact is taking place.

Taking an interpretivist, constructionist approach lends itself to qualitative methodologies which, unlike quantitative, aim to capture the experiences and perspectives of certain phenomena. Focusing specifically on contact, Harris and Lindsey (2002, p. 149) noted that constructions on the meaning of contact will be 'influenced by...multi-layered contexts in which they participate, personally and professionally' (Harris and Lindsey, 2002, p. 149). While the aforementioned study focused only on professionals' understanding, this current study extends knowledge by including the experiences and understanding of all key people in the adoption quadrangle – the child, carers, parents and practitioners (Palacios, 2009), to create an overall, deeper and more cohesive understanding of contact in EP.

## **6.3 Study Design**

### **6.3.1 Choice of Methods**

When considering which approach to choose, it was important to look at both qualitative and quantitative methods, with strengths and limitations of both. A quantitative method was ruled out early on, as some of the central criteria of the methodology did not align with the interpretivist, constructionist approach e.g. objectivity, distance between the researcher and participants and strict design (Sarantakos, 2013). Furthermore, while a quantitative methodology would have allowed for a larger amount of data to be collected, it would not have produced the same level of depth and ability to generate theory as a qualitative approach. A qualitative methodology was congruent with a key aim of the study - to give participants the opportunity to talk about their experiences in more detail with a researcher who was understanding, empathic and sensitive to the nature of the topic.

A qualitative approach also aligned with the interpretive, constructionist positioning outlined above. The research questions required a method which could capture how participants constructed the meaning and experience of contact. Alongside this, interviews allowed for greater insight and understanding into the lived experiences of participants (Krauss, 2015). A qualitative methodology provided the opportunity to consider the contact process from multiple perspectives, in what Patton (1999) termed 'triangulation of sources' (p. 1193) leading to the production of a valid and verified wider picture on contact in EP.

A mixed methods approach was ruled out as while it would have allowed for further triangulation of data, the aim of the study was to delve deep into the experiences and understanding of contact in EP for all those involved. The multi-perspective approach was key to the study, and it was felt the combined use of both quantitative and qualitative approaches may have diluted the data and subsequent findings. A qualitative approach alone was able to comprehensively answer the research questions as well as encompass different perspectives.

Regarding analysis, an approach was required that allowed for the handling of a large amount of different data sources and could be used in a flexible way. I therefore adopted Reflexive Thematic Analysis (RTA), developed by Braun and Clarke (2006, 2019) which has been defined as ‘an easily accessible and theoretically flexible interpretative approach to qualitative data analysis that facilitates the identification and analysis of patterns or themes in a given data set’ (Byrne, 2022, p.1392). It is one of the most common methods for interpreting qualitative data (Silverman, 2024) due to its accessibility and flexibility. RTA also permitted taking an inductive as well as deductive approach which allowed data analysis to be informed by existing theory and research covered in the literature review, as well as generating new insights into EP. Existing research was used to develop the research questions and to help manage data analysis. Furthermore, RTA acknowledges and incorporates the significance of researcher positioning and subjectivity within the research, which was an important consideration, particularly as a practitioner with experience in the field I was studying (see section 6.5.2 for further discussion).

Prior to deciding on the use of RTA, Grounded Theory (Glaser and Strauss, 1967; Charmaz, 2014) and Interpretive Phenomenological Analysis (Smith et al., 2022) were considered. Grounded theory was ruled out as it did not fit with the aim of the study, which was not to develop an overall theory of contact in EP, but to take a wider view of how participants’ construct their experiences, with the option of some level of comparison across participant groups. A criticism of Grounded Theory is that its approach to coding omits wider context, which was important to consider for this topic (Coffey and Atkinson, 1996). Interpretive Phenomenological Analysis (IPA) ‘is concerned with understanding personal lived experience and thus exploring personal relatedness to, or involvement in, a particular event or process’ (Smith et al., 2022 p.35). While the focus in IPA on lived experience is helpful, it did not allow systems involved in EP to be captured so readily compared to RTA. Given these are key to a constructionist approach, IPA was ruled out.

The overall study design consisted of semi-structured interviews with carers and parents, and focus groups with most practitioners.

### **6.3.2 Rationale for interviews**

The aim of qualitative interviewing is to ‘gain insights into participants’ subjective experiences, feelings and world views, and to build up a picture of how they construct, narrate and make meaning of their lives’ (Neale, 2021, p.171). A significant benefit of interviews is the ‘thick description’ they can elicit (Geertz, 1973), essential for qualitative research and important to be able to delve into deeper meaning through an interpretivist, constructionist lens. In this study, interviews were most appropriate due to the discussion of highly sensitive and emotive topics across diverse populations (Schulman-Green, McCorkle and Bradley, 2010; Dempsey et al., 2016), so were suitable for all participant groups. Interviews also allowed for the utilisation of the social relationship between the

researcher and participant (Seidman, 2019) with rapport being built through ‘affiliation and empathy’ (Prior, 2018, p.489). An appropriate balance of rapport, however, was ensured, taking into consideration that both under-rapport and over-rapport can create ethical tensions (Schmid, Garrels and Skåland, 2024). It was here, therefore, that I drew upon my relationship building skills from my social work practice, while positioning myself clearly as a researcher when conducting interviews.

A longitudinal approach was taken to most carer interviews whereby two interviews with the same carer were undertaken at two time points. The first interview was conducted towards the beginning of care proceedings (i.e. when the infant had been relatively recently placed under EP/fostering regulations). A subsequent interview was then undertaken following the final court hearing, where all carers aside from one (where the child had moved back to birth family) knew that the child would be remaining with them. Timescales between first and second interviews ranged from five months to 18 months. Qualitative Longitudinal Research usually involves following groups intensively over a period of time (Neale, 2021) but there is not a set defined length of study and the expectation of change within a certain period is more significant than time period (Cameron et al., 2019). In the current study, a less intense form of follow-up was taken with just one follow-up interview. This still enabled the key ‘turning point’ (Neale, 2021) of clarity about the child’s care plan to be included, but avoided having to manage large amounts of data from carers, which may have precluded capturing the perspectives of other relevant parties.

There were three exceptions to the above method. One carer was interviewed who had already been fostering the child for 14 months (placed as a newborn), recruited due to initial (unwarranted) concern that recruitment of carers who had just started the EP process may be difficult. Two interviews were still undertaken but there was only a short (2.5 month) gap between them. Two other carers were interviewed retrospectively, one where the final court hearing was due within a week of making initial contact with her (so it was decided to wait until after this date to schedule a single interview) and one where the partner of the child who had returned to birth family was also offered a retrospective interview. The rationale for the latter was based on giving the carer a voice in a situation which is under-researched – reunification following an EP placement.

All parents were interviewed retrospectively due to challenges with recruiting parents at an earlier stage in the EP process. For two parents (a couple), the interview was undertaken the day before the final court hearing (this date being unbeknownst to me at the time) and others were interviewed between two and five years after their child had been placed for adoption with the previous EP carers.

### **6.3.3 Rationale for focus groups**

Focus groups were employed as a method to gather data from practitioners for two reasons – several perspectives were able to be gathered within one session, but moreover, focus groups allowed for analysis of how participants constructed the meaning of contact in EP both as individuals but also as a group (Sarantakos, 2013). Furthermore, in practice-based settings, focus groups can draw out dynamics associated with the work itself, as well as practice culture (Claverling and McLaughlin, 2007), both of interest to the research questions in this study.

### **6.3.4 Online methods: amendment due to COVID-19**

Originally for this research, a case study method was proposed whereby five families would be followed from the start of an EP placement through to the end of care proceedings, incorporating interviews with the primary carer, parents and key practitioners, as well as observations of contact sessions. These observations became impossible due to COVID restrictions and data collection could not commence. In consultation with my supervisory team, it was agreed to adjust my approach to utilise online methods without the use of case studies and observation, instead capturing the views and experiences of each participant group through interviews and focus groups with unconnected individuals. Towards the end of data collection, some interviews took place in person, but the majority took place online.

Online methods allowed the recruitment of participants from across the UK far more easily than in person, and this method was more convenient for some participants. This opened the pool of participants available to me (I interviewed one mother who lived in Northern Ireland, for example, and LA practitioners from across England) and I was also able to explore different practices across different agencies and areas. Some of the cited challenges of online interviewing did not particularly present themselves in this study (Flick, 2022) – I felt able to build a rapport with participants (which was aided by having initial conversations outside of the formal interview space), there was a steady flow of discussion and privacy was maintained. On the couple of occasions where a family member walked into the room where the participant was sitting, usually to take over the care of the infant, this was obvious. I paused my questioning until they had left and the participant indicated we could continue. For this study, online interview methods were an overall success.

### **6.3.5 Sample and Criteria**

There are several stakeholders involved in the contact process such as Independent Reviewing Officers, children's Guardians, and legal professionals. A decision was made, however, to focus on those individuals who had the most day-to-day involvement in contact sessions, particularly those who attended them i.e. parents, carers and the infant who form the 'adoption triangle' (Sorosky, Baran and Pannor, 1979). Children were too young to be included directly but I hoped to hear others' thoughts about the infants' experiences and responses to contact. The practitioner view was also believed to be important as they made



up the 'adoption quadrangle' (Palacios, 2009), which added adoption practitioners to the original adoption triangle as a fourth point of reference. Practitioner criteria were widened from just adoption social workers to also include contact supervisors and children's social workers due to their facilitation of the contact process. The practitioner perspective was also key when considering how to answer some of the research questions, as well as offering an opportunity to triangulate other data related to the experience of the infant. The sample of practitioners were split into three groups – contact supervisors/managers, children's social workers and adoption social workers<sup>4</sup>. The table below outlines the sample of participants as well as relevant inclusion criteria.

<b>Participant group</b>	<b>Parents</b>	<b>Carers</b>	<b>Practitioners</b>
<b>Inclusion criteria</b>	Mothers and fathers based in the UK <sup>5</sup> who either had a child currently placed with EP carers, or who had a child adopted via EP within the past five years (child aged of 12 months or younger at time of placement).	EP carers for a child aged 12 months or under (at the time of the first interview). Primary caregivers who were facilitating contact for the child.	Practitioners who had been involved in at least two EP placements for infants in their respective roles. <sup>6</sup>
<b>Number of participants</b>	n=6	n=9	n=23
<b>Gender</b>	Male n=1 Female n=5	Male n=1 Female n=8	Male n=3 Female n=20

Figure 3: Participant sample and inclusion criteria

The relationship status of parents and carers was not asked. For parents, one couple both took part and were interviewed together. All other parents were interviewed on their own. Carers were asked to describe their family set up at the beginning of interviews. All carers were in a relationship (one same-sex). All but one carer was the person who transported the child to/from contact.

### Practitioner sample

The table below provides further details of the practitioner sample.

<sup>4</sup> See glossary of terms for detailed information on specific roles.

<sup>5</sup> Recruitment was initially only focused on England, however one mother from Northern Ireland who was provided with information about the study via a support organisation wished to take part. While the legal aspects of EP may be slightly different in NI, it was not felt that this would impact on her reflections specifically around contact as this process is similar in England and NI.

Participant group	Number of participants	Agency type
<b>Contact supervisors</b>	n=10 (6 contact supervisors, 4 contact centre managers)	LA n=6 VAA n=4
<b>Children's social workers</b>	n=4	All LA
<b>Adoption social workers</b>	n=9	LA n=2 VAA n=7

Figure 4: Practitioner sample

For all participant groups, there was a focus on their experience of EP with a child or children aged 12 months or under due to the dearth of literature on infant contact, with it being widely accepted that the early stages of infant development and attachment security are key to future development (as highlighted in Chapter Two). This criterion also reflected how EP is primarily used for young children under two in England.

The sample was purposeful i.e. a meaningful sample of parents, carers and practitioners that fitted the goal of the research and the research questions (Tracy, 2020, p. 102). There was also an element of sampling being opportunistic, whereby leads on other potential participants were followed up after data collection commenced. The aim was to not recruit participants that were linked to the same case, but the use of practitioners as gatekeepers resulted in some being linked to parents/carers that were subsequently recruited.

### 6.3.6 Ethical Approval

All ethical clearances and amendments were granted by the University of East Anglia ethics committee between 27/5/20 and 22/2/22 (see Appendices A and B). Careful consideration was given to being sensitive to the emotional position that carers and parents were in when going through, or having gone through, the EP/adoption process. Each LA/VAA had their own research governance procedures which were also followed (as per the Health Research Authority (2017) framework). The ethical dilemmas for this study are further discussed in section 6.4.

### 6.3.7 Access and recruitment

Access to participants was gained primarily via two local authorities (LAs) and two voluntary adoption agencies (VAAs). The aim of recruiting participants from different agencies was not to make direct comparisons but to gather a range of different experiences and perspectives.

**Local Authority 1 (LA1)** – a large local authority in the East of England covering both rural and urban areas. As links were already established with this local authority through previous employment (the implications of which are discussed further in section 6.5.2 of this chapter), a pragmatic approach was taken to approach this LA to commence data collection as soon as possible. Recruitment was facilitated through existing professional contacts.

**Local Authority 2 (LA2)** – a large local authority in the North of England also covering both rural and urban localities. The manager of the adoption responded to an expression of interest request via a national EP network in February 2020. At this point, their interest was politely declined as data collection was to be in person and the LA was a significant distance away. However, after revising methods the LA was re-approached in January 2021 and was still keen to take part via online methods. Access was via three managers in the adoption service.

**Voluntary Adoption Agency 1 (VAA1)** - a specialist concurrency project, run jointly across the VAA and Independent Fostering Agency. The two managers of the concurrency project were spoken to following attendance at a webinar on EP and asked if they would be interested in taking part in the research.

**Voluntary Adoption Agency 2 (VAA2)** - a VAA which runs an EP service. Links had already been made with this service in the first year of the PhD and they were re-approached in May 2021 to recruit practitioners.

Two other agencies were involved in the recruitment of two parents, both of which offered independent support services for parents whose children had been adopted. One agency shared details of the study in their parent newsletter, and the other shared details with their practitioners, who disseminated information to parents who met the inclusion criteria.

### **Recruitment of carers**

Following research governance approval, the manager of each adoption team was approached who then disseminated information about the study to all adoption social workers. If they had any carers who met the inclusion criteria, they then approached those carers. The social worker passed on verbal and/or written information and gained the carers' consent for me to contact them directly via phone/e-mail. Carers were offered a £10 Amazon voucher following each interview as a token of thanks for their time (£20 for retrospective interviews).

### **Recruitment of parents**

Parents were approached either via practitioners from the above LA's and VAA's who had an established relationship with the parent, or through a support worker from an independent agency who provided an initial recruitment flyer (Appendix C). Parents were offered a £20 Amazon voucher as a token of thanks for their time.

An attempt was originally made to recruit parents in a similar manner to carers, i.e. those who were going through the EP process at the time. This proved challenging as gatekeepers restricted access to some parents due to concern for their emotional wellbeing, or because practitioners did not feel they were suitable candidates to be interviewed. It was important

that, as van den Hoonaard (2018) has cautioned, this did not lead to participants getting overlooked. A decision was therefore made to expand the inclusion criteria to include parents who had previously had a child adopted via EP and undertake retrospective interviews instead, as well as to attempt to recruit parents via social media (Appendix F) (the latter of which did not, unfortunately, yield any further participants).

### **Recruitment of practitioners**

All practitioners were recruited via team managers, through the dissemination of written information about the study (Appendix N). Where I was provided with contact details from managers, I e-mailed individual workers directly.

Children's social workers were the most challenging practitioner group to recruit, likely due to their high caseloads and busy work schedules. Despite low numbers, interviews provided rich data on the perspectives of this group.

#### **6.3.8 Data collection**

Data collection took place over the course of 18 months from March 2021 to September 2022. This was longer than expected due to care proceedings being protracted in two cases (and having to wait until proceedings had finished to undertake second carer interviews). In total, 29 interviews and four focus groups were conducted, amounting to 35.6 hours of data (16 carer interviews, five parent interviews, eight practitioner interviews and four practitioner focus groups).

##### **6.3.8.1 Interviews**

Most carers were interviewed online, aside from one couple (interviewed in-person separately at the second time point). All parent interviews were in person aside from one which was undertaken online at the parent's request. Parents were given the option to be interviewed together (if a couple) if they wished, as some practitioners indicated they may feel more comfortable with this.

Online interviews were conducted via Microsoft Teams and were recorded using the inbuilt Teams recording function. In-person interviews were recorded using a Dictaphone and backed up with a second device (a password protected phone). There was one incident during a parent interview where the interview was not recorded due to a technical malfunction. I realised this as the interview ended so therefore sat in my car and wrote up the interview from memory. In a follow up phone call to the parent, I was also able to gather some short quotes to add to my own records so was still able to include her data in the analysis and findings.

All interviews commenced with an explanation of the topic of the study, a brief outline of what would be covered and confirmation of consent. A clear explanation was given to participants that they did not have to answer any questions they felt uncomfortable with. I

also explained that at any time they could ask to stop the interview or take a break. Interview schedules (Appendices G, K, L) were followed to ensure similar topics were covered across all interviews. There was room for flexibility within these, however, and questions were asked in a responsive manner to participants' answers. The interview schedule was amended slightly after the first two interviews with carers to try and capture how carers experienced parenting as an EP carer, as it was identified that both carers spoke about their identity as an EP carer. For example, additional questions asked in future interviews were 'how has this process affected you as a parent?' and 'how has this process shaped your family?'.

#### 6.3.8.2 Focus groups

Adoption social workers took part in two focus groups (one with three social workers from different agencies and one with six social workers from the same agency). A third focus group was undertaken with three contact supervisors and a fourth was held with three contact managers.

Like in many social research fields, participants in these focus groups shared a 'common identity' (Stewart, Shamdasani and Rook, 2007) as practitioners in the same field with experience of EP. Homogeneity was ensured in focus groups with contact staff by having separate groups for supervisors and those in managerial roles, to provide 'participants a relatively safe environment in which to share their experiences' (Barbour, 2005, p.743) with others who were on a similar professional footing. As moderator, I aimed to establish cohesiveness early on by drawing out commonalities in participants' practice experience, in order to create lively discussion (Stewart, Shamdasani and Rook, 2007). This led to rich discussion where participants were able to align experience, concepts, and theory, as well as identify differences in practice.

The questions asked of practitioners included what their professional background was, their prior experience of EP, what they thought the purpose of contact was for babies and older children in EP, their approach to planning, managing and supervising contact in EP and their reflections on the experiences of parents, carers and infants (see Appendices P and Q for focus group schedules). All focus groups were conducted online via Microsoft Teams and recorded using the Teams recording function. Each lasted for 90 minutes.

Where practitioners were unable to attend a focus group, they were offered an online interview instead, conducted in a similar manner to those for parents/carers, with an interview schedule based on that of the focus group schedule. Individual interviews took place with four children's social worker, one contact manager and three contact supervisors.

## **6.4 Ethical Considerations**

### **6.4.1 A note on vulnerability**

Researching vulnerable participants is a frequently discussed topic, however it was important to consider what being vulnerable really meant and whether labelling potential participants as vulnerable would cause barriers to recruitment and could lead to poor quality research (Roberts and Indermaur, 2003).

The concept of ‘vulnerability’ was considered for all participant groups but particularly for parents – the parents in this study had all had at least one child adopted via EP, with the majority being separated from their child shortly after their birth. Parents’ life experiences and backgrounds included domestic abuse, learning/physical disability, mental health problems, childhood neglect/abuse and/or drug/alcohol misuse, all of which would be defined as a vulnerability according to ESRC principles (ESRC, 2023). Van den Hoonaard (2018), however, argued that vulnerability is an unhelpful concept that participants would not use themselves and can be used to restrict research with some groups due to the concept being seen as ‘fixed and unmoveable’ (p.312) by ethics committees. In this study, parents would be defined as vulnerable by many people. I tried as far as possible to ensure that this vulnerability did not cause a barrier to them participating in this research and sharing their views and experiences. Participants’ needs, therefore, were considered on an individual basis in relation to the following ethical principles, taking into consideration that participants who have similar backgrounds to the parents in this study (experience of domestic abuse, for example), have been shown to exercise self-efficacy and make informed decisions about research participation (Lowik, Cheyne and Lovatt, 2024).

### **6.4.2 Informed consent**

A common ethical practice in research is to gain and document informed consent from participants. This should be based upon correct and transparent information about the study to avoid deception (Sarantakos, 2013). I ensured as far as possible that participants ‘understood the purpose of the research and what their participation entail[ed], and...freely agreed to participate in it’ (Social Research Association, 2021), p.2). This included providing written and verbal information about the study, as well as consent forms tailored to each participant group (see Appendices D, E, I, J N, O). It was made clear that taking part was voluntary and that they could withdraw before or during an interview, or within a certain time point following interview.

Regarding my identity as a social worker, this was disclosed to practitioners in information sheets (as a way of emphasising my understanding of EP and contact), with proper identification being an important ethical consideration (Sarantakos, 2013) . For carers and parents, this was not disclosed upfront as my role was as a researcher and not a social worker, so highlighted my independence from any previous/ongoing care proceedings. This

dual identity highlighted the complexity of completing 'insider' research (Merton, 1972), and this is discussed further in section 6.5.2.

#### **6.4.3 Managing interviews sensitively**

It was envisaged that due to the potential emotive nature of the research topic, participants may become upset during interviews, particularly due to them being undertaken during a period of uncertainty and heightened emotion for some. Becoming upset or distressed did not equate to significant harm which prevented the research from being undertaken (Hollway and Jefferson, 2000) but it was important to ensure that appropriate steps were taken to support participants, or ensure they were supported by someone else, if they did find interviews distressing. I was also clear about how far I would be able to help with any issues that came up (Ritchie et al., 2014). Interviews were built on the brief rapport that I had previously established in the lead up to interviews through initial phone calls/e-mails. Within interviews, I took a compassionate and empathic approach, drawing on relationship building skills developed through social work practice. My previous professional experience of EP helped me to empathise with carers and parents, and supported practitioners to be able to discuss processes without having to explain details that perhaps a lay researcher may have required. With both parents and carers, I ensured to end interviews gently, by moving away from the most sensitive topics and asking a final question along the lines of 'what advice would you give to social workers working with parents/carers?'. This led to ending on a constructive note, where participants were reminded of how helpful their sharing their experiences may be to others in the future. Debrief sheets were provided (see Appendices H and M).

As well as the benefit of helping others, the benefit of talking about personal experiences was outlined in written information to parents and carers. This process, guided by a researcher who is understanding and empathetic, can lead to 'unintentional relational benefits' through a process of emotional containment (Ruch, 2014, p.529). For instance, in the case where the parents arranged the interview the day before the final hearing, they appeared to use this interview to share the thoughts that they perhaps felt they could not share with social workers or legal representatives, being able to express their anger and frustration to someone they knew would not present this in court.

#### **6.4.4 Maintaining confidentiality and keeping data safe**

Flick (2022) outlined how privacy and confidentiality need to be considered in documenting data and participants' information and when writing up the research. To maintain confidentiality, pseudonyms were used within transcriptions and writing up. Identifying information on participants was kept on a separate password protected spreadsheet. In writing up the findings, I was careful not to disclose any information which may mean a participant could be identified, for example specific circumstances, location and relationships. This was particularly crucial where participants were linked, for example two

carers (a couple) were interviewed separately and some practitioners talked about parents or carers anonymously who I was able to identify having interviewed them. When writing up, I ensured that any links that were discussed would not compromise any participant's anonymity, again by redacting specific details where possible, or by choosing not to use quotes if they were identifying.

It was made clear to participants that what they said in an interview would remain confidential unless they disclosed something which led me to believe they were in danger, or a child was in danger. For parents, I emphasised that I was not completing an assessment of them and was independent of the court process. In the case of practitioners, I advised that the only breach to any confidentiality would be if anyone disclosed any incidence of illegal practice. No issues came up which required reporting on.

Data were stored securely on password protected devices and initials/pseudonyms were used when typing up transcripts. Data management followed the GDPR and Data Protection Act 2018 and the University of East Anglia Research Data Management Policy.

#### **6.4.5 COVID-19**

A further ethical consideration at the time of data collection was the risk to health of participants (and myself) in terms of COVID-19. Data collection was initially put on hold in line with university regulations but was able to restart in March 2021. While most interviews and all focus groups were undertaken online, where interviews took place in person, risk assessments were completed and signed off by the head of school. Appropriate social distancing measures were adhered to, and these were discussed with participants prior to interviews.

### **6.5 Data Analysis**

This section provides more detail on Reflexive Thematic Analysis (RTA) as a method of analysis before outlining step by step how it was applied to the data in this study. Section 6.5.2 then provides a discussion regarding reflexivity, identifying the practices that supported the process of reflexivity and its impact on the study.

#### **6.5.1 Reflexive Thematic Analysis**

Thematic Analysis is a qualitative analytic method which can be traced back to the 1980s (Braun and Clarke (2022)). In 2006, Braun and Clarke wrote a seminal paper on the use of Thematic Analysis in psychology (Braun and Clarke, 2006) setting out six stages of analysis which were followed in the present research – 1: familiarising yourself with the data, 2: generating initial codes, 3: searching for themes, 4: reviewing themes, 5: defining and naming themes and finally 6: producing the report (Braun and Clarke, 2006, p. 87). They went on to coin the method 'Reflexive Thematic Analysis' (Braun and Clarke, 2019), after noting the method's integral component of reflexivity which includes looking at what, how and why we are doing something (Braun and Clarke, 2022). In RTA, 'procedures reflect the



values of a qualitative paradigm, centring researcher subjectivity, organic and recursive coding processes, and the importance of deep reflection on, and engagement with, data.' (Braun and Clarke, 2019, p.593)

An inductive, 'bottom up' approach was taken to data analysis initially, whereby meanings were identified from the data, but the research questions were formed from existing knowledge and theory. Deductive reasoning then came into play in the latter stages of analysis where theory identified in the literature review, particularly around parental identity formation, were drawn upon to interpret and develop specific themes and novel theory.

The following sections outline step by step how analysis was undertaken in this study where Braun and Clarke's (2006) six phases were used in the 'flexible and organic' manner in which they were meant to be (Braun and Clarke, 2022, p. 59). Each step moved on to a higher level of analysis, but all steps were fluid and used iteratively so one was not necessarily 'completed' before moving to the next.

Due to the criticism that authors using RTA are often too vague about theme identification (Bazeley, 2013), further detail will be given to how themes were identified and specific examples will be used to illustrate theme development to demonstrate rigour.

### **Stage 1 – familiarisation with the data**

The first part of this stage was transcribing all the interviews myself as a way of immersing myself in the data (Riessman, 1993). This process allowed me to readily identify areas of recurrence as I was familiar with the data. Data immersion and, subsequently, critical engagement with the data (Braun and Clarke, 2022) continued throughout the period of analysis and into the writing up period, reading and re-reading transcriptions to check and refine themes.

The second step of familiarisation was reading through all transcriptions and highlighting what I felt were salient excerpts. Salience was determined by meaningfulness and relevance to the research question, and, after reading more interviews, recurrence. The following excerpt, for example, fell into all three aspects. It contributed to answering the question 'how is contact experienced by carers', it was meaningful to the participant in terms of the impact contact had on them and the child, and it was something that was said by multiple carers.

*...even when you're not going [to contact]...you're having to put aside three days a week so you can't make solid plans... I do feel we've missed out on being able to do fun activities with him. And when it was three times a week [contact] it was knackered, we were just so tired, I didn't want to do anything on those other two days... (Lyndsey, carer, Interview 2)*

### **Stage 2 – generation of initial codes**

Case summaries were written for each interview/focus group. This allowed for initial organisation of the data where relevant topic summaries (which were identified from stage 1) were used as initial headings. These headings fell into two categories – ‘descriptive information’ and ‘subjective experience/views’. Descriptive information headings included ‘background of carer/parent’ and ‘contact arrangements’ which provided context for further analysis. As per the RTA method, data were coded for as many potential themes as possible and this commenced within case summaries before returning to the wider dataset.

Boyatzis (1998 p. 63) describes codes as ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ which, according to Braun and Clarke (2006), are of interest to the researcher. This step included identifying semantic codes, described as those that ‘capture explicitly-expressed meaning’ (many of these were verbatim) and latent codes, ‘which focus on a deeper, more implicit or conceptual level of meaning’ (Braun and Clarke, 2022, p.57). An example of a semantic, verbatim code was ‘feel like a babysitter’, which was developed into latent codes ‘motherhood stripped away’ and ‘unclear future parental role’. My professional knowledge helped me to see how these ideas were linked with wider debates around EP and existing theories of identity which led to the inclusion of a category entitled ‘parental identity’.

All parent interview transcripts were fully coded (by section, using the comment box on Microsoft Word), as were six carer interview transcripts (three first interviews and three second transcripts from the same carer). A ‘master’ participant group summary was then produced for parents and carers. These master summaries included categories such as ‘parental identity’, ‘relationships’ and ‘experience of the child’, which related to subjective experiences and views. These case summaries were helpful to quickly refer back to in the following stages.

The categories identified from initial analysis were then used to inform the subsequent analysis of practitioner interviews which involved coding data which were relevant to the research questions and fell under the above categories. Under the topic summary of ‘experience of the infant’ in the contact supervisor master case summary, initial codes included ‘distress’, ‘response shifts with age’, ‘confused by contact’ and ‘baby shuts down’ (these codes were developed as analysis progressed). This systematic process was important to ensure insight and rigour (Braun and Clarke, 2022).

### **Stage 3 – the search for/generation of themes**

Coding continued in this step. As I became more engaged and familiar with the data, I was able to identify further variation of latent as well as semantic codes (both were an important feature, as noted by Braun and Clarke (2022)). When deciding what a theme would be, the same criteria were followed as for codes - recurrence, meaningfulness and interest and relevance to research questions. In constructionist thematic analysis, recurrence is

important but does not necessarily equal meaningfulness (Braun and Clarke, 2013). Recurrence, therefore, was only considered if the theme was meaningful to the participant and relevant to the research questions. One theme identified from coding at this stage was termed 'creating a connection', which related to parents and carers' feelings towards each other. I will return to this theme in the description of stage four.

I attempted various techniques to try and make more sense of the data and identify themes, which included organising codes in tables in word documents, writing codes on post-it notes and grouping them together, brainstorming and producing basic thematic maps of analysis. There was not one particular technique which led to a 'eureka' moment of theme identification, but moreover a long iterative process of back and forth between case summaries, transcriptions, codes and possible themes.

The use of case summaries at this stage provided an opportunity to easily compare initial identified themes across different participant groups e.g. parents and carers, carers and practitioners and parents and practitioners to identify any similarities and differences and take note of which aspects of the data needed returning to. For example, I noticed that many participants spoke of the importance of contact in EP being for the child's future, with multiple codes around this, e.g. from practitioner data - 'future identity formation' and 'provides holistic understanding of parents', and from carer data - 'sharing stories' and 'for the child's future understanding'. Parents' codes, however, looked different. These were more about making memories to take with them after the loss of the child e.g. 'cherishing time together' and 'thinking about future without child'.

#### **Stage 4 – review of themes**

This stage commenced with starting to write the findings chapters, grouping quotes together and refining and naming themes in ongoing analysis whereby each theme had a 'central organising concept' (Braun and Clarke, 2022, p.35). Again, there continued to be a lot of engagement between the data and writing. Transcriptions were regularly re-read to check whether the identified themes fitted with coded data and captured the meaning of the data. The theme noted above, 'creating a connection', was developed in stage four, into 'creating a connection: developing empathy and understanding' and subsequently 'connection and disconnection: the ebbs and flows over time' with the central organising concept being a core focus on how relationships between parents and carers shifted and changed, with specific pinch points of connection and disconnection. Several subthemes were identified under this umbrella theme which are outlined as subheadings in chapter 10.

It was during this stage that I decided that data from practitioners would primarily be utilised to triangulate data from parent and carer interviews and contribute towards a rich analysis of parents' and carers' experience. This was due to codes/themes from practitioner interviews overlapping with codes/themes identified from parent and carer data, and

therefore in stage six, practitioner themes were weaved into already written sections focusing on parents' and carers' experiences.

There were, however, some specific themes identified relating primarily to some practitioner groups, for example contact supervisors and their role e.g. 'taking time for parents', 'an emotional conductor', 'being a confidante'. These were reviewed and while initially had been grouped under an overarching theme of 'relationships', it became clear that these fitted better under the category 'the purpose of contact, which incorporated the role of the contact supervisor as described by them and experienced by parents and carers. These themes were then allocated to two separate categories of supervisor role - 'observer' and 'supporter'. A further theme, 'building relationships with parents' was also identified in relation to the supervisor's role.

### **Stage 5 – definition and refining of themes**

It was at this stage that different perspectives and voices in the data were looked at in more detail, and consideration was given to how to balance and present these. The findings (Chapters Seven to 11) construct a story of the experiences of contact in EP primarily through the lens of parents and carers. The practitioner voice is brought in primarily to support these findings, except for Chapter nine which explores the practitioner data in more detail in relation to the role of the contact supervisor.

The transcriptions were all re-read multiple times, either from start to finish or returning to relevant sections. The process of writing the findings chapters helped to clarify themes and create a comprehensible story. See Appendix R for an example of how one theme, 'for the future: building a meaningful life story', evolved.

### **Stage 6 – final stages of writing up**

This final stage involved refining the findings chapters by revisiting the research questions and double checking that these chapters addressed each question. Participant quotes were chosen to bring the exploration of identified themes to life and give voice to all the participants. I ensured that quotes were used from all participants that took part, though some participants are quoted more frequently to evidence themes than others as they provided 'compelling examples' (Braun and Clarke, 2006, p.95). The use of these direct participant quotes further establishes the validity of the analysis.

Another aspect of this sixth stage was identifying if any themes were, in fact, novel theory. An iterative approach was taken to themes related to 'parental identity' which 'alternates between considering existing theories and research questions on the one hand, and emergent qualitative data on the other' (Tracy, 2020, p.11). Within initial case summaries described in stage one, 'parental identity' was quickly identified as a topic summary/potential theme from codes identified in carer interviews e.g. 'that's my baby', 'imagining the future

with the child' and 'separating parent and carer role'. From the literature review, I had already identified that within existing research on fostering and adoption that there was role ambiguity for all types of foster carers and discussed theories such as 'disenfranchised grief', 'ambiguous loss' and 'anticipatory grief' in relation to both parents and carers (refer to chapters two and three for definitions and references). In this stage, I found that none of these theories fully captured the parental identity experience for carers or parents in EP and therefore was able to identify a new theory, 'disenfranchised parenting' which is described in Chapter 12.

### **6.5.2 Developing as a Reflexive Researcher**

Reflexivity, including subjectivity of the researcher, is an integral part of the analytic process in RTA (Braun and Clarke, 2022). Iphofen and Tolich (2018) note that 'a reflexive researcher is one who is well aware of the consequences of the impact of their mere presence, as well as the consequences of how they report their research engagement' (p.540). This section will therefore consider my positioning as a researcher with practice knowledge, outlining both strengths and potential drawbacks, and will discuss how I approached any potential issues. It will also discuss the impact of becoming a mother during the course of the PhD, and describe the use of reflexive webinars.

A key consideration in relation to reflexivity was the fact that I had previous knowledge and experience on the research topic, in other words I was undertaking 'insider' research (Merton, 1972), an inevitability as a social worker undertaking practice research (Bell, 2017). Advantages to being an insider researcher include better rapport with participants and the possibility they may share more intimate information due to having an empathetic and understanding listener (Hockey, 1993). As a social worker, building relationships and rapport is an important part of the role and I brought this skillset to interviews and focus groups. This may have contributed towards a stronger analysis (Hellawell, 2006). For example, practice experience gave me an understanding of the terrain and challenges of EP, which helped me to readily identify implications for practice. Disadvantages to insider research, however, include issues with bias (Hockey, 1993), for example I became aware of my alignment with different participant groups and had to manage how I reported findings without overly focusing on issues I felt were particularly pertinent, rather than what the data illustrated, which I describe further below.

