

“I am still a mum...I am still their mum”.

Resistance, Loss and Adoption Stories.

A qualitative exploration of first mothers' experiences of the loss of a
child to adoption.

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Abstract

The adoption of children against the wishes of their first parents is a highly contested area of policy and social work practice in England and Wales (Doughty, 2015; Featherstone et. al., 2018b; Ward and Smeeton, 2017). In the years since 2010, successive governments have introduced reforms which aim to reduce court timescales and increase the numbers of looked-after children being adopted (Conservative Party, 2019; Department for Education, 2015b). Such reforms have come at a time when entitlements to welfare benefits and services to support families to retain care of their children have been dramatically curtailed (Bywaters et. al., 2020; Hastings et. al., 2015; Featherstone et. al., 2014a; 2018; Lonne et. al., 2016; Morriss, 2018). In a context concerned with prioritising the welfare of individual children (s 1.1, Children Act, 1989), there is evidence that the complex needs of first mothers can be overlooked in favour of a “child rescue” approach to intervention (Crittendon, 2016; Kirton, 2019:4).

First mothers who experience the removal and adoption of their children have been identified as a population of women living with multiple, complex and mutually reinforcing difficulties (Broadhurst and Mason, 2013; Featherstone et. al. 2014a; Neale and Lopez, 2017; Roberts et. al., 2017), and there is evidence that mothers’ voices can be marginalised within the current “happy ever after” narrative surrounding adoption policy (Gupta and Featherstone, 2020:166). This thesis aims to explore 19 first mothers’ experiences of the loss of a child to adoption, including investigation of mothers’ utilisation of artefacts such as toys and blankets associated with now-adopted children in managing their grief. Respondents’ situated accounts are privileged as providing key insights into the experience of marginalised motherhood within the contemporary context.

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This thesis is dedicated to the memory of Samantha Boswell, a devoted first mother, 29th May 1989-18th October 2019.

Authors Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as references.

Chapter 1: Introduction

1.1 Introduction

This introductory chapter provides an overview of the aims and structure of the thesis. Since its introduction in 1926, the use of the legal mechanism of adoption in England and Wales has changed significantly and therefore the chapter begins with consideration of the historical context. In section 1.2, a synopsis of the history of the changing use of adoption in England and Wales is outlined. It is identified that there are 2 distinct phases in the history of adoption in England and Wales, and an overview of the first phase in the history of adoption is provided. Section 1.3 provides an overview of the second phase of the use of adoption in England and Wales. Within section 1.4, evidence relating to what is known about first mothers' experiences of the loss of a child to adoption is summarised, giving justification for further study of first mothers' experiences, and in section 1.5, the project's focus on artefacts associated with now-adopted children and retained by first mothers is introduced and explained. Within section 1.6 the project's theoretical approach and research questions are introduced and in section 1.7 an overview of the contents of each of the chapters of this thesis is provided. The chapter concludes with section 1.8, in which some key terms which are used throughout the thesis are defined.

1.2 The first phase of adoption in England and Wales

While the practice of adoption was formally introduced into law in England and Wales by the Adoption of Children Act (1926) (Cretney, 1998; Keating, 2009; Lowe, 2000), it was not uncommon for children to be permanently cared for by adults such as neighbours, relatives or poor law guardians under informal or "wardship" arrangements prior to this (Keating, 2009:28). Such placements were sometimes referred to as 'de facto' adoptions (Keating, 2009), and had no legal basis, with first parents retaining the right to reclaim their child at any time. The 1926 Act faced considerable opposition, renegotiation and a lengthy journey through Parliament (Keating, 2009), as legal adoption was regarded by some as a breach of the inalienability of the rights and responsibilities of first parents towards their children (Lowe, 2000). Although there was an accompanying moral concern that to legalise adoption

would be to encourage the conception of children outside of wedlock (Lowe, 2000), the prevailing view was that as “de-facto” adoptions were already happening, the legalisation of arrangements would introduce safeguards to ensure that children were being placed appropriately (Cretney, 1998).

Following the passage of the Adoption of Children Act (1926), a number of pieces of legislation aimed at reform of the adoption system were passed, and adoption increasingly gained popularity, with more than 5,000 children being adopted every year by the mid-1930s (Howe et. al. 1992; Keating, 2009). Adoptions during this period of history only happened against the wishes of the child’s first parents in highly unusual circumstances, such as in cases of child abandonment (Keating, 2009). Mason and Selman (1997) estimate that around 2% of adoptions were made without parental consent in the post-war period, and therefore the vast majority of children who were adopted were relinquished by unwed mothers, due in part to the overwhelming societal stigma and shame associated with the conception of a child outside of marriage (Howe et. al., 1992). The separation of the mother and her relinquished baby was intended to be “clean and absolute” (Howe et. al., 1992:11), with adoptive parents being encouraged to view the child as their own, and many adopted children not being told that they were adopted until much later in life (Howe et. al., 1992). First mothers, conversely, were conceptualised as being free to make a fresh start and to put the ‘mistakes of the past’ behind them (Brodinsky and Livingston-Smith, 2014; Coleman and Garratt, 2016; De Simone, 1996; Fravel et. al., 2000; Harris and Whyte, 1999; Howe et. al., 1992; Scourfield and Hendry, 1991; Wells, 1990).

While relinquishing mothers tend to be referred to within the literature as having “voluntarily” given up their children for adoption (O’Halloran, 2006:40), evidence has emerged which suggests that many young women felt pressurised into surrendering their rights to parent their children by more powerful adults, such as their own parents, medics, social workers and the clergy (Harris and Whyte, 1999; Howe et. al., 1992; Jackson, 2000; Mason and Selman, 1997; Scourfield and Hendry, 1991; Witney, 2004). Howe and colleagues (1992) argue that it is difficult, in modern times, to comprehend the vociferous societal stigma associated with an ‘illegitimate’ pregnancy in England and Wales in the 1950s and 1960s. Becoming pregnant outside of

wedlock was perceived as a symptom of immorality and deficiency of character and a young woman's desire to keep her child could be portrayed as being immature, selfish and irresponsible (Howe et. al., 1992).

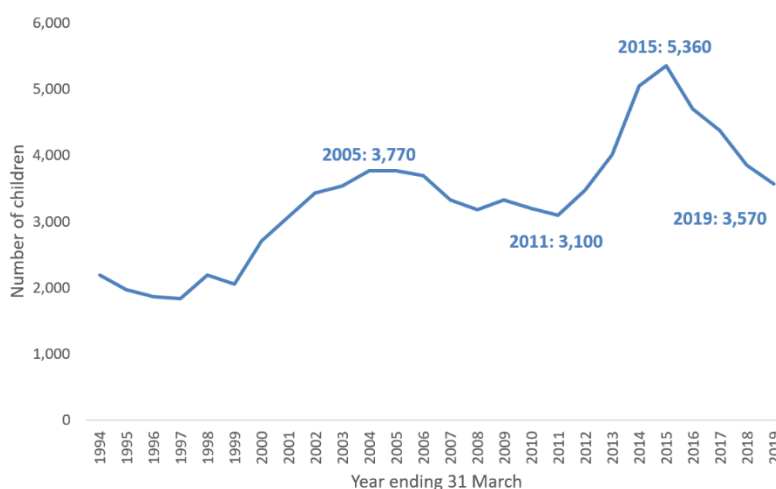
The number of adoptions in England and Wales peaked in 1968, with more than 24,000 Adoption Orders being made (Howe et. al., 1992; Lowe, 2000). Following this there was a sharp decline in the numbers of children being relinquished for adoption, with societal changes such as the availability of contraception, the legalisation of termination of pregnancy and changing attitudes towards single parenthood all having been identified as contributing to the decline (Keating, 2009; Neil et. al., 2013; O'Halloran, 2006). The second phase of adoption in England and Wales began with the passage of the Children Act (1975), which facilitated the adoption of children from Local Authority care against the wishes of their first parents and led to older children, many of whom had suffered abuse and neglect and were experiencing additional needs, being placed for adoption (Neil et. al., 2013).

1.3 The second phase of adoption in England and Wales

The permanency movement, which began in America in the 1970s, led to changing views regarding the nature and purpose of adoption and the importance for children in care of experiencing a stable family life (Biehal et. al., 2010; Rowe and Lambert, 1973; Neil et. al., 2013). The passage of the Children Act 1975 facilitated the adoption of children from Local Authority care against the wishes of their parents and led to older children and children with additional needs who had experienced abuse and neglect being placed for adoption, under the mantra in the 1980s that "no child is unadoptable" (Howe, 2009a: 4). As will be explored in greater depth within Chapter 2, concerns about child abuse "came of age" during the 1970s (Daniel and Ivatts, 1998; Frost and Parton, 2009; Hendrick, 2003:163; Parton, 2014) and the Children Act 1989 introduced provisions which overhauled the management of care proceedings in England and Wales (Gupta and Lloyd-Jones, 2010). During this period, the number of adoptions continued to decline, reducing to 10,600 by 1980 and to 4,300 by 1998 (Keating, 2009). The facilitation of the adoption of children from care also changed the demographic of children who were being adopted and by 1998 only 4% of adoptions involved babies aged under a year of age (Keating, 2009).

Adoption rose to the top of the political agenda under the New Labour government of 1997-2010, whose policies in relation to children operated from a social investment perspective (Churchill, 2013; Fawcett et. al., 2004; Featherstone, 2006; Featherstone et. al., 2012; Hendrick, 2003; Parton, 2005; Parton, 2011; Ridge, 2011). In the year 2000, prompted by concern relating to the slow and bureaucratic adoption process and reports in the media of abuse suffered by children in care (Frost and Parton, 2009; Garrett, 2003), a review of English adoption policy and practice was established (Department of Health, 2000b), which explicitly set out the government’s plans to increase the use of adoption as a child welfare intervention (Biehal et. al., 2010; Department of Health, 2000b; Neil et. al., 2013). The subsequent Adoption and Children Act (2002) was introduced with the aim of bringing adoption law into line with the principles of the Children Act (1989) (Brayne and Carr, 2013; Frost and Parton, 2009), and made it possible for single people and same-sex couples to adopt. S46.6 of the (2002) Act also introduced a requirement that the arrangements for post-adoption contact between children and their first families were considered, although there was no statutory requirement for such contact to be promoted (Neil et. al., 2013). The number of children who were adopted from Local Authority care in England and Wales began to steadily rise under New Labour, a trend which, as illustrated in Figure 1 below, continued until 2015 (Department for Education, 2016).

Figure 1: Looked-after children who were adopted in England, 1994-2019



(Department for Education, 2019:11).

In the years since 2010, successive governments have implemented new policy initiatives, such as adoption scorecards (Department for Education, 2015a) and early permanence placements (Coram Adoption, 2017; Department for Education 2014), with the aim of increasing the numbers of children who are adopted from Local Authority care and reducing the length of children's journeys through the care system. Such changes have seen the average length of time between a child's entry to care and their adoption reduce from 2 years and 3 months in 2015 and 2016 to 1 year and 11 months in 2019 (Department for Education, 2019). As will be explored in greater detail within Chapter, 2, the promotion of adoption by the New Labour government took place in a context within which far-reaching reforms were made to social policy provision for disadvantaged children and families including, for example, the investment of around £3 billion in the opening of more than 3,000 SureStart children's centres (Driver and Martell, 2006), which were based in disadvantaged communities and intended to provide interdisciplinary early intervention and support to first families in caring for their children (Driver and Martell, 2006; Featherstone, 2006; Moss, 2004).

In contrast with the promotion of adoption by New Labour, since 2010 successive governments have sought to continue to increase the numbers of children who are non-consensually adopted in a context within which welfare entitlements have been curtailed and funding for supportive services intended to help first families to retain care of their children has been dramatically reduced (Bamford, 2020; Cooper and Whyte, 2017; Dowd, 2019; Featherstone et. al., 2014a; Featherstone et. al., 2018b; Gupta and Featherstone, 2020; Lavalette, 2019; Kirton, 2013; 2019). Justified on the basis of necessity following the global financial crisis of 2007-8 (Edwards and Gillies, 2016; Lavalette, 2019; Piachaud, 2012), Local Authorities saw a 14% reduction in expenditure per child on Children and Young People's Services between 2010 and 2015 (Bywaters et. al., 2020), with the most deprived areas experiencing cuts of 21%, compared with cuts of 7% in the least deprived areas. Simultaneously and as will be explored in greater detail within Chapter 2, spending on child protection practice in England and Wales has been targeted towards "investigative" interventions in the lives of children and their families (Bilson and Martin, 2017:793; Featherstone et. al., 2014b), with research demonstrating that child protection investigations increased by 79.4% between 2009/10 and 2014/15 (Bilson and Martin, 2017). The number

of children being separated from their families and entering the care system has also increased each year since 2010 (Department for Education, 2020a; Thomas, 2018). Such developments have led to concerns about “crisis” in Children’s Services (Thomas, 2018), and the promotion of adoption within this context can be understood as presenting a risk of injustice to first families, many of whom experience complex difficulties which are without straightforward resolution (Lonne et. al., 2016).

Concerns relating to the prevalence of the state-removal of children from the care of their first families among the poorest communities are particularly pertinent given that adoptive parents are typically, though not exclusively, middle-class (Kirton, 2019). Social class is rarely explicitly acknowledged in a discourse concerned with the individualisation of social problems (Gillies et. al., 2017), however adoption regularly involves the transfer of children across class boundaries (Kirton, 2013; Ryburn, 1994), from multiply deprived first families into the care of more affluent adoptive parents who have often, though not always, experienced difficulties in conceiving birth children. The operation of adoption within such a context has been likened to a process of “social engineering” (Kirton, 2013:2) and carries huge potential for social injustice, instigating repercussions which can be felt for generations (Gupta and Featherstone, 2020).

Internationally, the United Kingdom’s stance on adoption without parental consent has caused controversy, most notably in Bulgaria, Latvia and Slovakia (Fenton-Glynn, 2015) as, while every country in Europe has a legal framework by which to facilitate the adoption of children without parental consent (Fenton-Glynn, 2015), no European state dispenses with consent in adoption proceedings to the extent which the British courts do (Garrett, 2003; Fenton-Glynn, 2015; Kirton, 2013; Ward and Smeeton, 2017). In 2013, for example, there were 5050 adoptions without consent in England and Wales and only 731 adoptions without consent in France, 348 adoptions without consent in Belgium and 2 adoptions without parental consent in Luxembourg (Fenton-Glynn, 2015). The promotion of non-consensual adoption within the context of welfare retrenchment led the British Association of Social Workers (BASW) to commission an enquiry into ethical and human rights concerns relating to the role of the social worker in adoption, which was published in 2018 (Featherstone et. al., 2018b).

As illustrated in Figure 1 above, the number of children being adopted in England each year has decreased annually after reaching a peak of 5,360 in 2015, with 3,570 being children adopted from care in 2018-19 (Department for Education, 2019). The National Adoption Leadership Board (NALB) linked this development to the influential *Re: B* and *Re: B-S* judgements in the family courts (Courts and Tribunals Judiciary, 2013; Department for Education, 2016; NALB, 2014). In the case of *Re: B-S (a child)* (Courts and Tribunals Judiciary, 2013, point 45), former President of the family division Sir James Munby acknowledged adoption without parental consent as being a “highly draconian step” requiring “the highest levels of evidence”. Similarly in *Re: B* (Supreme Court, 2013, point 74), it was asserted that the granting of orders which facilitate the non-consensual adoption of a child should be a “very extreme thing...a last resort”, only to be pursued “when nothing else will do”. When considering reductions in adoptions, the NALB expressed concern that the “substantial progress” in increasing the numbers of children being adopted each year may be reversed (NALB, 2014: 1).

Despite the significant ethical concerns which have been raised relating to the use of adoption within the present context, the current Conservative government continues to promote adoption for children in care, with the most recent party manifesto pledging the prioritisation of “stable, loving placements ...adoption where possible...” (2019:14). It has been identified that a “happy ever after” narrative about adoption operates within policy and wider society (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68), with conceptualisations of adoption as a straightforward policy solution excluding the voices of first mothers, who experience the removal and adoption of a child as a deeply traumatic event leading to overwhelming and ongoing grief, distress and suffering (Broadhurst et. al., 2017; Mason and Selman, 1997; Memarnia et. al., 2015; Morriss, 2018; Neil, 2000; Neil, 2013). Ideas about adoption as “happy ever after” have also been recognised as being damaging to children and their adoptive parents (Featherstone et. al., 2018b), many of whom require ongoing support in order to manage the consequences of early harm and the lifelong implications of adoption (Lushey et. al., 2018).

It is now rare for parents in England and Wales to relinquish babies for adoption and children adopted contemporaneously are likely to have been compulsorily removed from the care of their first families by Children's Services and the courts (Neil et. al., 2013), due to concerns that they have suffered, or are at risk of suffering, significant harm (Brayne and Carr, 2013; Neil et. al., 2013). Due to the likelihood of adopted children having existing relationships with members of their first family (Neil et. al., 2013), and the emerging evidence of the distress suffered by adults who were adopted within a closed model of adoption (Howe and Feast, 2000), in recent decades there has been a move towards openness in adoption, and most adopted children are now expected to have some form of continuing contact with members of their first family (Select Committee on Adoption Legislation, 2013). As will be explored in greater detail within Chapter 3, there is evidence that the current systems in place for the management of contact post-adoption do not work well for any of the parties involved (Featherstone et. al., 2018b). For first mothers in particular, many of whom experience multiple disadvantages as described above, the experience of keeping in touch with a child after adoption has been recognised as a very complex and psychologically demanding task (Brodinsky and Livingston-Smith, 2014; Gair, 2008; Harris, 2004b; Scourfield and Hendry, 1991; Neil, 2003; Witney, 2004).

1.4 Non-consenting first mothers' experiences of the loss of a child to adoption

A detailed overview of the literature relating to evidence of the impact of adoption on the lives of first mothers is provided within Chapter 3 of this thesis. In summarising the findings of previous research, it is clear that children are disproportionately removed from disadvantaged families (Bywaters et. al., 2020), from mothers experiencing a variety of complex and mutually reinforcing difficulties such as learning needs and mental health problems, substance misuse issues and domestic violence (Broadhurst et. al., 2017; Featherstone et. al., 2014a; Lonne et. al., 2016; Neale and Lopez; 2017; Roberts et. al., 2017; Wilkinson and Bowyer, 2017). Research has also identified that first mothers have often experienced abuse, neglect and state intervention in childhood (Broadhurst and Mason, 2013; Broadhurst et. al., 2017), for example the Wales adoption study (Roberts et. al., 2017), which

reviewed the files of 374 children who had been placed for adoption between 1st July 2014 and 31st July 2015, found that 27% of the children's first mothers were themselves care-leavers and two-thirds of the mothers had experienced social work intervention as a child (Roberts et. al., 2017).

There is evidence that first mothers experience child protection and court intervention in respect of their children as highly stressful and traumatic (Charlton et. al., 1998; Jackson, 2000; Lindley et. al., 2001; Memarnia et. al., 2015; Neil, 2003; Smart and Young, 1994; Smeeton and Boxall, 2011), leading to feelings of having been publicly blamed and humiliated (Charlton et. al., 1998; Jackson, 2000; Mason and Selman, 1997). First relatives have described feelings of shock, disbelief and a numbing effect following the removal and adoption of their children (Memarnia et. al., 2015; Wells, 1994) and strong ongoing feelings of guilt, shame and grief (Neil, 2003; Memarnia et. al., 2015). The work of Broadhurst and colleagues (2015) has identified that, based upon yearly estimates, around 24% of first mothers who lose a child to adoption can be expected to return to court for care proceedings in respect of a younger child, with young women aged between 16 and 19 at highest risk of experiencing recurring losses. Research with first mothers has also highlighted evidence of their enduring love and commitment to their children (Hughes, 1995; Neil, 2003; Memarnia et. al., 2015) and it is common for first mothers to hold ideas about future reunion (Mason and Selman, 1997; Morriss, 2018). First mothers typically experience an escalation in the difficulties in their lives following the removal of their child (Broadhurst et. al., 2017), with suicidal thoughts, self-harming behaviours and attempts to block pain with alcohol and other substances frequently being reported (Broadhurst et. al., 2017; Charlton et. al., 1998; Memarnia et. al., 2015). There is also evidence that mothers who have a child taken into care are at higher risk of attempting and completing suicide (Wal-Weiler et. al., 2017).

In light of the overwhelming loss experienced by already vulnerable first mothers, there is a clearly identifiable need for access to intensive support post-adoption (Broadhurst and Harwin, 2013; Broadhurst et. al., 2015; Ryburn, 1994). While the Adoption and Children Act (2002) introduced the requirement that Local Authorities provide adoption support services for first families, there is evidence that first relatives can experience significant difficulties in accessing such provision (Cossar and Neil, 2010; Harris,

2004b); Sellick, 2007), and previous research has identified that many respondents express a desire for access to further sources of support in their lives (Jackson, 2000; Neil, 2003; Selwyn et. al., 2006; Witney, 2004). As will be explored in Chapter 3, one programme rolled out nationally in recent years (Pause, 2018), requires first mothers to consent to taking long-acting reversible contraception (LARC) in order to access the intensive help provided, leading to the expression of further ethical concerns relating to the limiting of women's reproductive autonomy and the measurement of policy success in the number of babies who are not being born to marginalised women (Eastham et. al., 2020; Morriss, 2018; Tickle, 2017).

First mothers' experiences of loss are not typically included in policy discourse surrounding the value of adoption for disadvantaged children but form a pivotal part of the adoption story. This project aims to privilege the voices of marginalised mothers who have lost a child in this way, and to understand what can be done to support first mothers in the wake of what has been found to be a catastrophic event in their lives (Brodinsky and Livingston-Smith, 2014; Harris, 2004b; Scourfield and Hendry, 1991; Gair, 2008; Neil, 2003; Witney, 2004). While this project concentrates on the experiences of first mothers, it is also important to note that the impact of the loss of a child to adoption on first fathers, as well as members of the wider family network and community has often been overlooked (Featherstone et. al., 2014a; Lonne et. al., 2016), and research with first fathers has demonstrated that many men feel very distressed, excluded and powerless at the time of their child's adoption (Clapton, 2000; 2001; Clapton and Clifton, 2016; Harris and Whyte, 1999; Neil, 2013; Ryburn, 1994; Witney, 2004). While time and space constraints prohibit the detailed exploration of the experiences of fathers within this thesis, it is important to note that the pain experienced by first fathers, as well as members of the wider first family and community is equally valid and worthy of compassion, support and further study (Broadhurst et. al., 2015).

1.5 Artefacts associated with now-adopted children

An important component of this thesis is the inclusion of findings relating to first mothers' utilisation of artefacts associated with their now-adopted children in the management of overwhelming feelings of grief and loss. In

Western society, the maternal work of caring for children is supported by a wide array of objects, utilised by caregivers in order to meet children's needs (Baraitser, 2009; Lavelle, 2020). Baraitser (2009:125) refers to such objects as "essential aspects of culture in their own right" and conceptualises the mother as an "encumbered body", who is weighed down by the physical "stuff" of mothering. With the passage of time and as children grow and change, particular objects identified as holding special meaning are commonly retained for safekeeping, having become "imbued with mnemonic value" (Whincup, 2004: 80). Such keepsakes can be associated with feelings of loss even when children grow up healthily within their first families (Lavelle, 2020), as their bodies and needs develop and they progress towards independence, prompting a sense in parents of "the finiteness of loss and time" (Lavelle, 2020:6). In considering the "enchantment-powers of things", Bennett (2012:246) identifies that objects often outlast bodies and relationships, providing a sense of stability and duration despite inevitable physical and relational change. Following children's adoption, first mothers are likely to be left with equipment and belongings associated with their now-adopted child, the role of which in mother's lives following loss merits further study.

The study of artefacts retained by first mothers was inspired by a Masters-level research project which I completed in 2017 and which considered first relatives' feelings of grief in the wake of the loss of a child to adoption. During interviews, it was common for first relatives to find keepsakes such as blankets and toys which had once belonged to their children to show to me, and I became interested in the meanings invested in such artefacts and the ways that they can be utilised within first families after the loss of a child to adoption. Within this study, evidence relating to the use of artefacts by the bereaved is utilised in making sense of first mothers' interactions with artefacts and the findings make an original contribution to knowledge about the ways in which first mothers maintain a psychological relationship with their now-adopted children, who are physically absent but psychologically present in their lives (Fravel et. al., 2000; Morriss, 2018).

1.6 Theoretical approach and research questions

Some key concepts and theories emerged from study of the literature as being centrally important in understanding first mothers' experiences of the loss of a child to adoption and these are explored in greater detail within Chapter 4. In summary, as highlighted above, the "best interests" and "welfare of the child" constructs are central in understanding the marginalisation of first mothers' needs (Children Act, 1989; Goldstein, Freud and Solnit, 1980), and the operation of a "child rescue" paradigm within Children's Services in the current context (Kirton, 2019:4). As will be explored, there is evidence that conceptualisations of children as being easily extricated from first families are extremely problematic (Crittendon, 2016; Featherstone et. al., 2014a; Featherstone et. al., 2018b; Lonne et. al., 2016).

The significance of theory relating to stigmatisation and resistance in understanding first mothers' experiences of state intervention and the loss of a child to adoption also emerged as being key. As will be explored within Chapter 4, politically informed understandings of stigma as a device which is strategically deployed by more powerful groups in society in order to exploit, control or exclude the stigmatized are drawn upon within this thesis (Link and Phelan, 2014; Tyler, 2013a; 2020). Theories of grief from the sociological and psychological literature also emerged as being useful, including the concepts of disenfranchised grief (Doka, 1999; 2002), ambiguous loss (Boss, 1999) and boundary ambiguity (Fravel et. al., 2000), and all of these ideas are explored in greater detail within Chapter 4. In drawing upon such concepts, it is important to note that normative theories of psychological development have been central in facilitating the regulation and pathologisation of marginalised mothers in recent decades (Gillies, 2007; Lawler, 2000; Walkerdine and Lucey, 1989). The application of ideas from the field of psychology within this thesis is intended to be tentative, concentrating primarily on the iatrogenic impact of state intervention as revealed in mother's accounts of their lived experiences.

As will be explored within Chapter 5, this project adopts a weak constructionist stance (Blaikie, 2007; Evans and Hardy, 2010), understanding knowledge as being relative in light of the view that a plurality

of truths associated with differing constructions of reality can exist at any one time (Blaikie, 2007). A suite of methods, including semi-structured interviews, a timeline activity and the photographing of artefacts to be included in the thesis were utilised in order to arrive at answers to the research questions. I have adopted a “bottom-up” approach to knowledge (Blaikie, 2000:139), understanding my role as that of a reflexive learner rather than expert (Blaikie 2007), and have approached the project with an attitude of relational openness and respect for the experiences of respondents’ ways of creating meaning and experiencing the world (Brownell, 2008; Finlay and Evans, 2009). Study of the literature led to the identification of the following research questions which this thesis aims to answer:

1. How do first mothers who have lost a child to adoption construct and understand their identity as a mother over time?
2. What impact does post-adoption contact have on first mothers’ experiences of grief and loss?
3. What role do artefacts associated with the now-adopted child play in first mothers’ experiences of grief and coping?

1.7 Chapter overview

Chapters 2, 3 and 4: Literature Review

Within Chapters 2, 3 and 4, existing literature and research evidence relating to the research questions outlined above is reviewed. Chapter 2, “State intervention in family life” traces major developments in the history of social policy provisions made towards the protection of children from harm in England and Wales since 1945, chronologically exploring key developments in legislation, policy and practice in the context of changing governments. The chapter highlights the influence that high-profile child deaths have exerted over provision for children at risk of harm throughout this period (Daniel and Ivatts, 1998; Fawcett et. al., 2004; Frost and Parton, 2009), and explores the increasing influence of neoliberal ideology in the provision of support for children and families over the last 40 years (Cunningham and Cunningham, 2017; Dominelli, 2004; Lavalette, 2019).

In Chapter 3, “The lived experiences of mothers who have lost a child to adoption”, a brief overview of evidence relating to the experiences of relinquishing first mothers is provided, before findings arising from research with mothers whose children have been non-consensually adopted is considered in detail. Research findings relating to what is known about first mothers’ own biographies, experiences of statutory intervention and lives in the wake of the loss of a child to adoption is explored. Evidence relating to relinquishing and non-relinquishing first mothers’ experiences of post-adoption contact with their children is also reviewed in detail within this chapter, as well as research which has investigated mothers’ experiences of receiving post-adoption support.

Within Chapter 4, “Stigmatised Motherhood and Parental Loss”, literature relating to the societal expectations placed upon mothers within the contemporary context is explored. Developments in the theory of stigmatisation and a discussion of the relevance of the concept of stigma to first mothers’ experiences is also provided. While it is acknowledged that the loss of a child to death and the loss of a child to adoption are qualitatively very different experiences, there are some parallels which are discussed in relation to evidence arising from research on parental bereavement. Literature relating to the use of artefacts by the bereaved following the death of a loved one is also reviewed within this chapter. The chapter concludes with a summary of key theories and concepts which emerged as being useful in understanding the experiences of mothers who have lost a child to adoption and which are drawn upon in analysis of the research findings.

Chapter 5- Methodology

Chapter 5 outlines the methodology of this research project, including the ontological and epistemological underpinnings. As outlined above, semi-structured interviews, a timeline activity and an activity which involved taking a photograph of artefacts associated with now-adopted children to be included in this thesis were employed. The chapter will explore the rationale for the methods chosen, the sampling strategy and details of the final sample of first mother respondents who took part. The importance of researcher reflexivity, the method of data analysis applied and ethical considerations

which were taken into account in order to minimise the risk of respondents suffering emotional harm are also explored.

Chapters 6, 7 and 8- Findings arising from interviews with first mothers

Within Chapters 6, 7 and 8, the findings of interviews with 19 first mothers are outlined. Chapter 6, "Motherhood and the Self" concentrates on findings relating to the centrality of motherhood to respondents' sense of their own identity and sets out information about respondents' varying experiences of caring for or "actively mothering" their children. Evidence relating to respondents' internalisation of narratives relating to "good" mothering and their wish to distance themselves from the "bad mother" label is discussed and respondents' experiences of shame, guilt and stigmatisation are considered. Varying ways in which respondents sought to lay claim to their maternal identity are also identified within this chapter.

In Chapter 7, "The Reclaiming of an Imagined Future", findings relating to respondents' hopes and expectations about a future reunion with their now-adopted child are explored and evidence relating to respondents' experiences of the passage of time is outlined. Findings that some first mothers sought to utilise reunion as a motivation to work towards recovery from the difficulties that they experienced in their lives and respondents' plans to contribute to children's futures are discussed. Respondents' accounts of experiencing upsetting challenges to their maternal status in, for example, restrictive arrangements for post-adoption contact which impacted upon their ideas about the likelihood of future reunion are also highlighted. The chapter concludes with exploration of findings relating to first mothers' experience of the psychological presence of now-adopted children in their daily lives (Fravel et. al., 2000).

Within Chapter 8, "Artefacts and Grief Rituals", findings relating to the utilisation by respondents of artefacts associated with their now-adopted children in the management of grief are explored. Images of artefacts retained by respondents and identified by them as being significant are presented and the emergence of 5 tentative and overlapping categories as to the role which artefacts appeared to take on for respondents after their child's adoption is outlined. Evidence relating to activities understood as

being akin to the enactment of informal grief rituals which some respondents initiated on difficult anniversaries is also discussed within this chapter.

Chapter 9- Discussion and Conclusion

Within Chapter 9, a summary of the findings which address the research questions posed within this thesis is provided with reference to 3 overarching themes which emerged as being significant: stigmatisation and resistance, powerlessness and perceived injustice and overwhelming loss. This thesis adds to calls for conversations about adoption in policy, practice and wider society to change to reflect recognition of adoption as a lifelong process which is built on a foundation of loss (Benet, 1976; Dunbar et. al., 2006; Verrier, 1993; Sykes, 2001). The chapter concludes with suggestions for policy and practice arising from this project and other recent research and the study's limitations and directions for future research are outlined.

1.8 Definitions of key terms

Adoption- In England and Wales, the term "adoption" refers to the process by which the legal relationship between children and their first parents is severed and a new legal relationship is established between the child and their adoptive parent(s) (Brammer, 2015). An Adoption Order is irrevocable and permanently terminates first parents' parental responsibility for the child (Brammer, 2015). In England and Wales, adoption law is premised on the Adoption and Children Act (2002), which replaced the previous law outlined in the Adoption Act 1976 (Brammer, 2015; Brayne and Carr, 2013). Section 52b. of the Adoption and Children Act (2002) allows the family court to dispense with the consent of parents or guardians in making an Adoption Order if it is deemed that the welfare of the child requires this. All of the first mothers who took part in this project had experienced the non-consensual state removal and adoption of one or more of their children.

First mother- The term "first mother" is used within this thesis to refer to a now-adopted child's birth or biological mother. The use of language in adoption can be important (Coleman and Garratt, 2016), and a number of first mother respondents chose to refer to themselves during interviews as their child's "first" rather than "birth" or "biological" mother, perhaps in

resistance to their exclusion from the story of their child's life and adoption. The term is also utilised by some voluntary sector organisations providing post-adoption support (see for example PAC-UK's (2020) "First Family" Service).

Contact- The term "contact" refers to the means by which children maintain relational links with their first family while living in out-of-home care (Thomas and Pierson, 2006). Most adopted children have some form of contact with their first relatives (Neil, 2002), although, depending on the child's age and understanding, adoptive parents may manage contact on their child's behalf (Neil et. al., 2013).

Direct contact- The term "direct contact" refers to the face-to-face meetings which some children continue to have with their first relatives after adoption.

Indirect contact- The term "indirect contact" refers to the way in which children keep in touch with their first relatives after adoption without seeing them face-to-face (Macaskill, 2002). This usually takes the form of an annual letter which is sent via a mediating adoption agency and is often referred to as "letterbox" or "postbox" contact (Neil et. al., 2013:13).

Chapter 2: State Intervention in Family Life

2.1 Introduction

This chapter will trace major developments in the history of the relationship between the family and the state, made manifest in social policy provisions relating to the protection of children from harm in England and Wales since 1945. The chapter will chronologically explore key developments in legislation, policy and practice. Changes in government between parties espousing social democratic and neoliberal values offer a partial explanation for the regular reorganisations of the provisions made for children over the years (Cunningham and Cunningham, 2017), and this will be explored throughout the chapter. High-profile cases of child abuse have also played an important role in shaping the development of child protection policy and legislation (Frost and Parton, 2009; Lambert, 2018), and will also be discussed. The chapter will conclude with exploration of the current context within which social work with children and families in England and Wales takes place.

It is important to note that, although children's lives are significantly impacted by the types and quality of welfare services available to them and their families (Ridge, 2011), the vast majority of children in England and Wales do not experience state intervention in their lives (Daniel and Ivatts, 1998), and those who do are likely to be the most disadvantaged and vulnerable in society (Bywaters et. al., 2020; Daniel and Ivatts, 1998; Fox-Harding, 1991). Children who are adopted contemporaneously in England and Wales, however, are likely to have experienced the extensive involvement of the state prior to and following their removal from the care of their first family (Ainsworth and Hansen, 2011). It is therefore important to explore the history and context of safeguarding policy before going on to consider the contemporary adoption of children and the experiences of their first mothers.

2.2 The birth of the post-war welfare state

Organised attempts towards social policy provision for disadvantaged children began in the 16th century, with most children who could not live with their first families being cared for in institutions, where conditions were

notoriously poor (Fraser, 2017; Hendrick, 2003; Middleton, 1971). Due to the alienating and stigmatising ethos of the Poor Law, which aimed to discourage all but the destitute from seeking relief (Fraser, 2017), such children and their families were also often viewed with distaste by members of the wider community (Hendrick, 2003). As will be illustrated throughout this chapter, stigmatisation has long been exercised as a form of control throughout the history of welfare provision in England and Wales (Lister, 2010; Tyler, 2013a; 2020). There were some haphazard developments in provision for vulnerable children throughout the 1920s and 1930s (Digby, 1989; Holman, 1996; Middleton, 1971), however it was the end of World War 2 in 1945 which acted as a catalyst for social change, including extensive reforms of social policy provision in relation to children and young people (Alcock, 2008; Daniel and Ivatts, 1998; Digby, 1989; Fraser, 2017; Harris, 2004a; Holman, 1996).