Throughout data collection, I kept a reflexive diary in which I noted down thoughts and feelings about interviews in general and feelings about participants immediately following interviews and focus groups to 'enables the researcher to continuously think about their own research practices and assumptions, by recording those thoughts in a systematic way.' (Nadin and Cassell, 2006). This process is an example of what Wilkinson (1988) referred to as 'personal reflexivity' (p. 494). I found this to be a task which I struggled to get into the habit of doing regularly, however looking back on the notes I did take, some interviews

evoked stronger feelings than others. I found interviews where practitioners and carers had limited empathy for parents difficult and I instinctually felt some negativity about the participants' views, for example following one carer interview I noted:

*'quite dismissive about parents in general, lack of empathy, "not bothered" but then will say other things that are empathic and also have done some really lovely things like memory box, cards for special occasions, photos etc. Didn't want them [parents] to feel like [carers] were stealing their baby. Helped them to feel included, pro-active in that sense.'* (Excerpt from reflexive diary, 17/9/21)

If I had just finished an interview with a carer who described their anxieties around handing a baby over at contact sessions, or talked about the distress that they believed contact caused the baby, I would find myself thinking 'what are we doing to these carers and babies?'. On the other hand, following an interview with a parent who had experienced an abusive childhood and subsequent removal of all five of her children, my feelings towards contact swayed in a different direction – was it fair what we were doing to parents and did it meet their needs?

I unpicked my varying emotional responses to interviews with my supervisor and I realised that I was aligning myself more with whichever group (parents or carers) I had most recently spoken to, with their experiences and voices being stronger and more alive. I also reflected that I had existing and relatively entrenched expectations of what an EP carer 'should do' or 'should be like' from my social work experience of assessing and support EP carers. This reflexive process reminded me that my role was not to assess the 'quality' of EP carers but to provide a space in which they could express their views and talk about their experiences. From this point on, I was more aware when I was stepping into 'social worker mode' and pro-actively kept this 'in check', while at the same time acknowledging that as a qualitative researcher, my values and experience were never going to simply disappear and remained an important part of the research process. When taking a step back, I was also able to look at each participant and interview in a more balanced way.

In October 2022, I experienced a significant life event that related closely to the challenge of alignment described above – I gave birth to my first child. Prior to giving birth, I felt I already had a lot of empathy for parents who had had their child placed with EP carers from birth, but after having my son, the feelings I had when thinking about this scenario were far stronger. I felt much closer to the pain and loss that a parent is likely to experience, and could viscerally imagine how it might feel when I thought about my son being taken from me. I mentioned this to an ex-colleague who I worked with in an adoption team and her initial response was 'but you can't imagine how parents can do some of the things they do to these babies can you?'. It surprised me that it wasn't the children who had first entered my mind, but parents. There was a risk, that I would not treat all perspectives as 'open to

investigation' if I identified too closely with participants (Hammersley and Atkinson, 2019). This positioning and shifting alignment is something I therefore continued to keep in mind when analysing data, to ensure that it was not detrimentally impacting on my analysis.

An additional process in which I ensured reflexive rigour around researcher identity and analysis was by partaking in reflexive webinars which were set up by a small group of PhD students (including myself) in 2021. These ran monthly across the academic year from April 2021 to June 2023 and provided a space for students to share any issue or dilemma arising from their PhD journey, which included sharing data as well as issues relating to researcher positioning and reflexivity. These sessions had a clear structure and timings, with a facilitator being chosen for each session in advance from the group members.

I attended these webinars on a regular basis and found the space invaluable to take a step back from the research and reflect on specific aspects of the study. For example, for one session I shared excerpts of an interview with a birth mother which I had found very powerful and emotional. In a separate seminar, I further explored my positioning as a social worker undertaking research. These webinars were integral to my development as a reflexive researcher across the period of the study.

A final key part of the reflexive process in qualitative research is identifying the strengths and limitations of the study. These are detailed at the end of the thesis in Chapter 12.

## **6.6 Introduction to the findings**

The following five chapters report the findings of this study, starting first with an overview of contact arrangements as described and experienced by participants. Chapter Eight moves on to identify how infants are perceived to respond to contact by others. Chapter Nine examines how the purpose of contact is constructed by each participant group, highlighting similarities and differences. Chapter Ten then explores how relationships between parents and carers develop and change over the course of the EP period and beyond, drawing on the longitudinal aspect of carer data. Finally, Chapter 11 situates the previous findings within the existing literature, identifying new contributions to knowledge, particularly around the context of parental identity development for both carers and parents.

Information relating to participants' quotes includes pseudonym, participant group and for carers, which interview the quote was from – '1', '2', or 'R' (Retrospective). Type of agency (LA/VAA) is also noted for adoption social workers (ASW's) and contact supervisors/managers (CS/CM), though the specific agency is not identified to protect confidentiality. All children's social workers worked in local authorities.

Mothers and fathers are referred to under the umbrella term 'parents', but it is acknowledged all but one parent was female which is a limitation (see Chapter 12).

## Findings

### 7 Contact Arrangements

This chapter sets the scene for what contact looked like for the carers and parents who were interviewed in this study, including information on the duration, frequency, venue and handover arrangements of contact (see Appendix S for further details). This chapter also includes more general information from practitioners about how they planned and managed contact.

#### 7.1 Making plans

Practitioners described how it was the child's social worker's (CSW) task to write a contact plan and put this before the court, with contact managers subsequently receiving these plans from social workers. Carers did not have any say over contact plans (which some described as frustrating as their circumstances were not taken into consideration). Practitioners reported that parents were able to put their views on contact across via their legal representative, but parents did not describe any direct involvement in the planning or arrangements themselves.

When discussing how CSW's go about planning contact for infants in EP placements, they described a focus on the individual needs of each child. They outlined how their approach to planning was the same as for any child in care i.e. the EP element did not influence their decision making.

*...[Contact is] unique to the child...We should only be looking at a low level if that's right for the child...I have had one [EP] that [the child] was only managing 30 minutes of contact but that was around what the child needed...that wasn't about the fact she was in [EP]... (CSW2)*

A contact centre manager (who previously practised as a CSW) reflected on her experience of making contact plans for children in EP placements. She noted that where all assessments had been undertaken prior to care proceedings commencing, with the purpose of contact being more focused on life story work (see Chapter Nine for further discussion on the purpose of contact), contact was relatively infrequent. It was the severity of the concerns for the child's welfare in parents' care, and the likelihood of adoption being the permanency decision that led to suggesting a relatively low level of contact as '*it was very clear*' (CM3) that parents were unlikely going to be able to safely care for their child on a permanent basis.

Safety planning was also an important aspect of contact arrangements and there were frequent mentions of risk (from parents), and how this should and could be managed. This involved identifying how to ensure the child's safety, first and foremost, but also the safety of carers and practitioners. Practitioners talked about undertaking 'risk assessments' in



relation to several facets: abduction risk, risk of violence/aggression, looking at parents' physical and emotional readiness for contact (particularly pertinent if parents were dependent on drugs and/or alcohol to check *'they're not under the influence'* (CM3)), and physical safety in terms of handling of the child. Contact supervisors noted that information on risk would be passed on via the CSW, but they would also assess the safety of any contact themselves. Where contact supervisors were able to spend some time with parents prior to contact commencing, this provided an opportunity to make assessments of the parents' emotional and physical state to check they were *'in the right frame of mind'* (CW1) to proceed with contact, offering support as needed. Practical support was also sometimes offered in terms of setting up the room.

*... we'd always make sure that we had that initial chat with them. How are you, you know, how are you feeling today?...And you very quickly get to know them and know by their body language or facial expressions if something was on their minds...* (CS1, VAA)

Contact was usually supervised by one worker (though not necessarily the same worker, see below), however on occasion contact supervisors described situations where it was felt that two workers were required to be in the room as *'safety can be an issue 'cause some [families]...are quite high risk'* (CS3, LA). One agency reported to always use two supervisors but had one in the room and one sitting outside in order to 'tag team' if one needed a break or if support was required.

The perception of risk varied according to the birth parents' situation, but also varied between agencies and individual workers. There was a sense from contact practitioners who had significant experience of managing contact in EP placements that some LAs tended to be quite risk averse when thinking about the supervision of contact sessions. The contact supervisor below worked on a concurrency project and previously facilitated and managed contact in numerous EP placements.

*...over the years we have had local authorities who've [asked us] "can you do the contact [stating] you're gonna need two people... because this is a high risk session" and what happens is...you'd find out very quickly that actually you didn't have to do that, and it's about how you approach parents...we've not really had a lot of hostility...* (CS1, VAA)

The final key aspect of planning contact was whether the same or different workers supervised each session. Contact managers advised that the aim was to always have some consistency in worker or at least *'try and make sure that every one of our supervisors...knows every family'* (CM4, LA). However, it was reported by carers and parents that this was not always their experience. One carer reported having *'probably about 10...'* different contact supervisors (Heather, 2) and another reflected on how difficult

it was for the baby when they were being cared for between separate contact sessions with each parent by a different person every week.

*...that's kind of my biggest...concern...Thomas has that 15 minutes [between contacts] and it seems like in the past two weeks it's been a different person every time and that's really frustrating for me because firstly I don't know them...Thomas has never met you, and that feels a bit funny. Especially as like my Mum's not allowed to hold Thomas and yet a different stranger is holding him every day without me there, without his Mum there, without his Dad there....* (Lyndsey, carer, 1)

Lyndsey's reference to her mother not being allowed to hold the baby was a rule of one particular agency which, carers advised, aimed to solidify the attachment between the infant and themselves. This situation indicates that carers were held to much higher account than children's services (the consistency and inconsistency in contact supervisors and the impact of this is discussed further in Chapter Ten).

## **7.2 Duration and frequency**

For carers and parents, contact ranged from once a fortnight to, more commonly, two or three times per week. The duration of contact was most commonly reported to be 90 minutes per session. All practitioner groups described varying arrangements in frequency and duration of contact for children in EP placements, from once a month (which was described as unusual, CM3) to four times per week. Generally, contact sessions were on the same days and times each week (unless there was a significant change of plan, discussed below), but one carer described how at first the days changed from week to week which meant '*[the baby] never has a regular pattern*' (Heather, carer, 1). This could have a negative impact on infants, whose reported responses to contact are discussed in detail in the next chapter.

Carers and parents described how most contact arrangements changed over the course of proceedings in some way (see Appendix S for further details). There were some instances of contact increasing for a short period to assess parenting capacity, for example one carer gave an example of contact increasing '*...to three weeks solid at four hours a time, four times a week...*' (Lisa, carer, 1). Another reason for an increase was where the goal was reunification, but the description of an intended slow build up was not the reality for one carer.

*It increased quite quickly...like one minute she's doing one and a half hour sessions twice a week and then she was doing like four, five hour days...it was billed to us as quite a slow build up and you looked at it and went well that's not what I call slow...* (Anna, carer, R)

For other families, sessions decreased, usually because parents stopped attending or their attendance became sporadic, due to other factors getting in the way, including how painful it was. Other decreases were agency-led because the baby became distressed either during or after the sessions.

All carers transported the child to and from the contact centre themselves and journey times, where described, ranged from 20 minutes to 60 minutes each way. It was the primary caregiver in each couple who took the lead in facilitating contact, though their partner (or in one case, the primary caregiver's mother) sometimes joined them on the journey, particularly at the beginning of a placement.

Parents tended to make their own way to contact, either by public transport or car if they were able to drive. One contact supervisor described picking parents up from the train station for the final part of their journey. Journey times for parents were longer, up to two hours, and often involved complex public transport arrangements.

*...it used to take me...three trains and a bus to get there, and two trains and two buses to get back. It used to take me longer to get there than I'd actually get with her. (Nicola, mother)*

There were several factors which influenced how the location of contact was selected, including whether it was deemed safe for carers to travel to the parents' hometown (or very close by). Practitioners reported that infants were prioritised when making arrangements, so they did not have to travel too far. If parents and carers lived a significant distance from each other, a mid-way point was often decided upon, though for some this was still quite a distance.

### **7.3 The contact venue**

Contact sessions took place primarily in a contact centre – buildings specifically built or refurbished to provide supervised contact, with several rooms with lounge areas and kitchenettes. Gardens were sometimes available to use. One mother advised that she did have some supervised opportunities to take her son out in the community which was more relaxing and enjoyable than being confined to an office.

*...initially we were in the fieldwork's office...it's a little teeny, tiny room and that was alright whenever he was tiny but whenever he was getting up it was you know... We started going out to [soft play]...and Subway and things like that...obviously it was easier to kind of have fun with him (Zoe, mother)*

Some practitioners also reported community-based contact taking place outside of contact centres which worked well in certain situations where parents struggled being in one room with their baby for an extended period. Community-based sessions were, however, the exception rather than the norm.

*...we actually went out for a walk round the park in the pram which...was something that I think was beneficial to both [baby] and the parents...(CS2, LA)*

Parents described limited opportunities to do anything 'family like' during contact sessions and there were some reports of contact taking place in what were deemed to be unsuitable venues such as temporary buildings, or as Zoe described above, small office rooms. This exacerbated the general feeling from parents that contact did not feel akin to 'real life', or as Nicola, one mother put it, contact was '*like living in a fantasy land*'. The worker below did not feel it was fair on the parent or child when they were not allowed to use the outside space and supported parents' views on unnatural environments.

*...however hard they try to make them family friendly, they're sterile...[parents are] confined into one room...I had a [father] complain to me...they have an outside space there but they won't let them out there for some reason...fear of flight perhaps?... the height of summer and they're in a Portakabin...You've gotta think safety first yes... but also...who's this benefitting? (CS6, LA)*

This unfamiliar environment could not only be uncomfortable, but parents also described difficulties with undertaking parenting tasks 'correctly' when under supervision. For example, Lewis (father) felt it was unfair that he was judged for struggling to use the microwave to heat his daughter's food as it was not a familiar model to him.

#### **7.4 Handover arrangements**

As outlined in Appendix S, some parents and carers had face-to-face handovers with each other throughout the EP period. Other carers (and all parents) had at least one direct handover at some point during the process, and one carer did not meet parents in person at all. There were also examples of one off or regular video calls (as part of 'virtual' contact). Many handovers took place in car parks (with COVID precautions being cited as the main reason for this), with the baby being physically passed to the contact supervisor in a car seat or directly into their arms, then being taken into the building to parents and vice versa at the end. This reduced opportunities for face-to-face meetings between parents and carers. There were limited changes to these original arrangements at the time of the second interviews with carers.

Similarly to levels of supervision in contact sessions, there was a feeling from some VAA workers that there could also be a risk averse culture to handovers, where parents and carers were prevented from meeting.

*...we've been doing EP placements since 1999...the handovers are mostly safe. Sometimes social workers can be, I think, a little bit too oo they can't do the handover to the birth parents because they're risky and I'll [ask] risky in what way in this*

*context? It's like yes they take drugs and yes there's domestic violence, but are they aggressive towards professionals or...? (CM1, VAA)*

Carers reported not always recognising contact supervisors due to them frequently changing as previously mentioned. Carers found themselves having to ask some contact workers for ID to confirm who they were handing the baby over to, given that this was taking place outside of the contact centre.

*I did sort of say could they wear ID badges because they'd pick her up and the thing is they picked her up in a car from me and I don't know who I'm handing her over to really...I've never met them and don't recognise them... (Heather, carer, 2)*

Where carers had the opportunity to meet the contact supervisor prior to contact commencing, this gave them some reassurance as to who they were handing the child over to. In Amanda's case below, the contact worker remained consistent throughout proceedings unless he was on leave or off sick.

*...it was nice as well as we got to meet the contact supervisor Russell [before contact started]. Whereas otherwise, we'd have just been meeting him in a car park...'hi I'm Russell, I'm taking your child from you, alright, ta-ra Russell, off you go...' (Amanda, carer, 1)<sup>7</sup>*

What handovers looked like could also depend on the policies and procedures of individual contact centres, which varied between locations, even within the same local authority. Lisa, below, who was first interviewed when the child she was caring for was eight months old, described how a change in handover arrangements caused distress to the child (see next chapter for further discussion on infants' responses to contact).

*...he got moved to [contact centre in different town] and they were a lot stricter with the in and the out, and they wanted him to be handed over at the door to a supervisor...and that's when he started to really struggle, because he just wasn't used to that...I spoke to the social worker and she said ok, because it's affecting him so much, you can go in.... (Lisa, carer, 1)*

Handover arrangements also included a 'communication book' being used by parents and carers (being put in the bag that went with the child into the contact session) which '*...travels backwards and forwards with the child... parents write in it, carer can write in it, give an update on what they've been doing with the child...*' (CM4, LA). Some carers described including photographs in the book as well, though the detail of written information was described as variable. One mother, Sophie, described the EP carer writing detailed daily updates on what her son had been doing in the time she hadn't seen him, whereas other

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<sup>7</sup> Carers' parental identity and references to 'their' children is discussed further in Chapter 11.

parents such as Chloe and Lewis described comments in the book focusing on practical aspects of the baby's care such as when their child was last fed. Carers reported that parents did not always write in the book, or if they did the responses were quite limited, and one carer questioned what support parents received with writing a response.

## **7.5 Summary**

This chapter has highlighted that contact arrangements varied between different agencies, contact centres, individual practitioners and each family. A strong theme amongst practitioners who had significant experience of contact in EP was an observed level of risk aversion from some social workers and supervisors who lacked experience and understanding of the EP process. The arrangements put in place could be crucial not only to how the adults experienced contact, but more importantly to how infants experienced it.

## 8 Infants' responses to contact

This chapter outlines how infants were observed to respond to contact arrangements from the perspectives of the adults around them, primarily carers and practitioners who were the individuals most closely observing the infant and/or spending most time with them. The first section highlights the positive experiences that some infants appeared to have, related to the routine and consistency of regular contact. The more challenging, and at times concerning, responses are discussed in the following sections.

### 8.1 'Part of [their] routine'

For some babies, contact was described as a positive experience overall and they appeared to enjoy the time they spent with their parents, or at least tolerated it well with no negative response observed before, during or after. Claire (carer, 1), for example, described how *'to my knowledge and what I've observed it hasn't really affected [baby] at all'*, ascribing this to the baby's laid-back temperament. Carers described how when contact was happening frequently *'it was just part of [baby's] routine and part of something he did...'* (Lyndsey, carer, 2). Practitioners also shared similar views, particularly where contact took place consistently and regularly, but both carers and practitioners agreed that irregular sessions had the opposite effect.

*... a lot of the time with the babies they come three times a week...they kind of do just get used to it, get into a routine and they'll be fine. But then other times, usually the ones where they only come once a week or maybe once a fortnight, I find they do struggle.* (CS1, LA)

There were carers who were confident in the parents' ability to look after the child during contact sessions which led to feeling generally positive about the child's experiences of contact overall. They reported that children managed contact well.

*...for the most part his parents were quite good with him, they interacted, they played well, he had quite a fun hour or two playing with toys and people that gave him attention...'* (Lyndsey, carer, 2).

Observing how the child responded to seeing their parents could provide reassurance to carers that the child was pleased to see them, with no signs of outward distress, and were forming positive relationships with them. For example, James described how the baby would *'beam to see [her parents]'*, feeling that *'she's seeing them amongst her sort of special people that she gets excited to see'* (James, carer, 2). Heather (carer, 2) stated that *'[Seeing the child with her mother] was quite reassuring because she'd put her arms up to her and I thought oh that's ok, you know, she's not sort of avoiding her gaze or anything like that...'*. All the carers talked about the children they cared for in a way that indicated they knew the child well and would be able to tell if they were unhappy or uncomfortable, which

some indeed were, and these more concerning responses are outlined in the following sections.

## **8.2 Switching off and shutting down**

Some babies were reported to sleep more during contact sessions. While this could be because the contact process was exhausting for them, carers and practitioners questioned whether this was the baby withdrawing or shutting down to manage a difficult experience. Claire, below, advised that the baby she was caring for, who was three weeks old at the time of the first interview, was reported to present as sleepier during contact sessions than she would in the carer's home environment at the same time of day.

*...at home she spends quite a lot of time with her eyes open and kind of looking around, whereas most of the time I get from handover that she's just asleep the whole time. I don't know if that's her way... of just containing it all by just sleeping...*  
(Claire, carer, 1)

There were examples of more unusual, worrying presentation which contact supervisors noted. For example, one worker reflected on a set of twins who came to contact who each responded very differently, with one baby reporting to be 'fine' and the other who would 'sleep the whole session...her eyes would be closed but the carer would come in and say hello...and her eyes would ping, she's awake...she would just shut down the whole session...' (CS3, LA). The supervisor below referred to her knowledge of and experience with children to note that a child sleeping through care tasks was outside the norms of typical infant development.

*... I've never ever in my whole experience seen a child sleep while they're in a bath, and we feel that was her way of shutting down. [Mum] was very nurturing, very caring. So you think to yourself, well why was that...If you look at the attachment side of it...maybe that's what it's about. Her attachment was very much to the carers, more so than to her birth Mum actually, the only way she could sort of like cope with that wasn't crying, but by falling asleep.* (CS1, VAA)

As the worker above suggested, it may not be the experience of contact itself that causes distress, but separation from the primary caregiver that was very difficult for some babies, even where parents were able to, on the face of it, provide attuned care during the contact session itself.

## **8.3 Confusion and overt distress**

Some babies were described as showing overt signs of distress either during contact itself or in the hours and days afterwards. Carers and practitioners both reported that some babies became emotionally and physically distressed during and/or after contact sessions. These responses included babies crying more than usual and being difficult to soothe,



physically reaching out for or asking for carers and disturbed sleep patterns on the nights that contact took place.

Carers tried to decipher what babies were thinking and feeling when they went to see their parents. Some carers interpreted babies' distress as their confusion at being separated from themselves as the child's primary caregiver, and handed over to someone they did not know very well, questioning *'who do I live with? Who do I go to?'* (Lisa, carer, 2). Amanda described finding contact a very difficult experience and described how she spent *'...Thursday night in tears hugging him going I love ya...'* and described an equally distressed child following contact.

*...he was very much like who are these people? Why are they feeding me? Where were you? Why haven't I been burped properly?... he was very, very very distressed...We've gotta sort of interpret what he's thinking and feeling as best we can, and the only way we can do that is through his body language and his cries...*  
(Amanda, Carer, 1)

The combination of a carer who is very anxious around contact who then reported a very distressed baby raises the question as to what influence the carer had on the child's anxiety/distress levels and vice versa. It may be that to some extent, infants picked up on their carers' feelings and emotions about contact which is a consideration when thinking about the interpretation of the infants' responses. The impact of carers' anxieties in the context of an evolving and an ambiguous parental identity is discussed further in Chapter 12.

While parents generally found it quite difficult to interpret and consider how the baby may experience contact, it was noted by one mother, Sophie, that her own feelings of anxiety could impact on her son's presentation, with him picking up on this and describing how *'sometimes he would be overwhelmed'*. She noted how physical touch helped settle him - *'he was happy when he was on my chest'* (Sophie, mother). Another mother, Jade, felt that her son may feel confused by having different sensory experiences between two different carers, acknowledging the painful reality that her son did not really know her. Her own confusion in explaining this perhaps reflects that of her interpretation of her son's experience.

*...I used to think to meself sometimes what about if he gets upset, he might not know who I am, 'cause he wouldn't have known who I was because obviously he wasn't even crawling or anything by the time I left him, so to me, I'm a stranger. So that hurt as well, because he would have had his scent, he would have had that smell, and he would have thought someone, dya know what I mean, so he wouldn't have, I don't know really...* (Jade, mother)

When there was a change in contact arrangements, particularly when contact was increased rapidly, carers reported that babies responded with increased distress. Carers did not feel that these plans were always considered with the child's best interests in mind, especially as these arrangements led to time away from them as primary caregivers which the infants were not accustomed to.

*[Contact increased to]...four hours a time, four times a week..it was awful, absolutely awful... I've never left him that long and he just didn't cope at all, he cried his eyes out...some I got called back after an hour, some was I think maybe the longest was three at most and he was so distraught when I picked him up, and he'd literally cling like this (Lisa held onto her t-shirt with two hands), going oh don't let go of me. (Lisa, carer, 1)*

Sometimes babies were not displaying any obvious signs of distress within contact sessions, but there were subtle clues that some carers noticed that indicated that the baby may be struggling with some aspects of contact. For example, Heather, who reported contact did not seem to 'faze' baby Elsie, saw a photograph of Elsie taken during contact and noticed that she did not look like her usual happy self. This led to Heather questioning whether Elsie was perhaps more affected than she thought.

*Elsie looks really sad in the photo....she looked really different... her mouth was really sort of (Heather put her bottom lip out and turned corners of mouth down) she just sort of wasn't really looking at the Mum...*

*Int. – ...what's she like at home?*

*...she's very, very happy. You can see in her nature she's a very happy, smiley girl...I've never really seen her looking like miserable, but then in that photo she sort of did... (Heather, carer, 1)*

Disturbed sleep was also something that was reported by carers, with a clear pattern reported for some children of frequent wakings on the nights after contact had taken place (described as unusual for those particular children). Lisa questioned whether Harry had unsettled sleep due to his age but concluded it was specifically related to contact as *'it's too much of a set pattern, he'll sleep through all the other nights but that one night he will wake'* (Lisa, carer, 1).

Carers were often not provided with much information that might explain certain responses or behaviours, but contact supervisors gave examples of parents who really struggled with how to interact with their babies and were trying their best to 'perform' (a theme explored in Chapter 12). Practitioners suggested that *'children were just becoming so overstimulated and...started to kind of look for containment and calm'* (CM1, VAA). Many felt the intense interactions from parents went some way to explaining the distress observed in some.

*I remember one birth Mum saying...I don't want the baby to forget my voice, so she was just full on, full on, full on. And another one just play, play, play and I get it, you know, in that two hours...they're just trying to demonstrate all their best skills aren't they...and in fact, bless them, it's not in the baby's best interests. (CS4, VAA)*

Physical distress was also observed by carers not just in the form of crying, needing to be close to their caregiver or disturbed sleep but also in physical symptoms. Carers noticed that during the first few weeks and months, babies' digestion appeared to be impacted by the way in which they were fed during contact sessions which could cause them to be uncomfortable for the hours following some or all sessions. Lyndsey noted that Thomas would often 'be very fussy' in the afternoons after contact as 'he has a lot of trapped wind'. Gemma observed similar:

*...[parents] fed her a whole bottle, didn't pace feed her and she threw up and she was quite upset by [that]...(Gemma, carer, 1)*

These issues could cause frustration for carers as they felt they were often avoidable, with parents not following instructions given by the carers, or were not being supported by contact supervisors to do so. This frustration could lead to periods of disconnection between the carer and parent which could impact on the relationship, described further in Chapter Ten.

#### **8.4 Harder as time goes on**

Practitioners were generally of the view that very young babies (up to 6-8 weeks) were not significantly impacted by contact, and likewise some carers described 'the first few weeks' being 'fine', with nothing significant to report on how the infants' responded. Parents tended to struggle to interpret and describe their child's responses when they were so young, with Nicola (mother) stating she didn't know how her children experienced contact 'cause they were only babies'. One carer, Claire, stated in the first interview that 'because she's so little...it doesn't really have a massive impact on her at the moment...'. As time went on, handovers (and contact in general) became more difficult for the babies. At the point of the second interview when Josie was six months old, Claire had started to notice that '...as soon as...she's with someone else she's looking for me...' which coincided with her becoming more unsettled with the contact in the latter stages of proceedings. These difficulties with separations were commented upon by other carers, where children became 'clingier' as they got older. Harry, who Lisa talks about below, was eight months old and Lisa reflected on the separation from her becoming increasingly harder for Harry to manage both before and after contact.

*...he's just getting harder and harder to leave. He's literally now just holding on to me... and just crying... the other day it took me 10 minutes to leave because...as soon as I go...he's running after the door and it's just, I just have to go... If he's had*

*a bad [contact], he is glued to me... even if I went to move away to pick a toy up, he'd go into a cry... he's very very clingy afterwards* (Lisa, carer, 1)

In the first interview with carer Lyndsey, she felt that Thomas being unsettled was initially due to a difference in feeding technique during contact sessions, however when reflecting on the impact of contact on Thomas in the second interview, she described a response that appeared to be progressively related to the impact of separation in the context of Thomas's growing attachment to herself and her husband as his primary caregivers (at around the age of seven months).

*I think by the end it wasn't really in anybody's best interests. I think Thomas started to really struggle...He was always fine when he was there...but the night he would then wake throughout [and he] wouldn't settle until he's seen me and vice versa, he needed to know we were both there...* (Lyndsey, carer, 2)

### **8.5 'Fixing' the babies: carers' strategies to prepare and support**

Carers implemented various strategies to try to prepare babies for contact sessions and support them afterwards. These included one carer wearing the same cardigan to 'signal' to the baby that it was a contact day and having a repetitive routine before and after contact sessions such as bathing the baby as soon as they returned home. On days that contact took place, carers ensured these were 'low key' (James, carer, 2) where they made no other plans. Lyndsey described how she had to reinstate previous strategies when Thomas started to struggle with contact as he got older.

*I had to start off a bit more intentional of not making plans on that Friday afternoon and just always... staying near him when he was playing and that seemed to help quite a lot, and if we could, take him for a walk in the sling....* (Lyndsey, carer, 2)

Where babies presented as unsettled after contact sessions, carers described having to 'reset' the baby. Lisa (carer, 1) talked about Harry crying all through one contact session and she then had to 'go home and fix him after that' by offering extra physical touch and 'a lot of reassurance'.

In order to manage the experience of separation for the infant, carers also took into consideration what they thought was the 'best' way for the baby to be handed over to parents or the contact supervisor in terms of being asleep or awake. Carers had differing views on this. One carer talked about the baby starting to get 'attachment anxiety' and felt that it may be easier that the baby was asleep at handovers 'so she's not really physically seeing me leave.' (James, carer, 1). Gemma, on the other hand, purposefully woke the baby and explained what was happening, as she believed this would alleviate some confusion for her at handover.

*... in the beginning she was like falling asleep in the car, being handed over asleep and then kind of being woken up by her parents in contact and last she remembers she was at home...[it] has got to be confusing so I try...to wake her while I'm getting her out the car... then I say to her you're going to see your Mum and Dad now, I'll come back and get you later. (Gemma, carer, 1)*

## **8.6 The missing focus on infants**

Carers described how seeing the babies unsettled or distressed was very difficult to witness and led to feelings of guilt that that they were taking them somewhere that they believed caused them some level of distress. Frustration also built up as carers felt that the arrangements that were in place were not always considered with the child at the fore. They, as well as contact supervisors and adoption social workers, were generally of the view that contact was a process which was often focused on the needs of parents and not the child in terms of frequency and duration. It was reported that little thought was given to the experience of the baby who often had a long journey to and from the contact centre and could then find the contact itself quite unsettling. Contact practitioners suggested that the focus of contact arrangements was on the parents' 'right' to a certain level of contact, or a sense that these standardised plans were put forward because *'that's what we do... just so that the courts don't turn around and say why haven't they seen [parents]...'* (CS6, LA) which led to the feeling that contact was about *'the amount rather than the quality...'* (CM4, LA).

*I really do believe that sometimes that level of contact is very much parent led, it's not child led, and that is a top-down thing that we receive from the courts and that never fails to make me cross actually...Two hours, four times a week for a little baby with an hour's drive either way, there and back. You know it's just, it's ridiculous. It's really thoughtless. (CM2, LA)*

Contact supervisors noted that changes to contact arrangements often took a long time to happen, having to 'fight' to get an agreement for a reduction in contact, noting that *'...once they've agreed it in court...changing it is so hard... they say oh well the parents are attending so we can't reduce it. It's not about the child.'* (CM1, VAA). Carers noted similar frustrations. Lyndsey described how the contact arrangements were three times per week but despite parents' increasingly sporadic attendance, it took months for contact to be reduced. This caused difficulties where Lyndsey had to prepare the baby for contact to happen, just in case.

*[Parents] were quite consistent for the first 12 weeks and then just plummeted... [they] were coming...at best twice a week but often just once a week. It wasn't reduced [for four months] and I was told oh well it has to go to court to be reduced...I remember one day [after court] I said well what was said about contact..."oh well we*

*didn't really talk about that". Well you were all there... why was that not spoken about? So that was really really frustrating. (Lyndsey, carer, 2)*

It was not just the frequency and duration of contact that were highlighted as adult focused but also the practical arrangements. Some carers felt there was a lack of consideration for the child, with little flexibility from contact centre staff regarding time and date, so babies were missing out on being able to go to baby groups for example. Babies' established routines were also not considered when setting a time for contact, so their usual feed/sleep routines were disrupted on contact days. James (carer, 2) stated that he had to '*try and manipulate [baby's] routine a bit to get her to nap before contact*' when usually she would have napped when contact was scheduled for. This may have been one reason for how unsettled and distressed some babies were reported to be. At times, carers described how rigid procedures at the contact centre could also impact the comfort of the child, with Heather feeling that rules around entering the contact room were very 'parent focused'.

*I really found it annoying the fact that the contact centre staff let the parents into the room first, and if they were late I'd have to wait in the car...I did ask many times like can we go in the room? Can I let her go in the room, eat some snacks, have a drink? And they were like no, the parents have to go in there first. I don't really understand why. (Heather, carer, 2)*

Parents themselves reported challenges in attending contact regularly at times. Reasons cited for not attending, or not wanting to attend, included struggling with mental health problems, being put off by the environment and intrusive nature of contact, having a long and complex journey to the contact centre and being told the baby was distressed by contact so not wanting to distress them further. Sometimes contact was just too painful for parents, knowing their baby was likely going to get adopted (see Chapter 12). Parents reported some very challenging experiences in their own lives and were often grappling with ongoing issues while their children were placed with EP carers. This indicates that some parents also struggled with the frequency and duration of contact sessions, with these plans not being attuned to their needs and not, as contact supervisors suggested, being led by or focused on them.

## **8.7 The mystery of contact for carers: lack of feedback**

While carers were observing infants' responses to contact before and after the event, what happened during contact sessions was often unknown to carers, as noted earlier, and they had to rely on information shared by contact workers, which could vary in detail and focus. James stated that '*it's more me sort of hoping rather than knowing how she is in there*' (carer, 1). The descriptions that workers and carers gave of information shared indicated that the focus was very much on the practical aspects of the session such as when and how much the baby was fed and when their nappy was last changed rather than the emotional

experience for the baby. The feedback loop between carers, parents and contact supervisors could be disjointed.

Carers reported that problems arose when they were not given much, if any detail, about how baby had presented during the session, or whether there were any incidents that could be relevant to the ongoing care of the baby. Carers found they had to ask specific questions to glean more information and were surprised when important information was not initially shared, for example that the baby had been unsettled and parents became frustrated, or the parent's handling of the baby was quite 'rough'. While some carers felt the level of information they received was adequate and *'the less we know the better'* for their own emotional wellbeing (Amanda, carer, 1), others reported they wanted and needed more information to try to understand why the baby was unsettled. This information often did not come to light until much later on after an incident.

*...it's like why didn't you tell me this...you're just going oh yeah yeah she had a good time and then I later find out...this happened and you didn't bother telling me, or you has suspicions that the parents might have been under the influence. Well you need to tell me 'cause I need to monitor her... (Gemma, carer, 2)*

This feedback loop was impacted by a lack of consistency in contact supervisor, as workers who were not familiar with the child, parents or carer did not always know what information was pertinent to pass on. Lyndsey described her frustrations when contact supervisors did not intervene or support parents to follow instructions which she had previously given, such as giving the baby tummy time after a feed and them being sick, when she had advised the opposite. Lyndsey went on to describe a situation which caused distress to the father and the child, and was exacerbated by a worker who did not know the family well.

*...there was another time I came back and Thomas was screaming, really really hungry. His Dad was holding him, clearly distressed as well, and said he's really hungry but she won't let me feed him...he's clearly hungry, his Dad is telling you he's hungry and that he wants to feed him and you're not letting him...There were a few times where contact worker [did not intervene], and it tended to be when it was either somebody new or less familiar...(Lyndsey, carer, 2)*

The relationship that carers were able to establish with contact supervisors could influence the communication that they had with each other and how joined up the feedback loop was. Where carers reported multiple supervisors, their experiences were variable in terms of their interactions. Some were *'really lovely'*, whereas others found workers to be uncaring, busy, unprofessional and *'rude'*. Claire, below, who had adopted an older child via EP, compared her previous experience of friendly and warm contact supervisors with what she described as a colder and more clinical experience the second time round.

*...this time it feels really formal... there's not a lot of warmth from [the contact workers] at all really....I don't know whether it's 'cause they're quite young, most of the girls that do it...[but]...there's no sort of connection there. (Claire, carer, 1)*

Carers also felt that contact workers often did not acknowledge or understand how difficult contact could be for them, with heightened emotions related to them hoping to adopt the child they were caring for. The impact of this and how it links to the carers' identity is discussed in Chapter 12.

## **8.8 Summary**

This chapter has outlined how infants were described as responding to the contact time they had with their parents in different ways. It is clearly difficult to gauge how pre-verbal infants experience contact, but this chapter goes some way in shedding light on some of their responses. While some babies were believed to have a positive experience of contact (from observations from carers and practitioners), it was clear that some babies responded in a negative way which was reported as them being unsettled or presenting differently from their usual selves. There were many things that may have caused these responses, such as having a long journey to contact, being separated from their primary caregiver, having their usual routine disrupted, being cared for by someone who may have struggled to provide the same level of care as the carers, picking up on anxieties of adults, being in a different environment to usual and having different interactions with different people. Confusion regarding parents may also be an issue, if infants recognise their mother's voice from the womb, for example. Links to developmental theory are further explored in Chapter 12. This chapter does not aim to conclude that contact in and of itself led to the described responses, but it appears that some aspects of the contact process led to some babies being perceived, through the lens of adults, to present in a way that was out of the ordinary for them and concerning to those around them.



## 9 Considering the purpose of contact

The previous chapter focused on the practical arrangements of contact, and infants' responses to these arrangements. This chapter focuses on how carers, parents and practitioners construct contact in terms of its function and purpose. While contact between the infant and their parent/s takes place in most EP placements, the approach to how this contact is planned and managed by practitioners can vary. Practitioners as well as carers and parents appeared to have differing perspectives in terms of what they saw as the aim and objective of contact. This chapter also highlights that these different functions are rarely discussed, and each person involved in contact may have a different view. It is important to understand the different identified purposes, and the meaning of these to parents and carers in particular, in order to consider how contact can be best managed and those involved can be supported appropriately.

This chapter consists of five sections. The first introduces the five overarching functions of contact that were identified across all groups. The following two sections discuss the purposes most pertinent to parents and carers respectively. The fourth section brings in the views of children's and adoption social workers and the final section highlights the differing approaches of contact supervisors, which determined how contact was run, and shaped the experience of contact for other parties.

### 9.1 Functions of contact

Figure five, below, outlines the five purposes of contact that were identified across participant data.



Figure 5: Functions of contact

Across all participant groups, there was not one agreed purpose of contact; it was a multi-faceted, multi-functional process. Four out of the five purposes of contact outlined above were universal for parents, carers and practitioners, though the extent to which they were deemed as most important varied. One function, 'for the future: the child's identity' was not identified in parents' data. This purpose refers to how information could be gathered, and observations made at contact (including handovers) could be shared with the child when they were older (regardless of outcome). 'Making memories' focused on how the parent and child's time together was captured. 'Building evidence' was seen as a requirement that contributed towards parenting assessments for court. 'Support for parents', including both practical parenting advice and emotional support, was a purpose that some contact supervisors identified as part of their role, and one which parents valued. The fifth function, 'cultivating relationships' refers to relationships between the parent and child (with a view of maintaining a connection) as well as relationships between the parent and carer which evolve during the contact process. The following sections explore which purposes were most pertinent for each group.

## **9.2 Parents' perceptions of the purpose of contact**

Parents understood there was an element of observation and supervision to ensure their child was safe, where the contact supervisor was *'making sure everything was going ok'* (Jade, mother), though Jade and other parents did not always feel this supervision was necessary. Parents' main focus, however, when thinking about what or who contact was for was about maintaining a connection to and spending time with their child. This also included making memories to look back on in the future. Parents also saw contact as an opportunity to access emotional and practical support.

### **9.2.1 Making memories together**

For parents, being in the moment with their child at contact was one of the most important things to them, trying to enjoy this time as far as possible. As Sophie (mother) put it, for her it was a time *'to do things together'* and Jade simply said *'...it was my time with Joseph'*. Parents tried to focus on just being with their child, though described this as difficult due to being in an unnatural environment and having a contact supervisor present. Nicola talked about concentrating on her child and ignoring everything and everyone else around her.

*...you just put that...smile on, hiya you ok, and then as soon as the kid gets there 'come on then baby' and...that's it, [the supervisor is] not there. As far as I'm concerned it's just me and my kid and I just completely block 'em out. (Nicola, mother)*

Perhaps most significant in relation to EP was parents' approach to contact in terms of making memories that they could look back on in the future, particularly as they spoke of being fully aware that the likely outcome of court proceedings would be adoption. Parents

enjoyed making keepsakes with their children, such as hand and footprints, and taking photos and videos to cherish. Parents proudly shared some of these items during interviews, with Sophie pointing out her child's hand and footprints hung on her wall that they made together the last time she saw him before he was adopted. Parents Chloe and Lewis showed me photos taken at contact of them and their children. Contact was also an opportunity for parents to do activities with their child that, knowing adoption was the most likely outcome, they may not be able to do in the future together. These sessions were about making memories to look back on, but parents found that it was down to individual supervisors as to whether this was facilitated and supported.

*I had ones that like watched you like a hawk and...got at you the whole time...I had the likes of Julie [who] adored Felix and she always would have been like more than happy to take like pictures and videos...my favourite [supervisor] at the end, Graham... he was just great you know, he was trying to advocate for me to be able to take him swimming and for me actually [to] tick off a bucket list of stuff to do with him before the end...it just depends on who you get. (Zoe, mother)*

Parents' experience was often linked to the relationship they had with contact supervisor/s and the approach that each supervisor took. Contact supervisors' perspective on their approach is discussed further in section 9.5.1.

### **9.2.2 An opportunity for emotional and parenting support**

Parents generally described negative views of the social workers that were involved in care proceedings but seemed to see contact supervisors as separate to 'the system' and therefore felt more able to trust them and build a relationship with them. Parents talked about having someone who was '*supporting me all the way through*' (Jade, mother) as opposed to the much more negative views about social workers who were involved in 'taking' their child. Supervisors were often middle-aged women and were described by parents as maternal and caring; it was this that helped build the foundation of a positive relationship for some parents. Similarly to what parents valued from carers (discussed further in Chapter Ten), Nicola felt like she was treated with respect by her main contact supervisor and was given time and space to be heard, both within and outside of the contact space.

*I feel sorry for Carol...I'd have me little rants, so she used to get the brunt of it... but [I] love that woman...you get that proper Mum vibe off her...all she ever wanted was the best for me and for [my children]...she was there when I needed her...she came and met me after [my daughter was adopted] and had brought me loads of pictures [that we] had done over contact...and like a little book with some pictures of us in which was nice, and we went and had a brew [in] Tesco's... (Nicola, mother)*

Parents described how they would have liked more support from contact supervisors at certain points of the contact process. For example, for those who did not receive it, they would have welcomed having some time with the supervisor after the contact session either to provide feedback or simply to have someone to talk to. Parents described how they were trying to manage the emotional impact of seeing their child in a challenging environment and a helpful purpose of contact would have been to receive the type of emotional support that Nicola described above.

*You want [the contact supervisor] to be like supportive, you want them to kind of help you enjoy the emotion of the contact...I maybe wanted them to maybe spend like another 15 minutes afterwards....even offered like a cup of tea...just to make sure that you were ok, that would have been a lot easier but no, they're just like alright, good luck, go home. (Zoe, mother)*

The relationship that parents had with contact supervisors appeared to be influenced by whether they had one or two consistent supervisors or whether there were several different practitioners who supervised their contact sessions. One mother, Sophie, referred to feeling like she was *'being passed from pillar to post'* with the multiple workers that she encountered, which was particularly difficult for her as she described having anxiety around meeting new people. Another mother, Chloe, said *'we've lost count'* when asked how many supervisors she and her partner had encountered. Inconsistency in workers could not only inhibit the ability to form a positive relationship, but Chloe and Lewis also highlighted how they received conflicting messages from different workers and felt like they *'can't win either way with them'* (Chloe). Parents were left questioning what was required of them and not understanding the expectations of them in the contact sessions. One supervisor described how for the fathers he supported (in a separate role) *'there should be a consistency of [worker] so they build a relationship, so it becomes more natural...'* (CS6, LA).

Some parents described contact workers who took a back seat, with Sophie (mother) stating how they would *'sit in the corner and watch...taking notes'*, where the purpose appeared to be more focused on observation and assessment. Others described contact supervisors who provided them with advice and guidance around taking care of and interacting with their child during sessions; the purpose here being as an active supporter to help the parent with their care of and relationship with their child. Jade reflected on her own experience of contact with her mother when she was in care herself, and compared this to the experience she had of contact with her son who was with EP carers.

*...[the contact worker] used to say like today we're doing bottles, cleaning bottles...I remember....with me growing up seeing my Mum in a contact centre...we never had any of that [guidance], they just used to sit and...my Mum just used to sit there...and we're just running round like wild animals. So it was nice to see like somebody*

*saying... this is what you need to do, 'cause obviously it was my first child...I didn't have a clue myself...she got me out of me shell...she reassured me and pushed me....* (Jade, mother)

The relationship that parents had with the contact supervisor/s could impact on how truthful they were regarding their feelings and the process. Nicola described how at times she had lied about the reason she was not able to attend contact as she felt it would go against her if she was truthful about struggling with her mental health – *'if I tell them, then it just proves what they're saying, that I'm fucked in the head and I'm not in the right position to have my kids.'* However, with one consistent contact supervisor who she developed a positive relationship, Nicola could have an open conversation and work with her to attend contact even when she was struggling.

*I rang 'em first and I was like listen...I'm just ringin' to let you know... it's been a year since my Nan passed, I said...you know that she was like my Mum...so I am a bit upset...she went so are you not comin' today?. I went no no no...I would still like to come...but I'm just givin' you a heads up...if I get a bit emotional...I might just need to leave the room for a couple of minutes...* (Nicola, mother).

Some parents did not have a positive view of contact supervisors at all and were not wanting or able to seek out or receive any kind of support from them. Chloe and Lewis discussed how they could not trust anyone involved in the care process, stating that all contact supervisors were *'as two faced as each other...we thought we could trust some of them but they've shown us wrong'* (Chloe). This negativity towards contact supervisors may have been impacted by a lack of consistency that Chloe and Lewis experienced, or the fact that they were interviewed as proceedings were just coming to an end rather than a few years down the line like other parents – a time of heightened emotion.

### **9.3 Carers' perceptions of contact purpose**

Carers identified that contact was important as it was *'...a legal requirement...'* with the focus here being on the 'rights' of the parents to see their child. Carers also acknowledged that the relationship between the baby and their parents should continue in case of reunification, with Lisa (carer, 1) noting that *'... it's important for birth parents [to]...continue that connection and that bond with their child.'* James also noted the purpose in relation to the prospect of reunification.

*... it is so that birth parents have got a relationship and understanding of the baby if it does return to them.* (James, carer, 1)

However, while there was some acknowledgement of the right to a connection or relationship, carers' primary focus when discussing the purpose of contact was not necessarily about the present but for later in the child's life, highlighting the benefits of the

experience and facilitation of having had contact if they went on to adopt the baby. Carers generally did not describe feeling there was any significant benefit to the child at the time of contact taking place, particularly where they observed the baby to be unsettled by contact sessions as discussed in the previous chapter, but that it was more ‘for the future’.

*If I'm being honest, the contact didn't benefit the boys in any way or form at the minute. It might in the future when they're older, they might be able to look back and say well, I had that contact or he showed up to that contact. (Marie, carer, R)*

### **9.3.1 For the future: building a meaningful life story**

Parents and carers often developed a positive relationship with each other through contact which allowed carers to get to know parents on a ‘human’ level (discussed further in Chapter Ten). This contributed towards the purpose of being able to build a meaningful, cohesive life story for the child in the future. Carers described a focus on seeking out information about parents, but more importantly also having that personal connection to them and the information they had gathered. Carers spoke about these relationships in terms of being able to talk to the child about their parents in a much more meaningful way than if they had not met them, or had only met them once without understanding their lives and getting to know them on a personal level. In her first interview after a few weeks of contact, Gemma described how she was able to get ‘*more of a reality about them as people*’. This included having a better understanding of why parents were not able to care for the child, as well as being able to glean information about parents that would not necessarily have been written in reports that the carer would eventually have access to.

*I'd written in his contact book 'oh we went to the allotment' and his Mum [said to me] 'oh my Dad's got an allotment' and so then the next day I went down to the allotment, took a photo of Thomas next to the rhubarb and got that sent to Mum. And without that contact conversation, we'd never know Thomas's Grandad has an allotment. (Lyndsey, carer, 2)*

Part of the child's life story and understanding of their birth family history that carers identified as important was any resemblance to parents in terms of looks and traits. Where carers had met parents at contact handovers, they identified that being able to point out similarities between the child and their parents would be important later in the child's life for the purpose of contributing to a meaningful understanding of their identity.

*...if it goes to an adoption, we can say to Darcey...you may have picked that up from your Dad, you look just like your Mum... we've met your parents and they were this and they were that... (Gemma, carer, 1)*

Carers described the importance of being able to say to the child that they saw their parents when they were younger. For carers, this evidenced that they had facilitated and supported

the child to attend contact, with Lyndsey stating she needed *'to be able to say yes'* if the child asked in the future *'did you do everything you could just so I could see my birth parents?'* (Lyndsey, carer, 2).

Being able to tell a child that *'we saw how they were with you'* (Gemma, carer, 2) and that carers knew that their parents loved them was also important. Carers shared that they had seen that love themselves through the parents' interactions with the child and how they spoke about them, which served an important purpose. This love was spoken about by carers within the context of understanding the birth parents' situation better, due to having met them, and realising that while parents were not able to safely care for the child in the longer term, there was a loving connection which they could relay to the child later down the line.

*I think it just made it more real to meet her...and see that it's not anything malicious and she really loves Elsie and puts the effort into coming to see her...I can tell that to Elsie as she's older that she is loved...and sort of believe it as well, not just say what Children's Services say...* (Heather, carer 2)

It is noted here that when discussing the purpose of contact as being for the future, this was in the context of carers assuming that there were no plans for face-to-face meetings post adoption, if that was the outcome. Carers' views on their future relationships with parents (and between parents and the child) is discussed further in Chapter Ten.

#### **9.4 Adoption and children's social workers' perceptions of the purpose of contact**

Children's and adoption social workers similarly identified that the purpose of contact in EP was for the child's future identity. This group also referred to parents being assessed in contact sessions, however there was conflict between children's social workers as to whether this should be a function of contact. The primary purpose, however, of contact for this group was the opportunity for the child to maintain a relationship with their parents in some form, drawing upon theoretical frameworks such as attachment.

##### **9.4.1 Maintaining connections between parent and child**

Social workers described the maintenance of a relationship between the parent and child in varying terms, such as a *'connection'*, an *'attachment'*, a *'link'* and it being to *'build trust'*. This relationship could serve varying purposes, such as *'if the child's going to be rehabilitated that relationship needs to be built'* which also may have included the *'teaching of skills to parents'* (ASW3, LA). Social workers approached this with the view that this was the child's right to see their parents and maintain a connection with them, in contrast to carers' where in the previous section it was noted how they saw contact as the parents' right.

*[Contact is] that child's opportunity and right to develop a relationship, a connection, you know 'cause some people will say well what's a relationship, well...to have times with their birth family (CSW2).*

The separation of a newborn baby from their mother felt particularly significant to social workers and was seen as a connection that needed to be maintained through contact. This could, however, feel quite 'clumsy and cold' (CSW3) due to having to bring families together in an environment and situation which was not natural or family-like. Again, drawing on theory, the sensory and physiological experience for the infant was acknowledged by the social worker below.

*I think contact's really important... we are ... removing a newborn baby literally from their mother...hours sometimes after they've been born and you know for them to be removed from familiar sounds, familiar smells, all of that, the voice is...really really powerful... (CSW3)*

#### **9.4.2 To assess or not to assess?**

All social workers discussed assessment as being a potential purpose of contact, though there was divergence between some individual workers on whether contact sessions were an appropriate environment in which to undertake a formal assessment. On the one hand, some social workers saw one of the primary purposes of contact as being to assess parenting capacity.

*I think contact is important to enable us to assess...in a safe environment...what that attachment, what that connection is like with parents, how they're responding...and inform our...future planning... (CSW4)*

Adoption social workers also considered assessment to be part of the function of contact, with one social worker stating 'it's also used...to assess birth parents' capacity...and will be part of an assessment that's going to go to court'. (ASW6, VAA). Conversely, some children's social workers were very clear that assessment should not factor into the function of contact at all.

*...this is about time with their child, not judging them with their child...I know in court they're very much like...this is the opportunity for the parents to show you that they can care for the child and...I always say actually that's not fair because...the child has come away from somebody who's become their main carer, their safe person. They're in a strange environment, the birth parents are being watched... It's a lot more to it than they gave the child a bottle and they winded them.... (CSW1)*

Where an assessment was taking place during contact, but this was not made explicitly clear to parents, social workers identified that this could cause issues in terms of parents'



experience and expectations of contact. The views of the social worker below reflect those of parents who felt they could never get things right in contact sessions.

*[When] contact records are shared I think sometimes parents can feel quite shocked about some of the information that's in there because they can feel that...I wish I'd had that communicated to me because I could have then learnt from that or I could have developed my parenting further...they know they are being assessed but what actually are you assessing me on... it's almost like a test that they can never get right. (CSW3)*

Social workers also highlighted how contact supervisors could take different approaches to supervising contact sessions and this could be influenced by whether the purpose was seen as to assess or not, which put some parents at a disadvantage.

*...some LAs views are that the contact supervisor is there to support and guide the parents and some authorities are just there to observe and allow them to make the mistakes to build up a case (ASW6, VAA)*

The social worker above went on to suggest that the contact supervisor's role should 'be figured out as part of an agreement so that the parents know what's happening', again highlighting the importance of setting expectations for parents. Social workers acknowledged that where this role was not clear, it could cause difficulties for parents (and subsequently the infant and carers). To negate this, some children's social workers took a proactive role in offering clear direction to contact supervisors regarding their expectation of the role they would take which related to the purpose of the session. The social worker below, who previously suggested that assessment was not a purpose of contact, described her approach.

*So my first thing whenever I've got anyone who's got a baby in a contact... I always sit there and say to [the contact supervisor] you are not sitting in the corner with a computer or a pen and paper, that is not happening... I'm very much like you have got to be their support, you've got to have conversations with them, you've got to make them feel at ease, you've got to encourage them, no criticising you know... (CSW1)*

This example illustrates that contact supervisors may have varying expectations of their role and the involvement that they will have with parents. The perspective of contact supervisors is discussed in section 9.5.

### **9.4.3 A theoretical perspective on identity**

Social workers drew on a theoretically informed view of identity when thinking about the purpose in relation to the child's future understanding of their birth family. Like others, contact was seen as an opportunity to gather information for a child's life story and to record

memories for the child's future, which included things like '*making handprints*' and keeping photos such as '*[when Mum] bought me a pumpkin outfit for Halloween...and she dressed me up and she took a photo of it...*' (CSW2). Social workers were able to identify the strengths of contact in terms of future identity against the immediate challenges (something that carers struggled with, as was noted previously).

*...even when contact's really difficult...there is still some quality time within that and it's something for that little girl to grow up and see there was some rapport had with her birth parent... and take it forward with life story work as well with photographs and pictures of her...with her birth Mum. (ASW3, LA)*

There was a distinction between the type of memory-making that parents described in section 9.2 versus the type of memory-making that social workers described. For parents, the focus was on the memories they could treasure themselves whereas for social workers, it was for the child in '*understanding where they've come from*' (CSW4). There was also the sense from social workers that contact served to help children '*as they grow older to get to terms with what's happened to them*' (ASW3, LA), so not simply about looking back at memories but to create a more cohesive life story, similar to what carers described.

Social workers also felt that the relationships that developed between parents and carers, afforded only by the opportunity for them to get to know one another through the EP process, were of the upmost importance when it came to identity. Social workers were considering the impact of this not just in the short term but the long term too, drawing on their knowledge of identity through the life stages.

*...you establish that link between the two families so I think there were enormous benefits in terms of identity and post adoption support and in adolescence and so on when a child is struggling possibly with their adoptive identity, you know, reconciling their two identities because you will have parents that are in a position of knowledge about birth family. (ASW1, VAA)*

#### **9.4.4 Helping parents to prepare for and manage loss**

A final purpose that was identified by some social workers was how contact could help parents prepare for and manage the potential loss they faced when their child was placed with EP carers. This also relates back to the relationships that parents and carers formed in helping parents to know who will be raising their child (a purpose unique to EP placements).

*...birth parents are going through grief and loss and I feel that the contact can help with their bereavement...accepting the reality of what's happening to their child and give them reassurance that their...child is going to be safe and who they're going to be with. (ASW3, LA)*

## 9.5 Contact supervisors' perceptions of the purpose of contact

As has been described in the previous sections, the role that the contact supervisor took during contact sessions impacted on parents', carers' and the child's experience of contact. This section discusses the differing roles and responsibilities that contact supervisors themselves identified, which relate to the aims and objectives of contact. Purposes identified by supervisors included – to observe and record for assessment, to offer support and intervention to help parents with their care and interactions with their child, to support relationships between parents and carers and to gather information for the child's life story. As the latter has been discussed in previous sections, with views aligning the former purposes will be discussed in more detail here.

### 9.5.1 The role of the worker: observer vs. supporter

There were a range of perspectives on what the role of the contact supervisor was across the managers and supervisors that were spoken to. While one of the top priorities of all contact staff was to '*make sure first that child is safe in that session*' (CM4, LA), there were more nuanced views of the wider purpose of the contact overall and in relation to that, what the contact supervisor should therefore be doing in those sessions. The type of role that the supervisor took was partly dependent on the needs of the family, however there were clear distinctions between a 'hands on' (supporter) vs. 'hands off' (observer) approach. Some identified their role primarily to observe and record what they saw, offering little, if any, intervention. Others were pro-active in offering '*a lot of coaching, a lot of modelling*' (CM3, LA) to parents to support them in caring for and interacting with their child – how parents described their experience of contact supervisors supports these two defined approaches.

For those in the 'observer' typology, there were limitations to what supervisors felt they could and should offer, with this role rarely extending outside of this space. This appeared to be an expectation of the role by some contact supervisors, though not necessarily of managers who described one of the roles of their workers being to offer support and guidance. There appeared to be a view that offering support may interfere with being able to gather evidence for court.

*...we generally sit back more and wouldn't get involved unless absolutely necessary, or if the parent asks or if I have that relationship with them...some of our parents will just be like no, just don't talk to me at all...I'd love to do it more but it's almost like a lot of the time you do have to sort of get the ok from the social worker [to offer support].* (CW1, LA)

Contact supervisors described feeling uncomfortable or '*feeling bad*' for being there during contact sessions, feeling '*dreadfully awkward about it...like I was really intruding on people's time*' (CM2, LA). These feelings may have been one factor that led supervisors towards a hands-off approach. Blending into the background was the preferred method for

some to manage this feeling. Other contact supervisors, however, felt privileged to be part of contact, enjoying their role and getting a sense of achievement from it – perhaps where they had been able to provide more intervention and support.

*I do get quite a buzz out of helping the birth parents...as we are quite enabling, kind of, and empowering hopefully... (CS4, VAA)*

The observer role was linked to the purpose of evidence gathering through detailed recording which would then be reported back to the social worker for assessment purposes - ‘...keeping a record of relevant things... so they can build up that evidence for or against...’ (CW3, LA). Supervisors were in a unique position amongst the professional network as they had the opportunity to see parents and the child together and felt they could therefore offer insight into the dynamics of this relationship. This manager reflected on this when asked what she thought the purpose of contact was.

*... at the end of the day we see [parents and children] together during contact more than the social worker will see them...we get to see them as a family unit... we’re able to feed back on how the family unit functions when they’re together. It might only be for an hour’s snapshot, but you can gain an awful lot of insight in that hour. (CM4, LA)*

There was a conflict in views, however, regarding the helpfulness of this scenario. One issue that was raised by an adoption social worker was that it could be difficult for contact supervisors to know how the child usually presented as they only observed the child with the parents during contact and not in their usual environment with their primary caregiver. This could lead to reports that the child managed contact well, but when this was looked at by professionals across settings, significant concerns regarding the child’s presentation were noted.

*...she seemed to [the supervisor as] contented but actually what [the baby] was showing was she was shutting down, but they weren’t able to kind of see the difference because they hadn’t ever seen her as her usual self. (ASW3, LA)*

For those supervisors taking a ‘supporter’ role, they saw the primary purpose of contact being to help parents improve their parenting skills with a view to keeping reunification a possibility (this was particularly important for those who worked with concurrency placements, where there more focus on the ‘Plan A’ of rehabilitation home). These contact supervisors not only worked with parents inside the contact space, but also spent time with them before and/or after contact sessions or by transporting them to/from sessions which helped to ‘gauge [parents’] feelings and how they were doing and...any worries they had before [baby] got there... (CS2, LA). This ‘hands on’ approach also included offering specific interventions to some parents.

*I adapted a [specific model] that we were using to support parents to have kind of more connected moments with children... which was actually really effective [as] pretty much every [parent] struggled to be with their child in a moment... (CM1, VAA)*

Local authority supervisors, on the other hand, frequently reported having limited time and scope to offer such intensive intervention. One contact supervisor who had experience of supervising contact over several years in both a concurrent project and in the local authority highlighted the different approaches she had observed across the two agencies. Similarly to social workers, this supervisor raised the issue of parents being disadvantaged by this approach.

*... we used to do an initial meeting...I would be saying...don't you want me to do anything with them in contact?...what about me doing bathing with them and helping them do this? And my manager would be glaring at me...but I just thought, well, it's setting people up to fail just sat observing. I wanted to be able to give that opportunity... it's hard enough as it is, isn't it, to have somebody in the room? And they're not really speaking to you, or advising you...I really struggled with that... (CS1, VAA)*

Where some LA supervisors did offer support, they described being flexible with their approach depending on the needs of parents and child. One supervisor, for example, described that with some parents who were relatively confident and competent at meeting the care needs of their child during contact he could take a step back into the 'observer' role, whereas with the family referred to below he had to be more involved to ensure that parents and the child were supported.

*Mum and Dad have quite...severe additional needs...I was quite hands on...so if they needed help with a nappy, if they needed help with...the pram...it was to give advice, it was to give a little bit of guidance... (CS2, LA)*

There were other examples where the two approaches could be combined, indicating that one did not necessarily have to be chosen over the other – observation, assessment and support were able to be combined by some supervisors. This, however, relied on the contact supervisor being able to build a relationship with parents where parents were happy to accept advice and guidance from them. This required a relationship-based approach over an extended period (and as seen from parents' perspectives, this is not something that they were always willing to engage in due to a lack of trust in professionals).

## **9.5.2 The contact space as a 'construction site' for relationships**

### **9.5.2.1 Building relationships with parents**

Aligning with parents' perceptions of contact supervisors being distinct from that of the child's social worker, contact supervisors themselves stated that they '*...very often...have a better relationship with our staff than they do with the child's social worker...*' (CM1, VAA).

This was particularly prominent for workers from VAAs where there was clear independence from the local authority. Contact supervisors spent *'...more time with [parents] than pretty much anyone else'* (CM1, VAA) and were therefore often able to build positive working relationships with them.

Contact supervisors felt that relationship building with parents was an important purpose and aspect of their role, essentially as one worker described it, *'winning people over'* (CS4, VAA). As time went on, supervisors described how parents opened up to them, seeing them as a confidante. Supervisors felt parents could 'offload' to them, and saw them as people who would listen and give them *'the time of day'* and *'the space to be angry'* (CM3, LA). Similarly to social workers, helping parents to come to terms with an adoption decision through this relationship was also noted by contact staff whereby *'through contact you can support parents to say goodbye'*. (FTM1, VAA)

Supervisors also saw themselves as an advocate for parents where they would *'fight on behalf of the birth parents...for respect and consideration...'* (CM1, VAA). These relationships could not only have a significant impact on the parent but also the practitioner too.

*... Everyone [else] had left the room...[Mum] literally broke down and she said...you've been my rock through all of this...I'm not supported by nobody else...I thought wow...I felt quite emotional... I think sometimes you do have a massive impact on people, without actually recognising it....* (CS3, VAA).

Contact supervisors highlighted how they had to manage high levels of emotion from parents in often extremely challenging situations due to parents being in *'such an oppositional place'* (CM3, VAA). They described sometimes finding themselves in quite precarious and anxiety provoking situations, having to negotiate with parents. One supervisor described *'talking [parents] down'* (CW3, LA) where the parents had threatened to abduct their child. Dealing with extremely heightened emotions and, often, parents' mental health conditions, could be challenging.

*I mean the worst situation I had with him was when he was stood looking at the wall basically telling me it was too much [saying] I'm gonna headbutt the wall...I kind of think as workers we need to understand that...we're there and...we will see emotionally charged [people] at times...* (CS2, LA)

The ability for contact supervisors to build and maintain positive relationships with parents and offer the emotional containment described above was often hampered by limited time and not always working with the same families on a regular basis. Contact centres were likened to a *'conveyor belt...they do one family and then another family come in.'* (CS1, VAA). One manager described having 15 separate contact sessions in one day (which was

not her busiest day). Unfortunately, the issues of consistency and lack of time was generally felt to be out of the control of contact supervisors and managers as it was down to 'understaffing' (CS6, LA), which meant that workers did not always have the time to spend with families.

#### 9.5.2.2 Scaffolding relationships between parents and carers

Contact supervisors worked closely with both carers and parents, not only having to build relationships with both on an individual level, but also having to mediate the relationship between parties by helping parents and carers manage their feelings towards one another when they met, described by one manager as being an '*emotional conductor*' (CM2, LA). Supervisors described a great responsibility with holding and managing everyone's emotions and feelings towards each other. This included mediating and managing tension '*in a really diplomatic way*' (CM3, VAA). The purpose here for contact supervisors was to encourage and support budding relationships where there were underlying tensions regarding parental identity and 'claiming' of the child through the EP process (discussed further in Chapter 11). There was acknowledgement from supervisors that they needed to navigate the tensions between parents and carers by offering reassurance and building trust between the two parties.

*I think the role of the supervisor is to... assure [and] build faith in [birth parents'] capabilities for...the foster carer, so that they can feel safe in leaving the baby that they're now growing to kind of love...it's just creating an atmosphere as much as possible of respect. (CS4, VAA)*

This also included allowing time and space for carers, as well as parents, to be heard and to be able to share their feelings prior to seeing each other.

*...the contact workers have [to] try and have a bit of space with the carer just to kind of allow them to let off some of that frustration, to then go into the handover with the birth parent...in the best place they can be. And similarly with the birth parents, kind of getting them to come early is just important so they can get all off their chest. (CM1, VAA)*

There were clearly a lot of emotions that contact supervisors had to manage and EP added an additional element to what was already described as a difficult process for all.

#### 9.5.3 'More of an art than a science': the complexity of the task

Contact was seen by supervisors as an extremely important piece of work and an instrumental part of the EP process. It was a role that was described by contact practitioners as multi-faceted which required great skill and experience to be done well, with it being '*more of an art...than a science*' (CM2, LA). Several supervisors described significant experience with children and families across a range of settings, but they felt they were not

always given the credit they deserved for the work that they did, or the experience that they often had. They described feeling undervalued and not being respected.

*I just wanna bang a bit of a drum about it...that contact...staff, are often extremely experienced... really well trained in those Tavistock observations, they know what they're looking for [and they are] not always given the credibility that they should have. (CM2, LA)*

It was clear from all participant's reports that a 'good' contact supervisor possessed numerous different qualities and skills such as empathy, patience, negotiation and communication skills, kindness, warmth, observational skills and an understanding of child development. Their experience, personality, training and scope of their role as restricted (or not) by their individual agency, however, impacted on what they actually did during contact sessions and what they perceived the purpose of those sessions to be. One worker, whose role included contact supervision alongside family support work, identified a '*missed opportunity*' to enable positive work to be done with many families because of a lack of experience, describing the supervisor role as '*...an entry into children's services so they're the lowest paid, they aren't trained and...they tend to be young...*' (CS6, LA). Some contact supervisors that were interviewed had limited previous experience with children and families compared to others, particularly in a social care setting, which corroborated this view. One contact manager confirmed that it is a role which is often given to inexperienced workers which can be problematic due to a lack of knowledge, skills and training and one which she did after qualifying as a social worker where she '*didn't even know how to make up baby bottles and no-one trained me...*' (CM1, VAA).

Where contact supervisors lacked experience, this potentially led to a lack of clarity about their role and linked to this, the aims and objectives of contact could be lost. The complexity and significance of the role of the contact supervisor is further discussed and debated in chapter 13.

## **9.6 Summary**

In conclusion, the purposes of contact varied across participant groups, falling into five main categories: 'making memories', 'building evidence', 'for the future: the child's identity', 'cultivating relationships', and 'support for parents'. While there were overlaps in what different parties aimed to achieve, some priorities stood out for different participants. For parents, contact was about bonding with their child and receiving emotional and parenting support. Carers emphasised the importance of contact for the child's future understanding of their identity. Practitioners agreed that maintaining the child's connection to their parents was a priority, but there was debate over whether contact should serve as an assessment opportunity. Contact supervisors, however, viewed assessment as one of several key roles, but what supervisors described and were reported as doing during contact varied.



These varying priorities highlight that contact is a multi-faceted process with different meanings for different people. Notably, parents prioritised making memories with their child, who they would likely either not see again, or only see much more infrequently than they had been - something other groups did not emphasise. This lack of clarity on the purpose of contact resulted in different experiences for parents, carers, and children. Some parents received guidance and support, while others were required to demonstrate parenting capacity without much assistance. The impact of the contact supervisor's familiarity with the family and continuity of workers also played a role.

The next chapter will explore the role of contact in supporting relationships between parents and carers.

## 10 Evolving relationships between parents and carers

As outlined in Chapter Seven, parents and carers communicated in a variety of ways via the contact process - face-to-face, online (for 'virtual' contact), via the contact supervisor and via a communication book. Some never met in person at all while some met regularly throughout the course of care proceedings. This chapter focuses on the relationships that developed between parents and carers over this time. It draws primarily upon retrospective interviews with parents whose child had been adopted, and data from the longitudinal interviews with carers (towards the beginning and shortly after the end of proceedings). The practitioner perspective is threaded throughout each section.

This chapter has four sections. The first discusses how parents and carers started their relationship as uncomfortable adversaries, on opposing sides with a sense of anxiety and trepidation of getting to know one another. The second section describes how parents and carers experienced being 'mysterious strangers' to each other, but over time and with a sense of curiosity, got to know one another. Through regular communication, they became more familiar with each other and their understanding of each other increased as time went on. This could create a connection, though connection and knowledge sometimes led to a sense of disconnection, particularly if there were challenges within contact and/or court. The chapter moves on to highlight the challenges and complex feelings of building relationships while both parents and carers negotiated their respective and joint roles in relation to parenting together. With this came frustration as well as a mutual (in some circumstances) respect for each other and their role in the child's life. The final section explores future relationships.

### 10.1 'Us and them': uncomfortable adversaries

At the beginning of the EP placement, parents and carers generally did not know each other and had not met before, unless the carers had previously adopted a sibling. They started off the process shrouded in mystery where they were at odds with each other in terms of what they hoped for during care proceedings – they ultimately both wanted the same child in their care permanently. Initially this meant that parents and carers could be in opposing 'camps', as adversaries.

#### 10.1.1 Fear and anxiety

Both parents and carers spoke about feeling fearful and anxious about meeting each other for the first time, going into this meeting with a sense of trepidation and uncertainty. One contact manager noted how some EP carers '*are frightened of the parents because they hear all this stuff about how violent they are, they're on drink and drugs...*' (CM2, LA) going on to note that this fear was rarely substantiated as parents had no interest in anything other than seeing their child. Where meetings between carers and parents were delayed, this fear and anxiety could build up for parents and carers.

*...we sort of kept bringing it up with the new social worker saying that we would like to meet [parents], purely just to kind of get over that barrier. The longer it goes on the sort of, the harder it is... the first time I'd actually handed over Ella myself to them... [I] sort of forced myself, come on James, walk over to the room and hand her over. (James, carer, 1).*

Adoption social workers noted the emotive nature of these meetings, particular the first one, and described being on hand to offer support to carers to manage the meeting before and after.