Following the second world war, which can be understood as having drawn citizens together in service to their country and to have raised public expectations regarding standards of living in peacetime (Alcock, 2008; Digby, 1989; Holman, 1996), a new system of state welfare was devised. The welfare state was formulated in response to the Beveridge Report of 1942 (Harris, 2004a), which became a best-seller among the population (Digby, 1989; Jensen and Tyler, 2015). The majority of the reforms to welfare provision in the post-war period were implemented by the Labour government, who achieved a landslide victory in 1945 (Holman, 1996). However, transformation of welfare provision enjoyed ideological support from across the political spectrum until the 1970s, with the 1951 Conservative administration maintaining the vast majority of reforms introduced by Labour (Alcock, 2008; Alcock and Craig, 2001; Fraser, 2017; Hudson and Lowe, 2009). Social work as a profession also formed a central component of the developing welfare state (Dowd, 2019; Featherstone et al., 2018a).

Throughout the 1940s, an era during which an atmosphere of optimism and aspiration in relation to state welfare prevailed (Digby, 1989), legislation was passed which led to the establishment of the National Health Service (NHS) (National Health Service Act, 1946), the payment of family allowance to parents caring for children under the age of 5 (Family Allowances Act, 1945), entitlements to unemployment and sickness pay for workers (National

Insurance Act, 1946) and the entitlement to secondary school education for every child (Education Act, 1944). The Town and Country Planning Act (1947) also introduced new targets for the building of council housing and the government utilised Marshall Aid in order to maintain high levels of employment within a planned economy (Digby, 1989; Holman, 1996). Elements of social control and regulation of disadvantaged populations are inherent in the provision of state welfare (Lister, 2010; Tyler, 2020), however the reforms described above undoubtedly resulted in significant improvements in the quality of life of children and families within society. The widespread political and public support for the expansion of public welfare meant that the welfare state became deeply embedded in British cultural and social life (Fraser, 2017). Provision for children who could not be cared for within their first families was also extensively reformed in the early 1940s (Holman, 1996).

2.3 Reform for children and the Curtis report

The wellbeing of children who had been separated from their parents had become a matter of public interest during the second world war (Digby, 1989; Holman, 1996), as the mass evacuation of working-class children to the countryside had raised the consciousness of those living in rural areas regarding the extremely poor conditions that city children were living in (Digby, 1989; Hendrick, 2003; Holman, 1996; Lambert, 2018). While it could be argued that commentaries on the poor state of evacuees served to reinforce social divisions and class prejudices (Digby, 1989), concern for the welfare of impoverished children living within “poor and unruly families” (Taylor and Rogaly, 2007:430) led to a public demand for state intervention in improving the quality of life for the disadvantaged (Digby, 1989).

Compounding the existent atmosphere of disquiet in relation to the conditions that poor children were living in was the extensive media coverage of the murder in 1945 of 13-year-old Dennis O’Neill at the hands of his foster carer (Lynch, 2019). Following the publication of the Monckton Report, an independent inquiry into the events surrounding Dennis’ death (Alcock, 2008), the Labour government commissioned the Curtis committee in 1946 to investigate the existing arrangements for providing for children who had been “deprived of a normal family life” in England and Wales (Hendrick,

2003:133; Lynch, 2019). The murder of Dennis O’Neil was the first example post-1945 of a high-profile child death acting as a catalyst for change and, as the chapter will demonstrate, such tragedies have come to periodically reshape provision for vulnerable children since this time.

The Curtis committee made a series of recommendations for improvements to the provisions made by Local Authorities, emphasising that it was necessary for children to receive affection, personal attention and the opportunity to live within a family (Lynch, 2019). The recommendations were accepted by government and the Children Act (1948) was subsequently passed, establishing Local Authority Children’s Services departments who would have overall responsibility for children separated from their parents. Adoption was identified as the preferred form of care for children who could not return to live with their first parents (Lynch, 2019), and fostering or “boarding out” was emphasised as being preferential to residential care (Holman, 1996; Lynch, 2019:2). Significantly, the Children Act 1948 broke away from the ethos of the Poor Law and introduced the duty for Local Authorities to “further the best interests” of children in their care (Part 2, 12 (1)), for the first time enshrining in statute children’s right to receive the care and support needed to develop to their full potential (Daniel and Ivatts, 1998; Lowe, 2005). The Children Act 1948 and the establishment of children’s departments also provided the foundation for the formal development of social work with children as a profession (Alcock, 2008).

2.4 An extension of the powers of the state

In spite of the acknowledgement within the Curtis report that every effort should be made to keep children in the care of their parents wherever possible (Care of Children Committee, 1946), the Children Act 1948 made no provisions for Local Authorities to support parents to care for their children within the home (Holman, 1996; Lowe, 2005), and expressly forbade the provision of financial or housing support to families in difficulty (Lowe, 2005). The importance of providing families with support to prevent children from being received into care was increasingly recognised (Lowe, 2005), and the Children and Young Persons Act (1963) allowed for Local Authorities to provide preventive services to families in the community with a view to diminishing the need for children to be accommodated in care (Hendrick,

2003). The 1963 Act can be understood as having provided the legislative grounds for the support which many Authorities had already begun to provide to parents (Frost and Parton, 2009).

In the decades which followed the passage of the Children Act (1948), it was increasingly recognised among professionals and policymakers that, given the inter-related difficulties experienced by families living in poverty, supporting disadvantaged children to remain at home was a complex task (Frost and Parton, 2009; Hendrick, 2003). Notions of an “underclass” or “social residuum” of poor families had been a concern for policymakers since the end of the 19th century (Taylor and Rogaly, 2007:430), and intervention in such families was justified in the post-war period with reference to the best interests of children (Lambert, 2018). Casefile analysis has revealed that, within this discourse, mothers were routinely labelled and stigmatised as being “dirty and lazy” and understood as keeping “unsatisfactory households” (Taylor and Rogaly, 2007:429). Responsibility for intervention with disadvantaged families during this period was delegated to local family caseworkers, with work focusing on the quality of mothering as opposed to material or social circumstances (Lambert, 2018; Taylor and Rogaly, 2007). As will be explored, such individualisation of social problems and the situation of responsibility for difficulties within families with marginalised mothers is a theme woven throughout the history of post-war welfare provision (Walkerdine and Lucey, 1989).

The Seebohm Committee of 1968 recommended that childcare services were incorporated into wider, generic social services departments which would meet the needs of adults who were homeless, disabled and elderly alongside those of children and families (Frost and Parton, 2009; Hendrick, 2003). This recommendation was incorporated into the 1970 Local Authority Social Services Act (Frost and Parton, 2009; Hendrick, 2003) and the enlarged “family service” was established (Daniel and Ivatts, 1998; Parton, 2014). During the 1970s, research identified the problem of “drift” for children in foster care (Biehal et. al., 2010; Rowe and Lambert, 1973) and the permanency movement, which originated in the United States gained support in the UK, campaigning for a planned approach to placing children in permanent placements at the earliest opportunity (Biehal et. al., 2010). These developments influenced the formation of the Children Act 1975

which, as identified in Chapter 1, facilitated the adoption of children from Local Authority care (Biehal et. al., 2010). Many Local Authorities also established committees to deal with cases of suspected child abuse in their localities in the 1960s, after concerns about the physical abuse of children (“battered baby syndrome”) which had originated in America began to permeate the consciousness of the medical profession and the wider public (Hendrick, 2003; Lambert, 2018:85).

2.5 The “rediscovery” of child abuse

Concerns about child abuse “came of age” (Hendrick, 2003:163) in England when in 1973, 7-year-old Maria Colwell was murdered by her stepfather, suffering multiple internal injuries including brain damage (Daniel and Ivatts, 1998; Department of Health and Social Security, 1974; Frost and Parton, 2009; Parton, 2014). Maria’s case received a great deal of media attention (Daniel and Ivatts, 1998), and led to the introduction of a major new system of child protection in England (Frost and Parton, 2009). The inquiry into the tragedy identified factors such as a lack of communication between agencies, a lack of clearly defined professional roles and inadequate training for social workers as having contributed to Maria’s death (Department of Health and Social Security, 1974). The social workers who had been involved in the supervision of Maria’s care at home were bitterly criticised and accused within the media of being incompetent (Parton, 2014), and public confidence in the policy of prevention and rehabilitation of children in care to their families was shaken as a result (Daniel and Ivatts, 1998; Lambert, 2018).

There were a further 29 inquiries into the deaths of children as a result of abuse between the death of Maria Colwell in 1974 and the death of Jasmine Beckford in 1985 (Frost and Parton, 2009). Many of the inquiries which followed identified similar factors such as poor inter-agency communication, inadequate training and supervision of workers and too little focus on children’s needs as opposed to the needs of their parents as contributing to the deaths of children (Frost and Parton, 2009). Public disquiet regarding the perceived inefficacy of social workers in protecting children chimed with a wider societal disillusionment regarding the capacity of the post-war welfare state to deal with social problems and effectively manage the economy (Frost

and Parton, 2009). Concerns that the Keynesian system of economic management was leading to periods of inconsistent growth heightened (Hudson and Lowe, 2009), and the idea that the state had become too involved in the lives of everyday citizens gained credence (Hay, 1999; Digby, 1989).

2.6 The advance of neoliberalism

Neoliberal critique of the social democratic post-war welfare state had been increasingly accepted throughout the 1970s (Cunningham and Cunningham, 2017; Digby, 1989). Since this time, the tenants of neoliberalism, whose roots are in the political philosophy of libertarianism (Dickens, 2016), have become “deeply entrenched within the popular discourse” (Cummins, 2018:2), and the concept warrants a brief exploration here. Neoliberalism is recognised as being both an “elusive and contested notion” and a “transnational political project” (Wacquant, 2009:306), which incorporates institutional logics of economic deregulation based on ideas of the supremacy of the market, welfare state retrenchment, the “cultural trope” of individualism (Wacquant, 2009:307) and an intrusive penal apparatus (Cummins, 2018; Wacquant, 2009).

Committed as it is to the values of market capitalism including, for example, competition, choice and individual responsibility (Cunningham and Cunningham, 2017; Dominelli, 2004; Frost and Parton, 2009), neoliberalism is understood as being fundamentally incompatible with the provision of generous programmes of welfare, favouring instead market alternatives and reductions in rates of individual and corporate taxation (Cunningham and Cunningham, 2017; George and Wilding, 2002). The entrenchment of neoliberal imperatives within the field of social policy has, since the 1970s, involved the marketisation and privatisation of core public services, the perceived need to cut the costs of service provision and a “presumption of undeservingness” in relation to claimants of welfare benefits (Schrecker and Bamba, 2015:67). As will be demonstrated, neoliberal ideas about welfare formed the foundation for the New Right’s approach to social policy and were also fundamental to New Labour’s later reform of welfare provision (Dominelli, 2004).

2.7 The New Right and welfare state retrenchment

The Conservative Party, under the leadership of Margaret Thatcher, were elected to power in 1979 (Featherstone, 2006; Parton, 2014). In keeping with the philosophy of neoliberalism described above, it was argued that overly generous welfare provision had undermined families' willingness to meet their own dependent members' care and support needs (Alcock, 2008; Frost and Parton, 2009). While widespread support for some elements of the welfare state, such as pensions and the NHS remained (Digby, 1989), eligibility criteria for out-of-work benefits were tightened, the idea of a minimum wage was rejected and, in a hark back to the Poor Law, during Thatcher's time in office it again became acceptable to conceptualise the poor as "scroungers", who chose not to engage in employment (Hendrick, 2003; Digby, 1989; Jones, 2000:163).

All of these reforms impacted most dramatically on the poorest children and their families, who experienced reductions in their income and encountered increasing stigmatisation, with lone mothers being presented as the epitome of a so-called "dependency culture" (Hendrick, 2003:180). Individualised understandings of social problems, influenced by discourse about an "underclass" who were conceptualised as seeking to "shirk" the responsibilities associated with employment were instrumental in driving forward punitive reforms to welfare provision within this period (Murray, 1990:5; Mead, 1989). In the years between 1979 and 1997, "popular capitalism" is said to have taken hold of British society (Jones, 2000:163), with a subsequent widening of the gap between rich and poor. Parents, particularly those who were out-of-work, were portrayed as being responsible for their own fate and the percentage of children living in poverty in the UK increased from 14% in 1979 to 34% in 1997 (James and James, 2008).

2.8 The Children Act (1989)

The New Right's belief in the sanctity of the traditional family was reflected in the Children Act (1989), which represented an extensive reform of the public and private laws affecting children in England and Wales (Brayne and Carr, 2013; Daniel and Ivatts, 1998; Fawcett et. al., 2004; Frost and Parton, 2009; Gupta and Lloyd-Jones, 2010). The Cleveland affair of 1987, during

which more than 100 children were kept in hospital against the wishes of their parents on suspicions of sexual abuse which were later found to be inaccurate (Parton, 2014), had an influence on the passage of the Act through parliament (Frost and Parton, 2009), as social workers and medical staff were perceived to have intruded into the private sphere of the family without just cause (Lambert, 2018; Parton, 2014). In light of the shifts in the years since 1945 between upholding the rights of parents versus the rights of children (Daniel and Ivatts, 1998), the legislation was introduced with the aim of establishing a new balance between family support and child protection; with a greater emphasis on family support (Frost and Parton, 2009; Gupta and Lloyd-Jones, 2010). The legislation repealed 55 earlier Acts relating to the children in part or in full (Daniel and Ivatts, 1998) and continues to form a core component of statutory social work with children and families to date (Brayne and Carr, 2013).

A key tenant underpinning the Children Act (1989) is that parents have the primary responsibility for ensuring the welfare of their children, and that the state should support this when necessary by working together in partnership with them (Brayne and Carr, 2013). It is noted within the literature, however, that as described above, the Act was introduced during a time of diminished resources and rolled back welfare provision, which presented significant challenges to meaningfully working in partnership with parents (Featherstone et. al., 2012). The Act replaced the use of the term “parental rights” with the concept of “parental responsibility” for children, with the implication that parents had rights only insofar as they exercised their responsibilities (Hendrick, 2003), and is therefore essentially conservative in nature (Daniel and Ivatts, 1998), emphasising that children’s needs are best met within their family without state intervention where this can be achieved (Brayne and Carr, 2013; Daniel and Ivatts, 1998; Hendrick, 2003).

The Children Act (1989) contains a number of core principles relating to the intervention of the state in private family life (Brayne and Carr, 2013), most significantly the welfare principle, which is premised upon the “best interests of the child” construct devised by Goldstein, Freud and Solnit (1980), and is enshrined in Article 3.1 of the United Nations Convention on the Rights of the Child (Unicef, 2017). The welfare principle stipulates that the welfare of the child (and therefore not the welfare of the parents or any third party) shall

be the court's paramount consideration in decision-making (s.1.1 and s. 17.1). As will be shown, this construct has proven significant in shaping the experiences of first mothers whose children are the subject of intervention within the current context.

Critics have highlighted that key terms within the Children Act 1989, such as the threshold for compulsory state intervention in the life of a child being that they are suffering or likely to suffer "significant harm" (s.47, Children Act, 1989), are not clearly defined and are open to interpretation (Brayne and Carr, 2013). This means that, for example, in some locations, material deprivation and hardship are so commonplace that they do not attract the resources of Children's Services (Daniel and Ivatts, 1998), while in other areas, growing up in such conditions would be understood as constituting significant harm to children. While the Children Act (1989) was regarded as radical by some in, for example, placing the child centre-stage and introducing a duty to have regard for the ascertainable wishes and feelings of children (Brayne and Carr, 2013; Daniel and Ivatts, 1998), it was devised without the involvement or consultation of children themselves (Daniel and Ivatts, 1998).

The implementation of the Children Act (1989) coincided with the publication in 1991 of "Working Together to Safeguard Children", a document containing statutory guidance on the responsibilities of agencies in safeguarding children and the statutory procedures and timescales involved, which has been revised and updated periodically (1999; 2010; 2013; 2015; 2018) (Department for Education, 2018). Following the introduction of the Children Act (1989) and the NHS and Community Care Act (1990), there was a further reorganisation of social services departments (Frost and Parton, 2009), with Adults' and Children's Services again being provided separately, as they had been prior to the reorganisation of the late 1970s (Frost and Parton, 2009). In light of the context of welfare retrenchment within which the Children Act (1989) was introduced, social work with children and families focused throughout the 1990s on narrow concerns relating to the management of risk and investigation of child protection concerns (Parton, 2011). By the mid-1990s it was increasingly recognised that many families needed to receive a more comprehensive level of support from the state in order to be able to meet the needs of their children (Daniel and Ivatts, 1998; Parton, 2011).

2.9 New Labour and a new universalism

In 1997, a New Labour government was elected to power under prime minister Tony Blair. The Labour party was rebranded as being “pro-market and pro-wealth creation” (Driver and Martell, 2006:45), with welfare policies aiming not to redistribute wealth to the poorest in society, but to facilitate the inclusion of the socially excluded; reattaching workers who had been alienated by Thatcher’s de-industrialisation to the Labour market (Alcock, 2008; Frost and Parton, 2009). As part of their agenda to “modernise” welfare services (Parton, 2011:856), the New Labour government was particularly concerned with the reform of social policy towards children and young people, intervening in their lives to a greater extent than any previous administration (Edwards and Gillies, 2016; Fawcett et. al., 2004). Importantly, New Labour’s policies towards children operated from a social investment discourse, within which children are conceptualised as being future adults, requiring skills and expertise to compete in the labour market and contribute to the smooth-running of the future economy (Churchill, 2013; Fawcett et. al., 2004; Featherstone, 2006; Featherstone et. al., 2012; Hendrick, 2003; Parton, 2005; Parton, 2011; Ridge, 2013). New Labour made an ambitious commitment to eradicate child poverty within a generation (Piachaud, 2012), while simultaneously concentrating efforts on reform of the education and youth justice systems (Hendrick, 2003).

Whereas previously in England state intervention in the lives of children and their families was deemed only to be necessary for those ‘at risk’ or ‘in crisis’ (Williams, 2004), New Labour initially placed *all* children and young people on the social policy agenda, situating targeted support for children in need within a universal context of services for all children (Churchill, 2013), although by the end of their period in office policy focus had shifted towards the “hard to reach” (Edwards and Gillies, 2016; Featherstone et. al, 2012:622). While politicians have long been concerned about the way that children are brought up (Parton, 2014), under New Labour there was a move towards an explicit policy focus on parenting (Dominelli, 2004; Lister, 2006) which was conceptualised as being crucial in determining children’s future success in education and employment (Churchill, 2013).

New Labour's emphasis on the responsibilities and behaviour of parents is illustrated, for example, in the provision within the Crime and Disorder Act (1998) for parents (largely mothers) to be held legally responsible for the criminal behaviour of their children (Edwards and Gillies, 2016; Featherstone, 2006; Gillies, 2007; Gillies et. al., 2017; Skeggs, 1997). Complex and contradictory perceptions of children and young people within policy discourses can be identified in New Labour's policies, with children at times being portrayed as "devils" (Fawcett et. al., 2004:19), as they were "responsibilitised" and subjected to punitive interventions such as Anti-Social Behaviour Orders (ASBOs), and at other times being portrayed as "angels" deserving of early intervention and support (Fawcett et. al., 2004:19; Frost and Parton, 2009).

Early intervention as a policy imperative also gained credence under New Labour. In 2003, an influential review report "Birth to Three Matters" (Department for Education and Skills, 2003), contained the first reference in an English policy document to the significance of the early years in the development of the brain architecture of infants and young children (Gillies et. al., 2017). In the years following 2003 a host of policy documents reporting the importance of parenting on the development of children's brains followed (Allen and Duncan Smith, 2008; Allen, 2011a; Allen, 2011b; Munro, 2011; Brown and Ward, 2013; Field, 2010 Leadsom et. al., 2013), providing support to New Labour's emphasis on early intervention into the lives of disadvantaged young children (Gillies et. al., 2017), who under New Labour were understood as being the "citizen-workers of the future" rather than the "citizen-children of the present" (Lister, 2003:427). Ideas regarding brain development also came to be influential in the policies of the subsequent Coalition government.

The focus on intervening early and managing individual parenting can be understood as representing a further move away from acknowledgement of the impact of the social and economic conditions in which families live on children's life chances, and towards an individualistic preoccupation with the everyday intricacies of parents' childrearing practices (Gillies et. al., 2017). Parents, it is argued, were not seen as worthy of receiving welfare support in their own right under New Labour but were conceptualised as conduits through which the welfare of their children could be secured (Featherstone

et. al., 2012; Lister, 2006). Such individualisation of social problems could be argued to represent a significant shift from the traditional concerns of the Labour party (Cunningham and Cunningham 2012), however based on the ideas of sociologist Anthony Giddens (Alcock, 2008), New Labour purported a “third way” in British politics (Page, 2007:27), which, rather than a dogmatic adherence to either a social democratic or neoliberal ideology, professed to be more concerned with the pragmatic administration of evidence-based interventions (Alcock, 2008).

Rather than focusing on structural causes of poverty and disadvantage, the term “social exclusion” became a “buzzword” under New Labour (Mayall, 2006:11; Furlong, 2013). Discourse around social exclusion is understood as having arisen from the collapse of industrialised working-class communities within Europe (Frost and Parton, 2009), and is characterised by lack of both the financial and cultural capital to participate in the typical activities enjoyed by most people in society. Crucially, New Labour’s means of addressing social exclusion was a concern to re-train and re-integrate the excluded into paid employment (Gamble and Wright, 1997). Providing equality of opportunity, rather than equality of outcome, therefore, was New Labour’s priority (Driver and Martell, 2006), and the emancipatory vision of an egalitarian society of previous Labour governments was replaced by a model of “proactive welfarism”, (Driver and Martell, 2006:49), in which the personal responsibility of citizens to meet their own welfare needs was emphasised, thus illustrating the influence of the neoliberal discourse on New Labour policy.

2.10 Sure Start and further reforms

The New Labour government’s lead policy for early intervention was the SureStart initiative, introduced in 1998 (Moss, 2004; Featherstone, 2006), and based on the American “Head Start” programme (Driver and Martell, 2006). More than 3,000 local SureStart projects delivered a programme of support, early years education and employment advice to families with children aged 4 and under and were situated in the 20% most disadvantaged communities in the UK but open to all (Moss, 2004). New Labour also

introduced a number of other universal initiatives intended to impact upon the lives of children, including the ParentLine parenting support telephone helpline, toy libraries, Education Maintenance Allowance and Child Trust Funds (Churchill, 2013; Edwards and Gillies, 2016).

Alongside the rolling out of initiatives intended to extend universal provision for children and young people, the New Labour government introduced important reforms to the system of child protection and the assessment of children deemed to be “in need” (s. 17, Children Act 1989). The “Framework for the assessment of children in need and their families” was published in 2000 (Department of Health, 2000a), with the aim of counterbalancing the past practice of Children’s Services departments of concentrating the majority of resources on children at risk of harm, at the expense of those in need of a more holistic package of support (Coleman et. al., 2009; Parton, 2011). The assessment framework aimed to move the focus of professional attention from whether or not a child was suffering abuse or neglect to wider consideration of the child’s developmental needs, parental capacity to meet the identified needs and factors in the community and environment impacting on a child’s wellbeing (Department of Health, 2000a), representing, it could be argued, a further intensification in the relationship between the family and the state (Churchill, 2013; Featherstone, 2006; Parton, 2011).

2.11 Victoria Climbié and Every Child Matters

A significant tragedy to occur early in New Labour’s first term in office was the high-profile murder of 8-year-old Victoria Climbié (Frost and Parton, 2009; Parton, 2014). The subsequent enquiry identified that there were many similarities between Victoria’s death and the death of Maria Colwell 27 years previously (Daniel and Ivatts, 1998; Laming 2003). The New Labour government framed the 2003 introduction of their flagship “Every Child Matters” (ECM) programme as a response to Laming’s (2003) report into Victoria’s murder (Frost and Parton, 2009; Parton, 2011). Continuing with New Labour’s focus on early intervention, ECM had a renewed and expansive emphasis on prevention and early help, rather than exclusively on crisis-resolution and child protection (Garrett, 2009; Williams, 2004).

Initiatives arising from ECM, such as the ContactPoint database, the Common Assessment Framework, and the establishment of the role of Lead Professional (Garrett, 2009), aimed to address key concerns identified by Laming about the failings of professionals to effectively share information and engage in multidisciplinary working (Laming, 2003). Early intervention and prevention teams comprised of social workers and family support staff were moved into venues such as schools and children's centres in the disadvantaged communities that they were working within (Department for Education, 2003). It has been argued that the introduction of the ECM initiative signalled an important shift in the relationship between children, families and the state, with critics stating that this signalled the emergence of a "preventive surveillance state" (Frost and Parton, 2009:53), within which all children were under the gaze of professionals in the name of prevention. From this perspective, governments have a vested interest in the production of well-rounded, functional citizens of the future (Lawler, 2000; Lister, 2006), and therefore intervene in the lives of children and their mothers in order to promote and ensure "healthy", normative development in accordance with a socially sanctioned model of child development (Bailey, 1999; Gilles, 2007).

The Children Act (2004) provided the legislative underpinning for the ECM programme and, alongside a number of reforms including the establishment of Local Safeguarding Children Boards, the establishment of the "Director of Children's Services" role and the statutory requirement for Children's Trust Boards, placing a renewed emphasis on information sharing and inter-agency co-operation (Brayne and Carr, 2013; Churchill, 2013). Child protection referral and assessment statistics indicate that, while the number of referrals to Children's Services showed a small decline between 2003 and 2007, during the years following the rolling-out of the ECM initiative the number of initial and core assessments carried out by social workers showed a steady increase (Frost and Parton, 2009), suggesting that the reforms made during the New Labour period led to an increasing number of children and families being subject to compulsory intervention in their lives.

2.12 The Adoption and Children Act (2002)

A further measure introduced by New Labour was the passage of the Adoption and Children Act (2002) which, as explored in Chapter 1, aimed to

modernise the adoption system. As well as reforming adoption and introducing Special Guardianship as a legal option (Brayne and Carr, 2013; Wade, et. al. 2014), the Adoption and Children Act (2002 s.120) expanded the definition of harm that a child may be at risk of suffering to include emotional harm arising from witnessing domestic violence, effectively bringing a large new cohort of children to the attention of statutory services (Featherstone, 2019; Ferguson et. al., 2019).

There is well-established evidence relating to the damaging effects of being exposed to violence in utero and witnessing domestic abuse in childhood (Radford and Hester, 2006), however concerns have been expressed that individualised responses to domestic violence in cases involving child protection concerns have led to punitive interventions in the years since the Act's implementation, with disadvantaged mothers routinely facing blame for "failing to protect" children (Ferguson et. al., 2019; Lapierre, 2010; Radford and Hester, 2006:143). Such concerns regarding the risk of injustice are emphasised in data relating to the use of child protection plans in more recent years, which reveal dramatic increases in the numbers of children being made subject to a plan on the basis of suffering or being at risk of suffering future emotional harm since 2011 (Bilson, 2018; Tickle, 2018).

2.13 Peter Connolly and a move towards interventionism

In 2007, Peter Connolly, referred to in the media as "Baby P", was killed by his mother and stepfather (Jones, 2014; Parton, 2011; Shoesmith, 2016). In keeping with the findings of the Colwell and Climbié inquiries, the serious case review into Peter's death identified that there were a number of professionals involved in his care at the end of his life who had not recognised the extent of the harm that he was suffering (Haringey Local Safeguarding Children Board, 2009). It has been argued that the hostility of media reaction to social workers following Peter's death surpassed that shown at any time previously (Jones, 2014; Shoesmith, 2016; Warner, 2013), and the case again triggered major reforms to the child protection system in England (Parton, 2011; Warner, 2013), including the introduction of the child protection plan (Alcock, 2008; Fawcett et. al., 2004) and the Public Law Outline (Gupta and Lloyd-Jones, 2010).

Following outrage in the media regarding the perceived failings of the Local Authority to protect Peter from harm, there were nearly 50% more care applications made by Local Authorities to the courts in the second half of 2008-9 compared with the first half of the year (CAFCASS, 2009). In the wake of Peter's death, the protection of children from abuse as opposed to universal provision was again prioritised (Parton, 2011), with the attention of social workers being concentrated on the forensic and proceduralised investigation of cases of suspected child abuse. While New Labour had initially been concerned with the ambitious expansion of services for all children, by the end of their period in office there was widespread concern about the abuse and neglect of disadvantaged children and a perception that children were being failed by statutory services (Parton, 2014).

2.14 The Coalition government

The 2010 general election did not result in any party winning a majority and a Coalition, led by Conservative Prime Minister David Cameron, was negotiated between the Conservative and Liberal Democrat parties. Prior to their election to power, the Conservatives had undergone a "modernisation" programme similar to Tony Blair's project in relation to New Labour in the 1990s (Churchill, 2013), with David Cameron attempting to break with the legacy of Thatcher in describing himself as a "modern, compassionate conservative" (Churchill, 2013:39; Piachaud, 2012; Ridge, 2013). The biggest cuts to public spending since the second world war were implemented by the Coalition government (Cummins, 2018), justified by the perceived need for emergency measures to be taken in response to the global financial crisis of 2007-8 (Cooper and Whyte, 2017; Edwards and Gillies, 2016; Lavalette, 2019; Piachaud, 2012) and supported by the proliferation of a "hardening anti-welfare common-sense" (Jensen and Tyler, 2015:470), or "poverty propaganda" (Shildrick, 2018:1). Public hostilities were increasingly targeted towards vulnerable groups such as welfare claimants (Tyler, 2013a), who were portrayed as posing a threat to the "good life" (Tyler, 2013a: 38) and contrasted with "hard-working families" (Department for Work and Pensions, 2013). Reforms to the state benefit system were justified on the basis that the unemployed should never be better off than those in work (Edwards and Gillies, 2016; Parton, 2014) and the operation of stigma as a means of garnering public support for punitive

social policies intensified during this period (Jensen and Tyler, 2015; Tyler, 2013a).

The Coalition government introduced a number of cuts to the economic support to be offered to children and their families (Churchill, 2013; Schrecker and Bamba, 2015). Among the reforms was the freezing of the rate of child benefit paid to families with children between 2010 and 2013 (Churchill, 2013; Ridge, 2013; Schrecker and Bamba, 2015), as well as the abolishment of Child Trust Funds in 2011 and, in 2013 the introduction of a household benefit cap and under occupancy charge (bedroom tax) (Ridge, 2013; Schrecker and Bamba, 2015). The complex task of addressing child poverty which was prioritised by the previous government was also marginalised under the Coalition (Lambie-Mumford and Green, 2017; Ridge, 2013), and children and families were no longer perceived as a priority group in policy (Parton, 2014).

Along with cuts to welfare benefits which meant that many families experienced significant reductions in their household income, from 2010 the budgets of Local Authorities were also diminished, leading to a major curtailment of the funding of Children's Services departments (Churchill, 2013). During the period 2013-2016, Local Authorities in areas of higher deprivation received worse Ofsted judgements regarding the quality of Children's Services than those in more affluent areas (Bywaters et. al., 2017), raising concerns about the efficacy of support available to the most disadvantaged families in retaining care of their children. The depth of austerity measures in the public sector led to increasing levels of inequality and child poverty (Lavalette, 2019; Schrecker and Bamba, 2015; Singh, 2019), physical and mental health difficulties and alienation for the most vulnerable children and their families (Cooper and Whyte, 2017; Singh, 2019).

In contrast with New Labour's emphasis on support and provision being made available for all children and young people, Coalition family policy was framed in terms of a need to reform a "broken society" (Parton, 2014:139; Parr, 2017), targeting attention towards early years intervention for families in severe difficulty and the payment-by-results Troubled Families programme, which identified 120,000 families who would be "turned around"

by intensive intervention (Churchill, 2013; Crossley, 2018; Ridge, 2011; Parton, 2014; Parr, 2017; Tyler, 2013a and b; Wenham, 2016). Concerns about “troubled families” were fuelled by the London riots of 2011 (Lambert, 2018; Tyler, 2013b), with the parents of young people involved in the riots facing public blame and shaming by politicians (Kirkwood, 2016; Lambert, 2018; Shildrick, 2018). The Troubled Families programme was rolled out in a context within which large families in receipt of welfare had become stigmatised as “national objects” (Tyler, 2013a:9), again highlighting the significance of the operation of stigmatisation as a form of control throughout the history of welfare provision (Tyler, 2013a and b; 2020). Within such a context, cuts to public services also meant that social workers were under increasing pressure and had significantly less time to be able to spend offering relationship-based and effective support to families (Cummins, 2018; Lavalette, 2019), which was highlighted as a concern in Munro’s (2011) review of child protection.

2.15 The Munro Review of Child Protection

Following the death of Peter Connolly, it was acknowledged that there was a need to investigate the child protection system in England (Parton, 2014), and Eileen Munro, an experienced social work academic, was approached to lead the review (Munro, 2011). Under New Labour, and in keeping with the modernisation agenda, a culture of audit, targets and measuring outcomes in social work practice with children and their families had prevailed (Featherstone et. al., 2012), giving rise to a contractual approach to work with disadvantaged families, which involved parents being asked to sign written agreements to make behavioural changes with little practical help or emotional support being provided (Featherstone et. al., 2012). Munro (2011) was critical of the over-emphasis on procedures and recording in social work, arguing that this detracted practitioner’s time and attention from the important work of building relationships with children and their families (Munro, 2011). The review emphasised the importance of early help and made recommendations relating to the role, practice and education of social workers working in child protection (Parton, 2014).

Munro’s review was well-received by child welfare organisations and academics working in the field (Parton, 2014; Featherstone et. al., 2012).

While the majority of the recommendations made were accepted by the Coalition government (Parton, 2014), very similar critiques regarding the bureaucracy involved in statutory social work continue to be made within the current context (Bamford, 2020; Beresford, 2019; Featherstone et. al., 2018a; Ferguson, 2011; Harris, 2019; Lavalette, 2019; Shennan, 2020; Singh, 2019;). It must also be acknowledged that the Munro review took place in the context of diminished welfare provision and resources (Featherstone et. al., 2012), which directly impacted on the lives of vulnerable children and their parents and undermined to a large extent the quality of life of the poorest children in society (Featherstone et. al., 2012; Ridge, 2013).

2.16 The current Conservative government

Since 2010, the climate of austerity and welfare reform in England has continued and the Conservative government has increasingly placed an emphasis on parental behaviour as an explanation for poverty (Lambie-Mumford and Green, 2017). A recent report from the Institute of Fiscal Studies has demonstrated that the average benefit entitlement among workless households with children is 12% lower in 2020-21 than it would have been without any welfare reforms since 2011 (Bourquin et. al., 2020). The numbers of children living in poverty in the UK have continued to rise, with poverty defined in the UK as households living below 60% of the median UK income (Child Poverty Action Group (CPAG), 2020a). According to this measure, 30% of children in the UK were living in poverty (after housing costs) in 2018-19 (CPAG, 2020a; Department for Work and Pensions, 2020). While rhetoric around welfare dependency places emphasis on worklessness as a key explanation for poverty (Tyler, 2013a), 72% of children growing up in poverty contemporaneously live in a household where at least one parent is in work (Department for Education, 2020b), and the Equality and Human Rights Commission (EHRC) have estimated that 5.5 million children in England will be living in poverty by 2022 (EHRC, 2018).