*...it's needing that encouragement [to] jump over the hurdle to actually...meet birth parents...A lot of... carers that I work with have felt a lot better after they have met the birth parent. It's not felt as scary as they thought and then actually realising oh yeah they are actually people. (ASW3, LA).*

For one mother, Sophie, meeting her son's carers was delayed due to Covid restrictions. Even though she and the carer had built up a positive relationship by talking to each other via video call, there were still feelings of anxiety which were abated once they had spent just a short amount of time together. As a birth parent, Sophie's use of terminology regarding parents is interesting to note, as she identified her son's EP carers also as his parents, which came following an extended period of relationship building primarily through seeing each other virtually.

*[The carer] and I were both anxious, but by the end we hugged and we had a photo taken...Reuben has a photo of all his parents [together]... (Sophie, mother)*

Parents and carers reported challenges with meeting within the contact environment. Some ended up having awkward, unsupported encounters in the car park which carers reported increased their anxiety (and it can be assumed that parents may have felt similar). Carers and parents both acknowledged that meeting for the first time at contact itself did not feel comfortable, which could be a barrier to getting to know each other. One mother made the suggestion that it would be beneficial if the first few meetings could take place away from this stressful environment, in a more natural, neutral place for example by 'going for coffee', which would be less 'overwhelming' and 'scary' (Nicola, mother), something a carer also suggested.

### **10.1.2 Distrust**

Many parents had previously experienced having a child removed from their care and for some, these experiences led to a feeling of distrust towards carers i.e. a lack of trust based on experience. This was intensified by knowing very little about the carers who were looking after their child, which could exacerbate feelings of powerlessness and insecurity. This could impact on parents' desire and emotional ability to form a relationship with their child's carers.

Parents were unsure whether to trust carers and try and build a relationship with them, reporting very conflicting feelings. For instance, one mother, Zoe, stated she '*hated*' the carers initially as '*they played a big part in stealing my child from me*'. The fact that parents knew that the carers hoped to adopt their child, or as Nicola stated, were '*pre-approved*', could cause resentment and uncertainty.

*These people...they're not just temporarily looking after your kid, there is a possibility that if you fuck up, these get to keep 'em... so basically that's like extra pressure...you're then thinking well do I build up a relationship with these people just in case, but at the same time you're resenting them because what have they got that I haven't? What makes them so special?... (Nicola, mother)*

Nicola also described how having little information about carers felt one sided, believing that '*they know everything there is to know about you*' whereas '*you don't know the first thing about them*'. This felt uncomfortable – they had to trust that the strangers they had been assured by social workers were going to keep their child safe without any previous foundation. Where parents had experienced abuse in their own childhood, this was made all the more difficult. This disempowerment was also highlighted by practitioners.

*...one of the things I think that's really hard for birth families is that you know, they know nothing about these carers you know, they accept that it's an Early Permanence placement so the power if you like of knowledge and so on, little though it is, really is all on the carers part... (ASW1, VAA)*

Carers generally had more information about parents than the other way round, but this could still be very limited, and they did not necessarily know about parents' lives in detail, as parents assumed they did. Carers described that the information provided to them before a child was placed outlined the reasons why the child's parents were not able to safely care for that child. Information also included some detail about the parents' own background and experiences which may have led them to the situation of their child needing to be placed in foster care. The picture that carers built up about parents based on written information was, as previously noted, generally quite a negative one and could lead to having pre-conceived ideas about parents, particularly where information indicated that parents were unsafe, 'risky' or violent, with Lisa (carer) noting she '*wouldn't want to meet*' birth Dad having '*read his file*' (though ultimately did). The fear and anxiety, and sense of distrust between two parties could lead them to feeling like uncomfortable adversaries, and at odds with one another.

### **10.1.3 Doing battle for the same child**

The EP process created a situation where two families were both wanting the same thing, battling for the same child in what could feel like an adversarial process. Carers could feel quite uncomfortable with this position and were aware that what was their potential gain

was someone else's loss. This could lead to feelings of guilt and sadness for the birth family, with emotions running high throughout the process.

*...the day that the boys were born I remember being dead happy, but I remember...I actually cried for [birth Mum] 'cause I thought...that must be totally heartbreaking to give birth to children and knowing that you can't, that you're not going to be able to keep them... (Marie, carer, R)*

This underlying battle for the child could play out in the contact arena, where parents and carers were far more connected than they would be in a traditional adoption placement. Both were aware of the other's intentions throughout the process and as both lacked control over the situation, parents and carers were at times at odds with each other, not necessarily overtly but psychologically.

*[Parents are] going through the courts, fighting to keep her, and we want to keep her so it feels much more yeah like we're at opposite ends... feels a lot more complex and um, competition I suppose... you try not to think of it that way but...you're both fighting for the same little girl. Not that we're fighting, we're just looking after her...(James, carer, 1)*

Parents also described a sense of going into battle for their child from the moment that EP was raised as a possibility, and led to competitive feelings for some when the child went on to be placed. Zoe (mother) described how she felt that her child being placed with EP carers was a clear sign that he would be adopted, noting that '*...if the child goes into a concurrent placement, I genuinely don't think that you can actually get them out of it...*', going on to say how she was '*constantly...fighting in the courts*'. Practitioners also acknowledged how bringing parents and carers together at contact may exacerbate this sense of battle.

*...potentially we're placing [parents] in a room with their competition as such, which it must feel like for that birth parent..., sitting in a room with these people and think well if I don't get her back, then you're getting her. (CSW2)*

#### **10.1.4 Boundaries and barriers**

This element of competition could lead to barriers being put up on both sides, by parents and carers. This physical and emotional barrier could intensify where parents and carers were not given the opportunity to develop a relationship which could extend the length of an initial adversarial relationship. Anna reflected on a long period of missed opportunity where she and her partner could have been getting to know the child's parents as opposed to being at odds with each other.

*...so we've never met them really, you don't really know them, you're not going in to the contact centre and then suddenly four months into it it's suddenly like an 'us and them' and it's not us and them, it was never us and them but it is us and them at*

*that point...we got all the way to month 19, that's a long time of us and them. (Anna, carer, R)*

Another carer, Gemma, who met parents on a regular basis, spoke of being able to separate herself from the court process and the parents' journey, specifically stating '*it's not an us vs. them*', indicating that developing a relationship in-person may have helped to dissipate these opposing positions.

The often negative information about parents that carers reported social workers provided to them could potentially contribute towards feelings of anxiety around parents. Where social workers did not feel that parents and carers should have any direct communication with each other, this could reinforce the belief that parents needed to be kept 'at a distance' due to the 'risk' they posed to carers, the child and/or professionals, or in some cases due to arbitrary rules of contact centres. Many carers looked to social workers for guidance, and therefore social workers could be instrumental in how carers viewed parents and vice versa.

*I remember being very nervous about it, but that was purely because [of what] we'd been told about birth Dad and he was quite short tempered and ...he didn't like social workers, didn't like the situation, and he's a tall guy and he sort of came in and I was like oh my god... but now I'm just used to it. He's just...this person that you have tread carefully round...I describe him like a little brother...just like, calm down (laughs). Yeah, I know how to work with him now. (Lisa, carer, 1)*

The example above highlights how barriers can be broken down and relationships can change over time. Another example of the way in which professionals influenced how carers felt towards birth parents is illustrated by Heather's experience, who was repeatedly told she was unable to meet either birth parent despite entering the EP process hoping to do so.

*Heather – ...I have never met the parents so I just...hand [baby] over to staff in the car park and they take her in, and they have to make sure that I'm gone before the parents leave the room or something like that, just so that they can't see me or the car...*

*Int. – ok, and what's the reason that you haven't met, as far as you're aware?*

*Heather – ...the social worker told us to do it like that...because the Dad can act quite unpredictably when challenged and she's worried that he might erm do something unpredictable and then even like kidnap her...she's also said that she's thinking about as she becomes adopted if he's seen our faces...he would be able to recognise her. I think...it's more from the Dad, the risk. Because I always said...I'd be happy to meet them...it's just they don't want to do it like that. (Heather, carer, 1)*

Heather went on to meet birth mother at contact handovers towards the end of proceedings (nearly two years later) when birth father no longer attended contact, describing this as a valuable experience and one which, as many carers referred to, led to a more meaningful understanding of the parent.

*...I think it just made it more real to meet her and see that it's not anything malicious and she really loves [the baby] and puts the effort into coming to see her...I'm really pleased that I did meet her...just really so I can tell that to [the baby] as she's older...and sort of believe it as well, not just say what Children's Services say. (Heather, carer, 2)*

Parents tended to enter the EP process with a barrier up towards carers, as they felt that carers were instrumental in the loss of their child. Nicola spoke about how her 'barriers come up' when she was feeling anxious. As relationships developed, however, these barriers often came down and parents could start forming a relationship with carers, with parents' feelings being influenced by how they saw carers interacting with their child and how they treated them as individuals.

*...I just couldn't help love 'em.. they were just brilliant with Isla. You could see...how much they loved her and...they'd do anything and they were just, they were dead nice with me as well...I never really had that with [other child's EP carers]...I don't know, I didn't get that nice feeling off 'em. (Nicola, mother)*

Boundaries felt important to some carers. While some embraced the opportunity to meet parents and get to know them, others felt more comfortable with keeping the child's parents at arm's length for their own emotional wellbeing and, for Amanda, below, due to not wanting to blur roles.

*I'm kind of at the moment like the less we know, the better...I'm happy to have that divide, that boundary where we just communicate through the written word for now... 'cause I don't think I would want an emotional connection with them...I think... I would probably want to help them and sort of support them, and there needs to be that line you know.... (Amanda, carer, 1)*

In summary, the first stages of the relationship between parents and carers were subtly adversarial, at least initially, and fraught with fear and anxiety on both sides where neither parents nor carers felt they had any reason to trust each other, and both felt in competition. Limited information, or information given to carers that was focused on the negative aspects of parents, could intensify these feelings and this battle could create boundaries and barriers, either put up by parent and carers to manage the emotional and sometimes painful aspects of the relationship, or in some cases created or intensified by professionals keeping parents and carers apart.

## 10.2 Mysterious strangers: developing a relationship in unnatural circumstances

### 10.2.1 Curiosity

As communication between carers and parents continued, carers developed an increased sense of curiosity about parents and wanted to find out more about them. For some this was simply to build a relationship, as Lyndsey, below, described. Lyndsey's quote highlights how practitioners instilled boundaries for the carer/parent relationship which carers did not feel could be crossed, even though this could potentially lead to a more positive relationship.

*...part of me is like I wish we could just go for coffee and like have a chat and get to know each other a bit better, but obviously we can't really do that. (Lyndsey, carer, 1)*

Some carers tried to piece together information about parents that they observed at contact which seemed to be driven by a sense of powerlessness and anxiety in relation to the court process and their/the child's safety. One carer described a situation where she observed an unknown person coming to collect parents from a contact session and she went on to seek more information about this person herself, not trusting the practitioners to build an accurate picture.

*...I was sat waiting to collect [baby] and a car was just sat there...As soon as the parents had walked to the bottom gate with [baby], the car started its engine and drove down the car park to them...I thought oh great here we go, she's gonna be kidnapped...they didn't get in the car but was all introductions and stuff and then the parents denied that it happened, denied that there was a car there, denied that there was ever a man there... He's seen me, seen my car, seen my registration...I took note of his registration, found out what his name was then found out that he's a guy who'd been jailed for [specific crime] (Gemma, carer, 2)*

This intense curiosity was also identified by adoption social workers, who described how some carers wanted to know every detail possible. Adoption practitioners felt this was sometimes fuelled further by children's social workers not understanding the role of the EP carer and oversharing information, which adoption social workers then had to support carers to understand and unpick.

*... carers...have access to far too much information... you just think woah, hold on, you're not getting this...[Carers] have that emotional investment and therefore...they don't need to be taken on this emotional rollercoaster of we're in court and this is what was said... (ASW9, VAA)*

On the other hand, there were carers who did not want to know much information about parents, contact or the court process, and did not seek any out. For one carer, not knowing



details about contact was a way of being *'in control'* (Anna carer, R). Not being curious and restricting the provision of information seemed to be an act of self-preservation.

*...we'd sort of ask social workers not to...tell us too much apart from what we needed to know anyway just so... our minds aren't sort of wandering and dwelling on things too much...* (James, carer, 1)

For parents, there was not the same level of curiosity as reported by carers, but parents did want to know more information about who was caring for their child as previously noted.

### **10.2.2 Building a picture**

Carers who had the opportunity to have informal, 'normal' conversations with parents either virtually and/or face-to-face during contact were able to glean nuggets of information from them about their lives, personalities and their likes/dislikes that were not included in written reports. This built up a more holistic picture of parents as individuals and was something carers valued. The primary function of this identified by carers was for the child's future identity as described in the previous chapter, but also as a way to build and progress an adult-to-adult relationship.

*I think when adopters just get the on paper description of their, of his birth parents, they don't know that Mum really likes Dumbo and that Dad is a painter/decorator and yeah, you know, those little facts that just get missed off and make them humans...* (Lyndsey, carer, 1)

Having recurrent, frequent meetings could also dispel first impressions based upon a single meeting.

*...if you first met him you would be very much like ooh like he's quite intimidating but to know him, I know he's not like that.* (Lisa, carer, 2)

The process of picture building by carers of parents took place over time. In second and retrospective interviews, carers were able to talk about parents in a lot more detail than in first interviews, with a sense that they understood some of the intricacies of their lives, the challenges they faced and aspects of their personalities. Even indirect contact led to what could be described as the development of a positive relationship, and despite wanting distance initially, the benefits of communication were highlighted by carer, Amanda, when interviewed after proceedings had finished.

*...it's been nice to, through the communication book, know his birth parents a little bit better and have that open communication with them...it's always been quite civil...we've let them know how he's doing, they've let us know how his contact went you know...* (Amanda, carer, 2)

Practitioners reflected on their observations of the development of relationships, where parents moved from feelings of anger and carers moved from fear to the development of a mutually respectful relationship built on collaboration and trust.

*...initially it was all very much 'you're taking my child'...a lot of anger...and they wanted to hate the foster to adopt carers... but in the end, oh it was really sweet... they built this relationship up...to the point where the carers were like "we just want to adopt the Mum as well because we just want to look after her too"...so you saw this total upset from the birth mother change into...thank you...and in the end she was calling them 'our girls'... (CSW2)*

Getting to know each other had its challenges though, and these relationships and how parents and carers felt towards one another shifted and changed over the course of proceedings.

### **10.2.3 Connection and disconnection – the ebbs and flows over time**

From the carers' perspective, positive feelings towards parents generally developed the more they got to know and understand them over time. The longer that carers had a relationship with parents, the more understanding they developed led to a deeper sense of empathy, and carers spoke about parents with a sense of warmth and fondness. Carers, in many cases, reporting a fondness towards the child's parents.

This understanding of parents' difficulties led to some carers wanting to advocate for parents, with a feeling of protectiveness towards them. One carer was particularly protective of parents and by the time of the second interview, saw them as part of her extended family, by virtue of them being her (by that point) son's parents. She felt hurt when social workers talked about parents in what she felt was a negative or derogatory way, and wanted them to be treated fairly and with respect.

*[Professionals] don't understand the importance of the relationship between us and birth parents because of the impact that's going to have on Thomas as he grows up...[he] is our son and they're his birth parents. They're part of our family and so when you're putting them down, you're putting my family down and that's not ok...show them some respect... (Lyndsey, carer, 2)*

Carers described experiencing conflicting emotions related to the court proceedings and parents' challenging life circumstances. Frustration and exasperation were feelings reported by carers which could recur at different points throughout the EP period and cause a disconnection between carers and parents. This was particularly acute when carers felt parents were delaying what carers often felt was an inevitable decision of adoption, for example by not attending court hearings so they were adjourned or making repeated appeals. At the same time, some carers expressed understanding that parents would of

course 'fight' for their child in whichever way they could, and if in their shoes they would do the same.

In some cases, having increased information, and more communication, could also mean an increasing sense of dislike towards parents, which could lead to disconnection in the relationship, with Marie commenting on '*...the awkwardness of having to be around somebody who you know just isn't a nice person...*' (Marie, carer, R).

Through the EP period carers described moments of irritation and annoyance (disconnection) as well as moments of connection. It was acknowledged by carers, though, that parents were in a difficult situation, as they often couldn't do right for wrong.

*...bear in mind now we have some form of relationship with them so my feelings towards them now are very different...but if they didn't write in the book it frustrated me, if they did write in the book...they'd write something frustrating. One of them used to doodle in the book, that used to irritate me, I'm like 'oi you're supposed to be spending time with her, stop doodling in the book!'. So they were really in a lose lose situation.* (Anna, carer, R)

Other situations that caused carers frustration, and associated disconnection from parents, included parents not attending contact, being consistently late, cancelling at the last minute or being viewed to not be emotionally 'present' when they did attend. Some carers interpreted this as parents being 'lazy' (Lisa, carer, 1) or that they '*just couldn't be bothered*' (Gemma, carer, 2). This was interpreted by some as not putting the baby first.

*...rather than them waiting round for an hour they've decided they're going to get there and then make [the baby] wait and...that really sort of annoys you...* (James, carer, 1)

For other carers, this feeling of frustration was linked closely with disappointment for the child and for the parent that they were not able to have that time together. Some carers expressed more curiosity and empathy about why a parent may not be attending, for example Amanda (carer, 2) described how she understood that the baby's father would miss some contact sessions as he needed '*a mental health break*'.

Sometimes, carers felt emotionally threatened when they could see parents 'doing well' at contact sessions, or making positive changes in their lives, as they perceived this posed a threat to them adopting the baby (discussed further in the next chapter). Carers then felt guilty that they hoped parents failed, as they realised that if '*we win, they lose*' as Claire put it, and were essentially wishing ill of someone. Amanda (carer, 2) described feeling as though she was '*stealing their little child*' which was '*a constant conflict of emotions*.' It was a unique and very uncomfortable position to be in, and there was ambivalence for carers associated with observing or being told that parents were doing better.

*...in terms of us getting more positive about [baby staying with us]...it then has to be negative for [parents] which kind of makes us feel a little bit like horrible people. It's like we don't wish them ill at all, we wish them like they get kind of better from it, and they kick their addiction...but we also hope that they don't do enough...it's kind of hard to feel that way about somebody, like kind of willing them to fail... (Gemma, carer, 1)*

A disconnection was also identified by parents who did not 'click' with the carers and this disconnection in the relationship sometimes did not change throughout the EP period. Parents also described how they felt like they could never do well enough and were being held to different standards in relation to the carers. Lewis described how he and his partner Chloe's feelings towards the carers deteriorated over time, stating they initially '*seemed nice but as time's gone on they weren't as nice as what they made out to be*'. Parents felt that they were judged in a different way to carers, which could exacerbate the feeling of parents and carers being in 'opposing camps' discussed in section one, and create a disconnect. Chloe and Lewis did not meet the carers in person, only briefly speaking to them at virtual contact, but they were concerned about them adopting their daughter due to feeling like they were not providing safe care.

*...those carers are putting our daughter in danger and yet if the order for adoption is made, she's gonna be staying with them. (Chloe, mother)*

There tended to be a move between connection and disconnection for both parents and carers along the contact journey, going back and forth at different points, however sometimes a disconnection meant a total lack of connection and therefore lack of positive relationship. Ultimately what was key to relationship building for parents was how carers treated their child, themselves and how they interacted with both.

### **10.3 Formation of the relationship: negotiation and reciprocity**

#### **10.3.1 The importance of mutual respect**

For parents, the way they experienced their interactions with carers in the context of contact shaped their feelings towards them. It was important for parents to feel that carers were not judging them, something they felt they experienced from many other people. Parents valued carers treating them with respect, not making them '*feel scummy*' as Nicola put it, and taking an interest in them as people, not just as the child's mother/father. One mother, Sophie, who was very positive about the relationship she developed with her son's carers despite only having met in person once, said '*the carers are brilliant, so lovely...they asked how I was.*' In this situation where most communication was via video calls and the communication book, the lack of face-to-face meetings did not appear to be a barrier in terms of being able to build a meaningful, reciprocal relationship but the opportunity to talk to each other and get to know each other in some capacity was significant.

Parents' feelings towards carers could change over time and in some cases were impacted by other people in the EP carers' family. For Zoe, it was her son's 'now grandparents' (as she referred to them) who helped to bridge a gap when she struggled to move on from feelings of resentment towards her son's EP carers, which led to more positive relationships for everyone involved.

*I really didn't like [the carers] at the start and then I eventually kinda started warming to them and I think a lot of that was to do with his now grandparents.... [who started dropping Zoe's son off at contact]...there was one time where they had actually arrived very early...so they let me sit in the car with them...I got a lot of respect for them...and they started coming [to future contacts] 15 minutes early for that reason...I think they noticed that I had appreciated that so much and all we did was sit in the car and...they would talk to me like I was human... taking an interest in kind of me, you know...that felt a lot nicer because I wasn't just like Felix's birth Mum. (Zoe, mother)*

### **10.3.2 Parenting in parallel**

A picture of parallel parenting via contact was described by parents and carers, where they each tried to negotiate parenting with and alongside each other in varying ways. Sometimes this was relatively successful, for example Zoe described how the carers were pro-active in helping her with activities to do with her son during contact sessions which she valued, despite a slightly tumultuous relationship overall.

*...[the concurrent carers] were very good...whenever they were...coming to contact they used to bring a massive bag just his toys...and then I got like a really nice contact book that actually suggested that I could maybe like start bringing in things for him to do so I would bring in...a lot of like arts and craft things...I was able to plan more that helped us connect...I was doing things for him that I enjoyed and he enjoyed... (Zoe, mother).*

At times negotiations had to take place around parenting preferences that took place which were not always straightforward to navigate. Claire described how Josie's mother suggested Josie needed a dummy whereas Claire believed that Josie was displaying feeding cues which she reported to mother through the communication book. Where carers felt that parents were explicitly not following directions given about the care of the child during contact sessions, they described frustration and anger, particularly when they felt it caused the child distress.

*...sometimes I'm angry at it, because they're not...listening, like I'll give them instructions and they just do the opposite... (Lisa, carer, 1)*

For parents, similar frustrations were described when they felt that carers were not providing adequate care to their child, for example Chloe and Lewis spoke about carers having to be 'pulled up' for putting a coat on their daughter in her car seat (which is not recommended for safety reasons). They also spoke of wanting to see carers offering their daughter comfort when she was hurt.

*One time she'd fallen over while on virtual. Instead of picking up and cuddling her and ending it, [the carer] just shoved her back in front of the camera while she was still upset. (Chloe, mother)*

On the other side of this, carers did not want to bring attention to the fact that they were the ones who were taking care of the parents' child. On a video call where she had to pick Josie up to comfort her, Claire described how she did not want to 'rub it in to [birth Mum] that I was cuddling her baby...' (Claire, carer, 2). There were other examples of carers not wanting to 'rock the boat' in any way with parents and they reported trying to appease parents and avoid situations which may upset a parent.

*...the toys we send, the clothes we send her in to contact we try and make sure it's all stuff that they've bought so they can see her in the stuff they've bought and try and make the experience better for them as well. You do overthink what they're thinking about us...so much.. we don't want them to think we're not using the stuff they've bought. (James, carer, 1)*

Carers also consciously did things that they hoped helped parents still feel connected to their child such as allowing parents to experience a milestone such as a smile or rolling over as a 'first' even if the baby had done this with the carer previously. Carers also described providing photos of activities the child had been doing between contact sessions and including parents in special occasions such as birthdays and Easter. Some went to great lengths to provide parents with meaningful gifts and gestures that acknowledged parents' status as Mum and/or Dad. This could be quite an emotional task for carers, where they had other people's feelings to consider on top of their own and had to put their own feelings as the child's possible prospective parent aside.

*...we kind of try and treat Mum and Dad...how we'd want to be treated if we were in their shoes...[for Mother's Day] we made [Mum] a canvas and we put... to Mummy, from Darcey and she had footprints on it and little ribbons...they loved it...And we've got Dad's Father's Day present... (Gemma, carer, 1)*

The communication book, photos of their child, memory boxes and any gifts from carers were extremely important to parents. The way in which they spoke about them indicated they cherished them dearly, appreciating that carers had thought about them and their relationship with their child. One carer described how she made two memory boxes, one

for the parents and one for the child with duplicated items e.g. one shoe each from the child's first pair, a lock of hair in each box from the child's first haircut, the same photos of milestones etc., for these memories to also be preserved for the child. Jade (mother) described how it was 'lovely' to receive these kinds of gifts and sentimental items.

Parents also described more of a sense of 'co-parenting' when an information exchange was more reciprocal. For example, where the parent had the child in their care for any length of time, either in hospital, at home or in a parent and child foster placement they could pass on relevant information.

*...they did like a lot of talk about...Felix and stuff...I would ask them a lot of questions about what he's been getting up to and stuff...they would tell me a lot and I was able to kind of tell them what he was like as a baby... (Zoe, mother)*

In some circumstances, parents and carers were physically brought together within the contact space to care for the child together. This was unusual – only one parent described this and the social worker below described a general, creative approach to it, but it was perceived to have many benefits.

*I've done it more and more so with foster carers...come into the contacts... because actually if the parents can't settle the child, [the carers] can settle the child and then the birth parents can continue that time with the child...I feel us as a county council have got to look at contact very differently where it's not we take the child from you and we give the child to you... the child just isn't this, it sounds really awful to say, thing passed between people and you know, the birth parents have this 'the foster carer's awful' and the foster carer 'birth parents are awful', actually they come together and I think that's really important in contact. (CSW2)*

## **10.4 Bridging the gap: from short term to long term relationships**

Contact was something that continued across the course of the EP placement for most parents and carers in one way or another. Regular contact (i.e. between one and three times per week) was described by parents and carers as reducing very quickly once a Placement Order was made. For the one carer family who experienced reunification, the frequency of contact increased to support this plan. Parents' and carers' views on long-term relationships were opposing – parents wanted to still see their child (and therefore see carers) whereas carers wanted and expected this in-person relationship to cease. Parents' and carers' views on the shift from a short to long term relationship are explored further in this section.

### **10.4.1 A short-term necessity**

Carers generally saw the facilitation of contact during proceedings as a short-term necessity towards a long-term goal (of adopting the child in their care). Supporting the child to attend contact sessions was seen as something they had to do as part and parcel of the process.

Many were counting down the days until it came to an end, particularly due to the impact they felt contact had on them and the child.

*...the best bit of the process is after that final contact, knowing that I don't have to do it anymore. (Marie, carer, R)*

While carers identified many (previously outlined) benefits of having a relationship with parents via contact, maintaining face-to-face contact in the longer term was not something that carers described as a possibility or something they felt would be valuable. This may have been because carers had not been prepared by social workers that this in-person relationship could or should be maintained in the longer term, or the intensity of the contact during proceedings meant that they just wanted the experience to be over, having experienced a social and psychological shift related to their parental identity (see Chapter 11).

For some carers, they reported that it was the rules of the adoption agency that prevented the move to a long term, in-person relationship. The example below related to sibling relationship but highlighted a risk-averse approach.

*...we would have loved to stay in physical contact with [siblings] but because they're in touch with their biological [relatives], not their parents,...we're not allowed to have contact with them...They said it's just too risky... because she's being adopted and [the siblings are] not they have to cut her off completely... it is a shame we can't stay in touch with them. (Gemma, carer, 2)*

There were examples given by social workers of successful in-person contact arrangements following an EP placement. One social worker (CSW1) described a very positive post adoption contact plan which included once a year face-to-face meet ups. The social worker felt this was only achievable due to the foundations being built during the contact process. Another social worker reflected on what led to ongoing contact.

*[Some] carers have been able to develop that rapport with the birth parent which has been really positive, and equally the birth parent has been able to develop that rapport with the carer so there's so much more engagement when thinking about contact once an order's been made...carers are so much more open to having a direct contact link moving forward and that's been so supportive... (ASW3, LA)*

The important context that the practitioner above noted was around the foundational relationship that could be built during the EP period. The following section explores this in more detail.

#### **10.4.2 Building future foundations: a known quantity**

The knowledge and understanding that carers built up of parents was drawn upon when considering future contact – carers were able to build up an understanding of parents' lives,



personalities and judge whether they posed a 'threat' in any way. They were a known quantity. In some cases, this reduced carers' fear when considering the possibility that the child may want to meet their parents when they were older and cemented the child's place within the carers' family.

*... we don't wanna give her like a sexy mystery to go find and solve that she'll then wanna go be with them, it's a case of yes they might be your biological family but you actually do belong emotionally in this family...there's no reason why you shouldn't have a relationship with your biological family when you get a bit older...so yeah I think it's easier because we've met them and spent time with them and got to know them a bit. (Gemma, carer, 2)*

On the other hand, even where carers had a positive relationship overall during the EP process, in some cases what they had learned about parents meant that they could not conceive of a scenario where meeting up was a possibility or be of any benefit to them or the child. Claire, below, generally had a laid back approach to contact and spoke with empathy for the mother, but direct contact was not something she felt able to consider.

*...[birth mother] pushed for [face-to-face meetings post-adoption] and you know that's just not something that we, as amenable as we are...would agree to ...I think she is more of a tricky person and I think if she found out one bit of information...I think that she would get in her car and try and find out where we lived or follow us or something and I just think it's just not worth...the risk... (Claire, carer, 2)*

A clear benefit of parents being a known quantity in relation to indirect keeping in touch arrangements via letter were carers' reports of knowing who they were writing to. They also reported to have a sense of parents' level of literacy and understanding. Furthermore, they could consider what parents may want to know, basing this on previous interactions, and 'pitch' the letter at the right level, with a hope for a mutual exchange.

*I...know the kind of things that they're a little bit interested in so can write very specifically about what he's doing...things that they might like to hear about...I think definitely writing won't be too hard. I think I'll find it hard not to almost be overly friendly 'cause I know them and yeah I like them so I kind of want to know how they're getting on. (Lyndsey, carer, 2)*

For parents, the relationship and understanding of carers that they built over the EP period could provide reassurance that their child was loved and would be looked after in the future. Parents spoke about observing how the carers loved their child, having seen this for themselves and believing it to be true.

#### 10.4.3 The importance of a long-term connection for parents

Parents identified how the cessation of regular face-to-face contact sessions after a Placement Order was made felt unfair, particularly where they were stripped of their parental identity by not being able to refer to themselves as Mum and/or Dad (which was commonplace) in future communication, or in one case in the latter stages of contact sessions. Parents expressed a desire to explore a longer term, face-to-face relationship with their child, not only for their own sake but also for the child in terms of their identity.

*I don't think [social workers] fully understand that by cutting off contact once the child has been adopted, the damage that it does... it's all very well having indirect contact but there needs to be some face-to-face, so then like the child still knows who their parents are... (Chloe, mother)*

Maintaining a relationship face-to-face was not always straightforward for parents, however. The one parent in the study who did have face-to-face meet ups with her son and his adoptive parents found this emotionally very difficult and fraught with complexities. This was particularly challenging when she considered how to manage the relationship between her adopted son and her younger child who remained in her care. She also described concern with how she might cope emotionally with the contact herself in the longer term, particularly when recent meet-ups had been cancelled due to Covid.

*...I will have seen him once in two and a half years, after being promised that I was gonna see him twice a year....it was a very very tough situation...it's completely and utterly destroyed any bond...I struggled to get a bond with Felix in the first place because of all the trauma leading up to it...for me I kinda just wanna like step away from it completely but at the same time I don't... (Zoe, mother).*

One mother, Jade, did not have any face-to-face contact with her son but had been meeting with her son's adoptive mother once a year for several years, which made her feel like she had a continued connection to her child. Jade identified the significance of the relationship she and her son's now adoptive mother had developed during the EP period in being able to maintain a relationship in the longer term.

*...it's nice...I've seen videos of him saying hi Mummy Jade and like I've still got 'em on my phone now, and [adoptive mother] sent...me memory sticks of him riding his first bike so it's lovely...I have that opportunity to still see Joseph growing up and still be a part of that... I think because we had that relationship and I stuck with it, it's nice for them to give me that so I am happy. (Jade, mother)*

Another mother, Sophie, wanted to continue a relationship with her child's adoptive parents, for example 'meeting at a cafe...being able to check in with each other more informally like via e-mail.' But described this not being allowed by social workers. Despite ultimately only

being able to keep in touch with her son and his adoptive parents via letter, Sophie appreciated how detailed and friendly the letters she received were in comparison to her other children's adoptive parents which were *'three paragraphs, that's it'*. Other parents reported similarly how carers included things in their letters that they knew they would like to know from the existing foundations of the relationship they had built during the EP process.

*...in the letterbox contacts, they do try and tell me a lot of the stuff about Felix that they know that I would appreciate. So in my last letterbox...they basically said that like Felix had a petting zoo for his birthday and like he held a snake which I would like, so they have made some effort to get to know me a bit more... (Zoe, mother)*

This section highlights the difference in how parents and carers view longer term relationships. Carers had been prepared for contact to be a short term commitment, as part of the EP process, whereas parents had a hope for there to be a longer term connection – the implications of this will be discussed in Chapter 12. In some (limited) circumstances, a longer-term relationship was present and successful, built upon a strong foundation established through communication and interaction associated with contact.

### **10.5 Summary**

The relationships between parents and carers during the contact process in EP were complex and dynamic, often marked by tension. Conflicts arose not only from both parties wanting the same child but also at times from practitioners exacerbating the divide by keeping them apart. These relationships involved moments of connection and disconnection, influenced by contact, court proceedings, and individual behaviours. Face-to-face relationships typically ended once proceedings concluded, shaped by the views of carers or practitioners, or both. In some cases, EP provided a foundation for continued relationships.

The evolving relationships during the contact process were shaped by the challenge of parents and carers establishing their roles and parental identities, a complex issue explored in the next chapter.

## 11 Navigating parental identity in a liminal space

The previous chapters have explored infants', parents' and carers' experiences of contact in EP, including parents and carers relationships with one another. This chapter will discuss the context in which these experiences and relationships were taking place, to provide a better understanding of why contact in EP is challenging and requires significant support.

During the EP process, both parents and carers were on a journey related to being, and becoming, parents, respectively. They were both navigating their own parental identities (and related emotions), thinking and conceiving of themselves as parents while not feeling able to truly describe themselves as such. This was played out within the contact arena and was a significant factor in the development of relationships between the two parties that were explored in the previous chapter. The grappling of emotions that both parents and carers were going through could get in the way of successful contact arrangements, when both parties were expected to come together in some form (whether in person, virtually or indirectly in writing).

The first section of this chapter focuses on the identity journey for parents, discussing how a liminal space commences from the point they are told their child may be placed with EP carers through to the point where their child is adopted and beyond. The second part explores the parental identity of EP carers, from before the child is placed, where carers often experience an uncertain waiting period, to an identity shift that occurs when EP and the associated intensive contact process ends (either because a Placement Order is made, or the child is reunified with birth family).

The data illustrated that parents and carers had some overlapping experiences and feelings across the course of care proceedings, where they were both attempting to navigate their respective journeys to parenthood (or potential parenthood for carers). The final section examines these parallel journeys, identifying similarities and differences.

The term parenthood is used in this chapter in relation to both parents and carers, while acknowledging that carers were not legally the child's parents when interviews took place.

### 11.1 Parents' identity journey

#### 11.1.1 Entering a liminal space

All the parents (bar one) had their children placed with EP carers straight from hospital and described having limited time with their baby before they moved to EP carers. Parents described associated feelings of pain, grief and loss. One mother who had her son removed from her care at around nine months old described experiencing similar feelings. Prior to being separated from their child, parents described feeling like their parental identity was at risk (often before the child was born), having been told that the local authority were going to court and were looking for EP carers, with EP being '*on the cards almost straight away*' (Lewis, father). One mother, Jade, who was a teenager when she had her son, was advised

of the local authority's plans to go to court shortly before giving birth. She described how this was an additional stress during labour, with the threat of her baby being removed from her care being an overarching presence throughout.

*...a day before I got induced [the social worker]...said right, go and get yourself a solicitor 'cause your son's not comin' home...the next day I give birth... and had like a safeguarding woman in there... and my phone was ringing constantly when I was in labour, every hour, every half an hour, [with the social worker asking] has she had him, has she had him yet? (Jade, mother).*

The waiting period could be described as entering a liminal space – of 'being betwixt and between' two time points on a transitional pathway. It was the start of a confusing time where parents were not sure how to feel about being a parent. Sophie (mother) described having a '*special bond*' with her son after spending three weeks in hospital with him after they were both very ill following birth. Sophie was able to breastfeed him and carry out all his care tasks, essentially being his parent in the traditional, expected sense, before he was placed with EP carers when he was discharged. The time spent together was special to Sophie, but during this period she was aware that the local authority's plan was to place her son with EP carers. This led to intense feelings of loss when her parenting journey felt like it abruptly ended early on, going on to state '*I didn't feel like his Mum*' after he was no longer in her care.

There was an inevitability of EP that other parents also described, where they felt that someone else was waiting in the wings to adopt their child if they were not able to, with parents feeling like the local authority knew that parents were '*gonna fuck up anyway*' so already had '*new parents lined up*', as Nicola (mother) stated. It felt like adoption was a '*done deal*' with parents feeling as though they were being '*set up to fail*', reporting feeling like they had lost their child as soon as the child was placed with EP carers as there was no coming back from it. There was, however, a remaining sense of being in a liminal space due to an extended period of uncertainty and anticipation of loss.

*...the second they go into concurrent placements, it's kind of end game there and then... it's just that living with that like permanence...anticipating you're going to lose them the whole time... (Zoe, mother)*

#### **11.1.2 An ambiguous identity**

Parents reported how they did not feel like a parent, but more an alternative carer when they only saw their child at contact. Sophie (mother) stated she felt '*like a babysitter*' when she had contact and Nicola (mother) referred to herself as a '*surrogate*'. The inability to provide 24/7 care for their own child meant that parents were battling their identity internally which was also being contested by external factors and views from friends, family, strangers, practitioners and the legal system. During interviews, on the one hand parents

referred to their child as 'my son/daughter' but described feeling that the child was not their son or daughter anymore. They wondered if they ever would feel like a parent, where they were unsure when or if their child would seek them out in the future, extending the liminal space beyond the end of proceedings. Parents outward responses, such as bravado, could be very different to the inner turmoil they were going through and some would put on a front to manage their painful feelings.

*...the jokes are the worst...I go oh fucking hell mate, well see, I don't have to deal with that...bullshit me do I?...when in actual fact I'd give anything to be dealing...with sleepless nights or temper tantrums or potty training...the people that know me...they know how much it kills me on a daily, but everybody else, I come across as a right heartless bitch. (Nicola, mother)*

Mothers talked about giving birth to the child and carrying them, indicating that this was high up in the hierarchy of what 'makes' a parent. It was very difficult for parents to see someone else taking the role of the parent. This was evident for Nicola (mother) during contact handovers where carers were sharing information about the child's care needs, which Nicola felt she should be doing. Parents experienced a dissonant state, saying they didn't feel like a parent but at the same time staking a clear claim to their child.

*... the first time you meet [the EP carers], they've got your child and they're going "here you go, right they feeding need at this time..." Er sorry, did I not just give birth to this child? [They're] coming in as though they're the parents, 'cause sorry, you're not... just 'cause you're a live in paid childminder, don't mean nothin... I'm still the Mum...' (Nicola, mother)*

Parents did not want their child to forget who they were, but could often see that they were more of a stranger to their own child than the EP carers, which evoked painful feelings, and made it more difficult to undertake a meaningful parenting role.

*...it was hard, because it was my little boy, and my little boy has gone...to live with someone else. They were like, we'll take care of him and...I know you're looking after him but I'm his Mum...it just hurt knowing someone else was getting up with my son, feeding him, dressing him...I should have been doing that, all that... (Jade, mother)*

While trying to navigate their identity, parents tried to do what they could to still feel like a parent. For example, Sophie (mother) took toys in from home for her son to play with and took pleasure in providing home cooked food. Likewise Jade described taking clothes and gifts to contact for her son stating 'I always did something that I could as a mother...that's still my son, I still gotta provide for him...' (Jade, mother). The environment in which this

parenting took place, however, led to parents feeling like they were simply performing the parenting role for short periods.

### **11.1.3 Performing parenthood**

Parents undertook what some explicitly described as a performance of parenting during contact sessions, with Chloe (mother) for example referring to feeling like a '*performing monkey*'. Parents did not have the opportunity to experience parenting in a natural way, and therefore this impacted on their ability to identify as a parent.

The EP process was a period of significant challenge and emotional turmoil for parents, who were coming to terms with the separation from their child, but were also continuing to deal with other life challenges such as domestic abuse, drug/alcohol misuse and mental health problems. Alongside this, some parents described having to attend numerous appointments related to the court process and as noted in Chapter Seven, had long and complex journeys to contact centres. Parents described essentially living and balancing two different lives – the everyday life where they were psychologically a parent but not an active one, and the life they had during brief contact sessions where they had the opportunity to perform their parenting role to the best of their ability. Nicola described the immense pressure she felt to showcase her parenting skills and identity.

*...[Contact] normally comes not long after you've given birth, you've got a court case on... so you're stressed anyway, your hormones are all over the place and you know you're being reassessed...plus you also know that these people that are looking after your kid have already been preapproved to have 'em if you screw up... and then... while you're going through...one of the toughest moments of your life...you're still supposed to try and show [social workers] that you're the best person for your child when at that present moment in time, you feel like your world's just been like ripped from under you. (Nicola, mother)*

This performance of parenthood also came with other people's judgements. While parents had to try and navigate being a parent to a child who was not in their care, they also had to contend with other people's views on this situation.

### **11.1.4 Stigma and shame: a spoiled identity**

Parents described what Goffman (1963) coined a 'spoiled identity', referring to someone whose identity caused them to experience stigma and a sense of abnormality. Parents described feeling scrutinised and judged for having a child in care by numerous people – practitioners, their own family and friends as well as strangers. There was a huge amount of stigma associated with the position that they were in, which could lead to feelings of loneliness, isolation and poor self-worth.

*...there's parents complimenting your child [at soft play]...then...they stop talking to you whenever they realise that the person sat beside you has got a health and social*

*care badge hanging round their neck...because apparently they haven't put that away so...if you're out in the community, people see that you're, you know...you don't have your kid home with you...* (Zoe, parent)

Some parents felt unable to acknowledge themselves as a parent in society due to this spoiled identity, bending the truth when people asked where their children were to avoid the judgement of others, for example as Sophie (mother) described, telling people '*the children are with my Mum if they ask.*' Zoe also described how she avoided the truth about where her child was when she met up with friends she had not seen for a while because she was '*just so ashamed*'.

Parents also described feeling like they were at the bottom of a parental hierarchy, where carers were seen as more important and more of a parent than they were. Chloe and Lewis felt cast aside in favour of the EP carers when their child was in hospital after birth, for example.

Lewis - *...we got told by social workers that we weren't allowed up* [to the hospital to see their child]

Chloe - *...all because they wanted to give the foster carers time to get to know her, so basically we were shoved out.* (Chloe and Lewis, mother and father)

Parents also described how they were portrayed as being difficult, volatile, argumentative, aggressive, unstable or angry. They reported how this felt unfair, as their loss and grief was not taken into consideration. These emotions were heightened further with the knowledge that by virtue of their child being placed with EP carers, adoption was likely. Parents felt like they were unable to express any outward emotions as this could be used against them as evidence of their unsuitability as a parent. Nicola (mother) described how if she said anything in a formal meeting she was '*just being...emotionally unstable for just having an opinion.*' whereas Zoe (mother) explained '*I wish they would realise that whenever you're taking someone's child away from them, they're feeling anger.*'

The end of care proceedings was a significant point for parents, where they felt that what was left of their identity as a mother or father was stripped away when a Placement Order was made, sometimes slowly, sometimes abruptly without warning. Parents heard messages from practitioners that they were no longer the child's parent, they were not able to use parental terms such as Mummy and Daddy in any ongoing contact, and information about their child was now restricted.

*They told me I couldn't have any information because I'm not their Mum anymore. I am their Mum, I gave birth to them, I will always be their Mum.* (Sophie, mother)



### 11.1.5 Letting go

Chapter Nine outlined that social workers saw contact as an opportunity to support parents with their grief and loss. From parents' perspective, being a parent was still very much part of their identity, even when there was ambiguity to it. Therefore, when care proceedings were coming to an end and the likelihood of adoption increased, some parents described finding the process increasingly difficult to accept and come to terms with. It was palpable to Zoe from seeing her son with his carers that she felt like she had been replaced as a parent, with her parental identity fading away.

*...[the social worker told me] that [EP carers] would have to be a part of that contact... in those contacts Felix...his parents as far as he was concerned, his Mummy and Daddy were there so I just kind of watched him call them Mummy and Daddy...If he like fell and like hurt himself, he would go running straight to her as opposed to me like he normally would...it was just kind of very like long, drawn out suffering of watching him kind of bond with someone else... (Zoe, mother)*

There were examples from practitioners, however, as noted in the previous chapter, where bringing parents and carers together at contact could be very successful all-round. In parents' own descriptions, they suggested that having a positive, reciprocal and respectful relationship with EP carers via contact led them to feeling reassured that their child was loved and cared for, and embraced into another family. As one carer, Gemma, stated, '*Mum can definitely tell that she's healthy now and she's happy*'. Observing this led to feelings of acceptance of the adoption plan. Sophie (mother) stated '*I couldn't wish for better for him...I know they love him*'. Another mother, Jade, reflected on her own experiences of foster care as a child and noted that her son had '*been there since day three*' and she '*didn't want [him] being passed from pillar to post like [she] was*'. Both practitioners and carers also described how parents stated either informally or in a court statement that if their child could not be returned to them, they wanted them to be adopted by the EP carers. This felt like parents letting go of the child and giving permission for someone else to step into the day-to-day role of being a parent.

*His Mum...asked if he can't stay with me will he stay with you...she said I'm ok with that because he's happy with you and he likes being with you and I think that moment she almost checked out from there. I felt like she kind of had almost handed over, said actually I've accepted this... (Lyndsey, carer, 2)*

Other parents explained how they stopped attending contact because they knew their child was going to get adopted – it was too painful to live in a liminal space where they felt the outcome of adoption was inevitable, but the timescale was uncertain, and they did not want to or feel able to put themselves or the child through that for longer than necessary.

*I stopped going 'cause I thought she was getting adopted so, I couldn't fall in love with her anymore to lose her again... that's all they keep saying to me now, but yeah you gave up on her. I didn't give up on her, I didn't...I just... (becoming tearful) how am I supposed to fall more in love with her every time I see her just to lose her?*  
(Nicola, mother)

Regarding parents' views on the EP carers' relationships with the child, parents fell into two categories. Some parents were clear that they could never acknowledge the carers as their child's parents. Zoe (mother) who '*...told [the EP carer]...you're never gonna be Felix's fucking Mum, no matter what the fuck you think*' acknowledged that while she was in a very angry and oppositional place when saying this, she ultimately stood by this sentiment. Other parents appeared to be more settled and positive in their views of the carers' role, to a point of acceptance. Where parents and carers were able to build a positive relationship with each other, this seemed to help parents with a shift in their parental identity, enabling them to 'share' this with carers and referring to the carers as Mum and/or Dad alongside themselves.

*I couldn't wish for a better Mum and Dad for Joseph because they've been with him since he was three days old so it's nice, I'm glad... (Jade, mother)*

This acceptance did not, however, completely mitigate the painful emotions and sense of loss that parents described intensifying after the final decision was made. This was something they then had to adjust to living with in the long-term. With adoption, they were not able to get closure and there was, as noted previously, social stigma attached to their experiences. Parents reported it was difficult to function around significant dates, for example their child's birthday or the date the child was adopted. This was impacting parents repeatedly, sometimes around contact for subsequent children. Nicola described experiencing stages of grief, stating she still had to '*grieve for the life that we could have had...*'. Jade shared how she couldn't cope with attending contact for her youngest child on her older child's birthday and described how it felt it would have been easier if her child had died rather than be adopted as she could have openly mourned this type of loss.

*I know it sounds horrible, but sometimes I look and I think to myself, I wish he's like, passed away or something, dya know, so he's here. At least I'd have somewhere to go, day in, day out to see him. Knowing that he's in the world somewhere and I don't know where he is, that hurts even more. (Jade, mother)*

## **11.2 Carers' identity journey**

### **11.2.1 Waiting and wondering in anticipation**

Similarly to parents, carers were also living in a liminal space, though this commenced in their wait to hear about a potential child after being approved as prospective adopters/EP carers. All carers had a baby informally 'matched' with them pre-birth and described

anticipation and anxiety before the baby was born due to the number of unknowns – when will baby arrive? Will the baby be in good health? Will the baby come to us? The timeframe between being given information about an unborn baby to the baby being placed with carers varied from a few weeks to six months. Some had very little time to transition to becoming a parent (for all intents and purposes) to a newborn (described further in the next section).

Other carers were given more notice which could cause heightened anxiety, with an extended period of waiting and wondering, but with little information available to carers. At this point carers described having an emotional connection to the child (particularly where it was a sibling of a child they had already adopted) but had no right to any information. For Marie, below who described already feeling like the children's mother, it was an emotional rollercoaster with no guarantees as to the outcome (see section 11.2.3 for further exploration of parental identities of carers).

*...[The local authority] said...birth Mum's pregnant again... we got told that she'd still been using the drugs and we got told that it was the same birth father...we got told they were born and that they were healthy and then we had to wait a couple of days to be shown a picture, and we were given the names. So that was torture. It was horrible...'cause I knew about the boys and knew they were obviously gonna be ours. So at this point I'm the kind of person that just classes them as my children and know I shouldn't have done, but I did...' (Marie, carer, R)*

Carers spoke about feeling sad and worried that the babies were in hospital alone often with no or few visits from parents, with Lyndsey (carer, 1) stating she *'felt a bit of sadness that we hadn't been there a day before...it's still one night that he was left alone'*. There was a sense of connection and protectiveness from the very beginning, while carers sat in a liminal space waiting for delivery. Carers were often desperate to be able to see the babies but were at the mercy of social workers, only allowed when permission was granted – a parallel experience to parents who were anticipating the removal of the child from their care.

### **11.2.2 Delivery of the baby: becoming a 'pretend' parent**

After their undefined wait for news of a potential baby and their arrival, carers described being launched into prospective parenthood in an unnatural way, very quickly and with little time to adjust. They spoke about feelings of shock at the reality that they were on their way to pick up a baby with very little time to practically and emotionally prepare for this. Carers often had no experience of caring for a newborn but as foster carers, professionals expected them to know what they were doing – they had to perform the role of an experienced carer.

*...we did ask that we had a quick chat with the midwife while we were in there, just to kind of give us a crash course in the basics and fill in any knowledge gaps...Quickly go over...feeding and bits and pieces like that 'cause... having her*

*in the short space of it all happening, you haven't really got time to kind of educate yourself...* (James, carer, 1)

Some experienced a sense that they were 'pretending' to be parents when they got to see the baby for the first time and the whole experience felt quite unnatural.

*...it's surreal because you're going to pick up this baby that you haven't given birth to...we...sat with her like she was our baby and that was really weird... you just felt that there's all these people around you like watching you...I... felt like [I] couldn't be natural...* (Claire, carer, 2)

Some carers experienced a baby being 'delivered' to them by a social worker (often because it was deemed too 'risky' for carers to attend hospital), while others went to hospital to collect the baby themselves. One carer described a 'drive by baby pick up' (Gemma, carer, 1) which felt more like something from an action film where she and her partner drove up to the hospital doors and the baby was bundled into the car by the social worker, trying to avoid the child's parents from seeing them or their car. This added to the sense of fear of parents that had often already been established for carers through information they had been given, or existing pre-conceptions of birth parents in general.

### **11.2.3 Developing a parental identity: 'this is our child, it's not our child, but it is our child'**

All carers had gone into EP with the desire to ultimately be an adoptive parent. Motivation to pursue EP included wanting to parent a young baby, seeing the benefits of reduced moves for the child/improved attachment relationships and for faith based, altruistic reasons. The way in which the carers described their relationship with the child, and how they navigated the parent vs. foster carer role varied, but all carers saw the child as part of their family and were emotionally invested in the child they were caring for. Some carers acknowledged the child's belonging to another family more overtly than others, and this appeared to impact on their relationships with parents. In terms of parental identity, carers fell into two groups – **new parent** and **prospective parent**.

#### **11.2.3.1 New parent**

Carers in this category saw the child as their own from day one, referring to themselves as Mum and/or Dad and saw care proceedings as a 'done deal' where contact was an unavoidable part of this process. One carer, Marie, who fostered her older adopted child's siblings via EP for a short period described a 'claim' to the children she was fostering.

*...them boys were mine the second that I knew we were taking them and that, that's wrong and I know that's wrong because there was still so many hurdles to get through before they got here...I loved them from...the very first time I knew they were born.* (Marie, carer, R)

This type of parental identity could have a significant impact on how carers managed contact and how they approached relationships with parents. In her first interview, Amanda described being aware that the child was not legally hers but still clearly identified him as hers when talking about him – *‘that’s my baby’*. Referring to section 10.1.4 in the previous chapter, Amanda instilled a clear boundary between herself and parents, and also found the contact process very anxiety provoking. Contact supervisors observed how these tensions could affect the contact process. This was an aspect of the process which required sensitive management of everyone’s feelings.

*...we also see Foster to Adopt parents who, in their eyes, that child is already theirs and there is this undercurrent, this resentment that they’re...having to bring this child to see the parents... So our supervisors roles are sort of to try and, to encourage the relationship and to smooth things over. (CM4, LA)*

Social workers acknowledged the difficulties that carers had with this conflicting parental identity but they wanted to see that carers were able to clearly define their role as a foster carer.

*I don’t wanna visit someone’s house and see...congratulations new parents cards at a Foster to Adopt stage...I feel it’s disrespectful [to birth parents]...I understand [it’s] a really exciting time... but at that point that child isn’t yours to claim. It’s yours to love and care about and nurture but not yours to claim and I think there’s a real difference. (CSW1)*

#### 11.2.3.2 Prospective parent

The prospective parent typology applied to carers who similarly emotionally felt like the child’s parent but clearly identified that they were the child’s foster carer and had not ‘claimed’ the child as theirs during proceedings in the same way as the carers above. These carers described navigating this foster carer identity in different ways. Some, like Gemma, identified as a *‘semi-professional’*. Others pro-actively reminded themselves that they were the child’s foster carer, keeping themselves grounded in the reality of the situation.

*...when I go to sleep it’s like it goes around in my brain, I just think ‘what if’, ‘what if worst happens’ like how am I actually going to give him back? I’m sure it won’t happen, but you’ve always got to think ‘what if’...I’m preparing for the worst, and hoping for the best. (Lisa, carer 1)*

Some carers had more clarity and investment in their role as a foster carer in terms of how they worked with parents and what EP meant for the child. Lyndsey, below, described part of her role as being to help parents to regain the care of their child if possible, with a clear focus on the best interests of the child, keeping all possibilities open. Lyndsey was a carer

who was able to build a very positive relationship with parents and saw them as '*part of [her] family as well*'.

*...we are foster carers and we try and stay in the foster carer mindset but at the same time we need to love him as a parent loves him.. it's getting that balance...we just take every day as it comes. We don't try to think about the future too much. There's a lot of 'if he stays'...we kind of believe in the process... even if he does...go on to a birth family member actually we'll still know we've given him the best possible start and...that's kind of our job at the moment... (Lyndsey, carer, 1)*

Some carers in this category, like how 'new parents' described, were 'all in' in terms of their love for and emotional connection to the child from the very beginning. Instead of claiming the child to be theirs, however, they *hoped* the child would be theirs in the future – a subtle but important distinction with their parent vs. carer identity.

*She was this little baby and she needed looking after so I instantly fell in love with her just straight off the get go, I want this child to live with me forever (Anna, carer, R)*

For others, their feelings shifted more slowly across the course of care proceedings, from describing a slightly more reserved emotional investment due to uncertainty to feeling more like a parent in terms of their love for the child. These changes were captured across the two interview time points. For example, Claire described in the first interview how '*a little bit of me is holding back emotionally...because I know this could go either way*'. In the second interview, Claire reflected on how and when her feelings changed.

*... probably about maybe two and a half months ago...all of a sudden it was just like this overwhelming like looking at her thinking God...we just can't be without you now. That overwhelming feel of love and affection... (Claire, carer, 2)*

Carers in both categories described a tussle of feelings towards the child and in how they saw the child in relation to themselves – they described an inner battle of logically knowing and telling themselves that the child was not theirs, but feeling like they were. This meant they described feeling like they were not able to completely relax into parenting. Carers' adjustment with their parental identity was impacted by the uncertainty that they experienced throughout the EP process.

#### **11.2.4 The impact of EP on being a parent**

Carers were trying to adjust to their new parental identity without any extended period to settle into a rhythm with the baby, as the first contact with parents usually took place a few days (often the next day) after the baby moved. Their adjustment to new parenthood had to take place alongside commitments and expectations associated with the fostering role. There were certain rules that some had to abide by, such as not allowing anyone else to

hold the baby, and some felt their care of the baby was judged by social workers, with them *'living in a fishbowl'* (Amanda, carer, 2).

The facilitation of contact sessions impacted on how carers experienced parenting for the first time as EP carers. The process was described as having *'[taken] over your life'* (Anna, carer, R). Despite knowing that contact was a part of the EP process, carers still felt like they had to do things that a parent would not normally have to do, like handing their baby to a stranger in a car park. Contact also led them to describing feeling like they had something taken away from their experience of parenthood. For example, contact sessions would often prevent carers being able to take the child to baby groups, a rite of passage for many parents who have a birth child which they can take great pleasure in.

*...even when you're not going [to contact]...you're having to put aside three days a week so you can't make solid plans... I do feel we've missed out on being able to do fun activities with him...it was knackered, we were just so tired, I didn't want to do anything on those other two days...(Lyndsey, carer, 2)*

The uncertainty of EP, and having an undefined, complex parental role went on for extended periods for many carers due to protracted care proceedings. Lyndsey noted how *'you don't get any extra [adoption leave] just 'cause you're doing it this way.'* (Lyndsey, carer, 2). Anna described the in-between stage as *'the longest time of your life'*, where *'you wait and every week you do the same thing'*. Living in this liminal space with huge amounts of uncertainty was described by carers as having a significant impact on their emotional wellbeing, with Lisa (carer, 1) stating she was *'an emotional wreck'* which she said was unusual for her. Where parents regularly attended contact and undertook tasks asked of them by the court, this could lead to carers describing feelings of significant stress, anxiety and uncertainty. Carers described reminding themselves that they were not the child's parents, but feelings of love and parental identity could not simply be switched off, even when the child's social worker was offering reassurances, as described by Claire in her second interview.

*I think it was when the thought that it could be going on til next year and then the thought of oh my god... what if things drastically change in that time...[baby] can go back to her... because [Birth mother] was so consistent with turning up for everything...even though in the back of my head I knew that what I was being told by [baby's SW]...that it was one of the easiest cases she's had...I was just a bit like yeah but a lot can happen in a yeah, things can change and after all we are foster carers, we are foster carers. (Claire, carer, 2)*

How carers were reported to parent in parallel with parents also impacted on their identity, with this aspect of the role being a significant emotional undertaking. Marie (carer, R) stated *'you're kind of sharing your children'*. Taking into consideration the parents' needs was described by carers as an emotional task, where they had other people's feelings to

consider on top of their own and had to put their own feelings as the child's potential parent aside. Amanda (carer, 2) described how, even though she did not meet parents, there was an emotional toll in having to think about them and their feelings. She reported a sense of relief when contact stopped at the end of care proceedings as she didn't '*have extra people to think about now*'. This additional task was a subtle one, and one which carers felt was not acknowledged by practitioners, particularly contact supervisors, in addition to a general lack of acknowledgement of their specific role and identity.

#### **11.2.5 Bottom of the pile: an unacknowledged identity**

Carers reported that the lack of acknowledgement of their emotional investment in the child they were fostering was hard to manage. If a carer had been adopting via the traditional route, or was parenting a child they gave birth to, they would be acknowledged as a parent. In their status as carers, they were not and had no right to claim the title of 'parent' (even though they felt like one and may have internally identified as one). There were various scenarios where this felt problematic to carers – in the first instance where they had been informed they were likely having a child placed with them but were waiting for the child to be born, and had no access to information about the pregnancy or health of the baby once born. This was particularly challenging for carers like Marie who would be considered as having a 'new parent' identity, and already considered the children to be her own.

*...in the whole waiting process I remember voicing to [adoption social worker] about how I don't think they take adoptive parents into consideration...you've gotta go weeks without knowing anything about...your potential children... It was like knowing that your children had been born but not getting to see them. (Marie, carer, R)*

Anna described how she had experience of traditional fostering within her family and this helped her to explain how being an EP carer was different, particularly the emotional aspect of EP.

*...that is the biggest problem from start to end, that the acknowledgement that we were Foster to Adopt foster carers was non-existent...They are not foster carers, they've never done it before, they have...a different attachment to the child...you go in from it from day one going I want this child to be my child... (Anna, carer, R)*

Carers described feeling that they were '*bottom of the pile*' (James, 2) when it came to their feelings and needs, particularly in relation to parents whose needs they felt were prioritised. Carers felt that this sense of being forgotten about at times was related to a lack of understanding about the EP process, that they were not traditional foster carers, and their complex parental identity added an additional layer to this role.

*...a lot of people don't seem to understand what concurrency is... particularly like with the contact centres...I think they just thought at times I was just like a busy body*



*foster carer...as a foster carer you are right down at the bottom of anybody that needs to be told anything...the way you feel and think isn't taken into consideration... (Gemma, carer, 2)*

There were certain time points along the EP period that feeling unacknowledged felt more difficult than others. Court dates, for example, were significant for carers who were often anxiously waiting to hear any information that may suggest one way or another what was going to happen to the child.

*...you do build yourself up for it, if they give you a date you're just sort of like hanging on and thinking six weeks is not long... it is quite stressful. (Heather, carer, 2).*

Some carers felt that children's social workers in particular did not acknowledge the gravity of these dates and some felt like they were the last to know the court outcome. Though as noted in Chapter Ten, social workers who were supporting carers identified a need to protect them from being given too much information.

In their existing wider networks, or new networks outside of the adoption world, carers found they were unable to relate to others regarding their experiences of parenthood via EP. It felt isolating to not have anyone they had an existing relationship with who could really understand what they were going through, and how it felt to undertake some of the fostering tasks. Carers mentioned the importance of linking up with other EP carers to share experiences and support each other.

*I think it's hard because I don't have anyone that can relate to that [handing baby over in a car park] you know, 'cause all my Mummy friends, they've all had their children naturally so nobody's been through that, so I don't really have anyone to talk to about it. (Amanda, carer, 2)*

#### **11.2.6 An identity shift**

Where a Placement Order was made, this appeared to signify a psychological shift in the carers' parental identity and claiming of the child – from a carer to a parent. Carers were no longer having to share Parental Responsibility for the child and the parents' presence was at a further distance. Carers expressed relief now they had more 'security' that the child would be theirs, as Heather put it. From a practical sense, carers felt they could then get on with their lives and that contact would no longer dominate their day-to-day. This point was clearly a huge relief to carers, and a day that many had been waiting for since starting the EP process.

*...we were relieved... it was that sense of right, it's official now, that's ok, we can now move on to the next step...The past eight months has been like right what's the next step?...that's done...it's just ticking along until we can get to that point where you know he's officially ours... (Amanda, carer, 2)*

This ending also signified a social shift from carer to parent, where carers had permission to call themselves Mum and/or Dad. From this point, carers also felt they were able to play a more natural parent role in social situations where they did not have to constantly explain that they were not the child's parent, but their foster carer.

*...I think that was quite a key moment being able to swap [to using Mum and Dad] and stop correcting everyone around us...On Sunday [I met someone new and] I said 'this is my son'. There was none of this 'oh we're fostering at the moment'... we [often] kind of told the full story which is exhausting because it then invites more questions [but] I just wanna play with my baby in this art class, I don't wanna be telling you about our entire history but everyone's very interested... (Lyndsey, carer, 2)*

For the carers who had a child that was returned to birth family, they experienced additional anxiety and uncertainty in relation to their identity, but still described an increasing love for the child. They described how the protracted care proceedings made this process even more painful, a grief process akin to birth parents when they have a child removed from their care.

*...when you know it's not going the way you want it to go, you don't stop loving her any less, you just love her more and more and more. So if she'd have gone at two months or three months or six months it would be difficult but it wouldn't be the end of the world. She left at 19 months and that is the end of the world. (Anonymised for confidentiality)*

### **11.3 The parallel journeys of parental identity**

There were parallels in how parents and carers experienced and navigated parental identity during the EP and contact process. This section highlights the similarities and differences of these journeys.

#### **11.3.1 Similarities in parents and carers' experiences**

The diagram below illustrates three overarching themes of parental identity which are experienced by both parents and carers – living in a liminal space, performing parenthood and disenfranchised parenting. Some aspects of these themes were directly related to contact, whereas others describe what was happening for carers and parents outside of the contact space, giving context to the foundation of the evolving relationships described in the previous chapter.

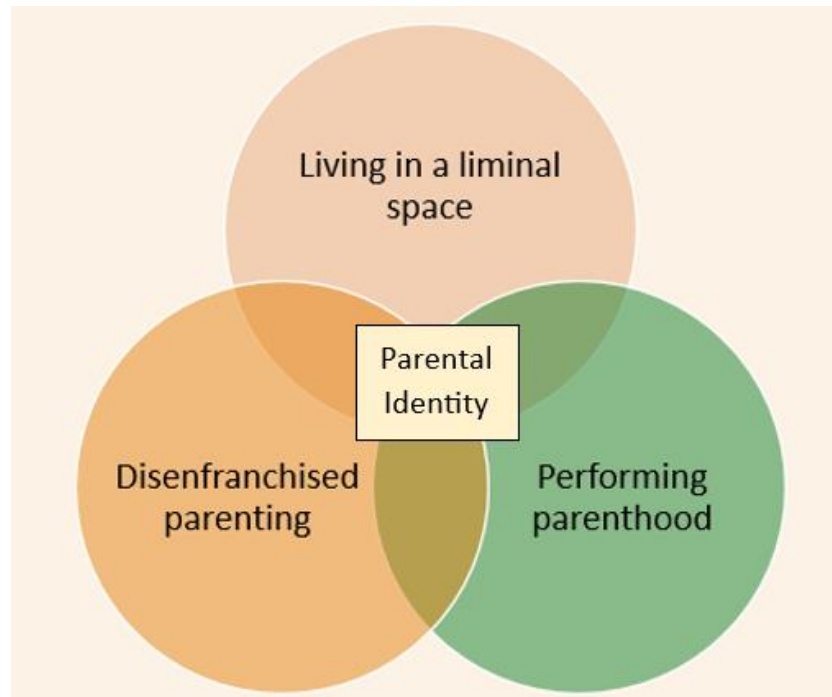


Figure 6: Parental identity themes

#### 11.3.1.1 Living in a liminal space

Carers and parents both experienced a significant amount of uncertainty throughout the EP process, primarily related to the court process, where each were in a liminal space between the start of placement and the final court date. Living in this space extended to nearly two years for some carers and parents, where it was noted that many were '*struggling with the protracted nature of care proceedings*' (ASW5, VAA) which had been impacted by Covid. This meant that carers and parents alike were tussling with their parental identities alongside each other for extended periods of time, which not only impacted on emotions but also practicalities such as carers' adoption leave from work, having to return to work and manage contact sessions alongside this.

Carers were not able to refer to themselves as the child's parent and always had in the back of their minds that the child may return to birth family, not being able to relax into a parenting role. Alongside this, parents were living with the feeling that adoption was inevitable and that they were fighting a losing battle, but they did not know when this battle was going to end.

#### 11.3.1.2 The performance of parenting

This is a theme identified for parents in section 11.1.3 but was equally applicable to carers. Parents undertook their performance of parenting during limited contact sessions while being closely monitored by professionals, essentially feeling as though they were on stage. They had to abide by rules which were often not made clear to them by practitioners. Carers were parenting under the scrutiny of professionals and under restrictions associated with the fostering role, caring for a child most of the time, loving the child as their own but not

being allowed to call themselves a parent. Both parents and carers were performing a parenting role in different ways.

#### 11.3.1.3 Disenfranchised parenting

Parents were experiencing the stigma of a spoiled identity of being a 'birth parent' who was unable to care for their child and only had supervised contact. Their identity was being contested from multiple angles. Carers, on the other hand, felt their status as an EP carer and as a prospective parent went unacknowledged. Both were sharing the same child but felt their needs came last in any hierarchy and experienced a contested parental identity, peppered with the uncertainty of a potential, impending loss. The experience of disenfranchised parenting is explained and discussed further in the next chapter.

#### **11.3.2 The fork in the road: where experiences diverge**

There were aspects that set carers' and parents' experiences apart, however. When looking at both parents and carers living in a liminal space, the balance in terms of 'success' (i.e. the child remaining or returning to their care) was tipped towards carers, who described more hope that the child would remain with them whereas parents described feeling relatively hopeless. Parents described feeling they could not 'win' the battle they were in, which led some to step away from contact.

Regarding the experience of performing parenthood, for parents this was under far more scrutiny than for carers (though carers would have already gone through a long period of scrutiny during the assessment period prior to having a child placed with them). Parents reported pressure to perform well during contact when they were often struggling with managing other aspects of their lives and felt judged within the contact space. Carers had the opportunity to spend the majority of their time alone with the child.

With the third theme, disenfranchised parenting, carers did not experience the same stigma, shame and negativity as parents did when they had contact. Carers' feelings focused more on lack of acknowledgement and understanding of their emotional investment in the child, and the complexity of the EP carer role.

Where carers' and parents' feelings and experienced diverged more significantly was at the end of care proceedings, if the decision was that the child should be adopted. Both had to settle into a new identity, but carers had gained a child whereas parents had, ultimately, lost one. This child was in the middle of the tumultuous journeys that parents and carers went on over the course of the EP period.

### **11.4 Summary**

This chapter highlights the conflict, both internally and externally, that both parents and carers go through in relation to their identity as a prospective parent or birth parent when they are, as we heard in the previous chapter, doing battle for the same child. There were many similarities and crossovers between parents' and carers' experiences along the EP

process as described above. Parents and carers had to navigate what their role was in the child's life alongside each other, coming together at contact sessions within the context of these challenges, which could be very difficult, but which had benefits for both.

The end of care proceedings was significant for parents and carers in polarising ways, where parents were (in most cases) losing a sense of their parental identity further and most carers were getting confirmation that they were going to adopt the child and finally become the parent that they'd hoped to be for a long time (likely far longer than the length of proceedings, taking into account the adoption assessment process and the potential experience of infertility prior to this). The end of contact signalled a psychological and social shift where carers were able to refer to the child as their son/daughter and fully 'claim' them, whereas parents were losing their child permanently and had to live with the stigma and shame of having had their child adopted.

The next and final chapter will bring together Chapters Seven to 11, discussing the findings and situating them within wider literature.

## 12 Discussion

This research sought to gain an understanding of how the contact process in EP placements is constructed by those who manage and experience it. By gathering the views of EP carers, parents, and practitioners, who also provided insight into the infants' experiences, a picture has been built of contact. This can help parents understand the process better, provide insight for practitioners who plan and manage these sessions, and support carers' understanding and facilitation of their role. While some limited existing EP research has considered how contact is experienced by carers and parents, there are no existing studies that have looked specifically at contact in EP. Furthermore, there are only a handful of studies that have focused on the infants' experience of supervised contact.

The study, therefore, sought to fill this literature gap by answering the following questions:

- How is contact experienced and understood by parents and EP carers?
- How do infants respond to contact?
- How do practitioners plan, manage and view contact?
- How can practitioners address some of the challenges related to contact and support all involved appropriately?

The unique aspect of this research is the inclusion of the different perspectives of those involved in the contact process - parents, carers and practitioners, and used these to examine how they perceived the child's experience. The study has highlighted new areas which need to be addressed by practitioners, and answered questions from the existing literature base such as whether there is any consensus on the purpose of contact in EP (and related to that, the approach of contact supervision in EP), how parents experience contact specifically when their child is removed at birth, and how EP carers manage and experience the task of contact while parenting in an ambiguous role. This research has also introduced a new theory, 'disenfranchised parenting', to help us understand how parents and carers experience this complex and often misunderstood type of foster placement.