Necessitated by continuing welfare retrenchment, charities have increasingly taken on roles previously fulfilled by the state (Lambie-Mumford and Green, 2017). Shortages of affordable housing and the high costs of rental within the private sector have also led to increases in homelessness among

families with children (Thomas, 2018). Within this context, Featherstone (2019:24) has identified a concerning “disconnect at the heart of government policy”, with successive governments making claims to have improved systems intended to protect children from harm while simultaneously implementing reforms which have increased the numbers of children growing up experiencing hardship and deprivation (Fitzpatrick et. al., 2020).

2.17 The narrow concerns of contemporary child protection social work

In keeping with the increasing turn since 2007 towards an “individualised and investigative” approach to social work with children and families and as outlined within Chapter 1 (Bilson and Martin, 2017: 793), research has found that child protection investigations increased by an alarming 79.4% between 2009/10 and 2014/15 (Bilson and Martin, 2017), with one in five children in England born in 2009-10 being the subject of a referral to Children’s Services before their fifth birthday. The numbers of looked-after children have also increased every year since 2010 (Thomas, 2018), with 78,150 children being looked-after in England at 31st March 2019 (Department for Education, 2019). Increases in child poverty as outlined above have been argued to be linked to the escalation of demands placed upon Children’s Services (Thomas, 2018).

Within this context, Local Authority spending has been found to have increased in relation to statutory functions associated with child protection and looked-after children and reduced in relation to preventive and discretionary services (Bywaters et. al., 2017; Kelly et. al., 2018; Parton, 2014; Webb and Bywaters, 2018). Such a shift raises significant ethical concerns about the quality of preventive help offered to families experiencing complex needs to keep children in their care (Featherstone et. al., 2014a and b) and is argued to reflect a policy move away from support for families to retain care of their children at home and towards the placement of children with alternative permanent carers, including adopters (Webb and Bywaters, 2018). Diminishing access to early intervention services also has cost implications, as research has found that effective early intervention can lead to significant savings within Children’s Services departments (Chowdry and Oppenheim, 2015).

In a climate of stretched resources and anxiety surrounding child abuse, social work with children and families can be understood as having become a punitive project of “muscular authoritarianism” (Featherstone et. al., 2014a:2), which impacts disproportionately on the most disadvantaged families who are experiencing complex problems (Featherstone, 2019). Within this context, children’s social workers are increasingly tasked with the assessment and management of risk as opposed to the meeting of need (Bywaters et. al., 2017; Featherstone et. al., 2014b). Recent research evidence conducted as part of the Child Welfare Inequalities Project (CWIP) (Bywaters et. al., 2017; 2020) has identified that children and families in the most deprived neighbourhoods are 10 times more likely to experience state intervention in their lives than those in the most affluent areas (Bywaters et. al., 2020; Davidson et. al., 2017). There is also evidence that, within the current context, the consequences of living in poverty can be “unremarkable and unremarked upon” by children’s social workers (Morris et. al., 2018:4), with practitioners’ understanding of the causes of difficulties framed as being a matter of “bad individual choice” (Tyler, 2013a:1) rather than understood as being the result of structural inequality (Morris et. al., 2018).

2.18 “Now or never” approaches to intervention

In the context of diminishing support for first families, and influenced by a persuasive report, “Within a Child’s Timeframe” (Brown and Ward, 2013), which linked the issue of the neurological harm thought to be caused to infants experiencing abuse and neglect with the timescales in place surrounding the state’s actions in intervening to remove children into care, the Children and Families Act (2014) introduced a new 26-week timescale for care proceedings in the family courts. The Act requires the court to draw up a timetable at the commencement of proceedings with a view to resolving the case without delay and “...in any event within 26 weeks, beginning with the day on which the application was issued” (Children and Families Act, 2014: s.32 1. (a:ii)). The emphasis on concluding care proceedings within 26 weeks wherever practicable, and on intervening early in the lives of children, was influenced by developments in the field of neuroscience foregrounded under New Labour. Such work seeks to demonstrate the corrosive effects of child abuse and neglect on children’s developing brains (Allen, 2011a; Brown and Ward, 2013; Featherstone et. al, 2014a; Garrett, 2003; Kirton, 2013;

Leadsom et. al., 2013), and is argued to propagate a “now or never” approach to intervention in the lives of children (Featherstone et. al., 2014b:1739; Munro, 2011:69). It has been argued that the neuroscientific evidence has been misused for political purposes and oversimplified in policy debates (Featherstone et. al., 2014a; Kirton, 2013), and actually points to the remarkable plasticity and resilience of the human brain (Bruer, 1999; Wastell and White, 2012).

In cases involving court intervention, the expectation that parents implement measurable changes within prescriptive and arguably arbitrary timescales or face the threat of statutory action in respect of their children can be understood as posing a significant risk of injustice for first families (Gupta and Lloyd-Jones, 2010; Ward and Smeeton, 2017). The dismissal of long-term support as a viable option in enabling children to remain at home links to the identification of a “no legitimate dependency” discourse at work within contemporary society (Bissell and Peacock, 2015; Featherstone et. al., 2018a; Peacock et. al., 2014a; 2014b), in which “dependency of almost any sort is disavowed” (Peacock et. al., 2014a:118), with those experiencing social problems being responsibilised in keeping with a neoliberal worldview. In a context within which long-term support for first families experiencing complex difficulties is not considered viable, adoption can come to be seen as a neat policy solution for disadvantaged children (Featherstone et. al., 2012; Kirton, 2013; 2019; Ward and Smeeton, 2017). The imposition of fixed timescales in care proceedings has also been argued to mean that parents with learning disabilities and mental health problems, who are unlikely to be able to work at the pace of their non-disabled peers, are particularly vulnerable to experiencing temporal discrimination in childcare proceedings (Booth et. al., 2006; Ward and Smeeton, 2017). Concern has long been expressed regarding the underfunding of social services departments (Laming, 2003), however the pressure to arrive at early decisions in respect of children is particularly concerning in the current context of austerity and reduced funds to support families to retain care of their children (BASW, 2017).

2.19 Social with children in the Covid-19 pandemic

The global Covid-19 pandemic which began to have an impact in England and Wales in early 2020 has had an unprecedented effect on the lives of vulnerable children and families and the practice of social workers (Brewer and Patrick, 2021; CPAG, 2020b; Spielman, 2020). New financial pressures brought about by the pandemic, diminished access to formal and informal support and the extended closure of schools and childcare facilities, in combination with isolation and existing vulnerabilities have resulted in a “perfect storm” (Women’s Aid, 2020:1), increasing pressure on families already under extreme stress in the current context (CPAG, 2020b).

While average household spending fell during the first period of national lockdown, families on a low income and those with children were more likely to report increased spending (Brewer and Patrick, 2021), due to pressures associated with heightened food and energy costs, the use of technology and internet access to facilitate home learning and restricted access to larger and often cheaper stores situated outside of towns (Brewer and Patrick, 2021). One survey conducted by Women’s Aid (2020) found that domestic abuse had escalated in the first national lockdown and 72% of the 266 respondents who took part in this survey reported that their abuser had more control over their life since the pandemic began. It has also been identified that access to escape routes and support for survivors has been restricted and the availability of refuge spaces has reduced (Women’s Aid, 2020).

Concerningly, between April and October 2020, Children’s Services departments in England saw a rise in the numbers of infants suffering harm, with more than a fifth more incidents of serious harm perpetrated towards children under the age of 1 than in the same period in the previous year (Spielman, 2020). Social work teams have also been subjected to increased pressure (Ofsted, 2020), and the pandemic has led to significant and swift reforms within the family justice system, as the family courts in England and Wales began implementing remote court hearings taking place via video conferencing or telephone. Research by the Family Justice Observatory has identified that parents, family members and the organisations supporting them were very concerned about the way that care proceedings had been dealt with in remote hearings, with just under half of the parents surveyed stating that they had not understood what had happened within a hearing they had attended remotely (Ryan et. al., 2020). In a context in which serious

concerns had already been raised about the growing risk of injustice to first families and the extensive cuts to services and welfare entitlements, the impact of the Covid-19 pandemic has fallen most heavily on the already vulnerable and the depth of the extent of the harm which has been suffered is not yet known at the time of writing (CPAG, 2020b).

2.20 Conclusion

In conclusion, within this chapter, key developments in the post-1945 history of state intervention in family life have been explored. As has been illustrated, families who are in receipt of state welfare have long been subjected to stigmatisation and moral judgements in England and Wales, dating back to provisions made under the Poor Law (Fraser, 2017). The operationalisation of class prejudice and stigma by government in order to initiate policy change is a key theme woven throughout the history of state provision (Tyler, 2013a), evidenced for example in the utilisation of the 2011 London riots as a means of justifying punitive policy interventions towards disadvantaged families (Kirkwood, 2016; Tyler, 2013a), whose complex vulnerabilities have been framed as a moral concern. Similarly, since 1945, high-profile child deaths have shaped provision and furthered political agendas in, for example, the utilisation of the death of Maria Colwell in fuelling concerns relating to the efficacy of the post-war welfare state in dealing with social problems (Frost and Parton, 2009). It has been illustrated that, throughout the past 40 years, the deaths of children within their families have exerted a considerable influence over the development of policy (Daniel and Ivatts, 1998; Fawcett et. al., 2004; Frost and Parton, 2009), often leading to the vilification of social workers and the presentation within the media of such tragedies as having been straightforwardly preventable (Munro, 2011; Shoesmith, 2016).

A further important theme arising from study of the history of state intervention in the lives of children and their families since 1945 is the sidelining of structural issues relating to the impact on children of growing up in poverty, in favour of a policy focus on the behaviour of individual parents, particularly mothers (Edwards and Gillies, 2016; Featherstone, 2019; Gillies et. al., 2017). As illustrated in child poverty data, social provisions such as welfare entitlements for families and access to appropriate accommodation have a significant impact on children's lives (Thomas, 2018), however the extent to which this has been acknowledged, particularly by the recent

Coalition and Conservative governments, is negligible (Featherstone, 2019; Gillies et. al., 2017; Morris et. al., 2018) Such separation of human behaviour from social circumstances and the context in which difficulties in parenting occur has been identified as constituting a key tenant of neoliberalism (Featherstone, 2019; Wacquant, 2009).

While at points in time the need for families to receive help in looking after their children has been acknowledged in legislation, such as in the Children Act, 1989, rhetoric has consistently not been matched with the provision of adequate resources for professionals to be able to offer high quality support to children and their families. The New Labour government of 1997-2010 made substantial progress towards addressing the problem of child poverty, however conceptualisations of poverty for adults centred around the idea of “social exclusion” (Mayall, 2006:11), with paid employment being presented as the common-sense solution (Furlong, 2013). Such a focus on individual choice and personal responsibility can again be understood as being symptomatic of the entrenchment of neoliberal imperatives throughout the field of social policy in the decades since the early 1970s (Schrecker and Bamba, 2015; Wacquant, 2009).

It has been demonstrated that, within the current context of diminished resources available to Children’s Services departments, provision for first families to retain care of their children has been residualised in favour of investigative interventions (Bilson and Martin, 2017), resulting in increasing numbers of children being separated from their first families by the care system (Thomas, 2018). Within such a context, adoption has been promoted by successive governments as a route to permanence for looked-after children. Chapter 3 will turn attention towards understanding the experiences of first mothers who lose a child to adoption. First mothers’ accounts of loss associated with the removal and adoption of a child form a central component of the story of adoption, however as will be illustrated, the accounts of first mothers have consistently been excluded from policy narratives, within which adoption is conceptualised as constituting a “clean break” for children (Gupta and Featherstone, 2020:168).

Chapter 3: The lived experiences of first mothers who have lost a child to adoption

3.1 Introduction

The aim of this chapter is to provide an overview of the existing literature which documents the experiences of first mothers who have lost a child to adoption. As explored in Chapter 1, the history of adoption in England and Wales can be understood with reference to 2 phases. Prior to 1975, women were understood as having “voluntarily” relinquished their children for adoption (O’Halloran, 2006:40). After the passage of the Children Act 1975, children began to be adopted from Local Authority care and the vast majority of children adopted contemporaneously have been non-consensually

removed from the care of their first families due to concerns about abuse or neglect (Neil et. al., 2013). While this thesis is primarily concerned with exploration of the experiences of women who lose a child to adoption following child protection intervention, there are similarities in the experiences of mothers who have lost a child to adoption regardless of how the loss has come about (Wiley and Baden, 2005), and therefore a brief overview of findings relating to the lived experiences of first mothers who have relinquished a child for adoption is provided in section 3.2. In section 3.3, detailed evidence relating to the experiences of mothers whose children have been non-consensually adopted following state intervention in their lives will be explored. The chapter will review research findings relating to women's experiences of the child protection and court processes and the impact of the loss of a child to adoption on first mothers' lives. In section 3.4, evidence relating to post-adoption contact and research which explores the impact of varying degrees of openness on the lives of relinquishing and non-relinquishing first mothers will be outlined. In section 3.5, evidence relating to first mothers' experiences of receiving post-adoption support in the wake of the loss of a child is explored.

The literature reviewed in this chapter relates to domestic adoptions which have taken place in the United Kingdom (UK), America and Australia and does not include evidence relating to international (or inter-country) adoption. Differences in adoption practice between the UK, America and Australia which impact on the translation of research findings will be highlighted where relevant throughout. There is a sense within the literature that mothers who have lost children to adoption experience their stories as having been silenced or rewritten by more powerful actors (Morriss, 2018; Smeeton and Boxall, 2011) and therefore verbatim quotations from first mothers will be utilised as a means of incorporating women's voices throughout this chapter. It is also important to highlight that, while making a distinction between relinquishing and non-relinquishing first mothers can be useful, in practice the difference is not always neatly identifiable (Broadhurst and Mason, 2013). Wiley and Baden (2005) highlight that, while some "relinquishing" mothers who sign adoption papers may have been coerced into doing so, some "non-relinquishing" mothers may choose not to formally oppose the plan of adoption by the time prospective adoptive parents make an application to the court in respect of a child (Charlton et. al., 1998; Lambert,

1994; Mason and Selman, 1997). It is therefore more useful to view the issue of consent as a continuum which is influenced by a number of inter-related factors, rather than as a dichotomy (Broadhurst et. al., 2017; Charlton et. al., 1998; Wiley and Baden, 2005).

3.2 An overview of the experiences of relinquishing first mothers

“Many of us felt we had no choice about relinquishing our children. Everyone automatically assumed that babies born outside marriage in the ‘60s and early ‘70s should be adopted; our parents assumed it, the medical profession and adoption workers not only assumed it but often strongly advocated it. It was as if we didn’t exist”.

Sue Wells, first mother (Wells, 1990:30).

As has been identified in Chapter 1, a wealth of evidence from research with relinquishing first mothers documents the ways in which women report being encouraged, pressurised or coerced into making an adoption decision for their infant (Coleman and Garratt, 2016; De Simone, 1996; Harris and Whyte, 1999; Haugaard et. al., 1998; Howe et. al., 1992; Perl and McSkimming, 1997; Scourfield and Hendry, 1991). Aside from external pressure, research suggests that a primary motivating factor for women in making the decision to relinquish was a concern for the best interests of their child and a desire for them to have access to increased opportunities and financial resources (Coleman and Garratt, 2016; Edwards and Williams, 2000). Howe and colleagues (1992) identify that the idea of acting in children’s best interests could also be employed by professionals as a means of persuading women to make the decision to relinquish. In considering the characteristics of relinquishing first mothers, evidence from the American literature has highlighted that adoption decisions were more likely to be made by single women from families of higher socioeconomic backgrounds, whose parents remained in a relationship with each other (Cocozzelli, 1989; Coleman and Garratt, 2016; Kalmuss et. al., 1991; Sobol and Daly, 1992). Relinquishment has also been associated with young women who had achieved success academically and had ambitious education and career-oriented plans which would be impinged upon by parenting an infant (Coleman and Garratt, 2016). Such descriptions contrast with evidence relating to the characteristics of mothers who lose children to adoption in

England and Wales in the current context, which are explored within section 3.3.1 below.

There is agreement within the literature that following the birth of their child, first mothers who relinquished babies to adoption were typically encouraged to go home and continue with their lives as before. Mothers' voices as recorded in previous research clearly assert that it was not possible to go home and simply carry on with life as normal (De Simone, 1996; Fravel et al., 2000; Howe et al., 1992), and there is evidence that the initial days, weeks and months following relinquishment were often fraught with feelings of intense grief, loss, guilt, shame and isolation (Andrews, 2009; Brodinsky and Livingston-Smith, 2014; Henney et al., 2007; Madden et al., 2018; Wells, 1994; Winkler and Van-Keppel, 1984).

Secrecy and shame surrounding the pregnancy meant that many first mothers were not able to access social support in managing the overwhelming feelings of loss which they were experiencing (Gair, 2008; Howe et al., 1992; Perl and McSkimming, 1997), rather women were expected to live with knowledge of the adoption as a shameful secret and manage the emotional consequences independently for the sake of propriety (Andrews, 2009; Goodwatch, 2001; Perl and McSkimming, 1997; Wells, 1994). Such evidence links clearly to the concept of disenfranchised grief (Doka, 1999; 2002), defined as "the grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported" (Doka, 1999:37). The concept of disenfranchised grief emerged as being useful in understanding first mothers' experiences of the loss of a child to adoption and is explored in greater detail within Chapter 4. The longstanding relationship between stigmatisation, feelings of powerlessness and women's experiences of adoption is also highlighted in relinquishing mothers' accounts of the public shame associated with pregnancy outside of marriage, illustrating the deployment of stigma by those in power in order to reinforce dominant social norms (Link and Phelan, 2014; Tyler, 2020).

There is some division in the literature as to whether the experience of relinquishing an infant to adoption becomes easier or more difficult to live with over time, with the majority of respondents in some studies reporting

that the sense of loss lessened over time (Brodinsky and Livingston-Smith, 2014; Henney et. al., 2007), and other research identifying an increasing sense of grief and regret as time goes by (Andrews, 2009; Madden et. al., 2018; Wells, 1990). While some of the first mothers who participated in Henney et. al.'s (2007) research felt that their choice to relinquish their child had led to increased freedom, along with feelings of self-efficacy and personal power, the overwhelming impression arising from research with relinquishing first mothers affirms that the loss of a child to adoption is a complex, life-altering and ever-evolving process which has an ongoing psychological impact on women throughout their lives (Andrews, 2009; Brodinsky and Livingston-Smith, 2014; Coleman and Garratt, 2016; Gair, 2008; Henney et. al., 2007; Madden et. al., 2018).

Research with relinquishing first mothers has identified that while grief can, for some women, become easier to live with over time, anniversaries such as children's birthdays can be particularly difficult for first mothers after adoption, who have reported preoccupation with thoughts of now-adopted children on such dates (Coleman and Garratt, 2016; Henney et. al., 2007; Howe et. al., 1992; Madden et. al., 2018). Relatedly, it has been identified that children commonly remain psychologically present in the minds of their first mothers (and fathers (Clapton, 2001)), on an everyday basis as they go about their daily lives (Fravel et. al., 2000). Such evidence has been linked with the concept of "boundary ambiguity", which occurs when there is a discrepancy between an individual's physical and psychological presence (Fravel et. al., 2000:425), and the concepts of psychological presence and boundary ambiguity are explored in greater detail within Chapter 4. The question of whether a first mother is in some form of post-adoption contact with her now-adopted child has an impact upon whether psychological presence is experienced as positive rather than troublesome (Fravel et. al., 2000), with first mothers in fully disclosed adoptions reporting psychological presence in more positive terms than those in confidential or mediated adoptions (Fravel et. al., 2000; Howe et. al., 1992). The complexities of post-adoption contact are explored in greater detail in section 3.4 below.

3.3 The experiences of non-relinquishing first mothers

3.3.1 The previous life experiences of non-relinquishing first mothers

There is some clarity within the literature as to the characteristics of first mothers who experience the involuntary removal and adoption of a child in the UK contemporaneously. Research has found that children are disproportionately removed from disadvantaged and marginalised communities (Bywaters et. al., 2017; Lonne et. al., 2016; Featherstone et. al., 2014a), from parents who experience a range of complex and mutually reinforcing difficulties and vulnerabilities, including mental health problems and learning difficulties, substance misuse issues and domestic violence (Broadhurst and Mason, 2013; Featherstone et. al. 2014a; Lonne et. al., 2016; Neale and Lopez, 2017; Roberts et. al., 2017). Although child abuse and neglect occur across all strata of modern society (NSPCC, 2000; Walkerdine and Lucey, 1989), as explored within Chapter 2, the poorest families are disproportionately subject to statutory intervention in respect of their children and have been found to be up to 10 times more likely than those from more affluent neighbourhoods to experience compulsory state intervention in their lives (Benet, 1976; Bywaters et. al., 2020; Cunningham and Cunningham, 2017).

Broadhurst and Mason (2013) identified that mothers caught up in the child protection process who took part in their research had almost invariably experienced very difficult childhoods themselves and a later study confirmed that many first mothers had been exposed to much higher levels of childhood adversity than the general population (Broadhurst et. al., 2017). 66% of the 65,000 mothers whose children's court files were reviewed by Broadhurst and colleagues (2017) had experienced neglect, 67% had experienced emotional abuse, 52% physical abuse and 53% had experienced sexual abuse in childhood. Findings that women who lose a child to adoption have often experienced state intervention in their own childhood raises serious concerns relating to the effectiveness of such intervention (Morriss, 2018; Roberts et. al., 2017).

The problem of women experiencing repeat losses to care, previously referred to by Broadhurst and Harwin (2013:453) as a "national problem with no name" has also received research attention in recent years, and it is now accepted that the family justice system effectively "recycles" a significant

proportion of vulnerable mothers (Broadhurst et. al., 2015:2241). Research has identified that 24% of mothers who lose a child to adoption are likely to go on to repeat the experience within 7 years (Broadhurst et. al., 2017), with young mothers aged 16-19 being at highest risk of repeat losses (Broadhurst and Harwin, 2013). Concerns have been raised regarding the iatrogenic effect of care proceedings, which are acknowledged as compounding women's difficulties and inflicting additional trauma and loss on the already vulnerable. There is a suggestion of a pattern of rapid repeat pregnancy among some first mothers (Broadhurst et. al., 2015; 2017), occurring as the pain and trauma of the loss of an infant prompts some to see solace in a further pregnancy, only to repeat the traumatic cycle again (Broadhurst and Mason, 2013). Alarming, some of the young mothers who were included in Broadhurst and colleagues' (2015) research had already experienced the loss of 2 children to adoption before leaving their teenage years.

3.3.2 First mothers' experiences of the child protection and court process

"No, I didn't [get a fair hearing] because social services dug every dirt up they could...every little detail just to get the kids off me. They really dug in deep, they didn't care what I felt. [They tried] to win my trust, so I would confide in them, so they could use it against me in court and that's what they did".

Anita, first mother. (Smeeton and Boxall, 2011: 449).

While first mothers who participated in Mason and Selman's (1997) research made some positive comments about their experiences with individual social workers, overwhelmingly the literature illustrates that mother's experiences of statutory child protection and court intervention are remembered in a negative light (Jackson, 2000; Mason and Selman, 1997; Sellick, 2007). Smeeton and Boxall (2011) highlight the fact that it can be difficult to separate out first parents' distress about the final adoption decision and their strong feelings relating to the perceived poor professional practice of the workers who were involved at the time, however mothers who participated in their research reported that professional practice surrounding their child's adoption had been unnecessarily insensitive (Smeeton and Boxall, 2011).

Research has identified that the process of taking a child into care and placing them for adoption is often lengthy and highly traumatic for first

mothers (Memarnia et. al., 2015). Mothers have reported feelings of powerlessness (Neil, 2003; Lindley et. al. 2001), hopelessness (Smart and Young, 1994; Smeeton and Boxall 2011) and a sense of anxious confusion regarding statutory processes and the use of specialist terminology by professionals (Charlton et. al., 1998; Jackson, 2000; Lindley et. al., 2001; Smeeton and Boxall, 2011). There is a sense within the literature that mothers often did not understand what was happening in respect of their child, and there is also evidence that mothers felt that they were held solely responsible for the difficulties that they were experiencing in parenting (Jackson, 2000). Mothers report feelings of having been alienated and excluded from decisions which were made about their children during the child protection and court process (Charlton et. al., 1998; Lindley et. al., 2001; Mason and Selman, 1997; Ryburn, 1994), and some accounts reveal a sense of futility in that, although mothers were committed to “fighting” for their children (Charlton et. al., 1998:44), it was felt that professionals had already made up their minds about what should happen and nothing that a mother could do would make any difference (Charlton et. al., 1998; Mason and Selman, 1997).

Appearances at court hearings in respect of children appear to be particularly distressing for mothers, with the mothers in Charlton et. al’s (1998:36) study comparing the experience of having their private family life exposed within the court arena with having been publicly “raped”. There is evidence that it can be particularly painful for mothers when social workers, who had previously presented themselves as a source of help and support (Charlton et. al., 1998), were advocating a plan of adoption for the child within an adversarial family court system (Broadhurst and Mason, 2013; Memarnia et. al., 2015), with mothers sometimes experiencing this shift as professionals having betrayed them (Broadhurst and Mason, 2013; Charlton et. al., 1998; Memarnia et. al., 2015). Mothers have described feeling humiliated in court (Charlton et. al., 1998; Smeeton and Boxall, 2011), with the Local Authority being cast as the winners of the case and mothers as “the ultimate losers” (Smart and Young, 1994:51). Ryburn (1994) purports that the adversarial context of proceedings carries the risk for Local Authorities that winning the case becomes more important than thoroughly exploring all alternatives to adoption for a child. Mothers also describe their perception that professionals do not appreciate the monumental trauma involved in care proceedings for

first parents (Mason and Selman, 1997), with the court process being described as “a game” between solicitors (Charlton et. al., 1998:38) and “business as usual” for practitioners (Morriss, 2018:824). Saying goodbye to a child in a final supervised contact session is also reported to have been a particularly harrowing experience for first mothers (Smeeton and Boxall, 2011; Ryburn, 1994).

Previous research has demonstrated that it proved to be a real concern for some first mothers that, during the child protection and court process, only negative information about their family had been recorded in the social work files (Jackson, 2000; Neil, 2003; Ryburn, 1994), and that the child would therefore have a wholly negative perspective of their first family if they were ever to access their care records in the future (Logan, 1999). Mothers have expressed a desire to be able to explain their version of events to their child (Jackson, 2000; Mason and Selman, 1997) and felt very strongly that they wanted the child to know that they were loved (Hughes, 1995; Neil, 2003; Memarnia et. al., 2015). First mothers in Jackson’s (2000) study were anxious that they did not wish to be forgotten by their child and were worried that the child’s name may have been changed by the adopters, which would impact on their ability to trace the child in the future and also on the child’s sense of identity. Evidence from the literature also describes the ways in which first mothers’ lives were impacted following the conclusion of court proceedings and the decision that their child would be adopted.

3.3.3 First mothers’ lives in the wake of the loss of a child to adoption

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

Tracey, first mother. (Memarnia et. al., 2015: 307).

There is agreement within the literature that non-relinquishing first mothers experience the loss of a child to adoption as a calamitous event which has a long-term impact upon their lives (Broadhurst et. al., 2017; Mason and Selman, 1997; Memarnia et. al., 2015; Neil, 2000; Neil, 2013), disrupting their planned future (Morriss, 2018). It is clear from the accounts of mothers that many women suffer an escalation in their personal problems following

their child's adoption (Broadhurst et. al., 2017), with suicidal thoughts, self-harming behaviours and attempts to block the pain with alcohol and other substances being reported as commonplace (Broadhurst et. al., 2017; Charlton et. al. 1998; Memarnia et. al., 2015). Mothers have also reported a profound sense of loneliness and isolation (Broadhurst et. al., 2017; Jackson, 2000), and are at risk of suffering increased financial difficulties as welfare benefits associated with the care of a child are lost and the under-occupancy penalty (bedroom tax) will be applied to mothers who are living in social housing with an unoccupied bedroom (Morriss, 2018). As documented above, there is clear evidence that first mothers who lose a child to adoption also continue to experience the "psychological presence" of their now-adopted child as they go about their daily lives (Broadhurst et. al., 2017; Fravel et. al, 2000:425; Mason and Selman, 1997; Memarnia et. al., 2015).

The work of Neil and colleagues (2003) has demonstrated that the extent to which first relatives are able to accept the reality of the child's adoptive status and the first family's changed role in the child's life impacts upon the usefulness of post-adoption contact for the adoptee, however understanding and accepting the reality of the child's new situation appears to present an immense psychological challenge for first mothers. Mothers who participated in Memarnia and colleagues' (2015) research reported feeling that their lives had lost purpose and meaning following the adoption of their child and expressed confusion and distress as to the question of whether or not they were still a mother. Charlton et. al. (1998:39) describe a loss of self-worth and self-confidence in mothers following the removal of their child, and mothers who participated in Mason and Selman's (1997) research felt that their personality had changed after their child had been adopted. It is reasonable to expect that the feelings of shame and self-deprecation experienced by mothers in the wake of the loss of their child to adoption are directly related to the social context within which women live, wherein the removal of a child is heavily stigmatised and has been described as being "the last social taboo" (Charlton et. al., 1998:41).

Broadhurst and Mason (2013) identify the populist appetite within society for stories involving the vilification of unfit and deviant mothers. Mothers whose children are removed have been publicly branded as bad parents (Mason and Selman, 1997; Ryburn, 1994), and are tasked with negotiating a "spoiled

identity” (Broadhurst and Mason, 2013; Goffman, 1963:1; Morriss, 2018; Neil, 2003). In response to the shame and stigma of losing a child to adoption, many of the mothers who participated in Memarnia et. al’s (2015) research spoke of a need to better themselves and change their lives. A disconnection from emotion was also evident in Memarnia and colleagues’ interviewees, and strong feelings of guilt have been found to impact upon the daily lives of some mothers (Harris and Whyte, 1999; Logan, 1996; Neil, 2003; Memarnia et. al., 2015).

Neil (2013) supported first relatives to complete the Brief Symptom Inventory (BSI), a tool used for measuring psychological distress and psychiatric disturbance in adults, and found that 67% of first mothers, 56% of first fathers and 35% of members of the wider first family had scores within the clinical range for psychological distress. Half of the 164 first relatives surveyed by Neil (2013) continued to have high levels of psychological distress an average of 3.8 years since the child’s placement for adoption. In considering these findings, Neil (2013) concludes that first relatives’ psychological distress is best understood as “unease” following the trauma of the removal of a child rather than “disease” requiring medical treatment. In this way, first relatives suffer harm following involvement with statutory services.

3.4 The impact of varying degrees of openness on the lives of first mothers

3.4.1 Varying degrees of openness in adoption

As described in Chapter 1, historically when children were adopted it was expected that they would have no ongoing communication or relationship with members of their first family (Keating, 2009; Neil et. al., 2013). Dutt and Sanyal (1991) argue that such past practice was based on a wrongful assumption that new relationships cannot coexist with old connections and a denial of the human reality that past, present and future are interlinked. Due to the emerging evidence of the distress suffered by adults who were adopted within a secretive and closed model of adoption (Avery, 1998; Howe and Feast, 2000; Hughes, 1995; Lee and Thwaite, 1997), and an acknowledgement that older children are likely to have existing relationships with members of their first family (Neil et. al., 2013), there has increasingly

been a move towards openness in adoption, and most children who are adopted in England and Wales are now expected to have some form of continuing contact with their first family (Select Committee on Adoption Legislation, 2013). The trend towards openness is also evident internationally (Grotevant et. al., 2013; Henney et. al., 2003; Neil, 2002; Neil et. al., 2013).

Although there has been a shift in adoption practice towards openness, the spectrum of openness is broad (Grotevant et. al., 2013; Lee and Thwaite, 1997; Townsend, 2009), ranging from, at one end of the spectrum, adopted people having the right as adults, to access their adoption records (Avery, 1998), through to adopted children having a face-to-face relationship with their first relatives throughout childhood. Between these two polarities is the facilitation by agencies of mediated information-exchange in the form of indirect contact letters sent between the adoptive and birth parents. At the discretion of the placing agency, indirect contact can include the sending of photographs (Selwyn et. al., 2006), and children can have different contact arrangements in place with different members of their first family network (Macaskill, 2002). Distinctive arrangements are also often in place for siblings who have been separated by adoption (Smith and Logan, 2004).

There is no national data regarding the type and frequency of post-adoption contact being offered to children, however in the largest UK study to date, relating to 168 children adopted between 1996 and 1997 (reported in Neil, 2002), 89% of children had agreements in place for ongoing contact with their first relatives. Of the 168 adopted children in Neil's (2002) sample, 17% were having ongoing direct contact with their first relatives and 81% of the sample had agreements in place for indirect contact. More recently, concerns have been raised that indirect contact has become the default contact plan for children after adoption and that, even when first relatives such as grandparents pose no risk of harm to children, direct contact after adoption is rarely considered (Featherstone et. al., 2018b). The issue of post-adoption contact remains a subject of intense debate (Quinton and Selwyn, 1998; Ryburn, 1998; Sales, 2015), with former adoption adviser Martin Narey questioning why adopters cannot be viewed as the adopted child's "real and only parents" (Narey, 2011:7).

3.4.2 Initial meetings between first mothers and adopters

“We would have thought [first mother] was a wicked woman if we had never met her”

Adoptive parent. (Sykes, 2001:28).

Research has found that having the opportunity to meet with the adoptive parents of their child supports first mothers in coming to terms with the reality of adoption (Neil, 2003) and such initial meetings can also be crucial in the success of ongoing contact arrangements throughout childhood (Neil, 2003). Relinquishing first mothers who participated in Grotevant et. al.'s (2013) study said that meeting with the adoptive parents of their child had reduced their concern about whether they had made the right decision and reassured them that their child would be in safe hands. Adoptive mothers who met with the relinquishing first mother during pregnancy in Lee and Thwaite's (1997) study reported that they had a more positive attitude towards the first mother and the genetic inheritance of their child after such a meeting.

Neil's (2013) research has found that, for children who are adopted from care, face-to-face meetings between first and adoptive parents allow adopters to gain a more positive, holistic picture of first relatives, have a sense of where the child's physical and psychological characteristics may originate from and lessen anxiety about contact between the child and their first family throughout childhood and post-18 (Neil et. al., 2013), as well as reducing first parents' anxieties about the welfare of their children. Unfortunately it would appear that meetings between first and adoptive parents are not always offered, for example hardly any of the first parents who participated in Jackson's (2000) study were offered the opportunity to meet with the adoptive parents of their child. It has also been identified that the opportunity to meet with adopters is often offered to first parents at a time when they are tasked with managing overwhelming feelings of grief relating to the adoption decision (Featherstone et. al., 2018b), with the suggestion that the delay of such meetings may lead to a more useful experience for first parents (Featherstone et. al., 2018b).

3.4.3 Direct contact between first mothers and now-adopted children

“ [Our children’s first mother] *is part of the framework of our family life*”.

Adoptive father (Beek, 1994).

Within the literature, it is evident that many adoptive parents commonly have significant fears about the prospect of direct contact between the adopted child and their first family. Many of adopters’ anxieties about this appear to have been dispelled after actually taking part in contact meetings, and in some cases direct contact has been found to confirm to adopters their status as their child’s psychological parents and primary attachment figures (Beek, 1994; Grotevant et. al., 2013; Logan, 1999; Neil, 2002; 2003; 2009; Neil et. al., 2013; Siegel, 2013; Sykes, 2001). When direct contact is taking place, some first parents have also been able to give their express permission to the adopters to parent the child, which has psychological benefits for the adopters and child (Neil et. al., 2013). It has also been shown that, while some first relatives state that they were opposed to a plan of adoption for their child, they would not now wish to do anything to disrupt the child’s placement within their adoptive family (Neil, 2003). There is also evidence that direct contact facilitates a greater degree of “communicative openness” within adoptive families (Beek, 1994; Grotevant et. al, 2011; Neil, 2009:5), making it easier for children to speak with their adoptive parents about their early life experiences, first family history and adoption story.