This chapter consists of three sections. The first will link the findings of this study with existing literature, reflecting on the role and purpose of contact understood by participants. It begins, though, with the infants' experience of contact and relationships, situating this within existing developmental theory. The chapter moves on to discuss the novel theory of disenfranchised parenting, which develops existing concepts around loss and grief to help us understand parental identity for parents and carers in EP. Reflections will then be made on how foundational relationships between carers and parents can be utilised and built on in future. The final part of this section highlights the differing approaches of contact supervisors. Section two draws on this learning to propose a model of good practice for contact in EP, highlighting implications for practice and policy. The chapter concludes by

outlining the limitations of this study and summarises the methodological contributions it has made to the current literature base on EP and contact.

## **12.1 The infants' experience**

### **12.1.1 Navigating two worlds**

It can be challenging to interpret infants' experiences and responses, meaning that infants' emotional states can be overlooked, particularly when their responses to stressful situations are subtle rather than overt (Boswell and Cudmore, 2014; Shulman, 2019). Contact involves disruption to infants' routines, repeated separations of the infant from their primary caregiver (following separation from their parents) and, potentially, exposure to insensitive care (Kenrick, 2010; Humphreys and Kiraly, 2011). We know from existing research that these experiences are likely to be significant and have the potential to impact on future attachment development (see Schofield and Beek (2006) for an overview). Schofield and Simmonds (2011) specifically note that the combination of these experiences may cause increased stress for the infant. Research on children's experiences of contact has focused overwhelmingly on older children. By focusing on infants 12 months and under in this current study, their specific and complex needs are given attention for the first time. This study identified concerns raised by carers and practitioners where infants are being exposed to (and sometimes cared for by) multiple supervisors and addresses other worries about the arrangements with terms of frequency and duration. Many felt that contact arrangements were not always made with the child's best interests, similar to other studies' findings (Austerberry et al., 2013).

This study has contributed to the existing literature on infants' observable responses to contact (as reported by carers and practitioners) in the short term by building a picture of their encounters. The findings suggest some infants demonstrated significant responses in two specific ways. The first is a more overt response with clear distress such as crying, physical clinging to their caregiver, plus digestive issues and/or unsettled sleep. Secondly, other infants were reported to present with a more subtle response, switching off or shutting down by sleeping more than usual during or after contact, or needing more physical closeness with their caregiver. These responses indicate that infants can find contact difficult and therefore highlights the importance of needing to focus on their emotional states and mitigate any impact as far as possible.

Difficulties were not observed for all infants, however. Some were described as seeming to enjoy contact sessions overall. This may have been down to the individual baby's temperament (Rutter, 1985) but other research suggests consistency and routine may contribute towards a more positive experience of contact (Yarrow, 1963; Solnit, Nordhaus and Lord, 1992). Consistency can be further provided by parents who meet their baby's emotional and physical needs during contact sessions, where the infant is able to predict their parents' responses (Ainsworth, Salter and Wittig, 1969; Ainsworth, Bell and Stayton,

1974). Where infants in this research seemed to manage contact well, or at least had no observable negative response to it, the contact sessions were regular and consistent, and carers did not report any significant concerns about parents being able to meet the child's needs during sessions. Indeed, carers were reassured that the baby had developed a positive relationship with parents when they were able to observe the baby's positive reaction to seeing them.

The following diagram attempts to highlight and interpret some of the more concerning reported responses to contact, by focusing on a fictional infant called 'Leo'. To better understand Leo's experience, it is helpful to refer to the developmental theory outlined in Chapter Two. After birth, Leo's internal functioning and external behaviours would have been primarily focused on his need for a consistent feed/sleep/wake cycle (Parmalee, Wenner and Schulz, 1964; Michelsson, Rinne and Paajanen, 1990). He may also, however, have had some awareness of his environment and the separation from his mother after birth, with his new caregiver not having a scent he was initially familiar with (Rovee-Collier, 2000). Leo would have been receptive to interactions with his caregivers from an early age and would be starting to make connections between what he saw, felt and thought (Meltzoff and Moore, 1977; Meltzoff, 2007). Applying this to his experience of contact, he is likely to have been aware of a change in environment and caregiver even from a few days or weeks old, but would not have been able to make a positive or negative association as yet.



Figure 7: Example contact experience: Leo



Examining Leo's experience with the concept of 'occupations' in mind (Rovee-Collier (1996), see Chapter Two), he would, at six months old, be starting to try make more sense of the world around him by piecing together experiences. He would also be able to differentiate between adults who are familiar and unfamiliar (Bronson, 1972). Through the process of habituation (Swain, Zelazo and Clifton, 1993), Leo may become familiar with repetitive processes or experiences. If the only time Leo is put in his car seat is when he attends contact, for example, he may come to link this with attending contact.

The contact process, of frequent separation and exposure to different, often unfamiliar, people is likely quite confusing for Leo, particularly if he does not see the same supervisor at each session. The descriptions of infants following contact sessions in this study suggest Leo may experience a stress response. This aligns with studies on infant day care, which has been found that separation from primary caregivers can cause physiological responses and attachment seeking behaviours, at least initially (Ahnert et al., 2021). If Leo's parents struggle to understand his mental states during contact, this may lead to inappropriate levels of stimulation and a lack of warm, sensitive care, which may cause him further stress (Gunnar et al., 1992) and potentially lead him to withdraw from social interactions (Beebe, 2000). However, Leo's longer-term outcomes in terms of developing a secure attachment are not, necessarily, going to be impacted by short periods of mis-attuned care, as long as his primary caregivers are able to meet his physical and emotional needs the rest of the time (Kenrick, 2009). This is, however, only a hypothesis as there are no longitudinal studies of outcomes for children which focused on previous contact arrangements (and attributing any outcome specifically to contact would be difficult due to the presence of so many variables).

#### **12.1.2 A consistent caregiver relationship**

This current study has strengthened the existing literature base on EP caregiver relationships, finding that EP carers formed strong bonds with the children in their care (Monck et al., 2005; Kenrick, 2009; Ponomarenko, Kaniuk and Mesie, 2018; Mannion et al., 2023). When evaluating the parental identities of carers in the current study, a picture was built of their love and commitment to the baby they were caring for. Despite tussling with a complex parental identity, all carers appeared to take on a parenting role that involved loving and caring for the child as like a parent, suggesting a high level of what Dozier (2005) referred to as 'caregiver commitment'. There were no carers who saw themselves only as 'temporary care providers' with a practical rather than emotional focus, unlike findings in a previous study on short-term foster carers of infants (Pyman, 2007). Carers' descriptions also illustrated a sensitive attunement to the infants' mental states. Where infants were described as impacted in some way by contact, caregivers reported various strategies to provide emotional containment, for example.

This emotional connection constituted a secure base for the child (Schofield and Beek, 2013). Carers can consistently be available to the baby (outside of contact) and alert to their feelings, offering sensitive care afterwards. This close relationship can help the child feel loved and loveable, and to value their place in the world. This secure base extends beyond being with parents and frees them to move into and explore different environments, while having a 'safe haven' to return to at the end of contact (Ainsworth, Salter and Wittig, 1969). The unique aspect of EP, in contrast to traditional adoption, is that the child also has the opportunity of belonging to their potential permanent family from an early age, and this family (hopefully) accepts and supports their links to their birth family. Professionals should note that infants need their EP carers to psychologically be a parent, which does not detract from the fact that the child's parents legally, and psychologically, are still their parents. This latter recognition is something carers may need support with, helping them to understand that both they and the child's parents can play a significant part in the child's life in the short and long term.

While contact did not stop carers loving and caring for the child, for some it created discomfort, primarily related to their conflicting carer/parent identity (discussed further in section 12.3). The stress and uncertainty of EP (including contact) has been found to impact carers' mental health which could affect their relationship with the child and the level of care afforded to them (Mannion et al., 2023). There were examples of carers in the current study who found the contact process extremely anxiety provoking and equally described an unsettled baby. On the other hand, there were carers who appeared to be quite laid back and while they found some aspects of contact challenging, they reported the infants did not have any particularly negative observable response. This is not a cause and effect that can be concluded for certain, but Chapter Two highlighted how caregivers' emotional states (parents and carers in this case) can have an impact on babies. Practitioners in this current study acknowledged the emotional toll that the EP process takes on carers, and how this can impinge on their feelings around contact (indeed, carers themselves described the difficulties they faced). This is something, therefore, that should be taken into consideration when assessing how infants experience contact, how carers support the infant, and in turn, what support and emotional containment is being offered to carers.

The key message here is that care from an alternative caregiver who looks after a child with the love of a parent is of high value to the infant. This allowed them to monitor infants' emotional states to offer support and containment around contact (for the most part). EP further offers young children the opportunity of family belonging as early as possible.

## **12.2 The purpose of contact in EP: who and what is it for?**

Previous research and practice guidance (outlined in Chapter Five) have identified the importance of considering the purpose of any type of contact between a child and their birth family, whether the child lives with family members, foster carers or is adopted. The purpose

of contact depends on the primary reasons for the child going into care (Sen, 2010), which will be inextricably linked to the needs of parents too. Cited purposes for contact in previous research include: to keep in touch with family, to promote attachment, to aid reunification, improve relationships between the child and parents, assess relationships and parenting capacity and offer reassurance to the child (Cleaver, 1997; Sen, 2010; Iyer et al., 2020a).

Supporting identity development for children is a further purpose identified by Slade (2002) in practice guidance on supervised contact. EP national standards (Coram, 2023a) highlight similar in terms of the short- and long-term benefits. Research into post-adoption contact suggests children understanding their past helps them to make sense of their lives (Neil, Beek and Ward, 2015). A gap in research existed, however, in relation to the function and purpose of contact in EP specifically. This study has filled this gap in knowledge. It has highlighted that the purpose of contact is by no means agreed upon and is regarded differently by each party. There is limited discussion and collaboration about the aims and objectives of contact, and individuals may be following their own separate agendas. This is significant as any cross-purposes will have implications for how contact is managed and supported, and implications for the child's future relationships.

The identified purposes from this research are sixfold and have crossovers with those identified above – maintaining family connections for the child, an opportunity to support parents (which includes helping them come to terms with adoption as a possible outcome), to assess parenting capacity, relationship-building between parents and carers, memory-making for parents and to support the child's identity and build a meaningful life story. The latter three functions require particular focus in EP. The function of relationship building between parents and carers is further discussed in section 12.4 but this and life story work are closely related – when parents and carers can build positive and meaningful relationships with each other, information is more likely to be shared which can contribute towards the child's life story work. This then supports the child's identity formation and understanding of their birth family history. EP can help to build a picture of birth parents for carers. While adoptive parents who have had a child placed from foster care can tell the child that their parents loved them, EP carers who become adoptive parents can give specific examples, and carers reflected on the power of observing this love. Research on post-adoption contact suggests this collaboration and understanding may contribute towards more open communication within the adoptive family, with adoptive parents being able to present a more coherent adoptive narrative in the future as well (Neil, Beek and Ward, 2015; MacDonald, 2016). Contact in EP allows for gaps in life history information to be filled at an early stage in a way which brings the child's birth family to life, which can be taken forward into the future if the child is adopted.

For parents, memory-making was a particularly important function of contact, alongside simply spending time with their child, which included taking photos, videos and hand/footprints. Research suggests that artefacts can be of high value and offer comfort to parents (Geddes, 2021), with small details being significant to them (Mason et al., 2022). Opportunities to undertake memory-making activities are not routinely offered for parents whose children are placed in care from birth, and those meaningful details to parents are often overlooked by professionals (Mason et al., 2022). This contrasts with other situations such as perinatal loss, where guidelines and support do exist (McGrath-Lone and Ott, 2022). This current study has highlighted that parents' needs and wishes in terms of the aims of contact may be overlooked.

Memory-making was not identified as a significant function by practitioners in this study, with more of a focus on observation and assessment. A potential disconnect has therefore been highlighted between what is important for parents and what practitioners focus on with contact. Contact in EP presents an opportunity for memory-making to take place and may support parents with loss (as practitioners highlighted), but only if it is acknowledged as a purpose by practitioners and therefore facilitated and supported to take place. This leads to the suggestion that practitioners should look at ways in which contact sessions may include a focus on memory-making activities. Any facilitated memory-making activities would, however, need to be handled in a sensitive way, as this may reinforce to parents the feeling that they have already lost the child (and this may lead to them stepping back from the contact process). It is important that parents are also able to still focus on their child during contact sessions, responding to their needs and interactions. One mother in this study felt aggrieved that a contact supervisor suggested she was taking too many photos during contact, illustrating this is a difficult and fine line to walk. A compromise here might be the contact supervisor offering to take photos instead. Any future practice guidance would need to be codesigned to ensure it meets the needs of parents alongside the objectives of contact more widely.

The purpose of contact should be discussed at an early stage, and regularly reviewed, so that opportunities are not missed and contact plans can be adapted to account for proceedings at different stages (Schofield and Simmonds, 2011). Contact can serve multiple functions, and these do not have to be independent of each other – for example, a parent can be supported with their parenting skills and activities can take place during contact which supports memory-making, while at the same time observations are being made regarding parenting capacity for assessment purposes. Focus can also be given to supporting relationships between parents and carers, while managing everyone's emotions. What this needs, however, is a skilled contact supervisor who has a comprehensive understanding of infant development and EP (further discussed in section 12.5).

### 12.3 Disenfranchised parenting: a complex parental identity

This section introduces a new theory, applicable to both parents and carers in EP – ‘disenfranchised parenting’. This novel term describes how parents and carers experience a type of parenting where for one party (parents), they are sitting with the feeling that there is a high likelihood that their child will be adopted, feeling like they are ‘fighting a losing battle’ whereas for the other party (carers), they feel that they are living in anticipation of being told the child they want to adopt will be returning to their birth family. Neither parents nor carers can undertake a full parenting role and socially are not seen as such in the traditional context, but both still feel like a parent.

The complexity of parental identity where individuals are parenting a child with a connection to another family has been identified in literature on both fostering and adoption, with the identification of role conflict and ambiguity (Kirk, 1984; MacDonald, 2016; Järvinen and Luckow, 2020). EP carers, who are more akin to adopters rather than foster carers in their identity, have been found to develop a strong sense of being a parent (Pagé, Poirier and Chateauneuf, 2019; Brown and Mason, 2021). The carers in this study clearly identified as parents, though the extent to which they were also able to keep in mind their foster carer role varied. On the other side of the relationship dyad are parents who, as Chapter Three outlined, are contending with loss and grief. They can feel inferior to carers (Höjer, 2009) and can experience a threatened identity when their child feels like a stranger to them (Broadhurst and Mason, 2013; Morgan et al., 2019; Schofield et al., 2011), but still, as this current study has found, feel like (to some extent), and want to be seen as, a parent. Both families are experiencing conflict in their parental identity, which is made harder by an unnerving sense of liminality, with the potential for an irrevocable connection.

Disenfranchised parenting brings together several concepts - ‘anticipatory grief’, defined as grief occurring before a loss (Lindemann, 1944), ‘disenfranchised grief’, where a loss cannot be openly mourned (Doka, 1999), ‘ambiguous loss’, where there is uncertainty regarding the permanence of a loss (Boss, 1999) and ‘boundary ambiguity’ (Fravel et al., 2000), where a child is psychologically present but physically absent. As the findings from this study highlighted, the first three of these concepts may be experienced by parents and carers, who both tussle with their parental identity throughout the EP period. Boundary ambiguity is something experienced by parents who have lost the care of their children. Some studies have sought to apply these concepts to other situations such as parents to adult children with schizophrenia (Milliken, 2001; Milliken and Northcott, 2003). However, none of these theories, or the existing literature base that has applied them to other scenarios, fully encompass the experience of parenting through the EP period and associated disenfranchisement as an identity.

Parents in this study experienced shame and stigma and were limited in their ability to be a ‘proper’ parent by having had their rights curtailed through the court process. They often felt

marginalised and unable to talk about their child, hiding the fact that their child was in care from other people. Parents described themselves as surrogates or babysitters, and indicated how they did not psychologically feel like a parent. Post-adoption, there is a legal shift where all parental rights are severed (and parents who have a child placed with EP carers are anticipating this) but psychologically they still feel like a parent (Neil *et al.*, 2010). For some parents in the study, the idea that having a child in the world whose life they were not part of, and they had limited, if any, information about was extremely painful. This aligns with findings in other studies with parents where coping with grief and loss due to child removal was complex and messy (Geddes, 2021).

For carers, there was a role ambiguity and identity conflict that previous research has identified for traditional foster carers (Blythe *et al.*, 2013; Schofield *et al.*, 2013). For EP carers specifically, Monck *et al.* (2005) noted that the lack of 'entitlement' to the child was a challenge for carers (as well as parents), which, in this study contributed towards the experience of disenfranchised parenting. Carers in this study also described how EP was an unnatural route to parenthood, where they were 'pretending' to be parents. Lewis and Selwyn (2021) noted 'an incongruity between Early Permanence carers' status of foster carers and their own strong feelings of being a parent.' (p.27) which is encapsulated in this current study where carers described how they frequently had to explain their role as a foster carer but emotionally felt like a parent and undertook a role akin to being a parent. The quote from one carer captures the feeling that both carers and parents may experience during the EP process - '*...this is our child, it's not our child, but it is our child...*'. Despite ambiguity within their parenting role, however, carers described how they felt like a parent, despite knowing legally they were not. This aligns with findings from Pagé and colleagues (2019) which indicates that adoption is not a precursor to strength of the sense of being a parent.

By conceptualising the contested social status alongside anticipated grief and loss that parents and carers experience during EP, a better understanding can be gained as to how best they can be supported. This concept could be helpful for those supporting parents and carers because it helps to explain their behaviour at different points in the process which might otherwise be understood as defensive or uncaring, but in fact it is part of the painful psychological process they are going through. The ways in which this could be applied in social work practice are outlined in section 12.6, and the following section explores relationships between parents and carers in the context of disenfranchised parenting.

#### **12.4 EP as a foundation for relationships: within and beyond the contact space**

Existing research on fostering and adoption highlights the importance of respectful, open and collaborative relationships between parents and carers as they can have a significant impact on the quality of contact and the wellbeing of and outcomes for children (Iyer *et al.*,

2020a). While there is a small pool of national and international research on relationships between parents and carers in EP placements (Chateauneuf, Pagé and Decaluwe, 2018, 2021; Chateauneuf, Turcotte and Drapeau, 2018; Pagé et al., 2019; Mannion et al., 2023), this remains an area where more knowledge and understanding is required, particularly as procedures, policy and legislation differs to the UK. Similar to findings of the aforementioned research, parents, and contact with them, could be perceived as a barrier to a hoped-for outcome of adoption for carers in this study. Moreover, it was identified that boundaries and barriers between parents and carers could be further exacerbated by practitioners through a risk-averse approach to managing these relationships.

The relationships that parents and carers developed with each other in this study were not static; they ebbed and flowed over the course of care proceedings. There were periods of adversity (with descriptions of anxiety and fear as reported elsewhere), an experience of mystery about one another and periods of connection and disconnection. These relationships were inherently challenging, but also one of the most valued and important aspects of the contact process in EP for both parents and carers. They offered the opportunity for each party to get to know one another if they were allowed to do so. For parents, there was something extremely powerful in carers treating them with respect and taking an interest in them as individuals, not just a 'birth parent'. Equally carers demonstrated high levels of empathy for parents which at times put strain on their own emotional reserves. These relationships are vitally important, but due to the frictions present in EP, support and scaffolding are essential. Some practitioners noted this, but there were also many examples where these relationships were not supported.

Where parents and carers were kept apart by practitioners, this barrier could create issues around how they related to one another, with limited opportunities to get to know each other. There were examples from parents whose relationship with carers deteriorated because of how they felt carers treated them or their child. Instances of disconnection could be addressed by bringing parents and carers together in different ways. Single meetings were often not enough to build a picture of each other and for the relationship to evolve (though conversations between parents and carers on video calls led to positive relationships in some instances, indicating that meetings do not necessarily have to be face-to-face).

Parents, understandably, felt it was unfair that they did not have any information about the people who would be caring for their child, especially since they felt the carers knew everything about them (though this was not the case, with carers reporting the provision of relatively limited information, at least initially). It is common practice in the US private domestic adoption system for prospective adopters to prepare a detailed profile of themselves for parents (Norwood and Baxter, 2011). While this is in the context of consensual adoption where parents are choosing prospective adopters for their child, this

model could be drawn upon in EP practice to help parents get to know more about carers and vice versa if parents provided something similar. This presents an opportunity for breaking barriers down and promoting collaboration (see section 12.6 for more detailed suggestions).

Bringing parents and carers together in a collaborative process with a focus on the child has been identified as an important element of post-adoption contact, but there are often limited examples of solely adult-to-adult meetings (Neil et al., 2011). In this current study, the relationship between parents and carers was primarily restricted to the contact space, either at face-to-face handovers or via video calls, or sometimes only indirectly via a communication book. There were limited opportunities for parents and carers to get to know one another in a less pressurised environment. There was, however, a desire from some parents and carers to take their relationship beyond the contact space; a carer and a parent (not linked to the same child) both independently suggested it would be nice to 'go for a coffee' with each other but it seemed as though neither thought it would be possible as it did not align with the 'rules' and boundaries of their relationship (instilled by practitioners through a formal contact process). Opportunities like this for further relationship development were missed by practitioners. It is suggested, therefore, that parents and carers should be supported to have an initial 'ice-breaker' meeting (Biehle and Goodman, 2012) as well as the occasional ongoing opportunity to meet each other in a more informal environment (unless there is a compelling reason not to). By taking the relationship beyond the contact space, which we know is high pressured and stressful for both parents and carers, further trust could be built between the two parties. This can also aid a smoother transition for the child at handovers, as identified where children move from foster care to adoption (Beek, Neil and Schofield, 2021). Where both parents and carers trust each other, the child will feel safer being handed between their caregivers.

There were several examples of (overall) positive relationships being established during the EP period, though generally these did not translate into continued face-to-face meetings post adoption. There was, however, one example of a mother meeting up with her child's adoptive parent (without her child present) and another who was having bi-annual face-to-face meetings with her child and his adoptive parents (though this mother was based in Northern Ireland where direct post-adoption contact has been standard practice for several years (Featherstone, Gupta and Mills, 2018). Of the practitioners interviewed who had worked with numerous EP cases, there were two examples of families continuing face-to-face meetings (which were reported to be a success). This begs the question as to why these overall positive relationships were not built upon and extended into the long term. Thinking about the factors that may impact these relationships may help to explain the lack of continuing in person relationships.



We know that managing contact can be stressful for carers (Monck et al et al., 2005; Kenrick, 2010; Pagé et al.,2019) for EP carers in this study, it was clear their role was emotionally very taxing, with contact being a challenging part of this role. No carers in this study expressed any strong, internal desire to continue to have a face-to-face relationship with the child's parents. This may have been because they were not prepared to do so prior to placement, they may not have had the opportunity to get to know parents<sup>8</sup> or, having had the opportunity to do so, they did not think the parents would manage ongoing contact well and/or 'appropriately'. Carers' observations of infants' distress may also have influenced their future relationships.

When considering the experience of disenfranchised parenting, it may be that it was too much for carers to continue to meet parents when they felt they had done 'their bit' in supporting the relationship between the child and their parents, and now wanted to move on and establish their identity as a legal parent. This aligns with conclusions from Chateaufneuf and colleagues' study (2018). The reality, however, is that parents will always be part of the child's life and be a continued presence in adoptive parents' lives in some way or another. MacDonald (2016) highlights that a complex identity as an adoptive parent can contribute to challenges with in-person post-adoption contact, but this identity is going to be less complex than as an EP carer. It has been proposed that legal adoption provides security and entitlement to adoptive parents, which enables them to be able to engage with contact with birth families (Smith and Logan, 2002). Carers need to be supported to understand that while the contact process in EP is hard, how they feel will probably change once emotions have settled, to a point that direct contact is manageable. Likewise, the timing of discussion of contact plans is important for parents, who initially may hope that their child may return to their care, or may have just found out this will not happen (Harris and Lindsey, 2002). Reviewing plans, therefore, is imperative, taking into consideration both parents' and carers' emotions.

There is a paradox between the benefits of contact in EP identified by all parties, but the fact that there were few examples of contact continuing indicates the relationship between the child and their parents is seen as dispensable. The end of supervised contact arrangements during EP should be seen as the beginning of a relationship on a different footing, based on established foundations, and not viewed as the cessation of the relationship. A paradigm shift is required where we fully embrace the concept of these two families being forever linked. Building on a positive foundation of early contact and relationships aligns with the current 'modernising adoption' agenda, with widespread calls for a better approach to post-adoption contact (PAC-UK, 2023; Public Law Working Group,

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<sup>8</sup> Given the time-period that data were collected, Covid may have impacted on relationship building opportunities.

2024) and an explicit acknowledgement that ‘direct contact should be expected to continue in early permanence placements...where it has been working well.’ (Public Law Working Group, 2024, p.48). A system-wide culture change is required to meet adopted children’s identity needs during childhood and into adulthood (Neil, 2024). EP can pave the way for a shift in how adoption overall is approached. Section 12.6.1 outlines a model of good practice which includes suggestions for how to do this.

### **12.5 The significance of the role of the contact supervisor**

The contact supervisor is key to ensuring contact is safe, enjoyable and meaningful for parents, carers and infants, and the relationships outlined above are as successful as possible. The relatively limited literature on and with contact supervisors in general suggests this role is complex and multi-faceted, often misunderstood, and difficult to explain. There is no clear agreement on what someone in this role does and no framework exists to support practitioners’ understanding (Hindle and Easton, 1999; Triseliotis, 2010; Sen and Broadhurst, 2011; Kiely, O’ Sullivan and Tobin, 2019), a similar finding in this current study. Variation has been identified in the quality and experience of supervisors (Mason et al., 2022) and there is a lack of ‘specific infant-centred training either in relation to more in-depth knowledge of infant development and mental health, or in relation to observing infants’ (Shulman, 2019, p.6). Some studies have attempted to extrapolate what approach supervisors take in supervised contact for children in care (Kiely et al., 2019; Sen, 2010), but no study has focused solely on contact supervision in EP. Research suggests that when a more active and participatory role is taken by supervisors, and specific interventions are provided, there are benefits all round (Schofield et al., 2000; Neil et al., 2011; Bullen et al., 2017; González-Pasarín, Bernedo and García-Martín, 2023). However, no research has provided any understanding of whether the supervisory role is different when the child is placed with EP carers, or shone any light into the type of interventions offered in EP contact. This research, therefore, makes a significant contribution to knowledge on this topic, applicable to all types of contact supervision, not just in EP.

There was no single agreed upon approach taken by contact supervisors in this study. Different approaches were influenced by various factors such as supervisors’ own experience, knowledge and skills, personality, and the training they had received. Agencies’ policies, procedures and culture also appeared to have an impact on what supervisors did during contact sessions. Interestingly, practitioners did not explicitly link the purpose of contact to the role of the supervisor, which, as Sen (2010) argues, could be problematic. Even within the same agency there was not one agreed definition of what the role of the contact supervisor was. One manager, for example, described one approach and a supervisor in the same agency described a different, conflicting approach to facilitating contact sessions. Some supervisors in this research identified that their role was guided by social workers (as supervisors in Kiely and colleagues’ (2019) study also reported).

Likewise, social workers explained that they offered guidance regarding what they expected the contact worker to do during contact sessions, i.e. actively supporting parents rather than observing. There was some disparity between what social workers expected of contact supervisors and what supervisors actually did during contact sessions, again similar to the aforementioned study. This suggests there is not always a discussion around what the contact supervisor will do within sessions which can cause confusion for all involved.

The typologies of supervisors that Sen (2010) identified in his research (see Chapter Five) were also broadly seen in this study where supervisors tended to take either a 'hands-on' approach as a 'supporter' (in the minority in both studies) or a 'hands-off' approach where the supervisor was primarily an 'observer'. The former tended to involve helping parents with specific tasks and interaction with their baby, as well as offering detailed feedback and emotional support (described in more detail below). Those who had worked for a specific concurrency project offered a high level of support to parents with a view to supporting a better chance of reunification, similar to that described by Monck et al., (2005), as well as seeming to have a better understanding of EP overall. This aligns with Brown and Mason's (2021) evaluation of EP in England that identified variations in the management of contact, with concurrency placements being better managed and supported than FfA.

A 'gold standard' of contact supervision was identified from the findings when it included the following elements - emotional support for parents and carers, preparation of both parties, scaffolding of relationships between parents and carers, practical support for parents, constructive feedback to parents and the opportunity for community-based activities (if deemed safe to do so). This approach included giving parents space to talk about their feelings both within and outside the contact space (and beyond the end of care proceedings), providing guidance to undertake different care tasks with their baby such as giving them a bath and spending time with parents after contact to reflect on the session and plan what they would focus on next time. Arrangements were also made for contact to take place in the community so parents could tick off a 'bucket list' of things they wanted to do with their child before they were adopted, such as take them swimming (which also contributed to memory-making for parents as well as the child). This was in stark contrast to supervisors who sat back and took notes on the interactions between the parent and child. When considering the reasons for this approach, this may have been due to what was expected of them by their agency, that they saw their role as simply to keep the child safe, or perhaps due to not wanting to impinge on the time that parents and children shared. Some practitioners noted the discomfort they experienced in intruding on intimate family moments (literature on infant observation highlights this as a barrier to getting close to infants' mental states – see Chapter Two). The findings also highlighted that the role of the supervisor in EP is complex, and supervisors hold the heightened emotions of parents and carers, while also often observing and trying to manage the infant's distress. If supervisors

do fulfil this role completely and support all involved, it is a highly skilled and emotionally demanding task which, as some practitioners suggested, is overlooked and misunderstood.

Parents are particularly likely to be at a disadvantage where supervisors purely taken an observational, rather than supportive, approach. This latter approach, however, is only possible where there is consistency in supervisor. It was reported by contact managers and supervisors that their aim was to ensure that any worker who supported contact would be familiar to the family (including carers), however there were examples of some carers describing meeting up to nine different supervisors at contact sessions (something also highlighted as an issue in other research (Mason et al., 2022)). During the first few months of contact, one child was described to be in the sole care of a different supervisor between separate sessions with his mother and father. Inconsistency in supervisor impacted on everyone in this case – in the absence of his caregiver, the baby did not have a familiar, ‘safe’ person present, parents received conflicting advice from different supervisors and carers experienced the anxiety repeatedly having to leave with a child they emotionally felt was ‘theirs’ with a stranger. Where a regular, consistent supervisor who understood EP supervised contact, reports were much more positive from carers, parents and social workers regarding how well this worked in terms of building relationships and offering support to all involved. This clearly indicates that where possible, contact in EP should be supervised and supported by someone who is familiar to parents, carers and the child – ideally the same person at each contact session.

Furthermore, this study has highlighted how the role of the contact supervisor requires a high level of skill, knowledge, experience and training in multiple disciplines – relationship building, infant development, observation, basic childcare skills to name a few. In EP, there is the additional element, identified by practitioners in this study, of the task of managing the conflicting parental identities of parents and EP carers, and the heightened emotions associated with this. A further issue identified by carers was the lack of understanding, primarily from contact supervisors, of their role as an EP carer which differed from that of a ‘normal’ foster carer. It is imperative that contact supervisors who support EP placements have sufficient training and guidance to understand this type of placement. Reflective supervision is also something that could also be offered to contact supervisors, as suggested by Price et al. (2014), to help them clarify their role as well as support them with the emotion and complexity of the task itself.

## **12.6 Implications for practice**

By bringing together the views of parents, carers and practitioners, clear implications for practice regarding both EP in general and, more specifically, contact in EP, have been drawn which are illustrated in the model of good practice below. Suggestions and implications for parents, carers, and policy makers are outlined in the final two sub-sections.

### **12.6.1 A model of good practice for contact in Early Permanence: a whole-family approach**

There are aspects of contact in EP which can be addressed to mitigate some of the challenges and less optimal practice that have previously been outlined. The aim should be good quality, enjoyable and comfortable contact which meets everyone's needs through an approach which encompasses the whole EP family – parents, infants, and carers. Any contact plan will need to be approached on an individual basis.

The model draws together findings from this study and existing research, recent practice guidance on contact/family time in EP (McAllister et al., 2023) and key messages from the EP national standards (Coram, 2023a). The model focuses on three core concepts – 'clarity of purpose', 'building positive relationships', and 'emotional containment'.

**Clarity of purpose** – reflects both the existing literature base and the findings from this study that suggest everyone involved in contact needs to be clear about who it is for, what everyone wants from it and why it is happening. The purpose needs to be focused primarily on the child's needs but must also consider the needs and views of parents and carers in order for it to be successful. With EP, the long-term identity needs of the child are key, given the likelihood of adoption. This concept also includes consideration of the contact supervisor's role, looking at what they can offer to parents in particular in terms of intervention and support before, during and after contact sessions. The support offered will then contribute towards a more comfortable experience for the infant.

**Building positive relationships** – focuses on collaboration between parents and carers, breaking down barriers, avoiding division and concentrating on building an alliance, rather than focusing on risk. This can include creating more purposeful opportunities for parents and carers to get to know one another, such as facilitated 'icebreaker' meetings<sup>9</sup> and introduction booklets. This concept encompasses the wider notion of the need for culture change around maintaining relationships in adoption and focuses on how relationships in EP can be utilised as a foundation for future relationships.

**Emotional containment** – brings together the emotional needs of infants, parents and carers, whereby infants need a safe, predictable and baby friendly experience. Parents and carers need acknowledgement of and support with the disenfranchised parental identities they are navigating alongside each other. Promoting the value of EP is key, as well as preparing parents and carers for the potential feelings that having contact with each other might bring up.

For practitioners to address the concepts above, and for good quality contact to be achieved, it is imperative that all practitioners working with families affected by EP

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<sup>9</sup> See Biehle and Goodman (2012) for further details on these types of meetings.

understand the nuances of this type of placement. From this study, the theory of disenfranchised parenting could also be used to inform and understand birth parents' and carers' experiences in the EP arena, and the potential impact on their relationships with each other. This study also indicates that it would be beneficial for training to be developed which focuses specifically on the task of contact supervision, reporting and observation of infants<sup>10</sup>.

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<sup>10</sup> General guidance for contact staff who are responsible for supervising contact in EP placements has been developed by The Concurrent Planning Service (McAllister et al., 2023) which can be accessed on the Adoption England website.

## Practice suggestions

		Preparation (before)	Support (during)	Maintaining connections (after)	
Concept/needs	Clarity of Purpose	Infants need contact that is comfortable and safe in the short term and supports their future identity	Arrange a contact planning meeting to establish the aims and objectives of contact. Be clear about what contact will look like and what is expected of everyone. Incorporate community-based contact if possible.	Ensure that arrangements are focused firstly on the needs of the infants – infants should not have to wait in cars or be handed over in car parks. Any changes to plans should be implemented swiftly to avoid ongoing upset for the child.	When making post-adoption keeping in touch plans, consider the benefits of contact for the child in the future in terms of their identity needs.
		Parents need to understand why contact is happening and be involved in planning	Consider the baby’s age, developmental stage, routine and previous experiences (including pre-birth) when planning contact, to ensure it aligns with their needs.	Regularly review contact arrangements. Continue to consider the purpose (which may change over time) and adjust contact accordingly. Keep lines of communication open – ask what everyone, including parents, think and feel..	Regardless of outcome, the EP period will be a significant part of the child’s life story. Look for opportunities to capture information about birth family, as well as the child’s time with carers.
		Carers need to support the contact process and be fully invested in it for the child	Establish the role of the contact supervisor and explain this to parents/carers – a supportive, hands-on approach can contribute to better quality and more enjoyable contact.	Always keep the potential of adoption in mind and encompass this into aims and objectives of contact e.g. support carers to make two identical memory books/boxes (one for parents and one for the child, if they are adopted) and incorporate memory making activities for parents if they are open to these.	Help parents to understand the significant role they have to play in their child’s life, even if they are not caring for them permanently.
	Building positive relationships	Infants need to see trust between their caregivers, with their two worlds overlapping in a positive way	Facilitate information sharing opportunities. Ask parents/carers to write pen pictures about themselves and organise a facilitated icebreaker meeting outside of the contact space, ideally before regular contact begins.	Use a communication book and help parents to read/write in it. This may include detailed updates on the child from carers to keep parents connected to their child, as well as practical handover information. Photos can also be exchanged.	If a positive relationship has been established via contact, build on this and do not discard it. Where relationships have been more challenging, offer support to work through these to move on to a new chapter.
		Parents need to know who is going to be looking after their baby and work towards trusting and accepting them as	Ensure that parents and carers always meet to hand baby over to each other, unless there is a <u>significant</u> risk in doing so.  In EP carer training, outline the benefits of a relationship with parents and establish the expectation that carers should work to build a meaningful relationship with parents from the beginning.. Be clear this will be lifelong if they adopt the child.	Give carers the opportunity to talk about their feelings regarding their relationship with parents – this is likely to ebb and flow throughout the EP period. Help them retain a focus on the overall benefits of contact for the child.	Allow space for emotions to settle before making concrete plans but have conversations about future contact early on. Keep lines of communication open if a plan cannot be agreed upon at the time of Placement/Adoption Order.
		Carers need to see parents as a key part of the child’s network in the short and long term.		Facilitate conversations between parents and carers at contact handovers if required, but divert any difficult discussions to meetings away from the child/contact space.	Continue to review contact arrangements throughout childhood, with a view to maintaining a meaningful, safe connection between the child and their birth family.
	Emotional containment	Infants need consistency, routine and caregivers who can understand and respond to their emotional states	Training should be provided to help children’s social workers and supervisors better understand what EP is, the role of the EP carer and how the disenfranchised parental identities that parents and carers have may impact contact.	Contact should be supervised by the same one or two supervisors for each session to ensure continuity for the baby, parents and carers. Reflective supervision should be arranged for supervisors.	Provide emotional support to parents to manage their grief and loss (likewise for carers if the child returns to birth family).
		Parents need their role in the child’s life to be recognised	Consider who will be the baby’s ‘safe’ person during contact, and how trust can be built with this person.  Training for supervisors should also include infant observation skills so that babies’ responses do not get overlooked.	Time should be allocated before contact to prepare parents practically and emotionally for the session, as well as after to check they are ok and offer helpful and consistent feedback.  Infants should be closely observed during and after contact, with a focus on their emotional responses – these may be subtle. Supervision templates should include a section to record these.	Allow a short period for carers to settle into their role as a parent before resuming face-to-face meetings (but keep discussions with both carers and parents open, providing regular check-ins). Ask carers to send parents an update in the interim period (in the form of either a letter and photo, short video or voice message).
		Carers need acknowledgement and understanding of their status as foster carers AND prospective adopters	Carers and parents should be prepared for some of the difficult feelings that may come up for them through the contact/EP process. They should each have someone they can approach to talk openly about their feelings i.e. their own social worker or an independent support worker)	Practitioners need to understand that carers are not just ‘normal’ foster carers and parents are likely to feel threatened by them.	Make a clear plan for continued support around keeping in touch arrangements, with named contacts for parents/carers.

Figure 8: Model of good practice for infant contact in Early Permanence

It is acknowledged that some aspects of this model are reliant on resources which, in the current climate, are not always readily available. This may therefore be considered an aspirational view of what contact in EP should look like. However, we should not be restricted in our thinking about what *should* be put into practice by what *could* be done. Many of the suggestions do not involve a financial cost and there was evidence of excellent practice by some individual practitioners and agencies in this study. This suggests that where staff have a comprehensive understanding of EP and infant development, good practice in managing and supporting contact can happen and we should be aiming for absolute best practice. Contact in EP can be, as one contact manager in this study put it, '*transformational*', not just in the short term but also as a foundation for long-term achievements in relation to maintaining relationships, as well as being a basis for support to parents who may go on to have more children. Contact, however, is often not given the serious considerations that it deserves. We can and should try to do better for children, parents, and carers alike, by taking a whole-family approach to contact in EP.

#### **12.6.2 Suggestions for parents and carers**

Professionals should prepare (and ideally co-produce) information sheets for parents and carers which address three concepts outlined in the previous section. Evidence-based, child-focused resources should be drawn upon, such as those produced by the University of Sydney (2024). The aims of these leaflets would be to:

- clarify the purpose of contact.
- help them understand what to expect.
- anticipate and validate their feelings.
- help them see the perspective of the baby.
- support and encourage them to see the perspective of the other person (parent/carers).
- offer practical tips.
- direct them on how to get support.

#### **12.6.3 Implications for policy**

The introduction of FfA in England by a previous government (Department for Education, 2011a, 2013b) paved the way for more children to be placed with their potential permanent carers as early as possible. LAs, VAAs and RAAs were, however, were left to navigate EP with little guidance, particularly in the early stages of the FfA model. This has led to a wide variety in practice (Brown and Mason, 2021), including how contact is managed and supported. This study has highlighted differences in experiences for parents, carers and infants. Given the variation in practice that has been identified in this research, policy guidance should bring the practice of contact in EP to the fore.



Both fostering and adoption statutory guidance and regulations include a focus on the promotion and provision of contact in the fostering period and beyond to adoption (Adoption Agencies Regulations, 2005; Department for Education, 2011b, 2013c, 2014a). There are also various publications on how to support and manage contact for children in foster, kinship and adoptive families (Adams, 2012; Bond, 2007; Neil and Howe, 2004; Price et al., 2014; Slade, 2002a). While these documents can be applied to the separate fostering and (potential) adoption stages of EP, they make no reference specifically to EP and do not address the unique challenges of contact in this type of placement. Borthwick and Donnelly (2013) include a helpful chapter on contact in concurrent planning, but this good practice guide is now over ten years old and does not incorporate the inclusion of FfA which departs from concurrency in some respects. The recently produced practice guidance on contact in EP (McAllister et al., 2023) provides a helpful starting point for improvements, but is lengthy and may not be easily accessible to busy practitioners. A recommendation from this study, therefore, is that specific practice guidance on contact in EP is published which is evidence-based, clear to read and makes simple but effective suggestions for change (see Appendix T for an example practice brief).

Change, however, needs to start with a culture shift in how contact in EP is perceived (particularly with infants in mind). In order for LAs to provide contact services that meet the needs of all involved, more funding should be made available to ensure agencies are in a position to build on any culture change where all the suggestions in figure eight can be adequately resourced. An overall change in culture around contact in EP can be achieved by incorporating suggestions that have been applied to traditional adoption by Neil (2024).

## **12.7 Strengths and limitations of the study**

### **12.7.1 Strengths**

There was a significant dearth in literature on the two aspects of social work practice that this thesis covers – contact for infants and Early Permanence. Through triangulation of data sources, a comprehensive picture was drawn of the management and experience of contact in EP due to taking a multi-perspective approach which sought the views of the key people involved in contact arrangements. From this, analysis included comparisons of parents' and carers' journeys of the EP process which produced a unique insight into some of the similarities that both parties experience as well as any divergences. This comparative element of parents' and carers' journeys in EP is not something that is present in existing literature.

The study included the direct views of birth parents, who are often underrepresented in research. This research will give parents' voices a stage from which to be heard, and which can in turn contribute to practice guidance and policy in relation specifically to EP in contact but also EP and contact more generally.

The methodological approach taken, which involved interviewing carers ‘in the moment’ during their experience of contact in EP, allowed for carers’ emotions and feelings to be captured as they were going through the EP process (in retrospective interviews, there is the potential for finer details to be lost). The additional element of undertaking two interviews for most carers led to a better understanding of how their views and experiences changed over time and illustrated how contact arrangements also changed.

The concept of disenfranchised parenting, which stems from how parents and carers construct their parental identity through the EP process, outlined in this chapter, is a unique theoretical contribution that encompasses existing theories, applying them to the context of EP.

Finally, and perhaps most crucially for research on social work practice, this study has made a significant impact on how practitioners may approach contact in EP, and therefore can lead to improvements in how infants, carers and parents experience the process. The following section outlines how the research has been disseminated and includes relevant feedback.

### **12.7.2 Impact**

This research has gained a lot of interest over the past two years due to the increased focus from Regional Adoption Agencies on using EP as a placement option for more children and the lack of research in this area, particularly on the important aspect of contact. Dissemination of the research has included several presentations on key findings between May 2022 and October 2024, including:

- Welsh Early Permanence service launch conference (online)
- Adopt East Modernising Adoption conference (in person)
- Department for Education ‘Lunch and Learn’ session
- North West Local Authority development day
- CoramBAAF Learning from Research webinar
- Centre for Research on Children and Families webinar
- Coram Early Permanence Subscribers Group webinar
- Adoption England Modernising Adoption culture change series webinar
- South West Adoption Consortium Practitioners’ workshop (online)
- CVAA Evidence webinar
- North East Modernising Adoption conference (workshop)

Feedback from the above sessions has been very positive. Practitioners have reflected on aspects of the research that have led them to consider making changes to their practice. These include reviewing the purpose of contact in a more focused way on a regular basis. For example, one Independent Reviewing Officer planned to make this a discussion point at each child's review. Another example reflects the challenges EP brings regarding parental identity for both parents and carers and how relevant this is to prospective EP carers. One EP co-ordinator advised that, after following attending a workshop, she set aside time to have a discussion with prospective EP carers at preparation training around how the practical aspects of managing contact might feel when taking into consideration the reality of caring for a baby that you wish to parent. Quotes from the study participants have also been referenced by others both verbally and in written literature, for example by CoramBAAF colleagues to the Judicial College and in practice guidance on contact in EP placements produced for Adoption England by the (now disbanded) Concurrent Planning Service in the north west. A practice briefing has also been written and is available online as part of wider resources relating to maintaining relationships in adoption (see Appendix T).

These examples highlight how relevant this research is to current adoption practice and indicate how the implications for practice outlined previously will continue to be applied. It is hoped that the research will also contribute to policy on EP as while there was a focus by the previous government to get more children placed earlier via EP, there was very little policy literature available to support agencies to do so, leading to a wide variation in practice which needs to be amalgamated. There are also further opportunities to build on this research by disseminating findings in creative ways accessible to a wider audience – parents, carers and practitioners.

### **12.7.3 Limitations**

Due to gathering the perspectives of several groups of people, the number of participants per group was relatively small. There were also some participant groups (particularly children's social workers and birth parents) where recruitment challenges led to smaller numbers than was hoped for. However, the data produced were rich and powerful, and several key themes were still able to be identified.

Limited demographic data available for participants makes it difficult to provide much detail on the diversity of backgrounds of participants (a limitation in itself), however in terms of gender, participants were primarily female (there was only one male carer and one father). There were also no single carers in the sample and only one same sex couple. The opportunistic approach to recruitment led to this. For brevity, mothers and fathers were referred to as parents but it is acknowledged that referring to mothers and fathers under the same umbrella term does not fully represent fathers' experiences, given that only one father was interviewed. However, this

study did not aim to explore gender differences in the experience of contact. Further research should ensure a more diverse sample to capture difference, with a particular focus on recruiting equal numbers of fathers and mothers to fill the research gap highlighted in Chapter Three.

Regarding the practitioner sample, the criteria that prospective participants required experience of at least two EP cases meant that the views of practitioners with limited or no experience of EP were not captured. It is also likely that those with a vested interest in EP put themselves forward to participate and therefore their understanding of it was likely quite high. This is particularly notable for the children's social worker sample. To get a more balanced and accurate picture of social workers' views and understanding of contact in EP (and EP in general), further research should include a wider sample of practitioners with a mixture of experience in EP.

It is acknowledged that the longitudinal element of the research in relation to carers is limited in terms of the depth of analysis that could be undertaken within the scope of the study, due to the multi-perspective element. The study would also have been strengthened by interviewing parents in a similar longitudinal manner, which was the initial aim, but this did not yield any participants. There are strengths and limitations to both longitudinal 'in the moment' interviews and a retrospective approach. Having had time to potentially process their experiences, parents interviewed later may have had some level of emotional separation from the experience (one mother and father who were still waiting for a final decision in court found it very difficult to reflect on their experiences of contact due to their anger and frustration with what was happening).

Interviews and focus groups were undertaken at a time where COVID-19 was still prevalent. Therefore, it is important to note that some aspects of contact reported would have been impacted by policies and procedures put in place to prevent the spread of the virus. Examples include some contact taking place via video calls and handovers of infants taking place in contact centre car parks. This poses a limitation in some of the conclusions that can be drawn regarding ongoing practice in relation to contact in EP.

#### **12.7.4 Suggestions for future research**

This research has made an additional contribution to our understanding of infants' experiences of contact and has highlighted the importance of focusing specifically on infants due to the significance of their early experiences and the complexity of meeting both their emotional and physical needs. There are also areas where the need for further research has been identified, outlined below:

- This research shed some light on how infants were seen to respond to contact which is supported by existing literature. However, it should be noted that the infants' responses reported are interpretations from carers' and practitioners may include some level of bias (particularly from carers' who have a vested interest in the child remaining in their care which could impact their interpretation of infants' responses to support this outcome, as suggested by some adoption practitioners in the study). In order to provide a more detailed picture of how infants' experience contact, further research should be undertaken through a more neutral lens which includes observation of the infant by a researcher (ideally one trained in infant observation) before, during and after contact sessions alongside undertaking supporting interviews with adults.
- There is evidence from this study that contact in EP presents an opportunity for positive foundational relationships to be built between parents and carers but there was not the scope to undertake any follow up interviews in this study. Therefore, some of the conclusions drawn regarding future relationships are only as accurate as the time point they were reported at. A retrospective or longitudinal study examining these relationships over time would highlight the impact, benefits and challenges of maintaining relationships following an EP placement. Indeed, any longitudinal research on EP would be welcome, to also include outcomes for children.

## **12.8 Conclusion**

In conclusion, this study has provided valuable insights into the contact experience in Early Permanence for parents, carers, and infants, and the complexities faced by practitioners in managing these arrangements. It has underscored the challenges posed by the unique nature of EP, especially in relation to contested parental identity, and emphasised the need for a more unified and consistent approach to contact planning. While practitioners generally understood the nuances of EP (by virtue of the inclusion criteria), the divergent experiences of parents and carers reveal a significant gap in understanding and managing the contact process for some practitioners. The study highlights the need for specialist training for contact supervisors and the underutilised potential of contact as a therapeutic and supportive environment for parents. Furthermore, it suggests that opportunities to foster lasting relationships through contact are often missed. The findings of this research are applicable not only to EP but also to other forms of foster care, offering broader implications for practice. Importantly, this study has filled a gap in the literature on infant contact in EP and laid the groundwork for future research. Ultimately, the insights gained from this study have the potential to drive meaningful change in social work practice in relation to contact and EP, improving the experiences of parents, carers, and children alike.

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## **Appendices**

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## Appendix A: Ethics approval letter



27.05.2020

School of Social Work  
Faculty of Social Sciences  
University of East Anglia  
Elizabeth Fry Building  
Research Park  
Norwich  
Norfolk NR4 7TJ

Dear Ruth,

The Research Ethics Committee considered your application for ethical approval for the above project on '*Managing infant contact in Early Permanence placements*'. The reviewers are in agreement that the ethics issues have been satisfactorily considered and addressed. I am happy to confirm that ethical approval is now granted and you are able to begin your study subject to any other necessary approvals being given.

It is a requirement of your approval that you should report any adverse events that may have occurred, these being defined as "any unanticipated problem involving risk to subjects which ultimately results in harm to the subject or others".

If you plan to make any significant changes to the design of your study, you should also contact me.

With best wishes – I hope your research goes well.

Yours sincerely

A handwritten signature in black ink, which appears to read 'G Philip'.

Dr Georgia Philip  
Chair of SWK Ethics Committee

## Appendix B: Ethics approval letter (amendment)

20.01.2021



School of Social Work  
Faculty of Social Sciences  
University of East Anglia  
Elizabeth Fry Building  
Research Park  
Norwich  
Norfolk NR4 7TJ

Dear Ruth,

As Chair of the SWK-REC I have considered the application for an amendment to your research project. I am satisfied that the ethical issues have been considered and addressed. I am therefore happy to approve the amendment by Chair's action.

It continues to be a requirement of your approval that you should report any adverse events that may have occurred, these being defined as "any unanticipated problem involving risk to subjects which ultimately results in harm to the subject or others".

If you subsequently need to make any other significant changes to your study, you should also contact me again.

With best wishes for the successful completion of your research,

Yours sincerely

A handwritten signature in black ink, which appears to read 'G Philip'.

Dr Georgia Philip  
Chair of SWK Ethics Committee

# **RESEARCH VOLUNTEERS NEEDED**

**Have you had Family  
Time/contact with your  
baby?**

**Was your baby looked after by  
Early Permanence carers?**

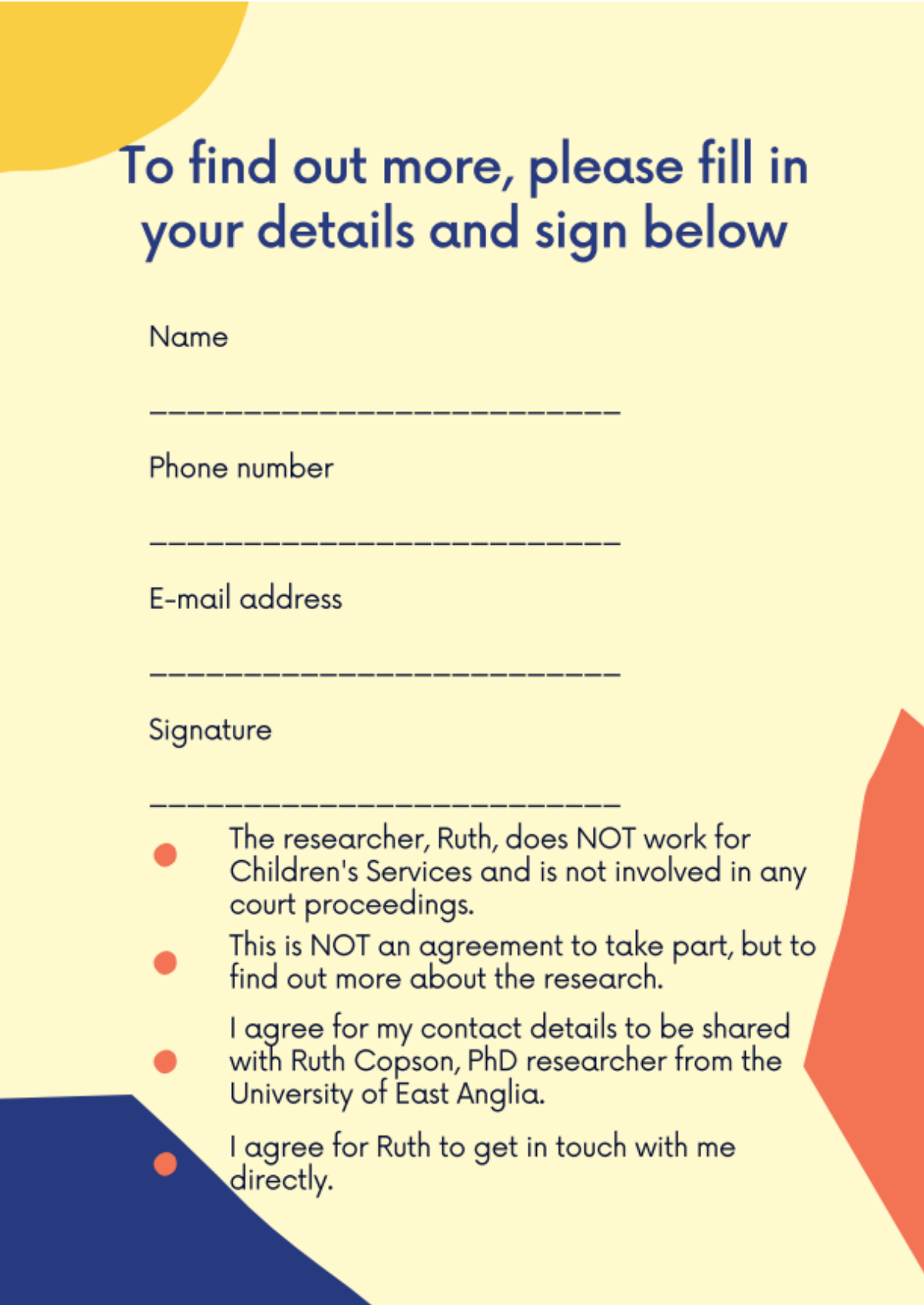
**Would you be willing to share your  
experiences?**

**Fill in your contact details  
overleaf and let the person  
who asked you about this  
know.**

**You will receive a £20  
Amazon voucher for  
your time if you take  
part.**

**UEA**  
University of East Anglia

**crcf** Centre for Research  
on Children & Families



To find out more, please fill in  
your details and sign below

Name

-----

Phone number

-----

E-mail address

-----

Signature

-----

- The researcher, Ruth, does NOT work for Children's Services and is not involved in any court proceedings.
- This is NOT an agreement to take part, but to find out more about the research.
- I agree for my contact details to be shared with Ruth Copson, PhD researcher from the University of East Anglia.
- I agree for Ruth to get in touch with me directly.

## Appendix D: Initial information sheet (parents)



### **'Experiences of Contact/Family Time in Early Permanence placements'**

#### **PARTICIPANT INFORMATION SHEET FOR PARENT/S**

My name is Ruth Copson and I am doing some university research on the time that parents spend with their babies when their babies live with Early Permanence (Foster to Adopt/concurrent) foster carers. It's really important for mothers and fathers to meet with their babies, but it can be a worrying and emotional time. My research is about parents' experiences of Family Time, and about the views and experiences of foster carers and social workers too.

In order to learn more about this, I would like to talk to you more about your experiences in an interview. The interview will last about 60 - 90 minutes. In the interview, I will ask about your experiences about spending time with your baby in a supervised setting. You do not have to talk about anything you don't want to and can ask me to stop the interview at any time.

Due to COVID-19, these interviews will be held either by video or phone call (whichever you would prefer). Before you agree to an interview, I would like to arrange to chat with you on the phone or via video call, so you know who I am and so I can tell you a little bit more about the project. This will also give us a chance to practice using the technology.

I am an independent researcher at university. **I do not work for Children's Services and I will tell anyone else what you have told me, unless you or any child are in danger.**

You will get a £20 high street voucher after the interview as a thank you for your time.

I am more than happy to have a chat on the phone if you want to discuss what is involved. Please give me a call/text on 07858134673.

This project is being supervised by Professor Elsbeth Neil ([e.neil@uea.ac.uk](mailto:e.neil@uea.ac.uk) – 01603 593562) and Dr Laura Cook ([l.cook@uea.ac.uk](mailto:l.cook@uea.ac.uk) – 01603 597639).

## Appendix E: Detailed information sheet and consent form (parents)



### **'Experiences of Contact/Family Time in Early Permanence placements'**

#### **PARTICIPANT INFORMATION SHEET FOR PARENT/S**

##### **What is this study about?**

This study is being undertaken as part of a PhD by Ruth Copson at the University of East Anglia. It is looking at the time that parents spend with their babies when their babies live with Early Permanence (Foster to Adopt) carers. It's really important for mothers and fathers to meet with their babies, but it can be a worrying and emotional time. This research is about parents' experiences of Family Time (or 'contact'), and about the views of foster carers and social workers too.

The main aims of the research are:

- To improve the experience of Family Time for parents and others involved.
- To gain a better understanding of what happens during Family Time and how it is experienced by all involved.
- To help social workers make appropriate decisions about children's Family Time arrangements.
- To consider how best to support parents and carers through Family Time.

This information sheet tells you more about the study. Knowing what is involved will help you decide if you want to take part. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about. Participation in this study is voluntary – you do not have to take part if you do not want to.

##### **Who is running the study?**

The study is being carried out by Ruth Copson, a doctoral researcher at the University of East Anglia, with supervision from Professor Elsbeth Neil ([e.neil@uea.ac.uk](mailto:e.neil@uea.ac.uk) – 01603 593562) and Dr Laura Cook ([l.cook@uea.ac.uk](mailto:l.cook@uea.ac.uk) – 01603 597639).

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

Ruth will first arrange to have a conversation with you to talk you through the information about the study on the phone or via video call. This may be helpful so you know who you will then be talking to later on. Ruth will then arrange to interview you, to talk about your views on the plans that were put in place for contact between you and your child (or children), and to find out how you experienced contact sessions. If you are still having contact with your child, Ruth may arrange a second interview with you at a later date. All interviews will be arranged at a time to suit you.

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

No. Being in this study is completely voluntary and you can decide if you want to take part. This sheet provides information about the study but if you decide to take part you will be given a consent form to sign before or at the start of the interview. You can change your mind at any time before or

during the interview. If after the interview you decide you don't want Ruth to use what you've said in her research, you have up to two weeks to let her know.

If you change your mind after signing the consent form but before the interview takes place, you can let Ruth know by email ([r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk)) or by phone/text 07858 134673. During the interview you can ask Ruth to stop at any point and/or can refuse to answer any of her questions.

### **Are there any risks or benefits of me taking part?**

Having a child placed into care is an extremely distressing thing to happen and it may be that in talking about children's contact, difficult emotions come to the surface. It is up to you what you tell us and you do not have to answer any questions you do not want to. You can take a break or ask to stop the interview at any time. Ruth will be there to listen to you and signpost you to support services if you would like her to.

Being part of this research will give you the opportunity to talk about your experiences and views, which can be helpful for some people. Ruth's research will hopefully help to make the time that parents spend with their babies as positive as possible. By taking part, you will be helping others better understand the experiences of contact for parents and young babies and how best to support everyone involved.

You will be given a £10 high street voucher after each interview, as a thank you for your time.

### **What will happen to information about me and my child that is collected during the study?**

The information will only be used for the purposes outlined in this Participant Information Sheet. Data management will follow the GDPR and Data Protection Act 2018 and the University of East Anglia Research Data Management Policy (2019). Your information will be stored securely and your identity (and your child's identity) will not be recorded. The only people who will access the data are members of the research team, which may include someone independent from a GDPR compliant transcription service who have an agreement with UEA to maintain confidentiality and adhere to Data Protection protocols.

Ruth is **not** completing an assessment of you. Anything you say in an interview will not routinely be used in court, or be seen by any professional who is working with you.

The only time Ruth would tell someone else what she has seen is if she thinks you or your child are not safe or if the court instruct Ruth to share information (if any care proceedings are still underway - this is very unlikely to occur). If Ruth thinks she needs to tell someone, or if the court request information, she will discuss it with you first, wherever possible.

### **What if I would like further information about the study?**

Ruth will be available by phone to discuss the study with you further and answer any questions you may have. This might help you to feel more comfortable with being part of the research. You can contact her on [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk) or by phone/text on 07858 134673.

### **Will I be told the results of the study?**

If you would like, Ruth will send you a summary of the research findings. She will store your contact details in order to be able to send you this information.

### **What if I have a complaint or any concerns about the study?**



The ethical aspects of this study have been approved under the regulations of the University of East Anglia's School of Social Work Research Ethics Committee. If there is a problem please let Ruth know.

If you are concerned about the way this study is being conducted or you wish to speak to someone independent from the study, please contact the Head of the School of Social Work, Professor Jonathan Dickens – [j.dickens@uea.ac.uk](mailto:j.dickens@uea.ac.uk), 01603 593634.

**OK, I agree to take part – what do I do next?**

You need to let Ruth know that you wish to take part. She will ask for your consent either by e-mail or text before the interview, or verbally at the start of the interview. Please read the consent form on the next page which lets you know what you are agreeing to. Ruth will go through this with you before each interview.

## PARTICIPANT CONSENT FORM

Thank you for agreeing to take part in this study.

By providing consent, you are agreeing with the following statements:

- I agree to being interviewed.
- I understand the purpose of the study, what I will be asked to do, and risks/benefits involved.
- I have read the Participant Information Sheet and/or have been able to discuss my involvement in the study with Ruth if I wished to do so.
- Ruth has answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part.
- I understand that I can withdraw from the study at any time before or during the interview, or up to two weeks after the interview has taken place.
- I understand any information that is collected for the study will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the interviews will be audio recorded, so they can be written up afterwards.
- I understand that the interviews I provide will be transcribed (written up) for the audio recordings, and stores as anonymised files. A transcription service may be used during this process.

**Would you like to receive a copy of the summary of Ruth's research once it is complete?**

Yes ☐ No ☐

**If yes, please provide an e-mail or postal address for the summary to be sent to. Your contact details will be deleted and destroyed once the summary has been sent to you.**

**E-mail/Address.....**

**Signature**

**PRINT name**

**Date**

.....  
.....

(Consent can also be provided via e-mail, text or in person on a call)

## Appendix F: Social media recruitment flyer (parents)

Have you had a child adopted via Early Permanence (Fostering for Adoption or Concurrency)?

Did you have supervised Family Time (contact) with your child?

Would you be interested in sharing your experiences?

Ruth Copson, PhD researcher at the University of East Anglia, is looking to speak to parents about their experience of having supervised Family Time sessions whilst their child was cared for by Early Permanence carers before being adopted. This research is an opportunity for birth parents to have their voices heard, to help others understand what it is like for parents in this position and to learn more about Family Time.

You will receive a £20 Amazon voucher as a thank you for your time.

For more information, e-mail Ruth at [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk) or text/whatsapp 07858 134673 and Ruth will call you back.



## **Appendix G: Interview schedule - retrospective (parents)**

(Note – use relevant terminology – EP/FfA/concurrency)

- Introduction to the project. Do you have any questions for me?
- Consent (work through consent form with parents)
- Can you please tell me a little bit about your current situation? (E.g. number of children you have, where they're living, family circumstances etc.)
- Can you tell me a bit about your background and what you feel led to your child/children being removed from your care, from your point of view?
- What were you told about the EP process? How did you feel about this?
- How did it feel for you when your baby was placed into care?
- Can you tell me a bit about the contact/FT arrangements that were in place?
- Do you remember how you felt about those arrangements?
- What discussions did your child's social worker have with you about these plans?
- What do you think was the main reason for you having supervised contact?
- Can you tell me what it was like for you having supervised contact?
- How did you used to feel before and after contact? (If challenging, who helped/supported you?)
- What happened during those contact sessions? What were the important moments for you during contact?
- How do you think your baby felt about contact?
- What was the most difficult thing for you about contact? What were the challenges?
- What were the positive things about contact?
- Thinking about the professionals that were working with you, is there anyone that particularly helped you and what did they do?
- Is there anything any professional did that you feel could have been done differently?
- If you weren't able to make any of the scheduled contact sessions, what prevented you from attending? Please remember I just want to understand your situation as much as possible.
- Did you meet your child's EP carers? If so, how did that go? How did you feel about them?
- Do you have any ongoing contact with baby/adopters? How has that been for you?
- Looking back, how has the EP process affected you? What about your wider family?
- What do you think professionals don't understand about the process and what would you like them to know?
- Is there anything else you would like to discuss or share?
- Debrief – signpost to relevant organisations (from debrief sheet).

## Appendix H: Debrief sheet (parents)



### Debrief Sheet

#### **‘Managing infant contact in Early Permanence.’**

- This research study is being carried out by Ruth Copson from the University of East Anglia. It aims to find out about experiences of supervised contact, in order to try to improve support and services.
- If you would like to receive a short summary of Ruth’s findings, please let her have your contact details (please note this will not be for at least two years).
- If you have concerns about the research you can contact Jonathan Dickens, Head of School, School of Social Work, Elizabeth Fry Building, University of East Anglia, Norwich, NR4 7TJ by letter or email [j.dickens@uea.ac.uk](mailto:j.dickens@uea.ac.uk). Tel: 01603 593634.
- If you are upset or worried after the observation/interview remember you can speak to your social worker. You can also contact one of the following organisations if you would like to speak to someone independent of the local authority:
  - Family Rights Group – 0808 801 0366 [www.fra.org.uk](http://www.fra.org.uk) (a birth relative support service offering advice and guidance for parents whose children are in care).
  - MPower - 07719973027 (a well-being service for women providing support to strengthen relationships and increase self-esteem).
  - MIND - [www.mind.org.uk](http://www.mind.org.uk) (providing advice on wellbeing and steps for accessing other support).
  - You can also self-refer for counselling through IAPT psychological therapies service by calling 03001231503.

**THANK YOU VERY MUCH FOR TAKING PART**

## Appendix I: Initial information sheet (carers)



### **'Managing supervised contact/Family Time in Early Permanence placements'**

#### **PARTICIPANT INFORMATION SHEET FOR CARER/S**

My name is Ruth Copson and I am currently undertaking PhD research at the University of East Anglia, looking at the time that parents spend with their babies when their babies live with Early Permanence (Foster to Adopt/concurrent) carers (i.e. 'supervised contact' or 'Family Time'). In previous studies, carers have expressed worry about the impact that Family Time/contact has on babies and also how stressful it is for carers (and birth parents) to manage this contact. On the other hand, there are often many benefits to these sessions. I really want to understand more about supervised contact and the impact on everyone involved, particularly on the baby themselves.

If you have (or go on to have) a baby placed with you through the Early Permanence route, I would like to interview you twice in order to learn more about this, once towards the beginning of care proceedings (or as soon as possible after I get in touch with you) and once towards the end, or just after proceedings have concluded. The interviews will each last about 60 - 90 minutes each. In the interviews, I will ask about your experiences and views about managing contact between the baby you're caring for and their birth parent/s. You do not have to talk about anything you don't want to and can ask me to stop the interview at any time.

Due to COVID-19, these interviews will be held either by video or phone call (whichever you would prefer). We can arrange an informal call before the first interview so I can tell you a little more about the research and what is involved.

I am an independent researcher at the university. **I do not work for Children's Services and I won't be reporting back what I've seen to anyone who is working with you or to court, unless you or the baby are in danger, or the court instructs me to share information (this is very unlikely).**

You will get a £10 high street voucher after the first interview and another £10 voucher after the final interview as a thank you for your time.

I am more than happy to have a chat on the phone if you want to discuss what is involved. Please e-mail me on [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk) or give me a call/text on 07858134673.

This project is being supervised by Professor Elsbeth Neil ([e.neil@uea.ac.uk](mailto:e.neil@uea.ac.uk) – 01603 593562) and Dr Laura Cook ([l.cook@uea.ac.uk](mailto:l.cook@uea.ac.uk) – 01603 597639).

## Appendix J: Detailed information sheet and consent form (carers)



### **'Managing supervised contact/Family Time in Early Permanence placements'**

#### **PARTICIPANT INFORMATION SHEET FOR CARER/S**

##### **What is this study about?**

This research is being carried out as part of PhD research at the University of East Anglia by Ruth Copson. It is looking at the time that birth parents spend with their babies when their babies live with Early Permanence (Foster to Adopt/concurrent) carers (i.e. 'supervised contact' or 'Family Time'). In previous studies, carers have expressed worry about the impact that Family Time/contact has on babies and also how stressful it is for carers (and birth parents) to manage this contact. On the other hand there are often many benefits to these sessions. Ruth really wants to understand more about supervised contact and the impact on everyone involved, particularly on the baby themselves.

The main aims of the research are:

- To gain a better understanding of what happens during contact and how it is experienced by all involved.
- To help social workers make appropriate decisions about children's contact arrangements.
- To consider how to ensure the time that babies spend with birth parent/s is as positive as possible for baby and parent.
- To consider how best to support carers and parents through contact.

This Participant Information Statement tells you about the study. Knowing what is involved will help you decide if you want to take part. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about. Participation in this study is voluntary.

##### **Who is running the study?**

The study is being carried out by Ruth Copson, a doctoral researcher at the University of East Anglia, with supervision from Professor Elsbeth Neil ([e.neil@uea.ac.uk](mailto:e.neil@uea.ac.uk) – 01603 593562) and Dr Laura Cook ([l.cook@uea.ac.uk](mailto:l.cook@uea.ac.uk) – 01603 597639).

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

Ruth will first arrange to have a conversation with you to talk you through the information about the study on the phone or via video call. This may be helpful so you know who you will then be talking to later on. Ruth will then interview you shortly after this discussion, and early on in the court proceedings for the baby you are caring for, to ask some questions about the contact that baby is having with their birth parents and how this impacts both you and the baby. Towards the end of the court process, Ruth will arrange to interview you again to find out how contact has progressed over this time. All interviews will be arranged at a time to suit you and will be undertaken online via Microsoft Teams, or by phone.

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

No. Being in this study is completely voluntary and you can decide if you want to take part. This sheet provides information about the study but if you decide to take part you will be given a consent form to sign. You can change your mind at any time before or during the interview/observation.

If you change your mind after signing consent but before the interview takes place, you can let Ruth know by email ([r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk)) or by phone 07858 134673. During the interview you can ask Ruth to stop at any point and/or can refuse to answer any of her questions.