Children have been found to enjoy direct contact sessions with members of their first families (Beek, 1994; Logan and Smith, 2005), and face-to-face meetings have also been found to open up access to other members of the extended first family for the child (Beek, 1994; Sykes, 2001). It is acknowledged as a clear benefit to children that they have the opportunity, when direct contact is taking place, to know and have a relationship with their first family, which protects children against building a fantasy first family (Beek, 1994; Gunsberg, 2009; Siegel, 2013), negating also the need for them to undertake a laborious search for their first family upon reaching adulthood (Sykes, 2001). Evidence suggests that the most successful direct contact appears to take place when the adult members of the network are able to get on well with each other and communicate openly without the need for an intermediary (Logan and Smith, 2005), although it has been proven to be important for professional support and advice to be available when required (Neil, 2002). Adopters in Smith and Logan’s (2004) study and Neil’s (2003)

study had included the first mother as part of their extended family and one adoptive family who participated in Sykes' (2000) study had been invited to the first mother's wedding.

Research has also demonstrated that direct contact with their children after adoption can have demonstrable benefits in the lives of first mothers (Grotevant et. al., 2013; Henney et. al., 2007; Memarnia et. al., 2015; Neil et. al., 2013). For first mothers who participated in Henney et. al.'s (2007) study, there was an association between grief and the level of openness post-adoption, with mothers in fully-disclosed adoptions with ongoing direct contact reporting less grief than those in cases where there was no contact. Contact was not a panacea for birth mother grief in this study however, and the measure of a first mother's continuing grief was related to other events happening in her life at the time (Henney et. al. 2007). The greatest grief reactions in first mothers who participated in Grotevant et. al.'s (2013) study were among those who had had early contact with their child which had then been ended by the adopters.

While contact was very precious to the mothers who participated in Memarnia and colleagues' (2015) study, meetings could also be very painful and evoked a range of complex feelings and anxieties in first mothers (Neil, 2003). Some evidence from the American literature indicates that, as the lives of relinquishing first mothers move on, they may become less committed to having contact with their relinquished child (Grotevant et. al., 2013) and Hughes (1995) reports that some of the mothers who participated in her study felt that contact prevented them from getting on with their lives. This finding is incongruent with the majority of the literature however, within which first mothers express the vital importance of contact in their lives. Similarly, while the majority of studies reveal direct contact to be a positive or benign event in the lives of adoptive parents, the behaviour of the first mother was reported to be challenging for some adopters to manage during supervised contact in Siegel's (2013) study and three-quarters of the adoptive mothers who participated in Logan and Smith's (2005) study said that they would have preferred a life without contact. In contrast, first mothers consistently reported that they would have liked to see the child more often (Logan and Smith, 2005). It is accepted within the literature that if adoptive parents are not in agreement with contact and are not supported to

understand the benefits of face-to-face contact after adoption, arrangements are unlikely to succeed in the long-term (Neil, 2002). In Neil's (2002) study it was identified that some agencies were ambivalent about the value of direct contact after adoption and that this could have an impact on the attitudes of adopters.

3.4.4 Indirect contact between first mothers and now-adopted children

"I'm not a writer as it is...so, I don't really know what to put in a letter to my children."

First Mother, (Neil, 2002:35).

Although the terms "letterbox" and "postbox" imply simplicity, evidence within the adoption literature is clear that indirect contact after adoption is complex and requires professional support in order to be successful (Featherstone et. al., 2018b; Memarnia et. al., 2015; Neil, 2003; Neil, 2009). First mothers, many of whom experience complex issues which impact upon their daily lives (Neil et. al., 2013), often appear to have been left to manage post-adoption contact with very little support, which in some cases makes it difficult for them to keep up with arrangements (Logan, 1999; Memarnia et. al., 2015; Neil, 2002). When reviewing the letterbox files of 35 contact arrangements relating to 47 children and involving 85 adults, Selwyn and colleagues (2006) found that 60% of the first relatives maintaining indirect contact through the letterbox scheme had sent no items in the past year, and when first relatives were writing to their children, their letters rarely provided any depth or detail of information. In interviews with a sub-sample of 16 of the first relatives, participants stated that one reason for this was that they were not sure about how much they were allowed to write. First relatives' fear of saying the wrong thing appeared to be linked both to an underlying feeling of gratitude towards adoptive parents that contact was being maintained, and a fear of jeopardising the arrangement by inadvertently behaving badly (Hughes, 1995; Selwyn et. al., 2006). Similarly, in Logan's (1999) review of a Local Authority letterbox service, the most common pattern in indirect contact was a one-way exchange from adopters to first mothers, with mothers replying intermittently. Perhaps even more significant in impeding first mothers and other members of the first family's ability to keep up with indirect contact arrangements are problems with reading and writing, which can prohibit first

mothers from communicating with adopters and children in the way that they would like to (Selwyn et. al., 2006).

Adoptive parents have also reported that it is difficult to communicate in the written medium about such a highly emotive subject as their child (Macdonald and McSherry, 2011; Neil, 2009; Selwyn et. al., 2006; Smith and Logan, 2004), with people whom they had little relationship with (Selwyn et. al., 2006). While some adopters in Logan's (1999) study said that they enjoyed writing letters, and many adoptive parents reported that the task got easier with time, research has found that adoptive parents could become disenchanted with the process when they did not receive a response from first relatives (Logan, 1999; Macdonald and McSherry, 2011; Selwyn et. al., 2006). The literature highlights the high potential for disappointment and misunderstanding when parties involved in indirect contact are unable to communicate with each other about their wishes and motives (Neil, 2002). In some cases, first relatives placed huge value on receiving a letter from the adoptive parents, but, for their own complex reasons, chose not to send a reply (MacDonald and McSherry, 2011; Mermarnia, 2015). In the absence of any agency support to facilitate two-way communication between the parties, lack of response from the first family could be misinterpreted by adopters as symptomatic of an underlying attitude of indifference to the child.

In many of the studies surveyed for this chapter, reference is made to the way that openness in adoption changes over time (Dunbar et. al., 2006; Grotevant et. al., 2011; Grotevant et. al., 2013; Neil, 2002; Neil et. al., 2013; Smith and Logan, 2004; Sykes, 2001), with contact assuming greater significance for children, first parents and adopters at different points in time (Logan, 1999). Adoption is understood as a dynamic, ever-evolving process rather than a discrete event happening at one point in time (Dunbar et. al., 2006; Sykes, 2001), and Becker et. al. (2002:83) refer to the negotiation of communication between adoptive and first family networks as a "dance" stating, "What might feel just right one year might feel too distant or too close the next year". Far from being equal partners in a dance, however, the literature belies a significant power imbalance between adopters and first mothers. Neil (2009) highlights how adopters in her study indicated that they had had some choice about the contact arrangements which they would agree to, while first parents often had no choice. Similarly, when discussing

boundaries in contact arrangements, adopters in Dunbar et. al's (2006) study spoke only of boundary issues from the perspective of whether the first mother had violated their boundaries and did not appear to consider whether they may have overstepped the first mother's boundaries.

In summarising the evidence from the literature regarding openness and contact after adoption, it appears that, while many adoptive parents have understandable anxieties regarding the prospect of face-to-face contact between children and their first mothers post-adoption, such contact can work well, reducing the anxieties of first mothers and adopters and confirming to all parties the adopter's position as psychological parents to the child. Direct contact also allows children to have an ongoing relationship with members of their first family. It is a concern, however, that direct contact after adoption does not appear to be being routinely promoted by Local Authorities (Featherstone et. al., 2018b). The literature indicates that arrangements work best when adopters are able to embrace the first mother as a member of their extended family, although this can be challenging to achieve. Having direct contact with their children after adoption also appears to support mothers to accept the reality of their changing relationship with their child and can lessen the severity of the grief that they experience.

While indirect contact may appear at first glance to be straightforward, it requires professional support in order to work successfully. There are concerns regarding the ethical implications of expecting multiply deprived mothers to keep in touch with their children in the written medium and inconsistency in arrangements can be confusing and upsetting for the parties involved. While the literature indicates that the most successful arrangements post-adoption are those which are flexible, the lack of direct communication between adopters and birth family members intrinsic to indirect contact makes the negotiation of any flexibility difficult. First mothers largely report that they are grateful for the opportunity to receive news about their child's progress and value receiving letters from the adoptive family, however experience significant anxiety about what to write in reply to their now-adopted child.

3.5 First mothers' experiences of post-adoption support

In light of the evidence which has been reviewed throughout this chapter thus far, there is a clearly identified need for first mothers to be able to access specialised support in the wake of the loss of a child to adoption. This section will explore evidence relating to mothers' experiences of accessing post-adoption support and will briefly consider concerns relating to programmes such as "Pause" in supporting women who have lost children to adoption (Pause, 2018). First mothers' experiences of receiving post-adoption support services as reported within previous research will then be explored.

3.5.1 Difficulties in accessing useful post-adoption support services

"I just wanted somebody to talk to. Well, I needed somebody to talk to. I was just thinking what was going on with my daughter. I thought I needed some help. I wasn't getting the help I needed off the social".

First mother. (Mason and Selman, 1997: 26).

In England and Wales, the Adoption and Children Act (2002) requires Local Authorities to make provisions for post-adoption support services for first relatives. Sellick's (2007) study identified that all authorities were compliant with this duty, however funding for such services is not ring-fenced, meaning that in many cases, such services are afforded low priority (Broadhurst et. al., 2017). Low uptake of post-adoption support services among first relatives is also acknowledged as a problem within the literature (Cossar and Neil, 2010; Sellick, 2007), for example 63% of adoption agencies in England and Wales responded to Cossar and Neil's (2010) survey of post-adoption provision for first relatives, and 90% of agencies who responded identified that the uptake of services among first relatives was low. Provision for first relatives after adoption has also been found to be uneven nationally (Broadhurst and Harwin, 2013; Harris, 2004b).

First relatives are described within the literature as being 'difficult to engage' in service provision due to strong feelings of betrayal and anger with professionals following the adoption of their child (Cossar and Neil, 2010; McCracken et. al., 2017; Sellick, 2007). The taboo associated with being a user of social work services and the stigma associated with losing a child to adoption have also been identified as barriers to engaging first relatives in post-adoption support (Harris, 2005; Morriss, 2018). It would also appear,

however, that authorities have not been successful in effectively publicising the services that they offer, with first relatives within the literature reporting that they were not aware in some cases that any services existed (Harris, 2004b; Harris and Whyte, 1999). The first relatives who participated in Jackson's (2000) research expressed a wish for more support and voiced their frustration about the lack of practical and emotional support offered to them by their friends and family, and participants in Charlton et. al.'s (1998) study felt that their support needs had not been recognised or met.

Concern has also been expressed regarding the inconsistency in referral routes to formal services for first relatives. 19% of services in Cossar and Neil's (2010) study relied on first relatives to self-refer, while the child's social worker was responsible for referring first relatives to services in 34.5% of cases. The researchers suggest that it may be more useful for the parents' solicitor to refer them to services at the end of court proceedings, as they are usually experienced as being "on [parents'] side" (Cossar and Neil, 2010:1383). First mothers have reported feeling that they have been abandoned following the conclusion of care proceedings (Morriss, 2018), with a safeguarding team manager who participated in Cox's (2012:543) study stating, "One minute they're everybody's clients, the next they're nobody's clients". Broadhurst and colleagues (2017) call for a post-proceedings protocol in order to ensure that the needs of vulnerable mothers are met following the conclusion of the court process.

In recent years, in part following the pioneering work of Broadhurst and colleagues (2017) in highlighting the problem of mothers experiencing repeat removals, some Local Authorities and charities have developed new projects to address the difficulties experienced by non-relinquishing first mothers, whose specific rehabilitative needs often fall outside of mainstream adult health and mental health services (Broadhurst and Harwin, 2013; Broadhurst and Mason, 2013). While some useful services providing intensive support to first mothers such as the Breaking the Cycle programme previously offered by After Adoption have closed due to significant funding issues in the current context (Bellew and Peeran, 2017), one initiative which has been piloted nationally and has attracted central government funding is the "Pause" project (Pause, 2018), which provides intensive, rehabilitative support to mothers who have lost children to adoption (Morriss, 2018). A

requirement for women accessing the services provided by Pause is that they commit to taking a long-acting reversible contraceptive (LARC), to prevent further pregnancy during their time on the programme (McCracken et. al., 2017; Morriss, 2018).

An independent evaluation incorporating the experiences of 125 participants on the Pause programme has demonstrated that women accessing support provided by Pause reported significant improvements to their confidence, self-esteem and feelings about the future (McCracken et. al., 2017), with many participants also experiencing demonstrable improvements in areas such as alcohol and substance misuse, housing and domestic violence during their time receiving support (McCracken et. al., 2017). McCracken and colleagues' (2017) evaluation of the Pause programme asserts that, during the study period, an estimated 21-36 pregnancies across the 125 women included in the study had been prevented (McCracken et. al., 2017), resulting in estimated net savings to Local Authorities over 2-3 years of between £1.2 million and £2.1 million per year after the 18-month intervention period (McCracken et. al., 2017).

There is an established history of vulnerable groups such as people with learning disabilities being subjected to marginalisation in the area of reproductive choice (Eastham et. al., 2020; Tilley et. al., 2012), and concerns about the potential infringement of reproductive rights arising from directives to increase the use of LARCs among "high-risk" populations have arisen internationally (Gomez et. al., 2014:171). In England, ethical and human rights concerns have been raised relating to the funding by central government of the Pause programme within a policy context in which, as explored in Chapter 2, welfare entitlements and voluntary sector services have been drastically curtailed and first relatives can experience difficulties in accessing useful support post-adoption (Cossar and Neil, 2010; Morriss, 2018; Sellick, 2007; Tickle, 2017). In the current context and depending on geography, it may be that consenting to long-acting contraception which limits their reproductive freedom is the only way that vulnerable first mothers experiencing complex needs post-adoption can access useful support (Morriss, 2018), which is highlighted as a serious ethical concern within parts of the literature (Eastham et. al., 2020; Tickle, 2017). There is an implication inherent in the arrangements for the funding and delivery of Pause as

described that children born to marginalised mothers are constructed as being a costly social problem, a theme which relates to the stigmatisation inherent in the receipt of welfare which is woven throughout the history of provision as explored within Chapter 2 (Morriss, 2018; Tyler, 2013a).

3.5.2 First mothers' experiences of receiving post-adoption support services

"The most helpful thing for me about the group was finding out that everyone else cries a lot. I thought there was something wrong with me."

First mother. (Perl and McSkimming, 1997:47).

Although first relatives can experience difficulties in accessing the services that they need, the impression from the literature is that when services *are* accessed, they generally appear to have been helpful (Harris, 2004b; Harris, 2005). First mother support groups in particular appear to have provided relinquishing and non-relinquishing mothers with a powerful opportunity to connect with others and share their experiences (Andrews, 2009), and one mother who participated in Harris and Whyte's (1999) support group in Scotland reported that attending was "like a cleansing of the soul". A consistent theme is the depth of emotion, release and relief experienced by mothers participating in such groups (Harris and Whyte, 1999; Perl and McSkimming, 1997; Scourfield and Hendry, 1991).

There is a sense within the literature that as the loss of a child to adoption has a varying impact throughout life, help needs to be made available to mothers at different points in time (Harris, 2004b; Sellick, 2007). Sellick (2007) notes that offering mothers practical help, particularly with indirect contact, provided a means of engaging them with other support. For participants in Harris' (2004b) study, it was the relationship that they were able to have with the individual worker who was allocated to support them which made the biggest difference. As illustrated above, the Pause programme has also been demonstrated to lead to positive outcomes for many women who engage with it (McCracken et. al., 2017). A central feature of the programme is the allocation to women of a "emotionally available" practitioner (McCracken et. al., 2017:46), who will take an "assertive" approach to establishing a trusting and open relationship with them

(McCracken et. al., 2017:14). The value of relationship-based practice is well-established within the social work literature and research consistently identifies that human beings thrive within empathic and trusting relationships (England, 1986; Gerdes et. al., 2010; Howe, 2009b; Rogers, 1951; Tanner, 2020).

3.6 Conclusion

In conclusion, this chapter has reviewed a large volume of evidence relating to the experiences of first mothers who have lost a child to adoption. While this research is concerned primarily with the experiences of women whose children have been adopted non-consensually following child protection intervention, a brief review of the literature relating to relinquishing first mothers highlights clear parallels between the two groups. The existing literature illustrates that adoption has long been a site at which power and control have been exerted over first mothers, with relinquishing young women reporting experiences of coercion and limited reproductive choice. In a context within which pregnancy outside of wedlock was understood as being deeply stigmatising and shameful (Howe et. al., 1992), in the absence of opportunities to publicly mourn and access social support, mothers' grief can be understood as having been disenfranchised (Doka, 1999; 2002; Thompson and Doka, 2017). Relinquishing first mothers also report experiences of boundary ambiguity and experience the psychological presence of their now-adopted children as they go about their daily lives (Fravel et. al., 2000).

Evidence relating to the experiences of first mothers whose children have been adopted from care during the second phase of adoption in England and Wales highlights the significant vulnerability of this group of women, who are likely to originate from disadvantaged communities (Bywaters et. al., 2020), have experienced difficulties in childhood (Broadhurst et. al., 2015) and live with complex and mutually reinforcing needs. It has been identified that social work intervention, in particular care proceedings, have been found to be deeply damaging and traumatising for first mothers, who often experience an escalation in their personal problems after adoption (Broadhurst et. al., 2017), and whose needs post-adoption have been afforded low priority to date (Cossar and Neil, 2010). In parallel with the experiences of relinquishing

mothers, first mothers whose children are removed from their care by the state are subjected to stigmatisation and shaming within wider society (Charlton et. al., 1998), leading to experiences of disenfranchised grief (Doka, 1999; 2002), ambiguous loss (Boss, 1999) and boundary ambiguity (Fravel et. al., 2000), and such concepts will be explored in greater detail within Chapter 4 as being useful in understanding first mother's experiences of loss within the current context.

There is evidence that both relinquishing and non-relinquishing first mothers continue in psychological relationships with their children after adoption and often hold ideas about future reunion (Mason and Selman, 1997). Many mothers whose children have been adopted contemporaneously continue to have some form of ongoing contact with their children and evidence reviewed within this chapter has highlighted that, while direct contact has been found to have benefits for first mothers, children and adoptive parents (Neil, 2003; Neil et. al., 2013), it is rarely promoted within the current context in England and Wales (Featherstone et. al., 2018b). It has also been demonstrated that existing research suggests that indirect contact can be problematic for all parties (Featherstone et. al., 2018b). There is evidence that there are inconsistencies in the post-adoption support available for women, with the national rolling out of the Pause programme (Pause, 2018) raising controversy relating to infringement on the reproductive rights of vulnerable women in exchange for intensive support (Morriss, 2018). The literature illustrates that shame, stigmatisation and feelings of powerlessness characterise first mother's experience of the loss of a child to adoption. As will be illustrated within the next chapter, motherhood has been identified as a site at which women are subjected to exacting societal expectations and social evaluations, as well as potential for stigmatisation.

Chapter 4: Stigmatised Motherhood and Parental Loss

4.1 Introduction

Thus far, the thesis has considered evidence relating to the history of state intervention in the lives of children at risk of harm in England and Wales, highlighting the significance of stigmatisation in the provision of welfare since 1945. Evidence relating to first mothers' accounts of their experiences of the loss of a child to adoption has also been explored. The aim of this chapter is to consider expectations operating within society surrounding the experience of motherhood, including discussion of the powerful discourse surrounding "good" mothering (Miller, 2005:57). In light of parallels which can be identified between the loss of a child to adoption and the loss of a child to death (Doka, 1999; 2002; Mander, 2006), the chapter also aims to provide an introduction to the literature on parental bereavement and to consider evidence relating to the role which artefacts associated with a lost loved one can take on in experiences of grief and coping.

The chapter begins, in section 4.1, with evidence relating to the centrality of motherhood to women's sense of identity, before considering societal expectations placed on women to be "good" mothers in section 4.2. Within section 4.3, the history of the concept of stigmatisation is discussed and the relevance of theories of stigmatisation in understanding the experiences of first mothers who lose a child to adoption within the contemporary context is outlined. The chapter goes on, in section 4.4, to consider evidence from the field of bereavement studies relating to parental bereavement and, in section 4.5, the utilisation of artefacts associated with lost loved ones in coping after loss. The chapter concludes in section 4.6 with a summary of key concepts and theories which have emerged from review of the literature as outlined in Chapters 2, 3 and 4 as being particularly useful in understanding the experiences of first mothers who lose a child to adoption and formulation of the study's research questions.

4.2 Motherhood and identity

Becoming a mother in modern society is described by Miller (2005:46) as "both a public event and a very private experience" and is understood as having the potential to significantly disrupt a woman's sense of her own identity (Bailey, 1999; Miller, 2005). Motherhood has been conceptualised as being a "gateway into adulthood" (Barnes et. al., 2008:33), and as both an individual event and a social matter (Dunlap et. al., 2006). In the public sphere, pregnancy and motherhood are understood as attracting, depending on the pregnant woman's individual circumstances and characteristics, varying degrees of either delight and esteem, or public judgement (Dunlap et. al., 2006).

The literature on motherhood illustrates that the experience and identity of being a mother is central to the lives of many women, including those who are in some way marginalised. The choice about whether or not to conceive a child, or to continue with a pregnancy following an unplanned conception for example, represented one of the most important decisions which the women in Dunlap et. al.'s, (2006) study, all of whom experienced multiple difficulties including substance misuse, were able to make. Similarly, for the mothers being treated for serious mental illness in an inpatient facility in Benders-Hadi et. al's (2013) study, the role of being a mother was crucially important and

provided motivation to work towards recovery. The mothers who participated in Bailey's (1999) research identified pregnancy as exposing previously unknown parts of themselves, increasing their feelings of self-worth and maturity, and providing them with a welcome chance for the reinvention of their public selves around the experience of motherhood (Bailey, 1999). Pregnancy is, by nature, a bodily experience, and the women who participated in Bailey's (1999) study described their bumps as "public property" which were open to the remarks of others. Similarly, some of the teenage mothers who took part in Wenham's (2016) study identified that stigmatisation surrounding their pregnancy intensified when they became more visibly pregnant.

It is argued to be the case that adult females continue to be defined within society on the basis of whether or not they are a mother, with pregnancy and motherhood serving to affirm the female role (Dunlap et. al., 2006). Women who make a choice to remain childless, or "childfree" (Agonito. 2009:42) risk being perceived as somehow unnatural, uncaring or self-centred (Bailey, 1999; Hadfield et. al., 2007; Miller, 2005). Caring, argues Kuhn (1995), is the sign of a respectable and moral self, and Skeggs (1997), highlights the ways in which the personal characteristic of being "caring" is conceptualised as being inherently feminine, associated with notions of morality, intuition and being the "right" sort of person (Skeggs, 1997:67). The capacity to be caring is viewed as a normative and integral part of the feminine personality (Skeggs, 1997; Walkerdine and Lucey, 1989), and motherhood and the practical tasks associated with nurturing children are widely conceptualised as flowing from women's intuitive dispositions (Miller, 2005; Walkerdine and Lucey, 1989).

Maternal love and affection for one's offspring are typically constructed as being the most fundamental aspect of motherhood (Breheny and Stephens, 2007; Dunlap et. al., 2006; Walkerdine and Lucey, 1989). Qualitative research with first time mothers has shown that some mothers experience feelings of elation and emotional satisfaction upon becoming a mother for the first time and are surprised at the intensity of their love for their child, with one mother in Cronin's (2003:264) study stating, "I didn't know there was a love like this". However, motherhood can also be understood as being an "elusive romance" (Dunlap et. al., 2006:1), with many women finding the

postnatal period and transition into motherhood extremely lonely, difficult and stressful (Barnes et. al., 2008; Cronin, 2003; Devito, 2010; Dunford and Granger, 2017; Miller, 2005). Becoming a mother can be a physically and psychologically exhausting task, for example less than 15% of the married, middle-class new mothers who participated in Barnes et. al.'s (2008) study said that they felt that they had been prepared for the demands of caring for their new baby. While becoming a mother can represent a defining moment in women's lives, holding the potential to instigate change in their self-perceptions and sense of identity, there is evidence that societal expectations placed upon women in relation to their mothering work can result in isolation, anxiety and suffering (Walkerdine and Lucey, 1989).

4.3 Societal expectations relating to "good" mothering

There is broad agreement within society that women ought to be "good" mothers to their children, with the implication that there is a particular, although undefined, way of being a "good" mother (Breheny and Stephens, 2007; Lawler, 2000; Miller, 2005:54). Contradictory messages regarding what constitutes "good" mothering exist in, for example, the debate around whether a "good" mother ought to stay at home and care for her children, or whether she should return to work in order to be able to achieve a higher standard of economic security for the family (Miller, 2005). Research has found that unrealistic expectations that women should be "good" or even "perfect" mothers can have a corrosive effect on women's perceptions of their self-efficacy and moral worth. The mothers who participated in Dunford and Granger's (2017) study, for example, reported experiencing feelings of shame and fear of public exposure regarding their own perceived poor performance in mothering. Respondents who had unreasonably high expectations of themselves as mothers and who appraised their performance in a negative light were also found to be more likely to experience postnatal depression and to find it more difficult to ask others for help than those who viewed their own mothering positively (Dunford and Granger, 2017).

In Miller's (2005) study which followed first time mothers through pregnancy and the early months of their child's life, the concept of being a "good" mother was part of women's consciousness even before their baby was born. It was

perceived, for example, that a “good” mother would be able to achieve a safe birth without pain relief (Miller, 2005). Other mothers have expressed that they felt pressurised into breastfeeding their child by health professionals (Cronin, 2003), and that to choose not to do this would be to risk being perceived as a “bad” mother. The experience of guilt appears to be intrinsically bound up with mothering work, which is described by Skeggs (1997:69) as “guilt induced caring labour”. Given that there is no agreed definition of what a “good” mother actually is, Skeggs (1997) argues that mothers are resigned to forever monitoring and evaluating their own performance, leading to long-lasting feelings of regret regarding their own perceived failures in mothering, and an enduring anxiety regarding the detrimental future impact which they fear that their “bad” mothering may have on their children (Lawler, 2000; Miller, 2005; Skeggs, 1997).

Mothering work, it is argued, is undervalued within society as a whole, and this was reflected in the findings of Miller’s (2005:119) study, in which women described that “just to be at home with the baby” was a further source of guilt in their lives. Although some mothers undoubtedly derive a sense of pleasure and self-worth from maintaining a socially acceptable standard of housekeeping and parenting (Skeggs, 1997; Walkerdine and Lucey, 1989), the taking of pleasure in monitoring the self in this way does not indicate the absence of structural power and authority which would seek to mould women’s mothering practices and behaviours (Lawler, 2000). It has been argued that in carrying out the majority of childrearing tasks, mothers are charged with “civilising the nation (Skeggs, 1997:42, Walkerdine and Lucey, 1989). Crucially, this means that mothers can be blamed when things go ‘wrong’, and as explored in Chapter 2, within the current discourse the ways in which mothers parent their children have come to be held responsible for anti-social behaviour and crime, poverty and social inequality (Gillies, 2007; Gillies et. al., 2017).

The experiences of pregnancy, childbirth and mothering have the capacity to unite women as common occurrence, however the everyday reality of mothering work can be understood as being wholly different depending on characteristics such as a mother’s race, cultural background and social class (Dunlap et. al., 2006; Walkerdine and Lucey, 1989). It is argued that this fact is not recognised within societal discourses on mothering, nor in modern

approaches to parenting support policy, within which pregnancy and motherhood are understood as “transcendent moments”, happening in isolation from women’s particular class location and personal history (Dunlap et. al., 2006:19). Research has identified that there are significant differences between the parenting goals of working class and middle-class mothers in, for example, attitudes towards education (Gillies, 2007; Golden and Eldreich, 2014: 268; Lareau, 2003; Lawler, 2000; Moore, 2004; Skeggs, 1997). Gillies’ (2007) research found that middle-class mothers were likely to refer to their children’s exceptionality, uniqueness and “brightness” during interviews (Gillies, 2007:77), while working class mothers were much more likely to speak of their children being “as good as” others (Gillies, 2007:77). As explored within Chapter 2, there are also significant class-based differences in rates of statutory intervention in families, with children in the most deprived areas being much more likely to be the subject of a child protection investigation or to be looked-after in foster care than their middle-class counterparts (Bywaters et. al., 2020). In light of the wide range of societal expectations surrounding what it means to be a “good” mother, there is huge potential for women to experience guilt, shame and stigmatisation relating to their mothering practices.

4.4 Stigmatised motherhood

As highlighted above, mothers are routinely subject to social evaluations regarding their childrearing practices. Socially constructed ideas relating to what it means to be a “good” mother have potential to influence women’s mothering and failure to adhere to normative standards can result in experiences of stigmatisation and shaming (Miller, 2005; Morriss, 2018). The age at which a woman becomes a mother, for example, can be a key site of public scrutiny and stigmatisation. Although the number of children being conceived to mothers under the age of 18 is now at the lowest level since comparable statistics were produced in 1969 (ONS, 2018), teenage pregnancy has in recent decades come to be defined as a significant public health problem (Arai, 2009; Wenham, 2016), with young mothers being associated with notions of moral and social unrest and perceived as representing an underclass operating outside of British mainstream society (Brown, 2016; Wenham, 2016).

Teenage mothers have been berated as being naïve and irresponsible, accused of being preoccupied with socialising with their peers (Breheny and Stephens, 2007; Devito, 2010) and conceptualised as being developmentally unable to prioritise their child's needs, on account of their own psychological immaturity (Breheny and Stephens, 2007; Brown, 2016; Devito, 2007; Devito, 2010). There is evidence that 16–19-year-old young women who are in or leaving care are significantly more likely to become a teenage mother than those who have not spent time in care (Mezey et. al., 2017), and of mothers who lose children to adoption in England and Wales, young mothers aged between 16 and 19 are at highest risk of experiencing repeat losses of infants to care (Broadhurst et. al. 2015). Qualitative research evidence suggests that assumptions relating to the perceived inefficacy of teenage mothers are often not supported by the nuanced accounts of young parents themselves (Breheny and Stephens, 2007; Devito, 2007; Wenham, 2016), however many adolescent mothers can continue to be conceptualised as being “on the brink of tragedy” (Breheny and Stephens, 2007:121).

Co-existing alongside public anxiety surrounding teenage motherhood is a media concern with women who choose to delay motherhood until later in life, with or without the use of new reproductive technologies, perhaps as a result of focusing on a career (Hadfield et. al., 2007). While there is a societal trend towards delaying motherhood (OECD, 2019), the health risks associated with pregnancy and childbirth for women becoming pregnant over the age of 40 have been emphasised in the media, and concern has been expressed for the children of older mothers, who may face the loss of their mother before they themselves reach adulthood (Hadfield et. al., 2007). It would appear that, at both ends of the spectrum of age, there are concerns regarding women's decision-making when choosing to have children, suggesting that there is a relatively short, socially sanctioned window of opportunity within which becoming a mother is recognised as a valid, unselfish and respectable choice (Hadfield et. al., 2007).

The significance of stigma in understanding the experiences of first mothers who lose a child to adoption can be identified as a theme running throughout the literature reviewed for this thesis. In Chapter 2, it was shown that families in receipt of welfare have long been subjected to stigmatisation and shaming within wider society (Fraser, 2017; Hendrick, 2003; Jensen and Tyler, 2015;

Taylor and Rogaly, 2007; Tyler, 2013a and b, 2020), and in Chapter 3 the experience of losing a child to adoption was found to be bound up for first mothers with feelings of private shame and public stigmatisation (Harris and Whyte, 1999; Logan, 1996; Neil, 2003; Howe et. al., 1992; Memarnia et. al., 2015; Morriss, 2018; Wells, 1990). It has emerged within this chapter that societal expectations in relation to what it means to be a “good” mother and the stigma associated with “bad” mothering can impact upon women’s feelings about themselves and their capacity to seek help when experiencing difficulties (Lawler, 2000; Miller, 2005; Skeggs, 1997). First mothers who lose a child to adoption, many of whom are likely to have encountered stigmatisation in relation to their own childhood experiences (Roberts et. al., 2017), along with the potential for stigmatisation associated with welfare dependency (Tyler, 2013a) and young motherhood (Wenham, 2016), can be understood as experiencing an “intersectional” process of stigmatisation and shaming (Morriss, 2018:819).

Efforts to understand the impact of processes of stigmatisation on individuals and communities typically take the seminal work of Goffman (1963) as their starting point (Link and Phelan, 2001; Parker and Aggleton, 2003; Scambler, 2009). Within Goffman’s (1963:9) analysis, stigmatisation is understood as disqualifying individuals from “full social acceptance” and the term “stigma” is used to refer to a “deeply discrediting” attribute possessed by an individual, such as a physical abnormality, character trait or “tribal” affiliation (Goffman, 1963:13). Individuals in possession of stigmatising characteristics can be excluded from full participation in society, and those whose stigma is not immediately visible to others are tasked with the management of such information about the self, making decisions about what to disclose and whether to attempt to “pass” as normal (Goffman, 1963:58). It has been argued that, given the universality of the social process of stigmatisation across societies (Scambler, 2009), the exclusion of particular groups on the basis of socially determined attributes, which change over time and place (Link and Phelan, 2001), functions to define the parameters of normality (Scambler, 2009). The identification of particular groups as being in some way inferior can act to enhance the dominant group’s identity, legitimising social hierarchies and providing moral justification for discriminatory practices (Crocker et. al., 1998; Parker and Aggleton, 2003; Pinker, 1970; Scambler, 2009).

Goffman's work on stigma has gone on to be operationalised in research into a range of stigmatised characteristics within the field of social psychology (Link and Phelan, 2001; Mantovani and Thomas, 2014; Riessman, 2000), producing evidence that being subject to stigmatisation can have a significant influence on the life experiences of the stigmatised (Crocker et. al., 1998; Link and Phelan, 2001), impacting upon outcomes in health, education and employment as well as affecting psychological wellbeing and life expectancy (Crocker et. al., 1998; Link and Phelan, 2001). Goffman's work, and scholarship arising from it, has led to useful insights into the psychological and social experiences of stigmatisation (Crocker et. al., 1998; Link and Phelan, 2001), continues to be highly respected (Carnevale, 2007), and is drawn upon within Chapter 6 as being useful in understanding the individual experiences of first mothers who have lost a child to adoption. In recent decades however, rather than focusing upon psychological processes of stigma management, scholarship has advanced to emphasise the structural conditions within which stigma is manufactured and the power relations inherent in its production (Link and Phelan, 2001;2014; Mantovani and Thomas, 2014; Parker and Aggleton, 2003; Scambler, 2009; Tyler, 2020). Such work does not reject insights provided by Goffman (1963) but shifts the focus from the micro-level experiences of the stigmatised to macro-level analysis of the production of stigma (Carnevale, 2007; Scambler, 2009; Tyler, 2020), concentrating particularly on the role of power in its perpetuation (Link and Phelan, 2001; 2014; Tyler, 2020).

Link and Phelan (2001:363) identify that access to "social, economic and political power" is central to the operation of stigmatisation in society and argue that power dynamics in the perpetuation of stigma can be overlooked due to the taken-for-granted nature of such relations (Link and Phelan, 2001; Parker and Aggleton, 2003). Similarly, Tyler (2020:8) has argued that Goffman's emphasis on individual experiences of the internalisation of stigma is "politically anaesthetised", failing to account for the power dynamics involved in the strategic deployment of stigma as a means of exercising social control over the marginalised (Tyler, 2020). When understood in light of existing power relations, stigmatisation is revealed as serving the interests of those who stigmatise, keeping excluded groups "down, in or away" from the mainstream (Link and Phelan, 2014:24). It is also important to

acknowledge that stigmatisation exists in degrees (Link and Phelan, 2001), meaning that individual differences, including previous life experiences and access to resources, can influence the extent to which an individual is disadvantaged by the stigmatisation attached to their condition (Riessman, 2000; Link and Phelan, 2014). Moreover, individuals and groups who are subject to stigmatisation should not be conceptualised as being passive or helpless victims (Riessman, 2000), but as “active challengers” (Link and Phelan, 2014:377), who have always made efforts to resist stigma and reframe labels which have been imposed upon them (Link and Phelan, 2001; 2014; Riessman, 2000; Tyler, 2013a; 2020). The comparatively powerless position of the stigmatised versus the stigmatiser, however, can impede efforts to overcome or eradicate stigma (Link and Phelan, 2001; 2014).

In the current context which, as illustrated within Chapter 2 has involved the dominance of neoliberal ideologies in the field of social welfare provision (Tyler, 2013a), stigmatisation operates as a “form of governance” (Tyler, 2013a:8), acting via the induction of public fear and moral disgust to legitimate punitive social policies (Tyler, 2013a), embed forms of “anti-welfare common-sense” (Jensen and Tyler, 2015:470), and discredit individuals and groups whose economic status means that their lives are not deemed to be valuable within the logics of a market economy (Tyler, 2013a, Tyler, 2020). Stigmatisation leads to the deepening entrenchment of existing social inequalities, involves the coercion and subjugation of target populations and constitutes “a highly sophisticated form of violence” (Pinker, 1970:17). Significantly, the stigmatisation experienced by first mothers following the loss of a child to adoption has been found to impact upon the extent to which mothers’ grief can be “openly acknowledged, publicly mourned and socially supported”, making the concept of “disenfranchised grief” highly relevant to first mothers who lose a child to adoption (Doka, 1999:37). Awareness of the impact of stigmatisation on the marginalised is therefore centrally important in understanding first mother’s experiences of the loss of a child to adoption.

Given the centrality of motherhood to women’s sense of their own identity as illustrated above, the loss of a child and one’s maternal status can be a heavily stigmatised and catastrophic experience. While the experiences of mothers who have lost a child to adoption are qualitatively very different from

those of parents whose children have died, some evidence from the field of bereavement studies proves useful in understanding the grief encountered by women who lose a child to adoption (Mander, 2006). There is also evidence that bereaved parents encounter a degree of stigmatisation relating to the death of their child, with some parents reporting that the community appeared to be unsure as to how to respond to their loss, leading to feelings of isolation and shame (Rosenblatt, 2000). The chapter will now provide a brief overview of some important parallels between the experiences of bereaved parents and mothers who have lost a child to adoption, going on to explore what is known about the role of artefacts in the management of grief.

4.5 Evidence relating to parental bereavement

The making of an Adoption Order permanently severs a child's legal link to their first family and there is a real possibility that, following the child's adoption, a first mother will not see her child again (Howe and Feast, 2000). It has been identified within Chapter 3 that first mothers experience the non-consensual adoption of their children as a catastrophic loss (Broadhurst et. al., 2017; Mason and Selman, 1997; Memarnia et. al., 2015; Morriss, 2018; Neil, 2000; Neil, 2013), often living with unresolved feelings of disenfranchised grief which can significantly impede their efforts to move forward with life (Charlton et. al., 1998; Doka, 1999; 2002). There are therefore parallels to be drawn between the loss of a child to adoption and the death of a child (Mander, 2006), and literature on parental bereavement provides some useful insights into the experiences of first mothers whose children are adopted. There are also clear discontinuities between the 2 experiences and formalised death rituals will be discussed in this section as an example of the differences in the ways in which the loss experienced by parents whose child has died are likely to be legitimised and socially supported in ways which the loss experienced by first mothers who lose a child to adoption are not (Rosenblatt, 2000).

Bereaved parents whose voices are recorded within the literature speak of the psychological anguish associated with the death of a child, sometimes stating that the pain that they experienced was likened to a part of themselves being cut off by amputation or dying (Harper et. al., 2011;

Rosenblatt, 2000; Tedeschi and Calhoun, 2004). Parents who do not have any other children have spoken of suffering a dual loss, losing both the child and their own parental identity (Rosenblatt, 2000). It is recorded that parents taking part in research often referred to feelings of emptiness and “holes” in both the environment and the self (Rosenblatt, 2000;77) and spoke of feelings that the loss that they experienced was unfair, incomprehensible and not in keeping with the natural order of things (Tedeschi and Calhoun, 2004).

In Rosenblatt’s (2000) study, it was common for parents to express hopes that they would be reunited with their child after death and some described the way that in their minds, the deceased child had remained at the age they were when they died (Rosenblatt, 2000). All of these experiences accord, to some degree, with those of first mothers who have experienced the loss of a child to adoption as explored within Chapter 3. First mothers have spoken of psychological anguish (Broadhurst et. al., 2017; Charlton et. al., 1998; Memarnia et. al., 2015; Neil, 2013), feelings of emptiness (Wells, 1994), a sense that their situation is unjust (Neale and Lopez, 2017; Ryburn, 1994; Smeeton and Boxall, 2011) and hopes of reunion (Harris and Whyte, 1999; Howe and Feast, 2000; Hughes, 1995; Scourfield and Hendry, 1991).

Death rituals, and parental involvement in decisions about these, appear to be very important for bereaved parents (Cacciatore and Flint, 2012; Hindmarch, 2009; Rosenblatt, 2000; Tedeschi and Calhoun, 2004). Tasks such as choosing special items to place with the child’s body in their coffin, selecting particular music to play at the funeral and tending to the grave can represent a way for parents to demonstrate their ongoing love for, and commitment to, their child (Cacciatore and Flint, 2012; Rosenblatt, 2000). It has been identified that, unlike when a child has died, there are few ascribed rituals associated with losing a child to adoption (Ryburn, 1994), and relinquishing first mothers have themselves described that having no public acknowledgement of their loss had inhibited the grieving process (Brodinsky and Livingston-Smith, 2014; Coleman and Garratt, 2016; Ryburn, 1994).

In considering the ways in which they have been able to move forward with life, bereaved parents speak of a lifelong process of healing (Malkinson and Bar-Tur, 2004; Rosenblatt, 2000) and some identify that having another baby or focusing on their surviving children provided a motivation for them to carry

on (Rosenblatt, 2000). There is a clear parallel to be drawn here with the work of Broadhurst and colleagues (2017) which identifies a pattern of first mothers experiencing repeat removals of infants to care. The literature on bereaved parents also describes the ways in which many parents retain keepsakes from when their child was alive, such as favourite toys, clothing and blankets (Rosenblatt, 2000). Such items can serve as aides to memory and support parents to maintain an ongoing connection to their child (Rosenblatt, 2000) and this evidence, alongside evidence from the wider bereavement literature relating to the roles which artefacts associated with the deceased can take on, is useful in understanding the experiences of mothers who have lost a child to adoption.

4.6 Artefacts and grieving

It is recognised within the field of bereavement studies that objects belonging to or associated with lost loved ones can take on new meanings and significance after loss. Such items understood variously as “spectral, melancholy objects” (Gibson, 2004: 285), “objects of displaced attachment” (Goldstein et. al., 2020:2), “transitional objects of grief” (Goldstein et. al., 2020:2), “linking objects” (Jurcevic and Urlic, 2002:234), “transitional objects linking past to future” (Hindmarch, 2009:52) and “symbolic objects (Romanoff, 1998:705) can be utilised as a means of preserving the identities of both the lost loved one and the bereaved (Drenton et. al., 2017; Goldstein et. al., 2020; Jurcevic and Urlic, 2002, Riches and Dawson, 1998), as well as supporting bereaved people to cope with feelings of grief and distress (Drenton et. al., 2017; Goldstein et. al., 2020; Riches and Dawson, 1998; Sas and Coman, 2016) and continuing the bond which the survivor has with their lost loved one (Drenton et. al., 2017; Gibson, 2004; Goldstein et. al., 2020; Jurcevic and Urlic, 2002; Riches and Dawson, 1998; Romanoff, 1998; Sas and Coman, 2016; Unruh, 1983). Artefacts can also play an important role in the enactment of rituals (Drenton et. al., 2017; Goldstein et. al., 2020; Jurcevic and Urlic, 2002; Sas and Coman, 2016), which have been found to be helpful in supporting people to process feelings of grief.

Theoretically, Winnicott’s (1953:89) concept of “transitional objects” has been utilised in understanding the role which artefacts can serve for the bereaved following loss (Goldstein et. al., 2020; Gibson, 2004; Sas and

Coman, 2016). Winnicott's (1953) practice highlighted the tendency of babies and young children to afford emotional significance in a particular possession, such as a favourite blanket. According to Winnicott (1953), the object goes on to be utilised by the infant in supporting the management of separation from the caregiver, coming to represent comforting features of the trusted attachment figure (Goldstein et. al., 2020; Winnicott, 1953). Attachment behaviour continues to be activated throughout the life course, with grief upon separation from a loved one by death being understood as a manifestation of attachment (Goldstein et. al., 2020), or an "echo of love" (Thompson, 2012:xiv). Interaction with artefacts following the loss of a loved one has been found to serve a number of functions for the bereaved, including preserving a sense of identity, coping with loss and continuing bonds with the lost loved one.

4.6.1 Artefacts and the preservation of identity

Winnicott's work on transitional objects highlights that a mother's relationship with her infant is central to her own sense of self (Goldstein et. al., 2020; Winnicott, 1953), and as explored within section 4.2 above, more recent research has identified that the social status of being a mother can be key in women's constructions of their own identities (Arai, 2003; Bailey, 1999; Gibb, 2019). Research with bereaved parents has identified that artefacts associated with deceased children can be used in supporting the preservation and continuation of parental identity after a child's death and can be understood as tools used by parents in establishing a "durable biography" of their child's life (Riches and Dawson, 1998:122). As well as preserving the parent's own identity, artefacts can be utilised by parents in maintaining a sense of the child's identity and keeping treasured memories alive (Hindmarch, 2009).

Riches and Dawson (1998) found that bereaved parents utilised photographs and keepsakes associated with their children to provide evidence that they had occupied the parental role, supporting them to "anchor a disoriented identity" in the face of loss (Riches and Dawson, 1998:130). Such artefacts and memories, perhaps once considered mundane, come to have new meanings in light of loss (Unruh, 1983; Riches and Dawson, 1998). Similarly, Drenton and colleagues (2017) found that bereaved parents appeared

compelled to tend to the graves of their young children, with artefacts acting as tools to support the preservation of respondents identities as parents and the continuation of the child's presence in the world. Tending to a child's grave and the preservation of artefacts associated with the child are acknowledged as important ways for parents to be able to continue to exercise their "lifelong duty of care" towards their child (Hindmarch, 2009:34). Artefacts have also been found to be invested with a "sacred" and priceless quality by survivors (Castle and Phillips, 2003; Riches and Dawson, 1998:122; Rosenblatt, 2000), with loss of the object having the potential to evoke feelings of grief almost as intense as the original bereavement (Unruh, 1983). For the mothers who took part in Jurcevic and Urlic's (2002:237) research who had lost a son in war, artefacts also had a "socialising role", facilitating conversation about the deceased and the respondent's continuing identity as a mother.

4.6.2 The role of artefacts in coping with loss

There is some evidence that retaining objects associated with children who have died can support parents to cope with overwhelming feelings of grief and adapting to loss. Coping with feelings of emotional pain was found to be a primary motive in tending to children's graves for parents who took part in Drenton et. al.'s (2017) study and 31.5% of the 294 mothers who took part in Goldstein et. al.'s (2020) research reported that they derived high levels of comfort from handling children's artefacts. Sas and Coman's (2016) research found that participating in private rituals with symbolic objects as the focal point could confer a range of benefits to grieving relatives, including increasing self-esteem and reinforcing a positive sense of direction in life. However, research indicates that the therapeutic benefits associated with retaining and accessing artefacts associated with deceased children are nuanced, with 26.4% of respondents who took part in the Goldstein and colleagues' (2020) study reporting high levels of distress around the objects associated with children. There is also some evidence that the capacity of interaction with artefacts to invoke a sense of the presence of the lost loved one diminishes over time (Gibson, 2004; Goldstein et. al., 2020).

4.6.3 The role of artefacts in continuing bonds with the lost loved one

In accordance with the “continuing bonds” model of bereavement (Klass et al., 1996; Klass and Steffen, 2018), attachment and social bonds can be understood as being “reworked or transformed” but not lost when a loved one dies (Drenton et al., 2017; Romanoff, 1998:701). Research with bereaved people has identified that retaining and interacting with artefacts belonging to or associated with the deceased can support the bereaved to continue in an internal, psychological relationship or “symbolic connection” with the person they have lost (Goldstein et al., 2020:1; Rosenblatt, 2000), maintaining the psychological presence of the lost loved one in the heart and mind of the survivor. Bereavement research has conceptualised artefacts as constituting as an “external meeting ground” for the bereaved and the deceased (Jurcevic and Urlic, 2002: 235), conjuring the lost loved one’s presence and facilitating a sense of connection.

The sense of smell also features in the findings of some of studies exploring the role of artefacts in grieving (Gibson, 2004; Goldstein et al., 2020), with bereaved people reporting that they would sometimes touch, hold and smell items of clothing or other objects as a way of imaginatively evoking their loved one’s presence. Riches and Dawson (1998) noted in their research with bereaved parents that deceased children’s presence could also be felt in the homes of respondents through proudly displayed photographs and objects such as craft projects and possessions which had been prized by the child. Other research has identified that some parents construct a sacred space or “shrine” to their children within their home which can facilitate connection with children and a sense of their continued presence (Jurcevic and Urlic, 2002:234; Romanoff, 1998; Sas and Coman, 2016). There is some evidence of a belief among the bereaved that artefacts can be socially exchanged, received and consumed by loved ones in the afterlife. Drenton and colleagues (2017), for example, found that some bereaved individuals who participated in the ritual of releasing balloons in memory of their lost loved one on significant anniversaries expressed a belief that the balloons would be received in heaven. Keeping important artefacts and accessing them throughout the process of grieving therefore appears to support the bereaved to maintain an ongoing sense of connection with the deceased.

4.6.4 Artefacts and grief rituals

The performance of both public and private rituals has been identified as serving a number of functions, including supporting the bereaved to express and manage feelings of loss (Castle and Phillips, 2003), providing a means of accessing social support (Rosenblatt, 2000) and supporting the transformation of a living relationship with a loved one into a bond based on an “internal representation of the deceased and a transformed self” (Castle and Phillips, 2003:47). Informal and individualised rituals are reported to have become more established within Western society since the end of the twentieth century, as trust in more formalised institutions and traditions has gradually eroded (Sas and Coman, 2016). Examples of informal or personal rituals as described in the literature include visiting and adorning the graveside, burning candles while displaying photographs, visiting places which hold special memories or raising money for a charity associated with the deceased (Castle and Phillips, 2003; Drenton et. al., 2017; Rosenblatt, 2000). Research has identified that bereaved people tend to engage in the performance of rituals around the times of traditional holidays such as Christmas and birthdays, as well as significant anniversaries associated with the loss (Drenton et. al., 2017; Hindmarch, 2009; Rosenblatt, 2000; Tedeschi and Calhoun, 2004). Rituals can serve the purpose of honouring both the lost loved one and the bereaved’s relationship to them (Castle and Phillips, 2003) and have been found to have potential to result in therapeutic benefits for respondents (Castle and Phillips, 2003).

In summary, there is extensive evidence as to the role which artefacts can take on following the death of a loved one, supporting the bereaved to preserve their sense of identity (Drenton et. al., 2017; Goldstein et. al., 2020; Jurcevic and Urlic, 2002, Riches and Dawson, 1998), cope with feelings of loss (Drenton et. al., 2017; Goldstein et. al., 2020; Riches and Dawson, 1998; Sas and Coman, 2016) and continue in their bond with the deceased (Drenton et. al., 2017; Gibson, 2004; Goldstein et. al., 2020; Jurcevic and Urlic, 2002; Riches and Dawson, 1998; Romanoff, 1998; Sas and Coman, 2016; Unruh, 1983). There is also evidence that artefacts can take on an important role in the enactment of informal rituals following loss, supporting individuals to memorialise their lost loved one and manage ongoing feelings of grief (Drenton et. al., 2017; Goldstein et. al., 2020; Jurcevic and Urlic, 2002; Sas and Coman, 2016).

There is a gap in knowledge with regards to the role which artefacts associated with now-adopted children can play in the lives of first mothers following non-consensual adoption. Given evidence of the difficulties experienced by first mothers in accessing useful post-adoption support (Cossar and Neil, 2010; Sellick, 2007), as well as the psychological complexity inherent in grieving a child who has not died but is growing up within another family (Boss, 1999; Doka, 1999; 2002; Fravel et. al., 2000), it is important that first mothers have access to any means of coping which may be useful in alleviating some of the psychological pain which they are suffering.

Study of the utilisation of artefacts associated with now-adopted children by first mothers in their daily lives also provides compelling evidence as to the ongoing psychological presence of children in the inner lives of their first mothers post-adoption (Fravel et. al., 2000), contributing to calls for the refutation of dominant conceptualisations of adoption as being a “happy ever after” (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68) or “clean break” solution (Gupta and Featherstone, 2020:168). Having considered a broad range of relevant literature, the chapter will now go on to summarise key concepts and theories which have emerged from review of the literature as being useful in understanding the experiences of first mothers who lose a child to adoption, before outlining the research questions which this thesis will aim to address.

4.7 Useful concepts and theories

Some important theories and concepts have emerged from study of the literature as being useful in understanding the experiences of first mothers who have lost a child to adoption within the current context and in identifying gaps in what is currently known about first mothers’ experiences. Such ideas, and their relevance to the experiences of first mothers, will be briefly reviewed within this section.

4.7.1 The “best interests” and “welfare of the child” constructs

It was demonstrated within Chapter 2 that social work with children and families in England and Wales centres around acting in the “best-interests of

the child” (Kelly, 2000:16). The best-interests construct was devised by Goldstein, Freud and Solnit (1980) and is enshrined in Article 3.1 of the United Nations Convention on the Rights of the Child (Unicef, 2017). The construct has also been incorporated into law in the form of the “welfare test” or “paramountcy principle” (Brayne and Carr, 2013:166), which stipulates that when a court considers any matter concerning the welfare of a child, the individual child’s welfare, as opposed to the rights of the parent or the interests of any third party, shall be the paramount consideration (Brayne and Carr, 2013).

While the best interests construct can be understood as having led to significant improvements in the protection of children from harm (Kelly, 2000), the decision regarding what is in the interests of individual children is subjective, particularly given that the term has no agreed meaning (Ainsworth and Hansen, 2011; Ryburn 1994). Parents, professionals, policymakers and all who have vested interests in the welfare of children are likely to have sincerely held but differing views of what is in their best-interests (Kelly, 2000), and social workers’ admonishments that they are acting in children’s best interests can serve to antagonise parents, who may feel that their own efforts to further the best-interests of their child are disregarded (Ainsworth and Hansen, 2011; Ryburn, 1994).

Current models of child protection based on acting in the interests of individualised children can be understood as constructing children as being atomised individuals, misrecognising their relational nature and inextricable link to their first family (Featherstone et. al., 2014a; Lonne et. al., 2016). Evidence within the wider literature suggests that the current legislative and policy framework in England and Wales fails to recognise the profound intergenerational consequences of the removal and adoption of children (Gupta and Featherstone, 2020), as well as the impact upon members of the child’s extended family network and community when a child is removed without consent (Featherstone et. al., 2014a; Featherstone et. al., 2014b; Lonne et. al., 2016).

Children’s parents and first families are typically very important to them (Crittendon, 2016), and the current funding arrangements for systems of intervention intended only to meet the needs of children does not recognise

that children can sometimes be helped most effectively by addressing their parents' complex needs (Crittendon, 2016). There is also evidence that the best-interests construct has led to a model of professional practice within which, in the face of the complex difficulties experienced by parents, social workers voice that they are "only here for the child" (Featherstone et. al., 2014b:48), meaning that the needs of the family as a whole are overlooked. The centrality of the "welfare of the child" and "best interests" paradigms in operation within the current legal and policy framework surrounding intervention in children's lives has emerged as being significant in understanding the marginalisation of the needs and experiences of first mothers within the current context.

4.7.2 Stigmatisation

As outlined within section 4.4 above, there are powerful societal expectations surrounding what it means to be a "good" mother (Miller, 2005:57), and the state removal of a child is heavily stigmatised (Charlton et. al., 1998; Morriss, 2018). First mothers can be understood as experiencing intersecting layers of stigmatisation (Morriss, 2018), often having had experience of state intervention in their own childhood (Roberts et. al., 2017), as well as, in many cases experience of welfare dependency (Tyler, 2013a) and young motherhood (Wenham, 2016), in combination with, for example, mental health problems and substance misuse issues which also attract public judgement (Link and Phelan, 2001). While insights arising from Goffman's work on stigma are drawn upon within this thesis as a means of understanding the experiences of first mothers, Tyler's (2020:9) "psychopolitical" conceptualisation of stigma is also utilised in understanding structural factors at work in the production and utilisation of stigma in justifying particular policy decisions. According to this analysis, "stigma power" (Link and Phelan, 2014:24, Tyler, 2020) can be understood as a tool which is strategically deployed by more powerful groups in society as a means of exploiting, controlling or excluding the stigmatised. In light of evidence relating to the corrosive impact of being subject to stigmatisation on individual life chances and life experiences (Crocker et. al., 1998), the theory of stigmatisation is useful in understanding some of the difficulties experienced by first mothers in the wake of the loss of a child to adoption,

including the complexities associated with living with a grief which cannot be openly acknowledged or socially supported (Doka, 1999; 2002).

4.7.3 Disenfranchised Grief

Doka's (1999) concept of "disenfranchised grief" refers to the grief experienced by those who incur a loss that is not openly acknowledged, sanctioned or supported within wider society (Brodinsky and Livingston-Smith, 2014; Charlton et. al., 1998; Doka, 2002; Thompson and Doka, 2017). Corr (1998) gives examples of the grief experienced by individuals who undergo elective abortions and those who lose a loved one as a result of suicide, suggesting that the taboo existing around such losses inhibits individuals from seeking social support, hindering their capacity to mourn in a healthy way (Corr, 1998; Doka, 1999; 2002). As the phenomenon is rooted in social processes and structures, disenfranchised grief is best understood as a sociological concept which has psychological implications (Thompson and Doka, 2017), and is intended to be utilised as a flexible conceptual tool in the development of understanding of the complexities of grieving (Thompson and Doka, 2017:182).

As has been illustrated within Chapter 3, due in part to the stigma surrounding the state removal of children (Morriss, 2018), first mothers who have lost a child to adoption often do not have access to a discourse by which their grief can be publicly named and mourned (Corr, 1998), and there is evidence that, in the absence of effective social support, mothers can turn to alternative coping mechanisms as a means of managing their distress (Memarnia et. al., 2015; Wells, 1994). Research which considers first mothers' experiences of adoption consistently highlights the inherent shame, stigmatisation and lack of social support associated with such a loss and the concept of disenfranchised grief is useful in understanding such experiences. In losses which are non-death related, there is also a significant element of ambiguity which further complicates first mothers' attempts to manage loss and navigate life post-adoption (Boss, 1999).

4.7.4 Ambiguous Loss and Boundary Ambiguity

The term “ambiguous loss” refers to situations when it is not known whether the loss which has been suffered is certain or permanent (Boss, 1999:1), for example the concept has been applied to the experiences of families whose loved ones are missing-in-action during conflict or lost at sea (Boss, 1999). The phenomenon is characterised by longing and is described as being traumatic, unending, confusing, and “the most devastating” form of loss because it remains indeterminate and unclear (Boss, 1999:5). As explored in Chapter 3, evidence from the adoption literature indicates that the psychological task of grieving an ambiguous loss is complex (Fravel et. al. 2000) and it appears to add a significant layer of complexity to mother’s experiences of grief that their child, although lost to them, is safe and well and living within another family (Andrews, 2009; Brodinsky and Livingston-Smith, 2014; Howe et. al, 1992). There is evidence that first mothers often live in hope of reunion with their now-adopted child (Coleman and Garratt, 2016; Morriss, 2018), and this can complicate women’s efforts to move forward with life.

The concept of “boundary ambiguity” (Fravel et. al., 2000:425) is linked to ambiguous loss and refers to a psychological phenomenon which exists when there is incongruence between an individual’s physical and psychological presence. The idea has been applied in research with sufferers of dementia, who are understood as being physically present but often psychologically absent (Boss, 1999; Fravel et. al., 2000), and is also written about within the adoption literature to explain the experiences of relinquishing first mothers, who commonly report a preoccupation with thoughts of their physically absent but psychologically present child (Fravel et. al., 2000). Research has identified that children remain psychologically present in the minds of their mothers (and fathers (Clapton, 2001)), on an everyday basis as they go about their daily lives (Fravel et. al., 2000), with the possibility of reunion hindering parents’ capacity to say goodbye with finality (Coleman and Garratt, 2016).

The literature demonstrates that the phenomenon of boundary ambiguity and the ongoing psychological presence of the child reported by relinquishing mothers is also experienced by mothers whose child has been removed by the state compulsorily (Broadhurst et. al., 2017; Fravel et. al, 2000; Mason and Selman, 1997; Memarnia et. al., 2015), with women continuing in

psychological relational bonds with children as they go about their daily lives. As identified in section 4.9 above, there is evidence that artefacts can be utilised by bereaved parents in evoking the psychological presence of their child, highlighting a need for similar research into the role of artefacts in the lives of first mothers post-adoption. Given that first mothers typically continue in some form of contact with their children post-adoption, the impact of contact on mothers' experiences of grief and loss is also an area which warrants further enquiry.

In summary, theoretical insights from the social policy, sociological and psychological literature relating to the best interests of the child construct (s.1.1, Children Act, 1989; Featherstone et. al., 2014a), stigma (Goffman, 1963; Tyler, 2020), disenfranchised grief (Doka, 1999; 2002) and ambiguous loss (Fravel et. al., 2000) would all appear to provide insight into the experiences of first mothers who lose a child to adoption. There is a need for further academic enquiry into understanding first mothers' conceptualisations of their identity, the role of post-adoption contact in the management of grief and the experiences of first mothers of managing the ongoing psychological presence of their child in their lives (Fravel et. al., 2000), including mothers' utilisation of artefacts. Study of the literature has led to the identification of the following research questions, which this thesis aims to address:

1. How do first mothers who have lost a child to adoption construct and understand their identity as a mother over time?
2. What impact does post-adoption contact have on first mothers' experiences of grief and loss?
3. What role do artefacts associated with the now-adopted child play in first mothers' experiences of grief and coping?

The next chapter will go on to outline the project's methodology and the means by which the above research questions will be addressed.

Chapter 5: Methodology

5.1 Introduction

As described in the preceding chapters, study of the literature led to the identification of the following research questions relating to the experiences of non-consenting first mothers who lose a child to adoption, which this thesis aims to answer:

1. How do first mothers who have lost a child to adoption construct and understand their identity as a mother over time?
2. What impact does post-adoption contact have on first mothers' experiences of grief and loss?
3. What role do artefacts associated with the now-adopted child play in first mothers' experiences of grief and coping?

This chapter aims to outline the methodology of this research and the means by which answers to the research questions will be arrived at. In section 5.2,

the theoretical underpinnings of the project and research strategy are identified and in section 5.3, the approach to sampling and recruitment is described. The research design and methods are explored within section 5.4 and data analysis is considered in section 5.5. Within section 5.6, the significance of reflexivity and use of the self in research is discussed and the chapter goes on, in section 5.7 to explore pertinent ethical considerations which have been taken into account throughout the course of this research. A summary of the chapter is then provided at section 5.8.

5.2 Theoretical underpinnings

5.2.1 Ontology and epistemology

The term “ontology” refers to the study of being (Crotty, 1998:96), and in relation to social research is employed in identifying the claims made relating to the nature of social reality (Blaikie, 2000; Crotty, 1998; Evans and Hardy, 2010; Ormston et. al., 2003). The term “epistemology” refers, in this context, to ideas about the nature and status of knowledge (Crotty, 1998:8), what “counts” as knowledge as opposed to belief or how we can know about social reality (Blaikie, 2000; Evans and Hardy, 2010). Ideas about ontology and epistemology are often interconnected (Crotty, 1998), and the ontological and epistemological orientations of a project have an impact upon each stage of the research process. This project employs an Idealist ontology, understanding the external social world as being made up of representations which are the “creations of individual minds” (Blaikie 2007:16), or as being created through ideas rather than material conditions (May, 2011). In keeping with the Idealist ontological position, epistemologically the project adopts a weak constructionist stance (Blaikie, 2007; Evans and Hardy, 2010), understanding knowledge as being relative in light of the view that a plurality of truths associated with differing constructions of reality can exist at any one time (Blaikie, 2007).

This research operates within the theoretical paradigm of Interpretivism. Interpretivism has its roots in the traditions of phenomenology and hermeneutics (Blaikie, 2007; Lincoln and Guba, 1985), and posits that understanding of the social world is arrived at by exploration of the meanings which actors have constructed, both individually and intersubjectively

(Alexander et. al, 2016; Blaikie, 2007; May, 2011). Within this paradigm, it is acknowledged that social worlds are interpreted by the actors who inhabit them, with particular experiences holding different meanings for different individuals (Evans and Hardy, 2010). Therefore, rather than aiming to identify one fixed reality, the aim of social research is to explore the multiple truths which arise from individual's context-specific experiences (Alexander et. al., 2016; Evans and Hardy, 2010; Lincoln and Guba, 1985). For Interpretivists, social reality is understood as being a product of the constructions of those who inhabit it (Blaikie, 2007), and human behaviour is acknowledged as being productive and understandable (Evans and Hardy, 2010). Social researchers are tasked with investigating respondents' interpretations of their social world, which are then reinterpreted within the research process (Alexander et. al., 2016).

Within the Interpretive paradigm, the logic of positivism, which stipulates that the separation of researcher from research subject is a requirement on the grounds of achieving objectivity (Blaikie, 2007; Evans and Hardy, 2010; Lincoln and Guba, 1985), is rejected. Rather than seeking to arrive at causal laws and scientific predictions, Interpretivist research aims, by becoming immersed in the descriptive accounts of the actors who inhabit the world, to understand local, phenomenological experiences, paying particular attention to the ways in which reality is intersubjectively constructed through the use of language (Alexander et. al., 2016; Blaikie, 2007; Evans and Hardy, 2010). The internal rules and norms which actors use to interpret the world are also a key site of interest for researchers operating with the Interpretivist paradigm (May, 2011). This paradigm was chosen as being appropriate in answering the research questions posed within this thesis, which is concerned with privileging the situated accounts of first mothers as providing key insights into their lived realities and experiences. The acknowledgement of the existence of multiple realities fits well with the interests of this research project, as it has been identified that there exist within society multiple and competing narratives regarding the adoption of children, with the experiences of first mothers routinely being marginalised in favour of the dominant "child rescue" discourse (Garrett, 2003; Kirton, 2019:4; Warner, 2013).

5.2.2 Research strategy

The term “research strategy” refers to the particular “logic of enquiry” adopted in pursuing answers to research questions (Blaikie, 2000:9; Mason, 2002). A broadly abductive research strategy is utilised within this project. Within the abductive strategy, the situated and individualised accounts of social actors are afforded primary importance. The researcher aims to enter the social world of respondents by listening to their first-hand constructions of reality, understandings and motives (first-order constructs), expressed in their own language (Blaikie, 2000; Blaikie, 2007; Ormston et. al., 2003). Respondents’ meanings are then re-described in the technical language of the social sciences (second-order constructs) and can be developed into typologies or theories which go beyond the knowledge and experience of individual social actors, whilst retaining the integrity of the phenomenon (Blaikie, 2000; Ormston et. al., 2003).

The researcher gleans understanding from respondents’ accounts and this data is combined with existing theoretical knowledge in an iterative, dynamic and creative process (Blaikie, 2000), which continues until theoretical saturation and answers to the research questions have been reached, to the extent possible in light of the constraints of the project (Blaikie, 2000; Lincoln and Guba, 1985). My aim throughout has been to approach interviews with an attitude of respect and to communicate my intention to learn from respondents’ detailed accounts of their experiences. I have also aimed throughout the project to involve respondents as active agents in the research, rather than as sources of data to be mined.

5.2.3 Involving respondents as active agents in research

Involving respondents as more active agents in the research process could be said to create a more ethical research situation (Packard, 2008). I chose to incorporate an arts-based timeline activity into interviews and worked together with respondents to create a timeline of their life experiences to date. Such methods can support the generation of new knowledge and facilitate expression in different media (Joanou, 2009; Liebenberg, 2009; Mannay, 2010; Packard, 2008; Pink, 2007) and the use of the timeline activity is explored in further detail in section 5.4.3 below. While the incorporation of

an arts-based method meant that women had access to an opportunity to express themselves in this way if they chose to, there are clearly limits to the extent to which the use of particular methods can genuinely transfer power to respondents (Ormston et. al., 2003; Packard, 2008), given that I set the research agenda, conducted the interviews and interpreted the findings.

An authentically emancipatory approach would have constituted the full involvement of first mothers at every stage of the research process (Evans and Hardy, 2010; Kara, 2015), and it is regrettable that the time and resource constraints of this project meant that such a methodology was not practicable. My aim within this research project was to carefully and reflexively afford respondents increased autonomy and voice where possible (Pink, 2007). I did this, for example, by asking first mothers to choose a pseudonym to be used in the writing up of the project (Mannay, 2010), and by encouraging them to answer questions in as much detail as they chose, having a flexible attitude to time constraints. In preparing for the interviews, I had planned to ask respondents to take photographs of artefacts to be included in the project themselves as a means of equalising the power relations between us, however in practice this proved cumbersome and felt tokenistic, and so I took the photographs while respondents described to me the significance of the items which they had chosen for inclusion in the project. Further information about the inclusion of photographs of artefacts in the project can be found at section 5.4 below. Most significantly, throughout the research process and during interviews, I sought to emphasise and privilege the legitimacy of respondents' narratives about their lives and situated knowledge of their own experiences.

I have approached this project with an attitude of relational openness and deep respect for respondents' experiences and for their way of creating meaning and experiencing the world (Brownell, 2008; Finlay and Evans, 2009). I felt that such a stance towards the knowledge and experiences of first mothers was essential in light of the extensive evidence within the literature of first mothers feeling marginalised and powerless (Cossar and Neil, 2010; Gair, 2008; Jackson, 2000; Mason and Selman, 1997; Morriss, 2018; Smeeton and Boxall, 2011; Wells, 1994) and within the current context in child protection, within which there is potential for the needs and experiences of first mothers to be invalidated (Featherstone et. al., 2014b).

To an extent, my approach to this research project also draws on the insights of feminist standpoint theory, which stipulates that an individual's social location determines what they can know (Blaikie, 2007), and posits that those in privileged social positions have a more limited understanding because of their affinity with society's dominant discourses (Blaikie, 2007; Evans and Hardy, 2010). My own position as a qualified social worker also had an influence upon the research process and is discussed in greater detail at section 5.8 below.

5.3 Sampling and methods of recruitment

The particular sampling strategy employed by social researchers has an important impact on the usefulness of the results of the project (Mason, 2002). In this section, I outline the sampling strategies used in recruiting first mothers to the study. Problems with reading and writing and a deep mistrust of professionals following the permanent removal of a child are understood as contributing to the difficulties in engaging first mothers who have lost a child to adoption in research (Cossar and Neil, 2010; Logan, 1999; Neil et. al., 2013; Sellick, 2007; Selwyn et. al., 2006). It was therefore necessary to begin approaching agencies who are in contact with first mothers as early as possible, in order to ensure the maximum length of time for recruitment. I chose to recruit only first mothers who were in contact with post-adoption support services to the study, anticipating that these respondents may be more accustomed to speaking about their experiences and therefore less likely to be emotionally harmed by participation. I also felt that it would be useful to be able to signpost the respondent back to the recruiting agency if they required any ongoing emotional support (Liamputtong, 2007). The only other criteria for inclusion in the study was that respondents had not consented to the adoption of their children.