### **Are there any risks or benefits of me taking part?**

We understand that the Early Permanence process can be very challenging and it may be that talking about children's contact, difficult emotions come to the surface. It is up to you what you tell us and you do not have to answer any questions you do not want to. You can take a break or ask to stop the interview at any time. Ruth will be there to listen to you and signpost you to support services if you would like her to.

Being part of this research will give you the opportunity to talk about views and experiences that you may not get the opportunity to talk about usually, which can be helpful for some people. Ruth's research will hopefully help to make contact experiences as positive as possible. By taking part, you will be contributing to a better understanding of the experiences of contact for young babies and how best to support everyone involved.

You will be given a £10 high street voucher after the first interview and a further £10 voucher after the last interview, as a thank you for your time.

### **What will happen to information about me and the child I'm caring for that is collected during the study?**

The information will only be used for the purposes outlined in this Participant Information Sheet. Data management will follow the GDPR and Data Protection Act 2018 and the University of East Anglia Research Data Management Policy (2019). Your information will be stored securely and your identity will not be recorded. The only people who will access the data are members of the research team, which may include someone independent from a GDPR compliant transcription service who have an agreement with UEA to maintain confidentiality and adhere to Data Protection protocols.

Ruth is **not** completing an assessment of you. Anything you say in an interview will not routinely be used in court, or be seen by any professional who is working with you. The only time Ruth would tell someone else what she has heard is if she thinks you or the child are not safe or if the court instruct Ruth to share information (this is very unlikely to occur). If Ruth thinks she needs to tell someone, or if the court request information, she will discuss it with you first, wherever possible.

### **What if I would like further information about the study?**

Ruth will be available to discuss the study with you further and answer any questions you may have. You can contact Ruth on [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk) or 07858 134673.

### **Will I be given the results of the study?**

If you would like, Ruth will send you a summary of the research findings. We will store your contact detail in order to be able to send you this information.

### **What if I have a complaint or any concerns about the study?**



The ethical aspects of this study have been approved under the regulations of the University of East Anglia's School of Social Work Research Ethics Committee. If there is a problem please let Ruth know.

If you are concerned about the way this study is being conducted or you wish to talk to someone independent from the study, please contact the Head of the School of Social Work, Professor Jonathan Dickens – [j.dickens@uea.ac.uk](mailto:j.dickens@uea.ac.uk), 01603 593634.

**OK, I agree to take part – what do I do next?**

You need to let Ruth know that you wish to take part. She will ask for your consent either by e-mail or text before the interview, or at the start of the interview. Please read the consent form on the next page which lets you know what you are agreeing to. Ruth will go through this with you before each interview.

## PARTICIPANT CONSENT FORM

Thank you for agreeing to take part in this study.

By providing consent, you are agreeing with the following statements:

- I agree to being interviewed twice.
- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet and have been able to discuss my involvement in the study with Ruth if I wished to do so.
- Ruth has answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part.
- I understand that I can withdraw from the study at any time before or during each interview, or up to two weeks after the second interview.
- I understand any information that is collected for the study will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the interviews I provide will be transcribed for the audio recordings, and stores as anonymised files. A transcription service may be used during this process.

**Would you like to receive a copy of the summary of Ruth's research once it is complete?**

Yes ☐ No ☐

**If yes, please provide an e-mail or postal address for the summary to be sent to. Your contact details will be deleted and destroyed once the summary has been sent to you.**

**E-mail/Address.....**

**Signature**

**PRINT name**

**Date**

.....  
.....

(Consent can also be provided via e-mail, text or in person on a call)

## **Appendix K: Interview schedule – carers (Interview 1)**

### **Interview one**

- Introduction to the project. Do you have any questions for me?
- Consent
- Can you please tell me a little bit about your current situation? (E.g. number of children, family circumstances etc.)
- Can you tell me about how baby came to be placed with you?
- Have you had the opportunity to meet baby's birth parent/s? If so how did this go? If not, do you know why not and is this something you would have liked to happen?
- Can you tell me about the contact plans that have been put in place for baby and birth parent/s? Including practicalities like who takes baby to contact.
- How do you feel about these plans?
- What discussions have social workers had with you about these plans?
- What do you understand the purpose of this contact to be?
- How has contact been going so far?
- Can you give me an example of any challenging sessions?
- Any that went well?
- How has baby responded to contact?
- How do you feel about managing this contact going forward?
- Is there anything you are particularly worried about?
- What do you think will be the most difficult things?
- What do you think will be the benefits/positives of this contact, for you and baby?
- How do you think birth parents experience contact?
- In preparing you for the placement and for contact, how have professionals supported you?
- What has been helpful?
- Is there anything that has been unhelpful?
- Is there anything else you would like to discuss?

## **Appendix L: Interview schedule – carers (interview 2) <sup>11</sup>**

- Reminder of the project and that this interview is part of a study that is looking at contact across the course of care proceedings/consent. Do you have any questions for me?
- How have you been? How is baby (I will be using child's name throughout the interview)?
- Can you tell me what's happened since I last spoke to you?
- What was the lead up to the final court hearing like for you? How do you feel now?
- How did the final few sessions of contact go?
- How has the communication been from contact workers?
- How has your child responded to contact over the last few months?
- Can you tell me more about baby's presentation on contact vs non contact days?
- How has your child been since contact stopped?
- On reflection, how has this journey to parenthood been for you? Can you talk me through some of the key moments and how those have felt?
- How has the process affected you as a parent?
- How do you think this process impacted on your relationship with your child?
- How do you think COVID has impacted on the contact experience?
- How, if at all, do you think contact has affected you/the child in the longer term, or may do?
- Can you tell me a bit about how your relationship with baby has developed and your feelings towards them?
- What names have you used for yourself?
- Looking back, how has the Early Permanence experience affected your wider family?
- How has your relationship been with birth parents?
- What else have you learnt about the birth parents and background circumstances since we last spoke?
- What do you think you will share with your child about their birth parents in the future?
- What are the contact plans going forward? What are your views on these?
- What do you think professionals don't understand about the process and what would you like them to know?
- Is there anything you'd have liked to have seen happen that didn't?
- What do you think people considering Early Permanence should know about the process from the start? Specifically in relation to contact?
- Is there anything else you would like to discuss?

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<sup>11</sup> Note: schedules for interview two will be based on the information provided in the participants' earlier interview. Retrospective interviews based on a combination of both interviews. Interview questions amended for carers who experienced reunification.

## Appendix M: Debrief sheet (carers)



### Debrief Sheet

#### **‘Managing infant Family Time in Early Permanence placements.’**

This research study is being carried out by Ruth Copson from the University of East Anglia. It aims to find out about experiences of supervised Family Time/contact, in order to try to improve support and services.

If you would like to receive a short summary of Ruth’s findings, please let her have your contact details (please note this will not be for at least two years). You can e-mail her on [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk)

If you have concerns about the way the research is being carried out then please contact Jonathan Dickens, Head of School, School of Social Work, Elizabeth Fry Building, University of East Anglia, Norwich, NR4 7TJ by letter or email [j.dickens@uea.ac.uk](mailto:j.dickens@uea.ac.uk). Tel: 01603 59 3634

If you are upset or worried after the interview remember you can speak to your social worker. You can also contact one of the following organisations if you would like to speak to someone independent of the local authority:

- Adoption UK (adoption support charity) – 0300 666 0006
- Fosterline (independent fostering advice service) – 0800 040 7675
- The Fostering Network – If you are a member, you can call the advice line on 020 7401 9582 (10am – 3pm Monday to Friday, except for Tuesday 7.30am to 9pm).

**THANK YOU VERY MUCH FOR TAKING PART**

## Appendix N: Initial information sheet (practitioners)



### 'Managing supervised contact/Family Time in Early Permanence placements'

#### PARTICIPANT INFORMATION SHEET FOR PROFESSIONALS

My name is Ruth Copson and I am currently undertaking a PhD at the University of East Anglia, looking at the time that parents spend with their babies when their babies live with Early Permanence (Foster to Adopt/concurrent) carers (i.e. 'supervised contact' or 'Family Time'). I am an experienced social worker and know from both practice and research how difficult contact can be for birth parents, carers, social workers, the supervisor and most importantly the baby, but also how important it is and how beneficial it can be. I really want to understand more about contact and the impact on everyone involved.

In order to learn more about this, I am running three online focus groups for professionals (one for supervising/adoption social workers, one for children's social workers and a third for contact supervisors). This will involve contributing to a 60 - 90 minute interactive group discussion about contact for infants in Early Permanence placements with other professionals in the same role as yourself (there is likely to be a combination of colleagues from your own agency/local authority as well as those from other agencies/local authorities).

Criteria – you will need to have been involved in at least two Early Permanence placements, either as the child's social worker planning and managing contact, the supervisor supervising contact sessions or as the social worker supporting carers.

In order to get a full understanding of the experiences of contact, I will also be interviewing parents and carers and at a later date, will be observing contact sessions (subject to COVID restrictions).

I am an independent researcher at the university. **I do not work for Children's Services and any information you share will be kept confidential, unless there are significant concerns relating to safeguarding or illegal practice.**

Please get in touch with me if you are interested in taking part. I am more than happy to have a chat on the phone if you want to discuss what is involved. You can e-mail me - [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk) or give me a call/text on 07858134673.

This project is being supervised by Professor Elsbeth Neil ([e.neil@uea.ac.uk](mailto:e.neil@uea.ac.uk) – 01603 593562) and Dr Laura Cook ([l.cook@uea.ac.uk](mailto:l.cook@uea.ac.uk) – 01603 597639).

## Appendix O: Detailed information sheet and consent form (practitioners)



### **'Managing supervised contact/Family Time in Early Permanence placements'**

#### **PARTICIPANT INFORMATION SHEET FOR PROFESSIONALS**

##### **What is this study about?**

This study is being carried out as part of PhD research at the University of East Anglia by Ruth Copson. It is looking at supervised contact (or 'Family Time') in Early Permanence (Foster to Adopt/Concurrent) placements. Ruth is an experienced social worker and knows from both practice and research how difficult contact can be for birth parents, carers, the supervisor and most importantly the baby. Ruth really wants to understand more about supervised contact and the impact on everyone involved and as well as focus groups with professionals, will also be undertaking interviews with carers and parents, as well as completing observations of contact/Family Time sessions at a later date.

The main aims of the research are:

- To gain a better understanding of what happens during contact and how it is experienced by all involved.
- To help social workers make appropriate decisions about children's contact arrangements.
- To consider how to ensure the time that babies spend with birth parent/s is as positive as possible for baby and parent.
- To consider how best to support carers and parents through contact.

This Participant Information Statement tells you about the study. Knowing what is involved will help you decide if you want to take part. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about. Participation in this study is voluntary.

##### **Who is running the study?**

The study is being carried out by Ruth Copson, a doctoral researcher at the University of East Anglia, with supervision from Professor Elsbeth Neil ([e.neil@uea.ac.uk](mailto:e.neil@uea.ac.uk) – 01603 593562) and Dr Laura Cook ([l.cook@uea.ac.uk](mailto:l.cook@uea.ac.uk) – 01603 597639).

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

You will be invited to attend an online focus group, run via Microsoft Teams. There will be up to six participants, all of whom will have a similar role to yourself, and the meeting will last for approximately 60-90 minutes. Ruth will be prompting discussion among the group about your experiences of planning, supervising and managing contact for babies aged 12 months or under, with a focus on very young babies removed from their parents within the first few weeks/months of life and placed with Early Permanence carers. Questions will be tailored to each professional group.

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

No. Being in this study is completely voluntary and you can decide if you want to take part. This sheet provides information about the study but if you decide to take part you will be asked to give written consent via e-mail prior to the scheduled focus group. You can change your mind at any time before or during the discussion, or up to two weeks later.

If you change your mind after giving consent but before the focus group takes place, you can let Ruth know by email ([r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk)) or by phone 07858 134673. During the focus group you can abstain from answering any question and can leave at any time if you wish.

### **Are there any risks or benefits of me taking part?**

We understand that your time is limited and it is your decision whether you can spare this time. It may be possible that talking about a particular family and their experiences may raise some difficult emotions but Ruth will be sensitive to this. Ruth's research will hopefully help to make contact experiences as positive as possible. By taking part, you will be helping Ruth to understand more about the challenges that professionals face when planning, managing and supervising contact arrangements.

### **What will happen to information about me that is collected during the study?**

The focus group meeting will be recorded via the inbuilt recording device on Microsoft Teams which captures audio and video and be stored securely. The information will only be used for the purposes outlined in this Participant Information Sheet. Data management will follow the GDPR and Data Protection Act 2018 and the University of East Anglia Research Data Management Policy (2019). Your information will be stored securely and your identity will not be recorded. The only people who will access the data are members of the research team, which may include someone independent from a GDPR compliant transcription service who have an agreement with UEA to maintain confidentiality and adhere to Data Protection protocols. Only anonymised data will be published.

The only time that Ruth would pass on any information to anyone else would be if any serious allegations are made within the focus group discussion regarding professional practice. If possible, Ruth will discuss this with you before passing this information on.

### **What if I would like further information about the study?**

Ruth will be available to discuss the study with you further and answer any questions you may have. You can contact Ruth on [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk) or 07858 134673.

### **Will I be told the results of the study?**

If you would like, Ruth will send you a summary of the research findings. She will store your contact details in order to be able to send you this information.

### **What if I have a complaint or any concerns about the study?**

The ethical aspects of this study have been approved under the regulations of the University of East Anglia's School of Social Work Research Ethics Committee. If there is a problem please let Ruth know.

If you are concerned about the way this study is being conducted or you wish to talk to someone independent from the study, please contact the Head of the School of Social Work, Professor Jonathan Dickens – [j.dickens@uea.ac.uk](mailto:j.dickens@uea.ac.uk), 01603 593634.



**OK, I agree to take part – what do I do next?**

You need to e-mail Ruth to let her know you wish to participate and she will then let you know when the focus group has been arranged for and check this is convenient for you. Prior to the session, please e-mail Ruth to confirm you have read the consent form and agree to participate – [r.copson@uea.ac.uk](mailto:r.copson@uea.ac.uk). Please keep a copy this information sheet and consent form for your information.

## **PARTICIPANT CONSENT FORM**

Thank you for agreeing to take part in this study.

By providing consent, you are agreeing with the following statements:

- I agree to take part in an online focus group.
- I understand that the discussion will be recorded.
- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet and have been able to discuss my involvement in the study with the researcher if I wished to do so.
- The researcher has answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part.
- I understand that I can withdraw from the study before or during the focus group, or up to two weeks afterwards.
- I understand that I may leave the online discussion at any time.
- I understand that personal information about me that is collected for the study will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that discussions from the group I provide will be transcribed from the audio recordings, and stored as anonymised files. A transcription service may be used during this process.

**Would you like to receive a copy of the summary of Ruth's research once it is complete?**

Yes ☐ No ☐

**If yes, please provide an e-mail or postal address for the summary to be sent to. Your contact details will be deleted and destroyed once the summary has been sent to you.**

**E-mail/Address.....**

**Signature**

**PRINT name**

**Date**

.....  
.....

(Consent can also be provided via e-mail)

## **Appendix P: Focus group schedule (adoption SW's)**

### **Focus Group Interview Schedule Adoption/Supervising Social Workers**



#### Focus Group Interview Schedule – Adoption/Supervising Social Workers

##### Introduction

Hello, my name is Ruth Copson and I'm a doctoral researcher at the University of East Anglia. I'd like to start off by thanking everyone for taking the time to join us today. We'll be here for about an hour, to an hour and a half.

I'd like to start by giving a brief overview of my project. I know I sent across some details, but I imagine you're all busy and not everyone may have had time to read the information sheets. I've been a social worker for nearly ten years, with the majority of my experience in adoption and Early Permanence. I'm now undertaking a PhD based on my practice interest in Early Permanence. My research is looking at the management and experience of supervised contact, or family time, for the key people involved in it – so EP carers, birth parents, supervising/adoption social workers, children's social workers and contact supervisors. We know that Early Permanence is a complex route to adoption, and contact is a significant part of the process. There is little research on Early Permanence and infant contact, and I'm aiming to try to understand more about the impact of contact on babies, carers and practitioners, look at how contact is arranged and managed, and consider how parents, carers and babies are supported through this process. As well as conducting focus groups like these with practitioners, I am undertaking interviews with parents and carers who are either going through the EP process or have recently been through it. Later in the year I'm hoping to also observe some contact sessions, subject to Covid restrictions. Hearing professionals' voices about the process of EP and contact is really important to gain as full a picture as possible. The aim really is to improve practice and people's experiences of EP.

I'd like to remind you that this session will be recorded using the inbuilt function in Microsoft Teams, in order for me to transcribe the audio afterwards. If you have your video on, this will be recorded too however will not be used for any purpose aside from transcription and only I will see this. The detailed information leaflet I sent provides further information on how your data is managed. The identities of all participants will remain confidential and all names and identifying details will be changed in any write up or publication.

The only exception to maintaining confidentiality would be in the very unlikely event of someone disclosing something that raises concerns around illegal practice or if anyone says something that makes me believe they are at risk. I am sure that is not going to happen, but I have to say this just in case.

##### Consent

I'm going to start the recording now and will double check that everyone still consents to participating in this research. If anyone does not consent, please just leave the call. Can I just go round everyone and please can you confirm your first name and that you are ok to continue?

## Ground Rules

To allow our conversation to flow more freely, I'd like to go over some ground rules.

1 – Only one person speaks at a time. This is important as I am to make a written transcript of our conversation. It is difficult to capture everyone's experience and perspective on the recording if there are multiple voices.

2 – It is helpful if we can run this as discussion so please feel free to jump in to respond to what someone else is saying. I know this can be difficult online, so if you feel you can't jump in, you can pop your hand up using the hands up icon (or even give me an actual wave!)

3 – If you are not speaking, please turn your microphones off so there is no background noise or interference.

4 – Not everyone will have an answer to each question, but I'd like to hear from each one of you as the discussion progresses.

5 – This is a confidential discussion. Please do not repeat anything that has been said within the group. This is important so everyone feels comfortable in sharing their views and experiences.

6 – There are no right or wrong answers. I'm looking to hear as many opinions as possible, and each person may have a different view. Please feel free to comment on each other's remarks.

7 – If anyone needs a break, please feel free to briefly turn your camera off and then return to us if you are able to.

8 – Does anyone have any questions before we make a start?

## Introductions

Can I please ask that you each introduce yourself (first name only is fine) and give a brief description of your current role, how long you have been working in it for and a brief bit about your background so is this in adoption and/or fostering, or another area of SW etc

## Focus Group Questions

- What do you see as your role in relation to the Early Permanence process and contact arrangements?
- What do you feel the purpose of contact for babies?
- Do you think the purpose changes as the child gets older, so is the purpose different for newborns than for say a nine month old?
- Can you give any examples of how babies have responded to contact?
- Have you ever felt that the contact arrangements in place should be changed? If so, please can you give an example, describing why you thought this, and what you did about it.

- Can you think of an example of contact working particularly well? What was it that made it successful?
- Can you think of an example of contact being particularly challenging? How was this dealt with?
- Thinking about the Early Permanence placements you have been involved with, what have been the benefits to contact?
- What have been the challenges?
- How do you think carers feel about contact?
- What impact do you think contact has on the relationship between carers and parents?
- What support is offered to carers around contact and the EP process in general?
- What do you think is the most difficult thing for carers in the EP process?
- Is there anything you can think of that could improve the process for all involved? What do you do, the most important thing, for carers?
- Has anyone got any final thoughts before we end the session?

### Closing

Once again, thank you for taking the time to join in with the discussion today. Your comments have given me lots of information and insight into supervising and managing contact for babies.

Would you be happy to receive a summary of findings?

At end of project I will be offering a session on the findings.

## Appendix Q: Focus group schedule (contact supervisors/managers)



### Focus Group Interview Schedule – Contact Supervisors

Hello, my name is Ruth Copson and I'm a doctoral researcher at the University of East Anglia. I'd like to start off by thanking everyone for taking the time to join us today. We'll be here for about an hour, to an hour and a half.

I'd like to start by giving a brief overview of my project. I know I sent across some details, but I imagine you're all busy and not everyone may have had time to read the information sheets. I've been a social worker for nearly ten years, with the majority of my experience in adoption and Early Permanence. I'm now undertaking a PhD based on my practice interest in Early Permanence. My research is looking at the management and experience of supervised contact, or family time, for the key people involved in it – so EP carers, birth parents, supervising/adoption social workers, children's social workers and contact supervisors. We know that Early Permanence is a complex route to adoption, and contact is a significant part of the process. There is little research on Early Permanence and infant contact, and I'm aiming to try to understand more about the impact of contact on babies, carers and practitioners, look at how contact is arranged and managed, and consider how parents, carers and babies are supported through this process. As well as conducting focus groups like these with practitioners, I am undertaking interviews with parents and carers who are either going through the EP process or have recently been through it. Later in the year I'm hoping to also observe some contact sessions, subject to Covid restrictions. Hearing professionals' voices about the process of EP and contact is really important to gain as full a picture as possible. The aim really is to improve practice and people's experiences of EP.

I'd like to remind you that this session will be recorded using the inbuilt function in Microsoft Teams, in order for me to transcribe the audio afterwards. If you have your video on, this will be recorded too however will not be used for any purpose aside from transcription and only I will see this. The detailed information leaflet I sent provides further information on how your data is managed. The identities of all participants will remain confidential and all names and identifying details will be changed in any write up or publication.

The only exception to maintaining confidentiality would be in the very unlikely event of someone disclosing something that raises concerns around illegal practice or if anyone says something that makes me believe they are at risk. I am sure that is not going to happen, but I have to say this just in case.

#### Consent

I'm going to start the recording now and will double check that everyone still consents to participating in this research. If anyone does not consent, please just leave the call. Can I just go round everyone and please can you confirm your first name and that you are ok to continue?

#### Ground Rules

To allow our conversation to flow more freely, I'd like to go over some ground rules.

1 – Only one person speaks at a time. This is important as I am to make a written transcript of our conversation. If it difficult to capture everyone's experience and perspective on the recording if there are multiple voices.

2 – It is helpful if we can run this as discussion so please feel free to jump in to respond to what someone else is saying. I know this can be difficult online, so if you feel you can't jump in, you can pop your hand up using the hands up icon (or even give me an actual wave!)

3 – If you are not speaking, please turn your microphones off so there is no background noise or interference.

4 – Not everyone will have an answer to each question, but I'd like to hear from each one of you as the discussion progresses.

5 – This is a confidential discussion. Please do not repeat anything that has been said within the group. This is important so everyone feels comfortable in sharing their views and experiences.

6 – There are no right or wrong answers. I'm looking to hear as many opinions as possible, and each person may have a different view. Please feel free to comment on each other's remarks.

7 – If anyone needs a break, please feel free to briefly turn your camera off and then return to us if you are able to.

8 – Does anyone have any questions before we make a start?

### Introductions

Can I please ask that you each introduce yourself (first name only is fine) and give a brief description of your current role, how long you have been working in it for and a brief bit about your background experience.

### Focus Group Questions

- Can you please tell me about the role of a contact supervisor and give any examples of how this may differ depending on the family you're working with. For those of you who have experience both in supervising Early Permanence contact and mainstream, do you do anything differently or is there anything you take into account?
- What training and/or experience do you think it is important for a contact supervisor to have?
- What does a contact session usually look like e.g. what do you do during it? Can you give any examples of how you might intervene, if you do, or any guidance you might offer?
- What are the expectations of parents within a contact session?
- How are contact sessions recorded and what happens to these recordings?
- How does supervising a contact session feel for you?

- What do you feel the purpose of contact is for very young babies e.g. birth to six months?
- What do you feel the purpose of contact is for older babies up to the age of 12 months?
- What are your observations of how babies respond to contact? Can you give any examples?
- Can you think of an example of contact working particularly well? What was it that made it successful?
- Can you think of an example of contact being particularly challenging? How did this make you feel?
- What support is offered to carers and parents around contact, either by yourself or members of your team?
- How do you think birth parents experience contact sessions?
- What do you think the birth parents think about you and your role?
- What are your thoughts on how birth parents experience loss and separation?
- How do you think carers feel about contact and can you think of any particular challenges in working with carers?
- What kind of feedback do the carers get about contact and what has happened during that time?
- What impact do you think contact has on the relationship between carers and parents?
- Has anyone got any final thoughts before we end the session?
- Debrief

### Closing

Once again, thank you for taking the time to join in with the discussion today. Your comments have given me lots of information and insight into supervising and managing contact for babies in EP.



## Appendix R: Analysis example

Process towards defining and naming a 'final' theme: For the future building a meaningful life story

'The purpose of contact' was noted as a topic area of interest on case summaries for both first and second interviews with carers (and subsequently for all other participant groups), as in stages 1 to 3 it was noted that codes looked different for different participant groups.

Focusing on carer interviews specifically, initial codes included:

- 'Building child's life story'
- 'Future benefits of contact'
- 'Contact not for here and now'
- 'Identity'
- 'For the future'
- 'Memories'
- 'A gift to child in future'

Under this topic, when codes were grouped together, the theme 'for the future' was noted multiple times across different interviews with different participants, but recurred most within carer interview data.

This theme was identified as meaningful in the context of family time in EP due to the likelihood of adoption and importance of the child's understanding of their life story as they grew older.

Salient quotes on the theme of 'for the future' were grouped together and the following sub-themes were initially identified:

- 'For the future: a life story puzzle'
- 'For the future: a previous connection'
- 'For the future: gathering information about a child's life story'

As writing progressed, the above themes were combined to create the theme 'For the future: building a meaningful life story'

## Appendix S: Contact arrangements for carers and parents

Carers' reported experience of contact arrangements				
Frequency and duration of contact at Interview 1	Changes to arrangements over the course of proceedings	Handover arrangements (including changes)	Length of EP period	Future contact plans
Once per week with mother and father together in person for one hour (one initial virtual contact).	None	Handed baby over to CS in car park of contact centre.	5 months	Letterbox
n/a retrospective interview	Once per fortnight with birth father for 60 mins, then once per month. Virtual contact took place on weeks that face-to-face did not.  Reduced to monthly face-to-face and weekly, then fortnightly virtual. Birth mother did not attend any contact sessions aside from the final goodbye contact.	Face-to-face handover (twice).	3 months	Letterbox
Once per week with mother for one hour and once per week with father.	Face to face contact replaced with virtual (video call) for a four month period due to Covid. Contact significantly increased to four times per week for four hours, however returned to once a week after one week (was meant to continue for four weeks).	Initially face-to-face with parents at the beginning and end of each session, then handover to CS in car park before changing to F2F handover with parents at the beginning of the session but handover in car park at the end of the session.	17 months	Letterbox with the possibility of a once a year meet up between carer and birth mother.
Twice per week with both parents for 90 minutes. Occasional	A significant increase in contact aligned with a plan of reunification with parents.	One face-to-face handover then subsequently handed baby over to CS in car park	20 months	n/a child returned to birth parents (carers continued to meet up with

virtual contact due to illness.		of contact centre. Went on to have face-to-face handovers when reunification plan commenced.		parents and child in the short term).
Twice per week in person with birth mother and father for 90 mins.	None.	Handed baby over to CS in car park of contact centre. Met mother once in person.	2 years	Letterbox
Twice per week in person with birth mother for 90 minutes.  No contact with father.	Reduced to once per week and then moved to virtual contact for once per week for 20 minutes. An in-person 'goodbye for now' session was planned but had not taken place at the time of 2 <sup>nd</sup> interview.	Handed baby over to CS in car park of contact centre (parked in separate car park to mother). Met mother once in person.	5 months	Letterbox
Three times per week in person with birth mother and father for 90 mins (one initial virtual contact)	None	Handed baby directly to parents on regular basis.	6 months	Letterbox
Three times per week for an hour with birth mother, a 15 minute break (where Thomas was cared for by contact workers) and then an hour with birth father.	Parents' attendance became sporadic after a few months. Reduced to twice per week.	Handed baby directly to parents on regular basis.	10 months	Letterbox

Parents' reported experience of contact arrangements			
Initial frequency and duration of contact	Changes during proceedings	Handover arrangements	Future contact plans
Older child – three times per week for two hours.  Younger child – three times per week for two hours.	No changes.  Reduced to once per fortnight, then a 12 month period of virtual contact before resuming once per week.	Face-to-face with carers at the beginning and end of each session.  Initial F2F handover then changed to baby being handed over to CS.	Letterbox  Once per week (placed with birth family member).
Three times per week for 90 minutes.	None	Face-to-face with carers at the beginning and end of each session.	Letterbox plus annual meeting with adoptive mother.
Twice per week in person for 90 mins plus once a week 15 minute video call.	Child's father stopped attending towards the end, but mother continued to attend regularly.	One face-to-face handover/meeting. Others were via CS.	Letterbox
Once per week for 90 minutes.	None, but had previously been three times per week before child was moved to EP carers.	Face-to-face handover, initially with EP carers then with parents of one of the carers.	Twice per year face-to-face.
Twice per week in person for two hours plus virtual once a week 15 minute video call.	Reduced to once per week in person after seven months for one hour, then reduced further to once per fortnight two months later.	Indirect. Carers handed baby to CS who handed to parents.	Letterbox

## Family time in early permanence: Practice Guide

### What is early permanence?

Early permanence (EP) is an umbrella term which covers fostering for adoption (FfA) and concurrency. It involves placing a child with a carer who is both approved as a foster carer and prospective adopter who could go on to adopt the child if the permanence plan becomes adoption and a placement order is made. The aim of early permanence is to reduce disruption and moves for young children, whilst giving them the opportunity to live with their potential permanent carer as early on in their lives as possible.

As with any child in foster care, in early permanence the child will usually see their birth family via supervised family time (contact) sessions, usually up to three times per week. The **National Practice Standards for Early Permanence** highlight the importance of 'Practitioners, managers and leaders actively enabling the child to maintain significant relationships throughout the care journey and into the future' (Adoption England, 2023, p.15). In early permanence, there is usually an expectation that parents and carers will meet at handovers to offer continuity and consistency for the child. Family time is an aspect of early permanence that has many benefits but can be challenging for parents, carers and the child alike.

### How infants experience family time

- > Children who are placed with early permanence carers are usually under the age of two and there are specific considerations that must be made when planning and supporting family time for this age of child.
- > The first year of life is a crucial period for development, particularly in terms of building an attachment with a primary caregiver.
- > Infants are establishing routines around sleeping, feeding and playing. They benefit from consistent, attuned and sensitive care from primary caregivers in a regular environment.
- > Some young children have a positive experience of family time where it becomes part of their routine, their parent/s are interested and responsive and they can form multiple attachments (or at least have a positive connection) with their carer/s and birth family members.
- > For some infants, family time can cause disruption, and they may present as distressed or unsettled or may withdraw or shut down.
- > Children may feel confused or unsettled if they do not receive attuned care from their parents during family time.
- > The practical aspects of family time can be difficult for some young children, such as regular car journeys and disruption to usual feeding and sleeping routines.
- > Family time may affect infants being able to build attachment relationships with primary caregivers due to frequent disruptions and separations (Kenrick, 2010; Humphreys & Kiraly 2011).
- > Practitioners and carers report that it can sometimes feel as though family time has not been planned with the child's needs at the fore, particularly when the child presents as distressed and where it takes a long time for adjustments to plans to be made.
- > Having a different family time supervisor at each session can also make contact more challenging for children as they are frequently met with an unfamiliar face, potentially causing additional upset.
- > Some of the more difficult aspects of family time may be mitigated through receiving a high level of good quality care from carers who are emotionally invested in the child, as early permanence carers usually are (Kenrick, 2010).
- > Any contact plans must consider the age of the child and related developmental needs, what the quality of family time is like and how stressful the experience is for the child (Schofield & Simmonds, 2011).

### How family time in early permanence is different to family time/contact in other types of foster care and adoption

- > For parents and carers, early permanence does not feel like foster care or adoption. There is a great deal of uncertainty and heightened emotions for both – carers do not feel like 'normal' foster carers and parents can feel even more vulnerable in their position due to knowing the carers may go on to adopt their child.
- > Parents and carers may experience 'disenfranchised parenting' (Copson, 2024) where both feel like the child's parents, but neither are able to fully claim to be a parent.
- > These complex parental identities experienced in early permanence are not always fully acknowledged or understood by practitioners.
- > The challenges that parents and carers can experience in relation to their parental identity in early permanence can cause friction when they meet at family time and when they are trying to relate to one another.
- > Relationships between parents and carers in early permanence need considerable support and scaffolding by practitioners, who may be key to whether these relationships are successful or not.

### The purpose of family time in early permanence: who and what is it for?

- > As with family time in other placement types, early permanence family time is an opportunity for the child to maintain a connection to their birth family and for parents to spend time with their child. It can also be used to contribute towards an assessment of parenting capacity.
- > In early permanence, there is a high likelihood that the child will be adopted. Knowing this, it is important to consider how family time can be used to record/memorialise the time children and parents spend together and gather information to build a meaningful life story for the child to look back on in the future.
- > Other key purposes include practitioners being able to offer practical support to parents with their parenting skills and emotional support around their general well-being. Family time also allows for positive relationships to be built between parents and early permanence carers.
- > The purpose(s) of family time are not always openly discussed or agreed upon, so parents, carers and practitioners may have different ideas and expectations as to what will happen during sessions and what the aim of family time is overall which can cause confusion and anxiety.
- > Parents can also find family time very difficult, struggling to know what is expected of them and not always knowing their child's routine or preferences. Parents report that family time can feel intrusive and uncomfortable.
- > Parents want to enjoy the time they have with their child and cherish opportunities to make memories such as doing specific care tasks or activities, taking photos and videos and making hand/footprints. This can also help parents come to terms with potential adoption.



### The role of the family time supervisor

- > The family time supervisor is key to ensuring that sessions are enjoyable and helpful for parents, carers and infants. It is a complex and multi-faceted role which is often misunderstood and approached in different ways by individual workers and agencies.
- > Family time supervisors do not always understand what early permanence is and how it is different to mainstream fostering. This can cause difficulties for parents and carers, particularly when the emotional aspect of this type of placement is not acknowledged.
- > Some supervisors take a more 'hands on' approach, offering a lot of interaction and 'tips' to parents regarding the care of and responses to their child during and after sessions. Others focus more on observing parents and taking a back seat. These differing approaches can lead to a disparity in support for parents which can impact on the child's experience.
- > To ensure continuity and consistency for parents, carers and the child, family time should ideally be supervised by the same person for each session (or a maximum of two alternating supervisors). This provides a familiar and safe person for the child who can offer reassurance in the absence of their carer (which is also reassuring for carers), with parents also benefitting from consistent feedback from someone who they can build a relationship with.
- > The family time supervisor's role should be agreed prior to sessions commencing and made clear to parents and carers. Initial planning meetings and regular review meetings can ensure that the family time supervisor is aware of what is required of them during sessions, and in turn what parents should expect.

### Evolving relationships between parents and carers: a foundation for the future

- > Family time in early permanence presents a unique opportunity for establishing a positive relationship between parents and the child's potential adopters early on, and these relationships can be built upon for future keeping in touch arrangements if the child goes on to be adopted.
- > Wherever possible, parents and carers should be allowed and encouraged to meet regularly and practitioners should consider the actual risks present, being careful not to be too risk averse.
- > There are times when parents and carers' relationships with each other may be fractious and difficult, particularly when they struggle to understand the others' position and views.
- > Difficulties can often arise when parents do not attend family time regularly. Carers can interpret this as the parents being 'lazy' or not 'bothering' which can feel frustrating and disappointing. For parents who know their child is likely to be adopted, it can feel too painful to keep seeing their child. Where carers and parents misunderstand each other, this can impact the relationship.
- > When parents have the chance to get to know more about who is caring for their child, this can be reassuring for them and reduce their anxiety.
- > Parents appreciate it when carers see them as individuals, not just the child's parents, treat them with respect and take an interest in getting to know them.
- > These unique relationships require a lot of emotional support and scaffolding from children's social workers, adoption/fostering social workers and family time supervisors.



## Planning and supporting family time in early permanence: Suggestions for practice

### Model of good practice



For further suggestions for practice, see 'A good practice guide for managing family time' from The Concurrent Planning Service on the [Adoption England website](#).

We are grateful for the help of Ruth Copson in preparing this briefing. These briefing notes are based on the evidence and insights from PhD research from the Centre for Research on Children and Families, University of East Anglia – Managing family time in placements (Copson, 2024, unpublished doctoral thesis).

## References

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