Sampling began in January 2019. I had made some links with one service offering post-adoption support during my Masters-level dissertation project in 2017, and the manager of this service agreed to support the project by facilitating access to a further group of respondents to be interviewed for this research. In agreeing to this, I had anticipated that some of the first mothers who were being recruited may already be known to me from my earlier project, however this was not the case as none of the first mothers I had

spoken to in 2017 were still in touch with the service, perhaps demonstrating the difficulties involved in engaging mothers in longer-term support. I subsequently contacted support services in other areas of England in order to be able to access as many potential respondents as possible, and the managers of 2 agencies agreed to distribute details of the project to the first mothers accessing their services. All but one of the final sample of mothers were recruited from these 3 voluntary sector agencies, and one mother was recruited after we met at an academic conference.

It was anticipated that professionals supporting first mothers would be more agreeable to providing access to potential respondents if the proposed benefits were clearly communicated to them (Arksey and Knight, 1999; Proctor and Padfield, 1998), and so a formal letter (see Appendix 1) was emailed to service managers, along with a more detailed information sheet intended to explain the research to first mothers who were considering participating in the project (Arksey and Knight, 1999) (see Appendix 2). One key member of staff who has contact with service users in each of the participating agencies was identified as a “gatekeeper” (Homan, 1991:82), and appointments took place between each of the gatekeepers and myself, either in person or by telephone.

It was agreed that gatekeepers would approach potential respondents and ask for their consent to share their contact details with me (Sin, 2005). Potential respondents then completed an “expression of interest” form and returned it to me so that I could contact them directly to explain more about the project and to arrange a time for interview. Gatekeepers were advised that interviews were likely to take place in respondents’ own homes and were asked, wherever possible, not to approach any respondents who they felt may pose a risk when lone working (Bibby, 1994). On receipt of the completed “expression of interest” forms, I contacted each respondent directly via telephone so that further details about the project could be given and, with respondent’s consent, a date could be arranged for interview. The process of making the first contact with the agency and carrying out interviews took around 3 months, reflecting how difficult it was for both myself and the support agency to reach some of the potential respondents. After I had been successful in contacting first mothers via telephone I arranged to

interview them as early as was convenient, to minimise the risk of losing respondents as a result of delay.

5.3.1 The final sample of first mothers

An overview of some key demographic information relating to the first mothers who took part in the project is provided within Table 1 below. Information relating to the arrangements in place for respondent's children formed an important part of the analysis and respondents' various experiences of "actively mothering" their children can be found within Tables 2-5 within Chapter 6. A more detailed pen portrait providing an account of each respondent's life experiences can also be found at Appendix 6.

Table 1- Respondent's demographic information

Pseudonym	Respondent's description of her own ethnicity	Respondent's age on becoming a mother	Respondent's age at interview	Respondent's employment status at time of interview	Respondent's relationship status at time of interview	Approximate length of time elapsed between most recent adoption and interview
Chelsea.	Jamaican.	19.	30.	Unemployed.	In a relationship with father of youngest 2 children.	1 year.
Sha-Sha.	Mixed Turkish/Greek/British.	19.	23.	Part-time student.	In a relationship with father of children.	1 year.
Laura.	White British.	18.	37.	Unemployed.	Single.	4 years.
Rosie.	White British.	19.	29.	Unemployed.	Single.	7 years.
Amber.	Irish Traveller.	19.	34.	Unemployed, caring for young children.	In a relationship with father of youngest 2 children.	4 years.
Lexi.	White British.	20.	27.	Unemployed.	In a relationship with father of youngest child.	4 years.
Maisy.	White British.	26.	36.	Full-time student.	Single.	9 years.

Cassandra.	White British.	23.	29.	Unemployed.	Single.	3 years.
Chu-Chu.	Jamaican.	22.	29.	Unemployed.	Single.	4 years.
Maria.	White British.	18.	25.	Unemployed.	Single.	4 years.
Katie.	White British.	17.	33.	Unemployed.	Single.	9 years.
Lula.	White British.	18.	24.	Unemployed.	Single.	2 years.
Stacey	White British.	27.	32.	Unemployed.	Single.	2 years.
Corvette.	White British.	19.	24.	Unemployed, caring for young children.	In a relationship with father of youngest 2 children.	3 years.
Louise.	White British.	31.	34.	Unemployed.	Single.	2 years.
Lilly.	White British.	16.	27.	In full-time employment.	In a relationship with new partner.	6 years.
Sophie.	White British.	27.	33.	Unemployed.	Single.	2 years.
Ruby.	White British.	17.	28.	Unemployed, caring for a young child.	In a relationship with father of children.	7 years.
Paige.	White British.	15.	24.	Part-time student.	Single.	6 years.

5.4 Research Design and Methods

In keeping with the traditions of the Interpretative paradigm, this project adopts a qualitative design (Blaikie, 2000; Barbour, 2008). A qualitative methodology was chosen as it was felt to provide the most appropriate means of capturing elements of the depth, nuance and complexity surrounding the “mechanical puzzle” in question (Mason, 2002:18), namely how first mothers experience the loss of a child to adoption. The project seeks to explore each of the phenomena in question from the “interior”, situated experiences of respondents (Ormston et. al., 2003:3). A suite of methods were used, including semi-structured interviews, an arts-based activity involving creation of a timeline, and an activity involving taking a photograph of artefacts associated with now-adopted children. This section will discuss each of these methods in turn.

5.4.1 Semi-structured interviews in social research

Semi-structured interviews, methods which are themselves located within the Interpretivist tradition, were completed with 19 mothers who had lost a child to adoption in order to answer the questions posed within this project. Semi-structured interviewing is a research method which involves the researcher asking the same key questions of each respondent, while allowing for flexibility for either respondent or researcher to introduce and explore other topics and experiences which may not have been anticipated prior to interview (Fielding and Thomas, 2016). The researcher also has the freedom to ask probing questions to clarify important points when necessary (Fielding and Thomas, 2016). Such “conversations with a purpose” (Robson, 1993:28) have a relaxed and informal style (Proctor and Padfield, 1998) and facilitate a detailed conversation about the subject in question (Arksey and Knight, 1999). Semi-structured interviewing is a versatile method which has the potential to elicit analytically rich, detailed and valuable data (Barbour, 2008; Fielding and Thomas, 2016).

Topic guides for interviews were devised and used as an aide memoire to bring focus to the discussion (Arksey and Knight, 1999; Barbour, 2008) (see Appendix 4). In keeping with the qualitative approach to interviewing (Mason, 2002), the topic guide was adapted as necessary to allow emergent themes

to be explored (Barbour, 2008; Ormston et. al., 2003). First mothers were given the option to choose the location where the interview took place and in practice all respondents chose to be interviewed at home. It was anticipated that this may lead to first mothers feeling more comfortable during the interview (Liamputtong, 2007). Although I had planned for interviews with first mothers to last for around an hour to 90 minutes, interviews were often lengthier, with a number of women describing in detail the difficulties that they had experienced throughout their lives and their ongoing loss and grief in the wake of the loss of a child to adoption. I chose to respect respondents' wish to explore their experiences in detail, and this meant that some interviews lasted for longer than I had planned, with the longest interview going on for 3 hours and 45 minutes. All interviews were audio-recorded with respondent's permission and were later transcribed.

Every interview began with some phatic communication intended to 'break the ice' and put the respondent at ease in my company as far as possible (Koprowska, 2005). At the beginning of interviews with first mothers I employed a timeline activity with 9 respondents, choosing to instigate this activity only when it felt appropriate. The timeline activity was not instigated, for example, in situations where there were young children or another adult present, where the mother became upset early in the interview, or where there was limited space in the home to accommodate the task. In cases where the timeline activity was not employed, the respondent and I talked through what they felt to be the key events in their lives without the use of the visual representation provided by the timeline activity. At the end of each interview, the respondent and I discussed respondents' artefacts and I took photographs of them with mothers' consent.

Questions which were expected to be easier to answer were asked first (Arksey and Knight, 1999; Barbour, 2008), and a range of narrow, broad and inner-person questions were asked throughout the interview in order to obtain factual information, invite more expansive answers and elicit respondent's feelings (Arksey and Knight, 1999; Koprowska, 2005; Trevithick, 2005). Fieldnotes were documented in my research journal and provided valuable information regarding the physical environment, as well as respondents' body language and my own immediate impressions of the interview. At the end of each interview, first mothers were asked whether

they would like to receive a summary of the research findings at the conclusion of the project and all respondents agreed to this. Keeping respondents informed in this way is identified within the literature as providing a further opportunity to communicate respect and reciprocity to them (Liamputtong, 2007). A summary of the findings was subsequently designed and distributed (see Appendix 5).

5.4.2 Timeline activity

As has been identified above, I utilised an arts-based method during interviews with first mothers where this felt appropriate. Graphic elicitation involves working with respondents to generate visual materials (Bagnoli, 2009; Rose, 2012), and such techniques have been identified as being helpful in supporting the establishment of a collaborative research relationship (Bagnoli, 2009:552). Diagramming also often constitutes more than simply drawing what is already understood and can lead to new insights and previously unconsidered awarenesses (Crilly et. al., 2006; Kara, 2015). Given my research interest in respondents't historic experiences of pregnancy and motherhood, I felt that the use of a timeline would be a helpful means of eliciting respondents' narratives and reflections about key events in their lives.

I had planned that the timeline activity would involve supporting mothers to draw and talk through a trajectory incorporating significant past events (Bagnoli, 2009; Kara, 2015; Rose, 2012), and also asking them to map out on the timeline ideas about their anticipated future (Bagnoli, 2009; Rose, 2012). In practice, most mothers chose to talk through their experiences and provide instructions as to where events should be positioned on the timeline, while I wrote out the information. Creative methodologies complement but do not replace more traditional approaches to interviewing (Crilly et. al., 2006), and I acknowledge that some people may struggle with visual literacy (Crilly et. al., 2006), may feel inhibited by concerns about their drawing or spelling ability (Bagnoli, 2009) or may find the request to engage in a creative task with a stranger anxiety provoking. The timelines were "solicited" by my questions and comments and are therefore acknowledged as being co-produced between myself and each respondent (Bagnoli, 2009:567).

5.4.3 Artefacts associated with now-adopted children

As described in Chapter 1, the completion of interviews with first relatives as part of a dissertation project in 2017 led me to become interested in the artefacts associated with now-adopted children which are retained by first mothers. As illustrated within Chapter 4, there is evidence that artefacts can support grieving following bereavement and I was interested to understand whether there were any parallels with first mothers' use of artefacts associated with their now-adopted children. I made the decision to include photographs of artefacts associated with now-adopted children in this thesis, which are presented in Table 6 within Chapter 8. In making the decision to present images of artefacts within the research findings, I was inspired by Drenton and colleague's (2017:473) paper which explores a restorative perspective of gift exchange at gravesites. Within their paper, the researchers present a table which includes examples of images taken at gravesites which had been adorned with artefacts by the bereaved. The artefacts are organised by the researchers into categories depending on the function which they appeared to take on in the management of grief including, for example, "decorative" artefacts such as flowers intended to "dress up" the gravesite, "customary" artefacts given around the times of traditional holidays such as Christmas decorations arranged around a gravesite in December and "connective" artefacts such as letters addressed to the deceased and intended to facilitate an ongoing relational connection or continuing bond (Drenton et. al., 2017:473).

Inclusion of photographs alongside written evidence within Drenton et. al.'s (2017) work facilitated the powerful communication of emotion which could not have been elicited with the use of language alone (Crilly et. al., 2006; Kara, 2015; Liebenberg, 2009; Stanczak, 2007). I was able to consider the literature relating to the use of artefacts by the bereaved alongside first mothers' reflections on the role of artefacts in their lives post-adoption as they were sorting through them at interview and complete a similar exercise to Drenton and colleagues (2017) as described. I felt that the inclusion of visual representations of artefacts within this project would communicate a unique and important sense of the loss and ongoing love experienced by first mothers following their child's adoption, holding the potential to allow a sense of "communicability and empathy" (Joanou, 2009:221) to develop among the

audience. Given the difficulties experienced by many first mothers in expressing themselves via the written medium (Selwyn et. al., 2006), I felt that inclusion of photographs of artefacts within the project also provided evidence of the symbolic emotional investment which had been made by respondents in artefacts in a form which was accessible to them. Application of existing literature on the use of artefacts, combined with new insights from respondents relating to their utilisation of the role of artefacts in grieving a non-death-related loss resulted in the emergence of 5 tentative and overlapping categories describing the ways in which respondents appeared to utilise artefacts post-adoption and such findings are presented within Chapter 8 of this thesis.

5.5 Data Analysis

Interviews were audio-recorded with respondents' permission and orthographic transcripts were subsequently generated (Braun and Clarke, 2013). The use of an audio-recorder meant that I was able to be fully psychologically present during each interview and was available to support respondents emotionally or ask further questions as required (Arksey and Knight, 1999). The notes written during the timeline activity which was completed with 9 respondents were read out verbally throughout each interview and incorporated into the interview transcripts, as were respondents' reflections about the significance of artefacts and their role in their lives post-adoption. Data arising from the timeline and artefacts activities was therefore incorporated into analysis of the interview transcripts.

I utilised the "Framework" approach to qualitative thematic analysis to analyse interview transcripts (Hackett and Strickland, 2019; Spencer et. al., 2014; Srivastava and Thomson, 2009), which is described in further detail below. The initial stages of analysis took place outside of a computer programme, as I found it more useful to be able to annotate transcripts manually and to use Microsoft Excel to complete the initial charts/matrices (Spencer et. al., 2014). When the themes and subthemes arising from the data had been established, I utilised NVivo, a package for computer-assisted qualitative data analysis (Gilbert and Stoneman, 2016), in order to be able to quickly search datasets for quotes and to facilitate visualisation and therefore theoretical development (Braun and Clarke, 2013; Joffe, 2012).

Framework analysis is a matrix-based flexible analytic tool and has been identified as being useful when managing large volumes of text (Hackett and Strickland, 2019; Spencer et. al., 2014). The distinctive feature of the Framework approach is that a matrix is compiled for each theme, in which each respondent is allocated a row and each column denotes a subtheme (Spencer et. al., 2014). This leads to the development of a systematic structure which can be easily visualised and added to throughout the iterative process of analysis. I worked my way through the 5 interconnected stages of the Framework approach (Hackett and Strickland, 2019; Srivastava and Thomson, 2009), moving back and forth between the stages until I was confident that all relevant data had been classified and organised into the matrices, which I developed for each of the main themes.

The first stage of the process involved familiarising myself with the data by transcribing recordings of interviews as described above and by reviewing my fieldnotes. In checking the transcripts, I re-listened to all of the interviews, noting points of interest (Hackett and Strickland, 2019; Srivastava and Thomson, 2009). Next, I developed a list of ideas emerging from the first phase and arranged them with reference to the study's research questions (Hackett and Strickland, 2019). This list formed the basis for the initial index of themes and subthemes, which I drew upon to label or code data. I then worked my way through each of the transcripts by hand, indexing and sorting data to generate codes and arranging the codes into themes and subthemes with reference to the study's research questions (Hackett and Strickland, 2019; Srivastava and Thomson, 2009).

The fourth stage of the process was to compile a framework for each of the themes (Hackett and Strickland, 2019; Srivastava and Thomson, 2009), utilising both intuitive thinking based on my knowledge of the subject area and logic (Srivastava and Thomson, 2009). An example of the framework for one theme, "Ownership of maternal identity" is provided at Appendix 7. When this had been completed I re-read each of the transcripts again and added to the framework any data which had not been included which felt significant. Throughout the process, the matrices remained tentative and were continually reviewed, amended and added to as further evidence emerged

(Srivastava and Thomson, 2009). 6 main themes emerged and a table of the final themes and subthemes can be found at Appendix 8.

When the themes and subthemes had been established, I developed the themes, going between the transcripts and spreadsheets, utilising the research questions in mapping the data and selecting key quotes to illustrate important points, before beginning the writing-up process, using the matrices as a guide. I wrote an initial detailed summary of each of the emergent themes, using quotations throughout (Spencer et. al., 2014), before making links with the wider literature (Spencer et. al., 2014). In writing up the findings from interviews with first mothers, the themes of respondent's ownership of their maternal identity and the grief experienced by respondents, including their use of artefacts in managing their grief, stood out as being particularly significant and form the basis for Chapters 6, 7 and 8 of this thesis. It is acknowledged within Chapter 9 as a limitation of this research that not all data could be explored, however information which was most relevant in answering the study's research questions was prioritised.

5.6 Reflexivity and use of the self

The paradigmatic affiliations of researchers have a direct impact on their research interests, and, as such, it is important that personal affiliations are acknowledged with a view to maintaining "critical alertness" (Evans and Hardy, 2010:75) and minimising the impact of bias on results (Bryman, 2015). The problem of researcher bias could be argued to be particularly relevant when considering the emotive and ethically challenging subject of the compulsory and permanent removal of children from their first families (Ward and Smeeton, 2017). It would be disingenuous to claim that any researcher is capable of approaching their work from a position of complete neutrality (Denscombe, 2010; Mason, 2002), and it should be acknowledged that I myself, as a social worker with particular professional and personal experiences and political affiliations, am perhaps more likely than most to view first mothers in the context of the multiple disadvantages which they are likely to have experienced throughout their lives (Blaikie, 2007; Evans and Hardy, 2010; Lincoln and Guba, 1985). It is also the case that my status as a social worker may have had an impact on the views of the first mothers who participated in the project towards me, indeed a number of the

gatekeepers and service managers who I spoke with in the sampling phase seemed to be reassured by my practice experience.

I was aware when conducting interviews with first mothers that my position as a social worker as well as a researcher had a significant impact on the power dynamics at work within interview situations. I sought to communicate to respondents in my approach and attitude towards them that I considered them to be “experts in and by their own experience” (Evans and Hardy, 2010:70), and acknowledged the validity of their reflections about their experiences of social work intervention in respect of their children (Evans and Hardy, 2010). Some first mothers who took part in the project described negative experiences of social work intervention in the past and made useful comments as to the ways in which practice could be improved in the future and one respondent asked me to explain why, as a social worker, I was interested in hearing about first mother’s experiences of loss, which I was happy to explain. My impression following interviews was that respondents had been generous in allowing me to enter their homes and discuss the highly emotive subject of the loss of their child to adoption with me, and my status as a social worker did not appear to inhibit respondent’s engagement in interviews. It may be that potential respondents who would not wish to engage in interaction with a social worker ruled themselves out of participation when the project was first discussed with them by gatekeepers during the sampling phase.

It has been essential throughout this project to remain alert to my own strong feelings and implicit biases (Mason, 2002). Throughout the course of the project I have kept a reflexive journal which has supported me in challenging my own assumptions and also in documenting and justifying the various ways in which the research strategy has evolved over time since the beginning of the project (Mason, 2002). Lincoln and Guba (1985:39) refer to the role of the researcher as that of a “human instrument” and argue for the legitimisation of tacit and sensory knowledge in addition to the verbal data gathered at interview and, in keeping with this idea, I have endeavoured to utilise both my social work knowledge and practice experience and my personal feelings of empathy in service of first mothers during research interviews. The ongoing presence of intense grief and loss in the lives of mothers was often palpable during interviews, and I made use of supervision

in order to manage the emotional impact of this on me afterwards (Liamputtong, 2007). I also completed a risk assessment in line with my department's ethics application process and implemented appropriate measures in relation to my personal safety when interviewing (Arksey and Knight, 1999; Bibby, 1994; Liamputtong, 2007). I utilised the University of York's Safezone app (University of York, 2015), which would have been used to seek emergency help if required, however no issues relating to concern for my personal safety arose during completion of this project.

5.7 Ethical considerations

It is accepted within the literature that vulnerable people are in need of particular care and attention from researchers (Liamputtong, 2007), and first mothers who have experienced the permanent removal of a child are acknowledged as being a particularly vulnerable group of women who are often the victims of structural inequality (Lonne et. al., 2016). It was therefore necessary to give careful consideration to the ethical implications of this research project, and to minimise the risk of respondents coming to any harm as a result of their participation (Bloor et. al., 2001). The research proposal was subject to scrutiny by the University of York's Social Policy and Social Work Departmental Ethics Committee, receiving ethical approval in September 2018, and confirmation of ethical approval can be found at Appendix 3. This section will outline the ethical considerations which have been taken into account within this research project, exploring the management of data, issues relating to emotional harm and informed consent, ethical considerations in the provision of financial incentives for first mothers and the use of photography.

5.7.1 Management of data and anonymity

A data management plan was completed in order to ensure that data is stored and accessed appropriately for the duration of the project, and each first mother chose a pseudonym for themselves in order to protect their right to anonymity. The names of respondent's children were also anonymised. One paper document containing all respondents' names and contact details is stored in a locked filing cabinet and will be destroyed upon completion of the project (Homan, 1991).

5.7.2 Emotional harm and consent

In order to protect respondents from the emotional harm which taking part in interviews may pose (Bloor et. al., 2001), all potential respondents were provided with an information sheet giving details of the broad topic areas which the interview would cover before they decided whether or not to take part. I also discussed with potential respondents the highly emotive and potentially upsetting nature of the subject matter during my initial telephone conversation with them. At the beginning of each interview, respondents were asked to sign an informed consent form giving them information about the study and their right to withdraw from participation at any time (Homan, 1991; Sin, 2005). Due to the difficulties in reading and writing experienced by some first mothers (Logan, 1999; Neil et. al., 2013; Sellick, 2007; Selwyn et. al., 2006), the informed consent form was read out to each respondent at the beginning of their interview (Liamputtong, 2007).

I explained at the beginning of each of the interviews with respondents that it may be necessary for me to share information with the relevant agency if, for example, the respondent disclosed information during interview which led me to believe that they were at risk of harming themselves or anyone else. It is acknowledged here that receiving an advance consent which is authentically fully informed is not possible (Mason, 2002; Sin, 2005), and that consent should not be seen as a one-off event but should be re-negotiated and reviewed regularly (Rose, 2012). First mothers were made aware that they could withdraw from participation before, during or after the interview, and that this would not have any impact upon the services that they were receiving (Sin, 2005). I conducted the interviews with an attitude of thoughtfulness and encouraged respondents to take a break if they became tearful, which many did. I also made the decision not to pursue any topic which the respondent appeared at all uncomfortable with or resistant to exploring (Mason, 2002).

During interviews, first mothers discussed the traumatic and deeply distressing experience of having a child permanently removed from their care. While Proctor and Padfield (1998) report that the women who participated in their study appeared to find the experience of being

interviewed pleasurable and intellectually stimulating, there was no expectation that first mothers who participated in this study would enjoy the experience. However, it was hoped that, in operating from a position of “empathic neutrality” (Ormston et. al., 2003:7), I could provide respondents with the experience of being respectfully listened to and taken seriously, thereby making the interview as easy for the respondent as possible (Kitson et. al., 1996). All of the first mothers who took part in the project appeared to value the opportunity to tell their story and at the end of the interview appeared to feel that they had made a valuable contribution to the project. A number of mothers commented that the experience of being interviewed had felt validating and cathartic.

There were 2 developments which needed to be considered reflexively in the field which I had not anticipated prior to fieldwork commencing. Firstly, 4 of the respondents had young children in their care who were present when I visited their homes to complete an interview. I discussed with each of these women whether they felt there would be an emotional impact on the child of hearing the content of the interview. 3 of the children were sleeping infants, their mothers felt comfortable in continuing with the interview in their presence and I was in agreement with their decisions. One of the children present was 6 years old and when I discussed with his mother whether she felt that he may be upset by hearing the contents of the interview, she decided to settle him in another room with an activity and a drink. Once during the interview, the child returned to the room where the interview was taking place and so we paused our conversation and engaged with the child until he decided to return to his activity. No concerns about the care of any of the children arose during interviews, however I was aware that if I had had any safeguarding concerns, I would have had a duty to pass these on to the relevant statutory agency. As detailed above, I had explained to mothers at the beginning of the interview that I would have a duty to pass information on if I was concerned about her welfare or the welfare of “anyone else”; in hindsight it would have been more helpful to make it clear to the mother that this also would have included any concerns that I had about any children that were present.

Secondly, during interviews it became clear that 4 of the respondents had children who were either the subject of ongoing care proceedings or a child

protection plan at the time when the interview took place. These women were therefore undergoing ongoing social work assessments in relation to their parenting at the time of their interview. I made the decision to continue with these interviews and to focus on the mother's experience of the loss of her older children to adoption. Conducting interviews at a time when social work assessments were also taking place added a layer of complexity which I had not anticipated, and I wondered in hindsight whether it would have been appropriate at the sampling stage to stipulate that mothers should not be involved in care proceedings in order to take part in the study. However, it was useful and informative to hear about mothers' contemporaneous experiences of child protection services and reflections of what had changed since their previous experience. On balance I felt that it was ethical and useful to understanding of the contemporary experiences of first mothers to include data about these respondents' experiences as part of the thesis.

5.7.3 Financial incentives

The question of whether or not to offer a financial incentive to first mothers in exchange for their participation in the project required careful consideration. While on the one hand it could be argued that to provide respondents living in conditions of poverty might be seen as coercive (Liamputtong, 2007), it is also argued within the literature that offering an incentive is one way of avoiding a "hit and run" approach to social research, whereby the researcher extracts rich and emotionally sensitive data from respondents and gives nothing in return (Booth and Booth, 1994: 26). I decided that respondents would be provided with a £20 gift voucher in exchange for their participation. First mothers were given the voucher at the beginning of the interview and were informed that they could choose to end the interview at any time and keep the voucher (Liamputtong, 2007). One first mother chose not to receive a voucher and asked that a donation was made towards helping more disadvantaged mothers instead.

5.7.4 Ethical considerations when utilising photographic methods

As explored above, photographs of artefacts retained by respondents were taken during interview and are included within Chapter 8. There are specific ethical concerns to be taken into account in the use of photography in

research. This section will explore concerns around exploitation and issues around the copyright and the consent to disseminate images.

The use of photography with disadvantaged people has historically been associated with concerns regarding voyeurism, objectification and exploitation (Joanou, 2009; Knowles and Sweetman, 2004; Liebenberg, 2009; Packard, 2008; Price, 1997). I was acutely aware prior to and during the fieldwork phase that asking respondents to take photographs of the deeply personal artefacts which supported them in maintaining a psychological relationship with their now-adopted child had the potential to be perceived as exploitation or voyeurism (Banks and Zeitlyn, 2015; Whincup, 2004). I strongly felt, however, that the inclusion of images of such objects facilitated the communication of deep and enriching information about first mothers' experiences of loss which could not be arrived at by the use of language alone (Crilly et. al., 2006; Kara, 2015; Liebenberg, 2009; Stanczak, 2007), and had the potential to allow a sense of "communicability and empathy" to develop among the audience (Joanou, 2009:221). As described above, I made it very clear to first mothers that both the artefacts and timeline elements of the interviews were optional.

As photographs were taken of artefacts associated with now-adopted children as part of this study, it was important to discuss with respondents the issue of consent to the use and dissemination of images produced as part of the research (Rose, 2012). It is important to acknowledge that, once an image has found its way online, it can be appropriated and used for purposes other than those for which it was intended (Pink, 2007; Rose, 2012), and can also be understood and interpreted by audiences in divergent ways which neither respondent nor researcher is in control of (Pink, 2007). This may have personal and social implications for respondents, particularly when they are identifiable in photographs or when images hold particular symbolic or emotional value for them (Pink, 2007). It is therefore vital for researchers to remain alert to the potential for lasting effects of participation on the lives of respondents and to have discussions with respondents to this effect as part of the negotiations around consent which take place during the life of the research project (Joanou, 2009).

Only photographs of artefacts which preserved the anonymity of respondents and their children were taken. For example, items which included identifying information, such as a teddy bear with a child's name sewn onto it, were not included in the project. Photographs of the children on display in first mothers' homes were also excluded from the project. This step was taken in order to minimise the risk of respondents and their children being identifiable in any research outputs. The issue of copyright is legally complex (Rose, 2012), and copyright law stipulates that the legal ownership of an image lies with the individual who makes the image (Rose, 2012). Pink (2007) advises that issues of use and ownership are clarified with respondents prior to their production and I made sure to discuss this with respondents at the beginning of each interview. When discussing consent, I made clear to respondents that, as we were collaborating to co-produce an image, myself and the respondent would share ownership of the image. The timelines produced in the graphic-elicitation exercise were not intended to be reproduced or disseminated. One paper copy of the timeline produced by respondents is kept in a locked file along with respondent's contact details and will be destroyed upon completion of the project. Respondents' reflections regarding artefacts and information included in timelines was read out during interviews and therefore formed part of transcripts, which were analysed in accordance with the Framework approach described in section 5.5 above.

5.8 Conclusion

In summary, this chapter has provided a detailed outline of the methodological considerations which have been taken into account throughout the course of this project. Ontologically, the research takes an Idealist stance, understanding the social world as being created through ideas rather than material conditions (May, 2011). Epistemologically, a weak Constructionist stance is taken, and it is acknowledged that multiple truths about reality can co-exist. Operating within the paradigm of Interpretivism and utilising a broadly abductive research strategy (Blaikie, 2000; Mason, 2002), the thesis is concerned with exploring and understanding the differing meanings and experiences of first mothers (Alexander et. al., 2016, Blaikie, 2007; May, 2011), taking into account the depth and nuance of respondents' perspectives and situated experiences. Throughout the course of the project,

the legitimacy of respondents' narratives about their lives and situated knowledge of their own experiences have been privileged.

Semi-structured interviews with first mothers have been employed in answering the research questions and have been undertaken with an attitude of relational openness and respect for respondents' interpretations and experiences of reality (Brownell, 2008; Finlay and Evans, 2009). Photographs were taken of artefacts associated with respondents' now-adopted children and are included within Chapter 8 of this thesis and a timeline activity was also utilised in talking through first mothers' life experiences. The sampling strategy has been described in detail within the chapter, and anonymised demographic details of the final sample of the 19 first mothers who took part have been included. The Framework approach, which is a form of thematic analysis (Spencer et. al., 2014), has been introduced within the chapter. The chapter has considered in detail the ethical considerations which have been taken into account throughout the research process and the specific ethics around the use of the photography in social research have also been discussed. Having outlined the project's methodology, the thesis will go on to present key findings, with the aim of arriving at answers to the study's research questions.

Chapter 6: Motherhood and the Self

6.1 Introduction

As has been established in Chapter 4, women in societies across the globe have come to be defined in relation to whether or not they have children (Bailey, 1999; Gibb, 2019; Riessman, 2000), and the status of motherhood can therefore have a very significant impact on individuals' feelings about their own identity. A key theme emerging from respondents' accounts of losing a child to adoption centres around their ideas about the self and the impact which the experience has had on their own evaluations of themselves. This chapter aims to address one of the study's research questions, "How do first mothers who have lost a child to adoption construct and understand their identity as a mother over time?" In answering this question, respondents' differential experiences of "actively mothering" their children are highlighted and their reflections on the mothering which they gave, or would have liked to have given, to their children are explored. The chapter highlights throughout the ongoing 'identity work' of respondents, who sought to salvage and present constructions of themselves as being "good" and to resist the notion that they could be construed as being a "bad" mother (Miller, 2005:57). Significantly, it emerged that being a mother remained central to respondents' sense of identity often many years after their child's adoption, and all respondents expressed a desire to be able to extend the role that they were able to play in their child's life.

Following this introduction, Section 6.2 explores findings relating to respondent's differential experiences of caring for, or "actively mothering" their children. In Section 6.3, the chapter considers respondents' assertions of themselves as being "good" mothers, including their expressed intention to be "good" when becoming a mother and their memories of being acknowledged as being "good" by professionals. Respondent's ideas about having an irreplicable bond with their children and the identification of family resemblances between themselves and their now-adopted child are also explored here. The chapter goes on, in Section 6.4, to consider respondents' expressed ideas about "bad" mothering, including their sense that others had wrongly perceived them to be "bad" and some respondents' assertions that they had known "worse" mothers whose children remained in their care. The

chapter also considers, in Section 6.5, efforts which respondents had made in order to counter the dominant narrative about them as recorded in children's social work files, and the importance to first mothers of children receiving accurate information about their early life history and first family. Respondents' deeply felt expressions of shame, guilt, and awareness of being the subject of others' judgements are explored within Section 6.6. In Section 6.7, respondents' ideas about the centrality of their identity as a mother to their sense of self is considered. In understanding the experiences of respondents, this chapter also has significant synergies with research with parents who have experienced state intervention in respect of their children, as well as the wider body of scholarship relating to the experience of being a mother within contemporary society.

6.2 Respondents' experience of "actively mothering" their children

As will be illustrated throughout this chapter, it emerged that respondents' sense of their maternal identity and the impact of the loss of a child on their sense of self was related to their differential experiences of caring for, or "actively mothering", one or more of their children in the community, and it is therefore important to distinguish within the chapter between the experiences of those respondents with extensive experience of "active mothering" and those with more limited experience of providing care to their children before they were adopted. Information relating to respondents' differential experiences of "active mothering" is provided in Tables 2, 3, and 4 below, which will be referred to throughout. The term "actively mothering" is used here to refer to time that respondents had spent providing care to their children in the past, either with intensive support in a residential setting or at home in the community.

As illustrated in Table 2, one respondent had no experience of caring for any of her children outside of hospital immediately following their birth. Table 3 demonstrates that a further four respondents had only ever cared for at least one of their children under close supervision in a parent and child assessment unit or foster placement. Table 4 provides details relating to the 14 respondents who had some experience of mothering at home for periods of time ranging in length from a few weeks to having cared for an older child for the whole of their childhood before losing younger children to adoption,

with four of the mothers in this group having one or more of their children living in their care at the time of their interview. The nature of respondents' ongoing contact with their children after adoption also emerged as being significant when considering their sense of their ongoing maternal identity and so details about contact arrangements are also included in the tables below. Additionally, a more detailed pen-portrait of each respondent's experiences throughout life is included at Appendix 6.

Table 2: Respondents with no experience of “actively mothering” any of their children outside of hospital following their birth

Respondent name	Number of children	Setting and length of time	Arrangements for any other children	Children placed together or separately	Current contact arrangements
Chelsea	Seven.	Not applicable, Chelsea has no experience of “actively mothering” any of her children outside of hospital.	Not applicable.	All children placed separately.	Plan for annual indirect contact with each of the six eldest children, however Chelsea has not heard from three of the six children since adoption as the contact agreement is not being upheld by the children’s adopters. There is a plan for annual indirect contact with the youngest child, however the child was yet to be adopted at the time of Chelsea’s interview and so this had not yet started.

Table 3: Respondents whose sole experience of “actively mothering” one or more of their children is under close supervision

Respondent name	Number of children	Setting and length of time	Arrangements for any other children	Children placed together or separately	Current contact arrangements
Lula	3	Around 2 days in parent and child foster placement with eldest child.	2 youngest children removed at birth.	All children placed separately.	Biannual indirect contact with all 3 children.
Lexi	3	Around 2 weeks in parent and child foster placement with eldest child.	2 youngest children removed at birth.	All children placed separately.	Direct contact with eldest and youngest children who are in family placements. Annual indirect contact with adopted child.
Sha-Sha	2	12 weeks in parent and child assessment unit with partner and eldest child.	Youngest child removed at birth.	Children placed together.	Annual indirect contact with both children.
Rosie	1	8 months across 2 different parent and child foster placements.	Not applicable.	Not applicable.	Annual indirect contact.

Table 4: Respondents with experience of “actively mothering” one or more of their children in the community

Respondent name	Number of children	Length of time	Arrangements for any other children	Children placed together or separately	Current contact arrangements
Maisy	1	Cared for child for around 2 weeks.	Not applicable.	Not applicable.	No ongoing contact despite agreement for annual indirect contact being in place, this has not been maintained by adopters since the child's adoption.
Maria	2	Cared for eldest child for around 2 weeks.	Youngest child removed at birth.	Children placed separately.	No ongoing contact with eldest child in family placement. Agreement for annual indirect contact with youngest child, however this has not been maintained by the adopters since the child's adoption.
Paige	3	Cared for youngest child for around 8 months.	Eldest 2 children removed at birth.	All children placed separately.	Annual indirect contact with 2 eldest children. Ongoing direct contact with youngest child, currently in foster care.
Louise	2	Cared for children (twins) for around 10 months.	Not applicable.	Children placed together.	Annual indirect contact with both children.

Cassandra	2	Cared for eldest child for around 10 months.	Youngest child removed at birth.	Children placed separately.	Biannual indirect contact with both children.
Katie	3	Cared for eldest 2 children for around a year after spending 3 years in a parent and child placement.	Youngest child removed at birth.	All children placed separately.	Ongoing direct contact with eldest child, who is in a family placement and youngest child, who is in foster care. Annual indirect contact with adopted child.
Lilly	2	Cared for eldest child for around 2.5 years.	Cared for youngest child in parent and child unit for around 6 months.	Children placed together.	Ongoing annual direct contact and annual indirect contact with both children.
Stacey	2	Cared for children at home for around 3 years.	Not applicable.	Children placed together.	Ongoing annual direct and indirect contact with both children.

Ruby*	3	Cared for 2 eldest children at home for around 3 years. Has been caring for youngest child since she was born 6 weeks prior to interview.	Not applicable.	Eldest 2 children placed together, youngest child is in Ruby's care.	Annual indirect contact with 2 eldest children.
Sophie	1	Cared for child at home for around 3.5 years.	Not applicable.	Not applicable.	Biannual indirect contact.
Corvette*	3	Has been caring for youngest 2 children at home for around 4 years.	Cared for eldest child in family placement for 8 months.	Eldest child placed separately, 2 youngest children placed together in Corvette's care.	Biannual indirect contact with eldest child.

Chu-Chu*	2	Has been caring for youngest child at home for around 5 years.	Eldest child removed at birth. Cared for youngest child in parent and child foster placement for 1 year before returning home.	Eldest child placed separately, youngest child is in Chu-Chu's care.	Annual indirect contact with eldest child.
Amber*	7	Cared for 4 eldest children at home for more than 5 years. Has been caring for 2 youngest children at home for around 4years.	Child who was adopted was removed at birth.	Eldest 4 children placed together in family placement. 5 th child placed separately in adoptive placement. Youngest 2 children in Amber's care.	No ongoing contact with 4 eldest children in family placement. Annual indirect contact with adopted child.

Laura	5	Cared for eldest child for 18 years. Cared for 3 adopted children until eldest of the 3 was around 4 years old.	Youngest child removed at birth.	Eldest child is an adult and lives with Laura. 3 children placed together in adoptive placement. Youngest child placed separately in family placement.	Annual indirect contact with 3 adopted children, no ongoing contact with youngest child.
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*Respondents who had an “active” mothering role at the time of interview with at least one of their children in their care.

6.3 Being a “good” mother

6.3.1 The intention to conform to the “good mother” identity

“I wanted [my daughter] to have a good up-bringing, what I didn’t have”.

Chu-Chu (Four years after child’s adoption).

Previous research, which is explored more fully in Chapter 4, has highlighted the powerful reach of the societal discourse on mothering and the expectation that women ought to be “good” mothers to their children (Breheny and Stephens, 2007; Lawler, 2000; Miller, 2005). It is also acknowledged within the literature that ideas about parenting can be strongly influenced by individuals’ own experiences of being cared for as children, with mothers often expressing a desire for their children to experience “something different” (Arai, 2003; Green, 2010:52; Kuhn, 1995). Eight respondents made reference to their own difficult and traumatic childhood experiences when thinking about the kind of mother that they would have liked to have been to their children, explaining that they had planned for their children to have different early experiences to their own.

Rosie was physically abused and neglected when living with her mother, before being taken into care at the age of 10. She said that when her son was born she had hoped, “Just to be a good mum, and not do what me mum did”. Rosie later expressed strong feelings of anger at being accused of harming her son saying, “I were angry...’Cos I’m not *like* me mum”. Similarly, Cassandra explained, “The one thing I wanted to be was a mum and be able to have children and look after them a lot better than what my own parents did with me”. Maisy wanted her son to grow up with a positive sense of himself and identified that this was something that she had not experienced during her own childhood. She explained, “I wanted to give [my son] what I didn’t have, growing up, or *feel*...I wanted him to feel, all the way he is growing up, that he was loved, that he was...wanted. That I’d always do my best for him. I didn’t want him to feel like...I’d felt”.

The majority of respondents were therefore aware that their own childhood experiences had been damaging and intended for their children to have a different life to that which they had endured. Katie, Stacey, Sophie and Laura

were the exception to this, as these respondents felt they had experienced happy and relatively settled childhoods and appeared to wish to be a “good” mother by providing their own children with similar experiences. Respondents’ sense of love and concern for the welfare of their children is a theme which is interwoven throughout each interview. The majority of respondents spoke about their continuing desire for their children to have a positive and fulfilling life and there was a sense that respondents had always intended to be “good” mothers to their children.

As illustrated in Tables 2, 3 and 4 above, there was variation across the sample in respondents’ experiences of time spent “actively mothering” their children prior to their removal from home. While 11 of the 19 respondents had experienced the removal of at least one of their children at birth, Table 2 demonstrates that Chelsea’s case was exceptional in that she was the only respondent who had not had any opportunity to “actively mother” any of her seven children. Chelsea felt that she would have been able to care for her children if only she had been given the opportunity saying, “They have never given me a chance to prove to them that I can be a good-enough parent”. Similarly, two of the respondents who had experienced the removal of one or more of their children at birth, Lula and Chu-Chu, each commented that they had not been given a chance to demonstrate their capability to mother and felt that they would have been successful if only they had been given the opportunity.

Some respondents who had spent time actively mothering at least one of their children in the community also expressed that they felt that they had not been given a fair chance by Children’s Services to demonstrate their capabilities in mothering. Laura and Cassandra each felt that the concerns of professionals escalated quickly when their children became known to Children’s Services and this meant that they had not had a fair opportunity to demonstrate that they could be a “good” mother. Making reference to guidance stipulating that care proceedings should be concluded within 26 weeks, Cassandra said that to her it felt that “[Social workers] basically force adoption up on people, because of this...26-week period”. There was a sense therefore that some respondents felt that they *had been* intrinsically “good” mothers, but that there had been insufficient time in which to demonstrate this before their children were removed.

In summary, many respondents expressed a motivation to be a “good” mother, often contrasting their ideas about how a “good” mother would behave with their own experience of being mothered in childhood. As illustrated within Chapter 4, it has been identified that a powerful societal discourse relates ideas of “good” mothering to being naturally caring (Kuhn, 1995; Miller, 2005; Skeggs, 1997), experiencing naturally occurring love for children (Gerhart, 2015; Hays, 1996) and achieving particular standards in relation to birth, feeding and domestic life (Miller, 2005; Skeggs, 1997; Walkerdine and Lucey, 1989). Many respondents expressed the intention to put their ideas about “good” mothering into practice when caring for their children. Some respondents who had experienced the removal of an infant at birth, and others who *had* spent time “actively mothering” their children, felt that the opportunity to demonstrate their capability to mother their children had been denied them by Children’s Services and that their “good” mothering had therefore not been recognised.

6.3.2 Perceptions of past mothering and the “good mother” identity

“...I was a really good mum. I’m not bigging myself up, but I would say that I was a good mum”.

Sha-Sha (Oneyear after youngest child’s adoption).

As Tables 3 and 4 illustrate, Sha-Sha spent 12 weeks caring for her daughter in a parent and child assessment unit before being separated from her and Paige, Lilly and Sophie had all spent periods of time “actively mothering” their children in the community. All four of these respondents asserted that they had been “good” mothers to their children during the time that they were caring for them. Lilly, Sophie and Paige each added that social workers and other professionals had acknowledged, at specific points in time, that they *were* good mothers when observing their interactions with their children, and this appeared to be important. Paige, for example, could recall a conversation that she had had with her solicitor when her youngest child was removed from her care. She explained, “[Children’s Services] went to court...my solicitor basically said...”Although you are a *very* good mum, and we can see that you *can* be a good mum and that you *can* parent your

daughter and that you have the *best* bond in the world...you have just put her in a very...serious situation”.

Sophie also remembered that her aptitude in caring for her daughter had been recognised as being “respectable” by the professionals who were working with her (Skeggs, 1997:1). These memories appeared to be bound up with emotions of sadness and shame for Sophie, who cried as she recalled, “The only thing that I will say for social services is that in all the reports it says that I was a good mum...[My daughter] was fed, she was clean, she lived in a clean home”. Given the pervasive sense of shame associated with being the ‘wrong’ kind of parent (Hadfield et. al., 2007), it appeared to be meaningful and validating for respondents when their skills and capabilities as a mother were recognised. This accords with the findings of previous research, for example Skeggs (1997) demonstrated that the working-class women who took part in her study were aware that they were regularly the subject of other’s value judgements and that being recognised in a positive light by those in positions of power could confer a sense of moral worth and feelings of self-esteem upon women. The capacity of some respondents to remember the affirmations of professionals, often many years after their children had been adopted, demonstrates how important such recognitions were to their sense of their own ‘goodness’ as a mother.

Most respondents gave examples of activities which they had enjoyed taking part in with their children which could be seen as being compatible with societal expectations of what a “good” mother might do when spending time with her child (Breheny and Stephens, 2007), including “cooking cakes” (Stacey), going for “walks down the river” (Corvette), “going to the park” (Sophie), “breastfeeding” (Sha-Sha), and having “film nights” (Laura). Most respondents also recounted examples of times when they had experienced feelings of pleasure in caring for their children, the exceptions being Chelsea, who did not have the opportunity to care for any of her children, and Lula who described that she was very depressed during the few days which she spent caring for her eldest child in a parent and child foster placement. Rosie commented that the best part of caring for her son in a parent and child foster placement was, “Taking him out places and...showing him off”, perhaps illustrating the opportunity which pregnancy and motherhood can provide to receive public validation and social recognition (Bailey, 1999).

In summary, some respondents wished to communicate during interviews that, in spite of the adoption decision, they had been “good” mothers to their children. Such assertions could be understood as attempts to salvage a positive sense of identity in order to counter the stigma associated with their perceived failings (Goffman, 1963). Occasions when respondents’ “good” mothering had been recognised by others, particularly those in positions of power, were found to have been memorable for respondents, instilling a sense of moral worth and self-esteem upon women. Respondents who had cared for their children related examples of “good” mothering and recalled feelings of enjoyment in caring for their children when emphasising their perceptions of themselves as having been “good” mothers. It emerged that some respondents also reinforced the significance of their identity as a mother by making reference to having a unique bond with their now-adopted child, citing family resemblances between themselves and their child as a means of emphasising the importance of this relationship.

6.3.3 Irreplicable Bonds and Family Resemblances

“They were my babies. I had got a special...bond with them”.

Laura (Four years after children’s adoption).

As has been explored in Chapter 4, the relationship between a mother and her child has been socially constructed as being ethereal and “profound” (Verrier, 1993:13), with a mother’s purportedly naturally occurring love and affection understood as being crucial for the future psychological health of the infant (Gerdhart, 2015; Hays, 1996). The work of psychoanalysts such as Bowlby (1971) and Winnicott (1960) have been particularly influential in shaping popular ideas about the significance of the maternal bond, with Winnicott famously stating that there is “no such thing as an infant” (Winnicott, 1960:587), rather mother and child are psychologically united and function as one unit in the early months of a baby’s life (Verrier, 1993). To display unconditional love towards one’s children, to be able to intuit their needs and to enjoy a uniquely nurturing bond or relationship with them is therefore a key component of the social construction of what it means to be a “good” mother (Walkerdine and Lucey, 1989).

Many respondents expressed ideas about having an irreplicable bond or connection with their children. Amber felt that, despite never having cared for her son outside of hospital, she had a “sixth sense” and had known what he needed when he was in foster care, and Paige and Laura each perceived that they also shared a unique and important connection with their children. Lilly referred to her “mother’s instincts” in relation to her son and spoke about how difficult it was to be awake and separated from him during the night when living in a parent and child foster placement. Respondents seemed to wish to reinforce their sense of maternal identity by emphasising the unique strength and value of the bond that they shared with their now-adopted child, with the implication that this could not be easily replicated between a child and their adoptive parents. Indeed, the irreplaceability of the first mother’s bond with her child is supported within parts of the adoption literature, with Verrier (1993:15) asserting that an infant will inevitably be psychologically impacted by separation from their first mother, “...no matter how warm, caring and motivated” a replacement primary caregiver may be.

Maria, Stacey and Corvette each felt that their children, despite being very young, had been able to sense that there was something wrong during their final contact session with their mother, perceiving that their children had behaved differently or appeared less settled than usual. Maria’s son was an infant when she said goodbye to him and she explained, “He was already crying before...he had left the room...So I was just like, “No...I feel like he knows something”. Stacey also commented that her baby daughter, “Knew what was going on because she was very quiet”, and Corvette explained the behaviour of her daughter, who was a toddler at the time of the final contact session, by saying, “It was like she *knew*...She wouldn’t leave my side the whole contact...I was trying to get her to open her Christmas presents and she just wasn’t arsed”. Sophie’s daughter was three and-a-half years old when she was removed from the care of her mother, and Sophie recalled with sadness the special relationship that she and her daughter had shared and the trauma suffered by both mother and child on separation. She remembered, “[My daughter] had her arms around my neck and she was clawing at my neck...They took her in a car, crying her eyes out...She come to contact, [the following day], her hair had not been brushed, she still had the same clothes on as the day before, she had refused to take them off and refused to let the foster carers anywhere near her”. It appeared that both

respondents with older children who were able to express their anguish at separation and those with infants who were unlikely to be able to cognitively “know” that they would not see their mother again, understood separation as having been a traumatic and unsettling event for both themselves and their child.

Identifying family resemblances between themselves and their now-adopted children emerged as a further means by which respondents could demonstrate the significance of their status as a mother and attempt to redress the power imbalance between themselves and their child’s adopters. Five respondents, who had experience of “actively mothering” their child ranging from a few days in hospital to three and a half years in the community, made reference to similarities between the characteristics of their child who had been adopted and themselves or their other children. Information about children came, for all of these respondents, from letters sent by the child’s adopters. Chu-Chu was the only respondent in this group to be receiving up to date photographs post-adoption and this provided her with the opportunity to draw similarities between her own and her daughter’s physical appearance saying, “[My daughter] is gonna know that I am her mum. She is the spitting image of me”.

Katie, Corvette, Sophie and Sha-Sha were not receiving photographs of their children but were able to identify personality traits and characteristics in their children which were shared with other members of their first family. In citing information received in letters from her children’s adopters, Sha-Sha for example expressed delight and pride in her children when pointing out such resemblances saying, “[My daughter’s] favourite place to visit is the park...she loves to go on the swings and ride on her scooter...that’s what I loved!...[My son]...loves pasta, like [my partner]. He took his first steps right before Christmas, so did [my partner]...! It’s a coincidence that [my son] and [my partner] are like each other”. Similarly, Katie felt that her son who had been adopted “...takes after his sister” as, despite having been separated from each other in early childhood, the two young people each enjoy horse-riding in adolescence. Corvette felt that, based on the information she had received in letterbox contact, her daughter was like her as she was described as being “...very independent and...a strong-willed, feisty character”. Such resemblances appeared to cause Corvette to feel more confident that she

would be reunited with her daughter in future explaining, “[My daughter] is definitely going to [say], when she is older, ‘Where’s my mum? I want to see my mum”.

In summary, respondents appeared eager to communicate how valuable the maternal relationship had been to both themselves and their child. There was an implication within these assertions that a mother’s bond with her child is irreplicable and therefore that there would always be a role for the first mother in the life of her child which could not be filled by any other adult. Accounts of how traumatising the separation had been for children served to emphasise respondent’s assertions that the adoption decision had been inappropriate and indefensible. It also appeared to be important for respondents to be able to identify similarities between themselves and their now-adopted children, and the claiming of family resemblances provided a way for respondents to continue to assert their maternal status after adoption.

6.4 Resisting the “bad mother” label

“I just feel like, you know, there is people who have done worse things than I have been made out to do...and they still walk around with their children and it just seems so unfair, it does”.

Lula (Two years after youngest child’s adoption).

To be perceived as a “bad” mother within contemporary society can be a source of great stigma, pain and shame for women (Miller, 2005), with bad mothers having been constructed as being “demonic...destructive...denying...miserable and evil” (Sinai-Glazer, 2016:354). Given the centrality of motherhood to notions of women’s social and personal worth (Gillies, 2007), to be labelled as being “bad” can be stigmatizing and “deeply discrediting” (Goffman, 1963: 13), precluding women’s full social acceptance. Research has shown that mothers who are subject to greater stigmatisation, such as those living in poverty (Parrott, 2014), those whose children are the subject of child protection investigations (Walker, 2011), teenage mothers (Wenham, 2016) and those whose children are adopted from care (Charlton et. al., 1998) are particularly vulnerable to

being portrayed as being a “deeply flawed” (Morriss, 2018:816), “unfit” (Wegar, 1997: 77), or inherently “bad” (Mason and Selman, 1997:24).

When considering their experiences of having their mothering observed and assessed by professionals, some respondents used the language of success and failure. Sophie, for example, said that she felt that she had “...failed [her] parenting assessment” and Sha-Sha also used this language to explain why her daughter had been removed from her care saying, “I didn’t follow the exam...the assessment...Some bits I done right and some bits...no...”. Sha-Sha went on to explain that she was not offered the opportunity to live in a parent and child assessment unit with her second baby because she had “failed” with her first child in this setting. It is important to note here that Sha-Sha has additional learning needs and has little experience of achieving educational success, and therefore her likening of the social work assessment in respect of her capacity to care for her daughter to an “exam” can be seen as revealing the sense of inadequacy and helplessness which she felt during the process. Being the subject of negative evaluations therefore had an impact on the way that some respondents felt about themselves and their own efficacy, a theme which is echoed in other research conducted with parents who are subject to compulsory intervention in respect of their children (Broadhurst and Mason, 2013; Memarnia et. al., 2015).

Four respondents, Cassandra, Corvette, Lilly and Sha-Sha made reference to being unjustly perceived as being a “bad mum” by others and appeared to view the judgements of Children’s Services and the Courts in relation to their mothering as an indictment that they had been “bad” at mothering. Sha-Sha felt that staff in the parent and child unit had “...chatted behind my back, saying that I was a bad mum and they were gonna take [my children] away”, and Cassandra felt that her son’s foster carer had perceived her as a “bad mum...[who] didn’t deserve anything”. It appeared that being either “good” or “bad” was a binary issue for respondents, with little acknowledgment that a mother could sometimes be both “good” and “bad”, and respondents appeared very keen to resist the “bad mother” label at every opportunity.

Both Ruby and Laura expressed that they felt that it is not widely understood within society that children can be removed from their parents’ care on the

basis of being likely to suffer emotional harm and appeared to fear the judgement of others, who might assume that they had deliberately abused their children. Laura explained, “When you see these adoption events, they always go like, ‘The kids are from neglect or they have been abused’ and it’s like...they might *not* have been...I never harmed any of my kids, never hit any of my kids”. Such comments align with what Goffman (1963:130) refers to as “a self-betraying kind of stratification”, highlighting the propensity of stigmatised individuals to evaluate themselves positively in comparison with others whose stigma is more pronounced. Goffman (1963:14) also highlights a tendency within society to treat individuals who are stigmatised as though they are “not quite human” and both Laura and Rosie commented that they wished for others to realise that they were not “monsters”. Laura explained, “I think [first mothers] get treated like we are all monsters and some of us...are not”, and similarly Rosie said, “We are not all monsters...the people that I have met at...birth parent’s groups...they have all been lovely people”.

Alongside assertions that they had not been “bad” mothers, seven respondents expressed the idea that they had known “worse” mothers than themselves whose children had not been removed. Sha-Sha made reference to the infamous “Baby P” case and Chu-Chu spoke about “smack-heads” that she knew who continued to have care of their children. Maria and Katie each expressed that they felt that adoption was the right decision for *some* children, but that adoption had not been right in their case. Katie explained, “I think only adoption is if they have been in a violent relationship, *really* violent, and if the parents and that have been on drugs...not concentrating on their kids. That’s the only one. Or, if someone has been a sexual abuse. Not people who has got learning difficulties...that’s my opinion”. Such differentiation between the reasons for children’s removal from home echoes ideas within the healthcare literature relating to a “hierarchy of labels” (Huggett et. al., 2018:380), with some conditions such as HIV/AIDS (Fife and Wright, 2000) and mental illness (Huggett et. al., 2018) being associated with higher gradations of stigma and prejudice than other disorders.

When discussing concerns about being wrongfully portrayed as having been a “bad” mother, six respondents expressed a fear that their now-adopted children may perceive them to have been “bad” as a result of the messages which had been given to them by Children’s Services and their adopters.

This idea was found to be particularly painful for respondents, some of whom spoke of a need to seek forgiveness from their children for the mistakes of the past. Sha-Sha, for example, explained that she hoped that "...one day [the children] forgive [my partner and I]", and similarly Katie expressed anxiety about the questions that her son might ask her in the future saying, "I think...he is going to hate me...that he has got adopted. But sometimes things is not my fault...I didn't want it to happen". Sophie cried as she shared a similar fear that her daughter might "hate" her saying, "I... know she doesn't...[she'll]...understand that I was in a tough position...I did try to make it right...and I tried to do the right things but...I am not even sure what she has been told".

In summary, in keeping with the strength of the societal discourse around "good" and "bad" mothering, respondents appeared to perceive the judgements of Children's Services and the Court in relation to the adoption of their children as an indictment that they had been a "bad" mother and made efforts to resist this. In doing so, respondents referred to examples of "worse" mothers, both those who were known to them and those whose cases have been highlighted in the media, utilising othering as a rhetorical device to assert their own identity as being "good". While some respondents described that they had "failed" assessments, no respondent accepted the label of being a "bad" mother and were all keen to resist such an identity. It appeared particularly painful for respondents to consider that their now-adopted children may perceive them as having been "bad". Respondents' wish to re-assert themselves as being "good" and not "bad" can be seen as a way of reclaiming control of their own narrative and sense of self-identity in light of the stigmatisation and shame associated with having had their children removed and adopted.

6.5 Countering the dominant narrative

"What have the adoptive family been told about the parents..? We don't know what they are gonna be told because, I was lied to...From my experience, I was lied to when I was in care from Social Services and I don't want my children to grow up and be lied to like that".

Chelsea (One year after youngest child's adoption).

Connected to respondents' concern that their children may perceive them as having been a "bad" mother was the expression of a desire for children to be told the "truth" about their adoption and to have the opportunity both to know and know *about* their first mother. It emerged that respondents were aware that there were competing narratives about the events of children's early lives, often told by those in positions of power, and first mothers emphasised the importance of children receiving "true" information as perceived from their perspective. Adoptive parents were understood by respondents as being key gatekeepers in the provision of information to children and meeting with adopters appeared to provide respondents with some reassurance that they would be portrayed fairly.

Of 19 first mothers, 11 had met with their children's adopters and such meetings were described in almost exclusively positive terms. The eight respondents who were not offered the opportunity to meet their children's adopters appeared to experience heightened anxiety about the stories that children would be told about them, with Chelsea expressing the view that her children's adopters "Just want to hide behind closed doors". Laura was not offered the chance to meet her children's adopters and was aware that the only information that they, and therefore her children, would have about her was what was recorded in social work files. In redressing this, Laura decided to write a letter to the adopters, introducing herself and thanking them for looking after the children. She explained, "I wanted them to know how much I appreciated them picking the kids and...how grateful I were". Such comments are illustrative of the ongoing identity work which Laura was required to undertake, with a view to managing her children's adoptive parent's perceptions of her and thereby increasing the likelihood of positive messages being given about her to the children.

Some respondents expressed concern that their children would perceive their adoption as evidence they had been rejected or unwanted by their first family and this appeared particularly salient in cases where mothers had gone on to keep younger children in their care. Corvette, for example, explained, "[My daughter] is going to feel that abandonment of...I just let her go and I wanted her brothers, when that wasn't the case". It emerged that respondents were eager for their children to know the efforts that they had gone to to remain involved in their lives and the strength of their ongoing love

for them. Sha-Sha, for example, wanted her children to know that she "...never gave up", and Chelsea said, "It's not right that [my children] might not be told that I have been fighting for them". Louise had kept a journal and a folder of court documents which she planned to give to her children in the future and explained, "I have done as much as I can to get them back...and they will know all this...they are going to be able to see". By adding to her journal, Louise was able to continue to enact her maternal role, in the hope that she was making a positive contribution towards her children's future sense of having been loved and wanted. The collation of documents and resources in her journal can also be understood as a means for Louise to gather evidence as to her love for and ongoing commitment to her sons, evidence which she feared would not be included in the dominant narrative as told by Children's Services.

Sophie reported that it had been so important to her that her daughter knew that the adoption had happened against the wishes of her first parents that she had explicitly asked the Judge to make a note on the Adoption Order to say that that she and the child's father had not been in agreement with the decision. Sophie explained, "In the Order it states...erm, 'Birth parents attended. It is clearly evident that [my daughter] is loved very much'...erm, basically that we fought right through the process and that we...contested the adoption...So, when she is older and she reads that, she will know that...we didn't sign nothing". Sha-Sha, Lexi and Maisy also highlighted that they had deliberately not signed any documentation relating to their child's adoption. It appeared, in summary, to be important to respondents that there was evidence that they had not willingly relinquished their children but had resisted the power and control being exerted over them at every opportunity. Many respondents perceived that the information contained within children's social work files would give a damaging impression of them and sought to influence the information which receive children would have about them in the future. It emerged as being particularly distressing for respondents to consider that their children may come to hold negative impressions of them.

6.6 Guilt, shame and fear of judgement

“When people ask if I have got children I just say yes, but I will say...they are at school, or they are playing with their friends, or something like that...because of like...what they might think of you...I know what people will think if you turn round and tell ‘em”.

Ruby, (Seven years after children’s adoption).

Alongside constructions of what it means to be a “good” and “bad” mother, the emotion of guilt is recognised within the literature as being central to the work of mothering (Johnston and Swanson, 2006; Liss et. al., 2013; Skeggs, 1997), and can be understood as “feeling disappointed in oneself for violating an important internal value or code of behaviour” (Kaufman, 1992:125). The majority of respondents expressed feelings of guilt, shame and fear of judgement when thinking about their experiences of motherhood. In keeping with evidence about the pressure which some mothers feel to successfully breastfeed their children (Cronin, 2003; Lee et. al., 2014) and achieve a natural birth for example (Miller, 2005), both Cassandra and Maisy recalled feeling guilty when they found it difficult to establish breastfeeding following the birth of their first child and Maisy also expressed guilt at having needed to have a Caesarean section to deliver her son saying, “...There’s another failure as a mother already...”, an assertion which links to the findings described above in relation to negative evaluations of the self in light of social constructions of how a “good” mother ought to behave.

While there is no academically undisputed definition of shame (Gibson, 2019), the experience can be understood as a process involving an undesirable bodily state or feeling which is linked to a person’s negative evaluation of the self, happening as a result of the individual “failing to live up to a standard that the person believes they are responsible for” (Gibson, 2019:35). Shame leads to alienation and disconnection, as individuals retreat from relationship with others into feelings of self-consciousness, disconnection and despair (Dunford and Granger, 2017; Kaufman, 1992). While guilt relates to an individual’s regrets about their own behaviour, shame is an emotion about the self which is internalised and is more complex to address. As summarised by Walker (2011:454), “Guilt is about something

we have done; shame is about who we are". The emotion of shame has been recognised within the literature as having important relevance to experiences which are common among people who experience the intervention of the state in respect of their children, such as poverty and discrimination (Gibson, 2019; Parrott, 2014; Walker, 2011).

The majority of respondents described feelings of deep shame relating to their experience of having a child removed from their care. As illustrated in the quotation from Ruby above, the issue of whether or not to tell others that they have children who have been adopted was found to present a complicated dilemma for some respondents. Laura explained that this predicament had impacted upon her capacity to form new relationships with others saying, "I can't deal with that conversation. I don't want to say, 'No, I 'ant'...'cos I feel like I'm...pretending they don't exist, and I can't live like that. So, I struggle on basic conversations with people. I'm fine until they ask if I've got kids and then that's usually the key for me to run away". Similarly, Rosie said that, although she had received support from her friends to manage her recent cancer treatment, she chooses not to speak about the loss of her son with any members of her social network. Such management of what Goffman (1963:58) refers to as "undisclosed discrediting information about the self" and decisions about whether or not to attempt to "pass" as normal are acknowledged within the literature as being key tasks to negotiate in the identity work of individuals whose stigma is not immediately visible to others.

Alongside feelings of shame arising from the adoption of children, two respondents gave examples of feeling ashamed in public spaces during the intervention of Children's Services. Lula recalled feelings of acute shame when social workers arrived on the ward where she had been staying with her new-born son to take him into care. She explained, "It was so...degrading, like, in front of all them women who were looking at you. And they know what is going on, like, they are not silly...It was just so *horrible*". Similarly Cassandra described the experience of pushing her son's empty pushchair back to her home after he had been taken into foster care from a nursery setting. She said, "I am there with an empty pushchair...bringing it home. Absolutely flooded with tears, and everyone is looking at me like, 'You had a baby earlier, where's your baby gone?' And obviously then it's led

to...people talking about me in the street...'Oh, she has had her kids taken off her...what the hell has she done?'" Cassandra went on to say that the nursery from which her son was taken into foster care is close to her home and she makes efforts to avoid passing it each day so as not to be reminded of the pain of the day when she was separated from him.

Prior to their experiences of feeling shame in relation to motherhood, many respondents also described that they had been tasked with managing acutely painful feelings of shame and stigmatisation as children. This is significant because evidence from the psychotherapeutic literature indicates that, while shame can be a healthy aspect of socialisation, overwhelming feelings of shame without human connection in childhood can be traumatic and can have an impact on individuals throughout their lives (Lee, 2007; Walker, 2011). Cassandra, for example, remembered that she was not able to invite any friends to her home as a child because it was very cluttered, and also spoke of her shame at suffering a miscarriage at the age of 15 after being sexually exploited, perceiving that her peers viewed her as "...a dirty little slag". Maisy remembered that other young people at school found out that her stepfather was a sex offender and described feelings of deep shame about this. Rosie recalled that as a child she would tell her friends that the foster carer who was looking after her was actually her grandparent saying, "All the way through high school, I always said he were me granddad. And then when he threw a birthday party for me and a few of me friends came, I said me mum were at work...she couldn't get time off, that's what I told them".

In summary, respondents expressed guilt about some of their experiences of "actively mothering" their children. Even more significant was the pervasive sense of shame which many respondents appeared to feel in relation to the experience of having their children removed from their care. Some respondents also recounted shameful experiences in childhood relating to growing up in poverty, suffering abuse and neglect and being looked-after in foster care themselves. Feelings of having been disgraced and socially shunned and the requirement to manage discrediting information about the self was continuing to have an impact on the daily lives of respondents and their ongoing conceptualisations of themselves, often many years after the loss of their child to adoption.

6.7 The centrality of motherhood to respondents' sense of identity

"[Caring for my children] just give me a purpose...I was really busy and...your days would go quick ...I just felt it gave me purpose in life".

Ruby (Seven years after children's adoption).

Previous research has identified that motherhood can instil a sense of meaning and purpose in life, particularly for young mothers (Arai, 2003). As illustrated in Table 4, Stacey, Lilly, Ruby and Laura had all spent periods of years caring for one or more of their children at home and each of these respondents reported that being a mother had given them a sense of purpose in life. On a practical level, Stacey and Ruby each commented that actively mothering their children had taken up a lot of their time on a day-to-day basis and Stacey said that, after her children had been removed she wondered, "What can I do with myself?", and stopped regularly leaving the house. Lilly explained that a sense of purpose was instilled in her when she became pregnant at the age of 16 saying, "...It was the best thing...I think, for so long growing up, I never really understood what my purpose was in life..."

It was not only respondents who had extensive experience of actively mothering their children who commented that their sense of purpose had been lost when their children were removed, however. Lula, whose experience of caring for her children constituted "a few days" spent in a parent and child foster placement with her eldest child also commented, "Obviously, my purpose was taken away with my kids". Lula explained that she took the opportunity to bond with her second child during her pregnancy because she was aware that he would be removed from her care shortly after birth explaining, "[My partner and I] used to cry, we knew the time was coming...when I was due to give birth. I didn't want to go into the hospital, but I knew I had to". Similarly, Cassandra said that her favourite memories of her son took place during pregnancy saying, "...he was in my belly and no one could take him away from me...He was protected and having everything he needed in there". Given that the state of pregnancy typically ends in the productive and purposeful work of motherhood, there was a sense that both the everyday work of mothering in the present and the anticipated futures which mothers had planned for themselves and their children had been

abruptly disrupted when respondents' children were removed and this had an impact on some mothers' sense of what it meant to live a meaningful life (Morriss, 2018). The idea of anticipated or imagined futures emerged as being universally significant for respondents and is explored in further detail within Chapter 7.

The making of an Adoption Order has the legal effect of permanently severing a child from their first family (Brayne and Carr, 2013). Despite the finality of this decision, there was a clear sense that respondents wished to continue to assert their maternal identity and this was apparent in the language that they used, with Cassandra referring to herself as her children's "...*actual* mum...rather than the adopters" and Lilly, stating, "[My children] *have* a mum". Ruby expressed her view that the granting of a legal order did not erase her role in her children's lives saying, "Even though they have been adopted, I am still a mum...I am still *their* mum". Similarly, Amber asserted that her son, who was removed from her care at birth was "...still my little boy". Katie reflected that she did not "...feel like a mum anymore..." after her two eldest children were removed from her care and this was very distressing. In summary, respondents appeared to have a strong desire not to surrender their identity as their children's mother and continued to view their status as a "good" and not a "bad" mother as being central to their own identity. Skeggs (1997) differentiates between caring *for* one's children and caring *about* them. While none of the respondents were looking after their now-adopted children on a day-to-day basis, all respondents expressed deep concern for the welfare of their children and were keen to continue to assert their maternal identity wherever possible.

6.8 Conclusion

In conclusion, a theme emerging from interviews with first mothers was the impact of the adoption decision on their sense of self and identity. Respondents intended to be good mothers to their children and it was common for women to assert either that they *had* been "good" mothers, or that they *would* have been "good" if only they had been given a fair chance to demonstrate this. Respondents appeared to view the judgements of Children's Services and the Courts in relation to their mothering as an indictment that they had been a "bad" mother and all respondents resisted

this label, sometimes providing examples of “worse” mothers they had known whose children had remained in their care. Although none of the respondents appeared to view themselves as an inherently “bad” mother, some used the language of “failure” to describe their experience of being negatively assessed, revealing the impact of the child protection and adoption processes on vulnerable women’s sense of their own self-efficacy. It emerged that respondents were extremely concerned that their children may perceive them to have been a “bad” mother or believe that they had been rejected by their first family. Mothers spoke of the efforts that they had made to counter narratives about them as recorded in children’s social work files and when first mothers were offered the opportunity to meet with adopters, this appeared to provide some reassurance that they would be fairly represented. The corrosive impact of shame on respondents’ sense of self could be felt during interviews, with shame relating to children’s removal continuing to impact on some respondents’ daily lives many years later, for example in the dilemma as to whether to tell others about their maternal status.

This chapter also highlighted how the sample were far from homogenous, with respondents having significantly different experiences in, for example, their experiences of “actively mothering” their children. Although some respondents asserted that their purpose had been lost when their children were adopted, all respondents appeared to wish to maintain the status of being a mother and continued to see this role as being central to their identity and sense of self. While the making of an Adoption Order had ended respondents’ legal link to their now-adopted child, respondents continued to view themselves as mothers. It also emerged that every respondent held ideas about future reunion with their now-adopted child and this theme is explored within the next chapter.

Chapter 7- The Reclaiming of an Imagined Future

7.1 Introduction

In the previous chapter, it was identified that all first mother respondents wished to maintain the status of being a mother in spite of the adoption decision and continued to see this role as being central to their identity. This chapter explores another theme arising from respondents' accounts of the loss of a child to adoption; every respondent held ideas about an imagined future in which they expected, or hoped, that their child would return to them. This chapter aims to continue to address one of the study's research questions, "How do first mothers who have lost a child to adoption construct and understand their identity as a mother over time?", focusing particularly on the idea of an imagined *future*. In the context of their current position of relative powerlessness, respondents were able to construct their condition of separation from their child as being temporary. Time operated as a site of power and control in first mothers' lives and there was a sense for some respondents of living from a position of extended liminality (Kelly, 2008; Neale and Crow, 2018; Turner, 1969), in anticipation of an imagined future in which they hoped to be reunified with their child. Respondents' ideas about reunion are in keeping with existing evidence, which describes a process of yearning, waiting and hoping for the now-adopted child's return (Harris and Whyte, 1999; Hughes, 1995; Morriss, 2018; Scourfield and Hendry, 1991).

Another research question, "What impact does post-adoption contact have on first mother's experiences of grief and loss?" is also addressed within this chapter. Although keeping in touch with their child via post-adoption contact was found to be extremely valuable to first mothers, it could be very painful when respondents were not permitted to make reference to their maternal status within letters. As will be shown, adoptive parents, Local Authority post-adoption services and the policies which were in place relating to the management of contact all acted to exercise control over the extent to which respondents were able to enact their maternal role. There emerged a clear theme of powerlessness in respondents' accounts of maintaining contact with their children, with adopters conceptualised as gatekeepers who held decision-making power, and this awareness led to anxiety in respondents

about inadvertently jeopardising contact arrangements (Memarnia et. al., 2015; Neil et. al., 2013; Selwyn et. al., 2006; Sykes, 2001). When adopters did not participate in post-adoption contact in the way that they had agreed to at the time of the child's adoption, this was experienced as an upsetting challenge to the legitimacy of respondents' maternal status and could impact on their perceptions of the likelihood of future reunion. Despite the adoption decision, it emerged that children were psychologically present in the hearts and minds of their first mothers on a daily basis (Fravel et. al., 2000), and mothers' experiences of the psychological presence of now-adopted children in their lives are also explored within this chapter.

Following this introduction, the chapter begins in Section 7.2, with exploration of findings relating to respondents' varying hopes and expectations about a future reunion with their now-adopted child. Evidence that some respondents sought to utilise the possibility of reunion as motivation to recover from the difficulties which they experienced in their lives is explored within section 7.3. In section 7.4, findings relating to the plans which some respondents had made to contribute to children's futures are discussed, and in section 7.5 respondent's ideas about utilising reunion as an opportunity to tell children the "truth" about the events of their early lives and thereby redeem their status as a "good" mother are explored. Within section 7.6, respondents' accounts of experiencing upsetting challenges to their maternal status which influenced their perceptions of the likelihood of future reunion are discussed. The chapter goes on, in section 7.7, to explore respondents' experiences of the psychological presence of their now adopted children in their daily lives.

7.2 The expectation of reunion

"[Saying goodbye]...was hard, because I wasn't going to see [my daughter] now until she is 18...Obviously, they will come back to you".

Lexi, (Four years after child's adoption).

The construction of imagined futures can, for individuals, be part of a "reflexive project of the self" (Neale and Flowerdew, 2003:194), with continually reconstructed conceptualisations of one's past and present selves influencing ideas about an anticipated future (Hardgrove et. al., 2015; Neale and Crow, 2018). As illustrated in the quotation from Lexi above, it was

evident in the language used by some respondents when talking about the future that reunion with their now-adopted child was understood as an expected event which they felt would definitely happen. Katie, for example, also commented that saying goodbye to her son was painful because it was the last time that she would see him “Until [he] was 18”. Corvette felt that it would be useful if she could receive photos of her daughter, so that she and her other children would know what the child looked like when she returned to them as an adult, and Ruby expressed a similar view about the importance of photographs saying, “[If I didn’t receive photographs], when they come back, I am just gonna see them as these little girls still...as we are getting pictures, we are able to see the changes in them, so...it is not going to be as much of a shock when they come home”. Ruby’s use of the phrase “come home” in this context could be seen as demonstrating her ongoing claiming of ownership of her maternal status and the sense that her now-adopted children belonged with her. These respondents appeared to be unaware that their children might perceive their adopters as being their “real and only” parents (Narey, 2011:7).

For most respondents, it was understood that reaching adulthood at 18 would be a key event in their child’s life, after which they would have increased decision-making power about whether to make contact with their first family. It is identified within the literature that birthdays can turn adopted children’s thoughts to their first families (Watson et. al., 2015), and as will be explored within Chapter 8, such occasions can also be a particularly upsetting trigger for first mother’s feelings of grief (Coleman and Garratt, 2016; Henney et. al. 2007; Howe et. al., 1992; Madden et. al., 2018). However, for some respondents, the passing of each year was also experienced as a step closer to reunification. Sophie, for example, explained, “[My daughter’s 18th birthday] is only 12 years away and...from her being taken to now, that has gone very fast”. Respondents could therefore experience the passing of each year as a step towards a longed-for future.

Other respondents had a sense that their child might come to find them before they turned 18 and had a particular age or stage of their child’s development in mind. Chu-Chu, for example, said that she hoped that her daughter would come and find her when she was 10 years old, and Lilly and Sophie each commented that their children may return to them in

adolescence. Louise's children were adopted by a male same-sex couple and Louise felt that, because the children were not growing up with an adoptive mother, reunion may happen before her children turned 18 explaining, "There is room for me to be in their lives...". Paige was also confident that she would have a role to play in her son's life in the future. She said, "I can't look for him or go and find him until [he is] 18 years old... if *he* wanted to come and find *me*, then I think....it's either 14 or 16, then he can come and find me and I can then make that relationship with him...I am praying that...he is gonna wanna come and find me when he is 16".

Time can be understood as a "fluid and multidimensional" social construct (Neale and Crow, 2018:24), subjectively experienced by individuals in, for example, the pace and tempo at which lives are lived. The powerful institutions of the courts and post-adoption services were found to have structured the time horizons of respondents as they held in mind ideas about how long they might be waiting for reunion (Adam, 1990). There was a sense within the accounts of some respondents of lives being spent waiting, with first mothers living outside of time in a condition of extended liminality, uncertainty and disconnection from the mainstream (Kelly, 2008; Morriss, 2018; Neale and Crow, 2018; Neumann, 2012). While the work of mothering young children is typically understood as a busy period of life in which time is experienced as passing quickly (Baraitser, 2009; Lavelle, 2020), for many respondents the years of their child's growing up appeared to be experienced as a period of dislocation and there was a sense within some respondent's accounts of lives being "on hold" in expectation of reunion.

Six respondents demonstrated awareness that, if they were to be reunited with their child in the future, they would have a different kind of relationship because the child had grown up within another family. Amber cried as she explained, "I am not gonna see that little boy now 'til *he* decides. 'Til *he* chooses...because [the adoptive mother] is his mum....She has brought him up...Yeah, I give birth to him but...I 'ant done all t'hard graft...He is a credit to *that* lady". Corvette was also aware that her role in her daughter's life would be different in the future and said, "I don't think I will ever be her mum...she has got *that* mum, 'ant she...". Sha-Sha expressed that it would be her children's decision about whether or not they sought her out in the future and said, "If they don't want to come back to us, I can understand. I

will hurt but...at least they are happy. That's all I care about". Similarly, Lula said that she would like her children to return to her but said that she "...wouldn't force them". These respondents were able to acknowledge that it would be their children's choice as to whether they sought contact with members of their first family in the future and were aware that there was a possibility that a future reunion may not happen. In summary, while every respondent hoped for a future reunion with their now-adopted child, it emerged that some first mothers acknowledged the possibility that reunion may not take place and that their future relationship with their child would be different in light of the adoption decision. In keeping with Neil's (2003) findings, the length of time which had elapsed since the child's adoption did not appear to have any relationship to the level of such psychological adjustment experienced by first mothers.

7.3 Reunion as a motivation for recovery

"In the future time, I don't wanna get ill and then [my children] come back and then they start crying and saying, 'Why did you have an eating disorder? Why didn't you keep strong until I come back?'...So, I am doing it for them, at the end of the day".

Sha-Sha (One year after youngest child's adoption).

Research with young people undergoing transitions has identified that, while accounts of imagined futures have little predictive power (Hardgrove et. al., 2015; Neale and Crow, 2018), the construction of "possible selves" of the future can, under the right conditions and with adequate support, provide motivation for constructive action in the present (Hardgrove et. al., 2015:163). As illustrated above, Sha-Sha was motivated to recover from the mental health problems which she had experienced throughout her life so that she would be well upon reunion with her children in the future. There was a sense within Sha-Sha's account that she did not wish to let her children down and that it would be positive for her children to know that their first mother was living a healthy and productive life. Other respondents also expressed thoughts about utilising future reunion as a motivation to move forward with life in a positive way. Cassandra, for example, explained that she had attempted suicide following the loss of her children and a friend had intervened and reminded her about the significance of her maternal status.

She remembered, “[My friend] made me realise...what good am I to my kids if I’m dead?...They are gonna come looking for me to want those answers. And it’s gonna give them a broken heart if I’m dead”.

Some respondents had already taken action towards recovery at the time of their interview. Sophie, for example, was beginning to explore volunteering for a domestic violence charity, Maria had enrolled on a cookery course and secured a job interview and Maisy and Paige had each returned to education. Amber, Corvette, Chu-Chu and Ruby had been able to evidence progress to the extent that pre-birth assessments in respect of their youngest children had concluded that separation was not necessary. It is recognised within the literature that, particularly for younger or more vulnerable women, becoming a mother can act as a catalyst for individuals to make positive changes in their lives (Benders-Hadi et. al., 2013; Devito, 2007; McDermott et. al., 2004), and respondents also appeared to wish to utilise their maternal status and the prospect of future reunion as a motivation to work towards recovery.

In keeping with the findings of research with young women negotiating stigmatised motherhood (Wenham, 2016), some respondents expressed a desire to prove themselves to their children and their adoptive parents, seeking perhaps to cause others to reappraise their “spoiled” maternal identity (Goffman, 1963:1). Sophie, for example, said that she wanted to “prove” that she was “...making the right choices for [her]self” so that her daughter’s adoptive parents would allow her to play an active role in the child’s life, and Chu-Chu said that she wanted to show her daughter that she had “...done [her] best in life”. Cassandra also wanted to improve her life, however it was the professionals who she felt had wrongly judged and labelled her whom she wanted to show that she had changed. She explained, “I am...trying to better myself...and go, ‘You can’t bloody use this no more...You can’t...use this anymore. You can’t turn round and tell me that I am a bad person...I have bettered myself’...But getting that point just seems like an endless journey that’s not going to happen”.

Louise reported that her own mother had encouraged her to “...live [her] life so that when [the children] come and find you, they know that you are good and that you have done well”. Louise felt that this was “...a lot easier to say than do” and explained that, although she had an ambition to have a career,

she felt guilty about moving forward in life without her children. She explained, “I am hoping I can...do stuff with my life that I enjoy, but it’s just when I’m ready, mentally...and not feeling guilty about doing these things, or moving on, or feeling happy...’Cos that has held me back as well, feeling guilty...I want to be with *them*. I shouldn’t enjoy myself”. Laura expressed similar thoughts about time standing still until reunion, saying that her plan was “...just to try and get through every day”. In summary, some first mothers were able to use hope of reunion with their now-adopted child as motivation to implement positive changes in their lives. Respondents appeared to know from past experience that making changes and overcoming difficulties which they encountered in their lives would not be easy, and some first mothers appeared to feel that it would not be possible to move on with life until their children had returned to them.

7.4 Contributing to children’s futures

“I am going to think about opening a savings account for [my sons] and adding so much into that a week, or every two weeks, for when they get older...I mean, I know they’re probably well off with the people they are with now but...still.”

Louise, (Two years after children’s adoption).

As illustrated above, Louise planned to open a savings account so that she could make a financial contribution to her children’s futures. Sha-Sha and Sophie each also said that they had set up bank accounts on behalf of their children and were making regular payments so that they would be able to give money to their children in the future. Such behaviour can be understood as a way of respondents enacting motherhood and keeping their maternal role alive, and it appeared to be helpful to these respondents to feel that they could still give something of value to their child, despite the adoption decision. Sha-Sha explained that she and her partner were keen to make a contribution to their children having positive experiences of independence in the future saying, “Me and [my partner] made a savings account for [our children]...so when they get older, they can have a nice little flat, and they can have kids and stuff”. Sha-Sha’s wish for her children to have a safe home in which to parent their own children is notable, given her own experience of living in hostel accommodation after experiencing the removal of her children

at the time of her interview. Sha-Sha wished for her children to have a different experience to her own, a theme which was explored within Chapter 6 and is acknowledged within the literature as being common to motherhood (Arai, 2003; Green, 2010, Kuhn 1995).

Similarly, Laura explained that she had emphasised in a letter to her children's adopters that she would always be there to support them if this was needed in the future. She explained, "[I told the adopters] that...if any of them kids are poorly, or they need a lung, or they need a liver, or they need anything...I will be there. I will be straight to the hospital and like, give me kidney to 'em, if they needed it". The depth of the ongoing love that Laura feels for her children can clearly be seen in this commitment to their health, and the comment could also be understood as a way of Laura reclaiming ownership of her maternal status, emphasising her enduring biological and genetic link to the children, in spite of their separation from her. In summary, some respondents expressed a desire to be able to contribute to their children's future financial stability and health and had plans about the way that they would do this. Such assertions appeared to support respondents to feel that they would be able to play a part in the child's life in future and acted to legitimise their ongoing maternal status.

7.5 Reunion as redemption

"[I hope] that they come and find me. And I can tell them the truth, that they were forcibly adopted, without my permission".

Chelsea (One year after most recent adoption).

Three respondents, Chelsea, Sha-Sha and Maria expressed clear ideas about reunion with their children as presenting an opportunity for them to tell the "truth" about the reasons why they had been adopted. Such ideas echo respondents' concerns about the way in which they would be represented by others and relate to the centrality of motherhood to respondents' identity as explored within Chapter 6. Respondents wanted to be perceived as "good" and not "bad" mothers and were aware that information recorded in children's social work files would give a very negative impression of them as mothers. Sha-Sha explained, "I am gonna tell [my children] the truth. I am gonna be blunt and tell them the truth. Because some people lie. But I am gonna tell

them why I couldn't look after them". Some respondents therefore appeared to view the opportunity to tell their children the truth as a means of achieving redemption from their "spoiled" identity as a mother (Goffman, 1963:1), and planned a future with their child in which they would be able to enact their role in the way which had previously been denied to them.

In summary, some respondents appeared to perceive reunion with their child as an opportunity for redemption and hoped to be able to tell their child the "truth", reclaiming ownership of the story of their lives which had thus far been dominated by the more powerful narrative perpetuated by Children's Services. The reality that not all adopted children seek to reunite with their children (Howe and Feast, 2000), and the difficulties associated with reunion when it does occur (Gupta and Featherstone, 2020), are acknowledged within the literature. There is clear potential for huge disappointment if events do not unfold in the way which respondents hope for.

7.6 Challenges to perceptions of the likelihood of future reunion

As outlined above, respondents all held ideas about future reunion with their children which appeared to support them in coping with overwhelming feelings of grief and loss in the wake of the loss of their child to adoption. It also emerged that many respondents had experience of the legitimacy of their connection to their now-adopted child being challenged post-adoption. Such challenges appeared to impact on respondents' perceptions as to the likelihood of future reunion and often resulted in feelings of deep pain, anger and distress. Two examples of such challenges, the renaming of children and censorship in letters and the breach of contact arrangements, are explored within this section.

7.6.1 The renaming of children

"They only just told me recently that [my daughter's] name has been changed...I have been calling her [first name] for so long and she hasn't even been that...They have been keeping a lot of things from me".

Chelsea, (One year after most recent adoption).

One of the ways in which every respondent had been able to enact an “active” mothering role was by giving their now-adopted child a name. Each respondent told a story about the significance of the names that they had chosen for their children and many had a family connection or were associated with people who had played an important role in the respondent’s past. Chelsea, for example, named one of her children after a favourite member of staff in a residential home that she had lived in as a child and Paige, who had lost two older children to adoption, chose to combine these children’s names to create a name for her third child. The question of whether adoptive parents should have the right to rename children has received attention in both the left and right-wing press (Gallagher, 2012; McAlpine, 2013), with concerns being expressed regarding the class implications of particular names and the suggestion that, while renaming a child upon adoption constitutes a disregard for their previous life and first family identity (McAlpine, 2013), prohibiting the renaming of a child may impact on the prospects of children being adopted (Gallagher, 2012).

Two respondents, Chelsea and Chu-Chu were aware that one of their children had been renamed by their adoptive parents. Chu-Chu knew her daughter’s new name and expressed distress that the decision to rename the child had been made, particularly because she had a tattoo of her daughter’s birth name inscribed on her wrist. Chu-Chu explained, “Her name is [new name] now. They have changed her name...Her name meant to be [first name] and they have changed it to [new name]. I should keep her name [on my tattoo] how it is....That means I didn’t forget about her, innit?...If I leave her name there, then she know...her mum ‘ant forgot about ‘er one bit...”. Tattoos have been recognised within the literature as a way for mothers living apart from their children to embody motherhood and memorialise their lost child (Morriss, 2018), and the changing of Chu-Chu’s daughter’s name presented a challenge to her maternal status which proved emotive and difficult for her. As illustrated in the quotation above, one of Chelsea’s daughters had also been renamed upon adoption and, in contrast with Chu-Chu’s experience, Chelsea had been told that she was not permitted to know the new name by which her daughter was known. As well as causing emotional pain, not being aware of a child’s name would also make it very difficult for first family members to initiate reunion activity in the future.

7.6.2 Censorship in letters and the breach of contact agreements

"[In letters to the children] you can't say...mummy or daddy, you can't say...that you love 'em. You can't say...the hometown you are in...you can't state their siblings. There is not a lot you can say...It's just a formal format basically".

Lula (Two years after youngest child's adoption).

Participating in post-adoption contact was one way in which respondents were able to continue to hear news about their children and maintain a sense of their maternal identity. As illustrated in Tables 2-4 within Chapter 6, contact for most respondents took the form of a letter sent between themselves and their child's adopters once or twice per year. These arrangements were not running smoothly for all respondents, with Chelsea, Maisy, Maria, Corvette and Laura reporting that contact was either sporadic or not happening at all. In keeping with the findings of previous research (Memarnia et. al., 2015; Neil et. al., 2013; Sykes, 2001), when it was happening, contact emerged as being extremely important for respondents, with Katie describing receiving letters from her son as a "relief", Lula saying that her contact with her children "means the world", and Ruby explaining that receiving letters from her two adopted daughters was "emotional but nice".

In spite of the value to first mothers of being able to hear news of their now-adopted children, almost all respondents expressed frustration at the very limited role which they were able to play in their children's lives and wished for more frequent contact, for photographs to be included in contact or to be able to see their children face-to-face. Stacey and Lilly were the only respondents with plans for direct contact after adoption and each of these women were able to see their children once per year. Stacey's contact was yet to commence at the time of her interview and she was looking forward to this. Lilly explained that contact sessions could be a trigger for difficult memories and emotions for her and, while she longed to see her children, she expressed similar frustrations to other respondents about the very limited role that she was able to play in their lives and wished to be able to exercise her role as a mother more fully. She explained, "The hardest thing is...it's

like going to visit strangers. They are not my kids...I think once a year makes it hard, because what's the purpose of that?...Why can't I see them more?" As illustrated in the quotation from Lula above, the information which respondents could convey to their children as part of indirect contact was heavily circumscribed by post-adoption services (Gupta and Featherstone, 2020). Five respondents recounted rules such as not being permitted to refer to themselves as "Mum" or "Mummy", instead having to sign letters with their first name only. Chelsea described such censorship as being "hurtful" and Lexi felt angry that letters from her daughter's adoptive parents referred to members of the adoptive family as "grandparents" or "cousins" without acknowledging Lexi's status as her child's first mother. Information about children came from their adoptive parents and this presented a further means by which adopters acted as gatekeepers as to the extent which first mothers were kept up to date about their children's progress. Corvette found this frustrating explaining, "I get a poxy letter, that is all I have got, and that's what they *want* to tell me...they are limiting themselves to what they are telling me, obviously".

Sophie had a different experience to other respondents, as her daughter, who was adopted when she was nearly five years old, had written her a letter which was addressed to "Mummy Sophie". She explained, "I asked if we could have a picture what she had drawn...but they never got back to me....When I went to collect my letters...I opened the envelope and I saw the pink paper and I went, 'Aw, look mam, she has drawed us a picture'. [The worker] went, 'I think you have got a little bit more than a picture'. And that was when I opened it up and saw that [my daughter] had wrote a letter! They said in the bottom of their letter they apologise that it was a bit late but [my daughter] wrote seven times and then remembered something else she wanted to tell us...She wrote this all by herself!" Having received correspondence directly from her child and having her maternal status acknowledged explicitly in this way was extremely meaningful, emotive and reassuring for Sophie, and appeared to support her confidence that her daughter was being well cared for.

When considering indirect contact, it emerged that some respondents felt very anxious about inadvertently jeopardising arrangements by saying the 'wrong' thing in letters to their children and this could make the emotionally

demanding task of keeping in touch with children indirectly even more difficult. Previous research has also identified this as being a significant concern for first parents (Hughes, 1995; Memarnia et. al., 2015; Neil et. al., 2013; Selwyn et. al., 2006; Sykes, 2001). Lula explained, “I panic in case I say the wrong thing and the letter gets rejected”, and Amber said, “You have got to watch what you put...I get that pen and that piece of paper and I am lost”. Laura described the significant anxiety that she encounters every year when writing to her children, saying, “Cos I’ve got post-traumatic stress disorder...I always think [when the letter from the adopters is late], maybe I have said summat in’t letter what I shouldn’t have done...” Laura described the process of writing a letter as being very difficult saying, “I think it must have took me like, eight month. I kept...writing it and thinking...’Oh I better not put that, ‘cos I don’t want to upset anybody’...”

As described within Chapter 3, there is potential for misunderstanding and disappointment within adoptive families when letters are not replied to (Logan, 1999; Macdonald and McSherry, 2011; Selwyn et. al., 2006). Some respondents explained that, for complex reasons, they had not been able to keep their agreement to write annually. For Paige, such difficulties were bound up with strong feelings of loss and shame. She explained, “The first...two or three years...I never wrote back to [my son’s adopters] because I never knew what to say...What do I say? I’m still in the same situation...just had another daughter [who was removed at birth]...I didn’t really want to turn round and be like, ‘I have made the same mistake twice’...I just never knew what to write to them”. Paige went on to explain that, after making positive changes in her own life, she had recently been able to write a letter to each of her children remembering, “I bawled my eyes out when I was writing it, but...I finally sent them one”. Indirect contact was generally not working well for respondents as a means of keeping in touch with their children and, while letters were treasured by respondents, the process of writing a reply could trigger strong feelings of grief, loss and powerlessness associated with children’s adoption.

Feelings of powerlessness and frustration emerged as being central to respondents’ experiences of post-adoption contact, with adopters understood as holding all of the decision-making power. Lilly, for example, explained that the length of time which she is allowed to spend with her

children each year in direct contact "...depends on the adopters" and said that she is not told the proposed time or location of the meeting until "...a couple of days before". Sha-Sha explained that she and her partner had been advised that they would need to "build [the adopters'] trust" before they would be allowed to receive photographs of the children, due to concerns that the images could be posted on social media. Similarly, Sophie expressed her plan to keep up with writing letters back to her daughter saying, "I just hope that...[the adoptive parents] don't stop that...I mean, I don't think they *will*...I was really thankful that they accepted a birthday card for her". Chelsea summarised the power imbalance between herself and her children's adopters in commenting, "I don't know nothing about them...but they know stuff about me".

In summary, having their capacity to assert their maternal status curbed by adopters, post-adoption services and the policies in place relating to the management of indirect contact was extremely frustrating for respondents, and anxiety about the information which children would receive about them appeared to impact upon respondents' perceptions of the likelihood of future reunion. In spite of the complexities of navigating this system, every respondent continued to value letters about their children very highly and many spoke about the need to keep such letters safe. Being a mother to their now-adopted child remained centrally important in respondents' constructions of their own identity and, as well as holding ideas about future reunion, every respondent reported that they experienced the presence of their children in their thoughts on a daily basis (Fravel et. al., 2000).

7.7 The psychological presence of now-adopted children

As has been illustrated thus far, respondents continued to perceive their status as a mother as being central to their sense of identity following the loss of a child to adoption and held hopes and expectations of future reunion with now-adopted children. This section explores a further theme arising from this research; mothers' sense of psychological and emotional connection to their children did not end when children were adopted and children remained present in the inner lives of their first mothers post-adoption. As identified within Chapter 4, the term "psychological presence" refers to the "symbolic existence of an individual in the perceptions of family members" (Fravel et.

al., 2000:425), or the presence of a lost loved one “in the heart” or “in the mind” of the people closest to them. Previous research has identified that now-adopted children remain psychologically present in the hearts and minds of their first mothers as they go about their lives (Broadhurst et. al., 2017; Fravel et. al., 2000; Mason and Selman, 1997; Morriss, 2018), with mothers whose children have been adopted being described by Morriss (2018:819) as being “haunted” by children who are both “there and not there at the same time”.

Within this section, respondents’ experiences of the psychological presence of their children, children’s presence in mother’s homes through photographs and situations identified by respondents as having potential to trigger stronger feelings of grief and loss are explored. As discussed within chapter 4, parallels can be drawn between the loss of a child to adoption and the death of a child (Mander, 2006). Evidence relating to bereaved parents’ experiences of psychological presence is drawn upon within this section in understanding first mothers accounts of their now-adopted children’s presence in their hearts, minds and homes post-adoption (Fravel et. al., 2000).

7.7.1 Thoughts of now-adopted children

“[I think about my children] all’t time...Sometimes I don’t think about them. And other times its worsen than others...but I miss them daily. There’s not a day that goes by that I don’t think of ‘em”.

Laura, (Four years after children’s adoption).

As illustrated in the quotation above, Laura explained that thoughts of her three now-adopted children are never far from her mind, and all of the 19 respondents reported similar experiences when considering the psychological presence of now-adopted children in their lives. Maria, Stacey, Paige and Sha-Sha each said that they think of their children “...all the time”, and Lula shared that she thinks of her children “...every single day”. Amber said that she thinks of her now-adopted son “24/7”. Chu-Chu said, “[My daughter] is always there, at the back of my head”, and Louise explained, “You always feel it. It’s there every day...[My sons] are always in the back of my mind and then...obviously come to the front of my mind, every day”.

For some respondents, thoughts of their children appeared to be deeply troubling and associated with feelings of helplessness, yearning and painful memories. Lexi, for example, explained that she thinks about her children "...All the time...and *wish* that they could stay back in contact wi' me". Cassandra explained that she has experienced difficulties with sleep which she associates with thoughts of her children saying, "[I think about my children] every day... Recently I have started actually having nightmares quite a lot, to the point where I am just not sleeping". In contrast, Maisy explained that she derives some comfort from spending time remembering her now-adopted son. She reflected, "I don't want to forget him. And even though sometimes it's upsetting, I like thinking about him. Because I love him".

Lula, Stacey and Ruby all commented that they regularly speak about their now-adopted children with those closest to them and, in parallel with the experiences of bereaved parents who would seek to ensure that their children are not forgotten (Cacciatore and Flint, 2012; Hindmarch, 2009; Rosenblatt, 2000; Tedeschi and Calhoun, 2004), it appeared to be important to some respondents that their children were kept alive in the memories of members of their wider first family. Whether the psychological presence of children was experienced as troubling or reassuring, the evidence is clear that respondents continued to think of their children often as they went about their daily lives. The psychological presence of children in their first mothers' lives was also illustrated by photographs of the children which were observed during interviews to be displayed in the homes of many first mothers who took part in the project.

7.7.2 Children's presence in the home through photographs

"They are all over my walls, as you can see".

Maria, (Two years after youngest child's adoption).

Research on parental bereavement highlights that photographs of deceased children are often prominently displayed in the homes of their parents, emphasising the psychological presence of children in the minds of their families and confirming the parent's social status as a mother or father to

their child (Riches and Dawson, 1998; Cacciatore and Flint, 2012; Mander, 2006; Rosenblatt, 2000). For ethical reasons, it was not possible to include identifiable photographs of children within this project, however it was notable during interviews, which mainly took place in respondents' living rooms, that in 10 of 19 homes, photographs of respondents' now-adopted children were prominently displayed on walls and mantelpieces. Maisy and Lexi had each created collage-style frames, holding multiple images arranged in chronological order, beginning with their children's infancy and ending at the age they had been when they were adopted, and Corvette and Louise each had large canvases picturing their now-adopted children mounted on the wall. Seeing images of now-adopted children displayed prominently in respondents' homes had a striking and visceral impact on me as a researcher, as I was reminded of the gravity of the grief and loss which first mothers managed in their everyday lives.

Respondents' accounts revealed more about the role which photographs played in their process of grieving. Sha-Sha explained that looking at photos of her children "Makes [her] smile" and Paige explained that when she has previously been distressed and angry she has looked at pictures of her now-adopted children to support her in calming down. Cassandra explained that looking at pictures supports her to "feel close" to her children. A photograph displayed on Lula's wall showed a picture of a toddler, taken from behind so that only the back of the child was visible. Lula explained, "We get photos of [our son], but not his face. Just the back of him...Because, when he gets older, he might not want to know us, so [the adoptive parents] are protecting that...[it's] bad...But it's all we have really got". It was striking that, for Lula, even a photograph of the back of her son was treasured and displayed within her home. The creative display of photographs of children within the home appeared to reinforce respondents' sense of maternal status as explored in Chapter 6 and demonstrates that respondents were active in their efforts to keep their child psychologically present in their lives.

7.7.3 Triggers to more upsetting feelings of grief and loss

"Sometimes...you see...toddlers that look like [my son]...Because, in my head, he is still a toddler. I know he is 11, this year...But....I can't picture him as an 11-year-old...I can imagine that maybe he is doing this at school,

maybe he is doing that...but I can't actually picture him, because the picture in my head is a toddler".

Maisy, (Nine years after child's adoption).

Respondents identified that being around other children and, in some cases, "actively mothering" their own youngest children who had remained in their care following the loss of an older child to adoption, could sometimes act to trigger more intense feelings of grief relating to the loss of their now-adopted child. As described above, and in keeping with findings of research with bereaved parents (Rosenblatt, 2000), Maisy was aware that her son had become "suspended in time" in her mind (Morriss, 2018:822). Five other respondents also identified that being around other children caused them to think of their own children and the loss that they had experienced. Rosie explained that it had been difficult, particularly in the early days after her son's adoption, to see other mothers with their children on the bus, and Katie and Maria each said that it could feel hard at times to be around their friend's children when they were not permitted to be with their own.

Similarly, Sha-Sha explained that she had mixed feelings about seeing her sister, who was pregnant, and her young niece. She reflected, "I found out that I am having another nephew...I wasn't jealous or anything, it just reminded me of when I was pregnant with [my daughter]. And [my son]...But it hurts us at the same time...we look at people out there. We are not jealous but we think, 'We are not doing that'...And [my niece], she is a amazing little girl. She reminds me of [my daughter]...But, it makes me happy, in the same way. Happy and sad...It makes me happy, the fact that...I can still look at a little girl and see [my daughter]. It makes me smile". Maria explained that she had aspired to work with children, however she decided that to spend time with them every day when separated from her own two sons would be too painful, illustrating the ongoing impact of loss on the daily lives and future plans of first mothers in the wake of the loss of a child to adoption.

As illustrated in Table 4 within Chapter 6, four respondents had an "active mothering" role at the time of their interview, having gone on to keep younger children in their care following the loss of an older child to adoption. Three of these respondents spoke of thoughts of their now-adopted child being triggered when looking after their younger children. Amber explained, "I look

at [my youngest son and daughter who are in my care] and I think... 'I wonder what [my now-adopted son] did at that age. I wonder what I missed out on'. Corvette's eldest child, a girl, was removed and adopted and Corvette went on to have two boys who have remained in her care. Corvette cited shopping for clothes for the boys as an example of an everyday activity which could trigger her feelings of loss. She said, "Even when I'm buying the boys stuff... I just wish she was here, so I could dress her up as a girl!"

At the time of Ruby's interview, she and her partner were caring for their six-week-old daughter, after experiencing the loss of their two older daughters to adoption seven years previously. Ruby explained that looking at their baby daughter could be painful at times saying, "[My youngest daughter] is the spit of my other two girls when they were that age... So yeah, [my partner] still finds it hard sometimes... When she was first born, I kept calling her [my eldest daughter's name], and [my partner] kept calling her [my middle daughter's name]... because, she is just the spit of them". While these respondents were relieved to have the opportunity to care for their children after their previous experience of loss, looking after younger children could also trigger feelings of emotional pain in respondents as they were reminded of the enormity of the loss which they had suffered when older children were adopted. Such findings can also be linked to research with bereaved parents, which has identified the complexities involved in parenting other children in the wake of the death of a child (Rosenblatt, 2000).

7.8 Conclusion

As has been demonstrated throughout this chapter, respondents all held ideas about imagined futures which they longed to have with their now-adopted children. Every respondent hoped that children would return to them in future, and the language used by some respondents suggested that they believed that this would definitely happen. Other respondents were aware that their children would have grown up as a member of another family and that it would be their choice as to whether they sought to make contact with their first mother in the future. Some respondents utilised the idea of reunion as a motivation to recover from the difficulties that they were experiencing in their lives, and other respondents had planned ways in which they would be able contribute financially to their children's lives in the future, thus

reinforcing their ongoing maternal status and role. Three respondents said that they wished to utilise reunion as an opportunity to tell their children the “truth”, from their perspective and therefore saw reunion as an opportunity for redemption and reconciliation with their child.

The power and control which respondents were able to exercise within their relationship with their now-adopted child had been severely circumscribed by Children’s Services, the family court and the policies in place surrounding post-adoption contact. It was found that respondents constructed their current condition of being separated from their child as being temporary and in this way were able to reclaim a sense of autonomy over their lives. Some respondents appeared to live their lives in a condition of extended liminality and disconnection from the mainstream (Morriss, 2018; Neale and Crow, 2018; Neumann, 2012), with lives being “on hold” in expectation of future reunion. It emerged that respondents’ sense of maternal identity could be challenged in, for example, the changing of children’s names, censorship in arrangements for contact or adopters’ failure to comply with contact agreements. Such challenges were extremely painful for respondents and could impact upon their ideas about the likelihood of future reunion. Post-adoption contact, where it was happening, was found to be a way in which respondents could continue to enact some form of role in their children’s lives, however the extremely limited and arguably negligible part which respondents were permitted to play was universally frustrating, with all respondents, including one respondent with an established routine of seeing her children annually, wishing to be able to enact their role as a mother more fully.

In keeping with the findings of previous research with first mothers who lose a child to adoption (Broadhurst et. al., 2017; Fravel et. al., 2000; Mason and Selman, 1997; Morriss, 2018), it emerged that all respondents sensed the psychological presence of their now-adopted children in their daily lives. The psychological presence of now-adopted children could be experienced as both comforting and troubling for first mothers, and it emerged that memories of children and awareness of the loss which respondents had suffered could be triggered by being around other children and caring for younger children born since the adoption experience (Rosenblatt, 2000). Overwhelming feelings of grief and loss associated with the adoption of children were

continuing to impact upon respondents' daily lives. Findings relating to the utilisation by respondents of artefacts associated with now-adopted children in coping with overwhelming feelings of loss and disenfranchised grief are explored within the next chapter (Doka, 1999; 2002).

Chapter 8: Artefacts and Grief Rituals

8.1 Introduction

In the preceding two chapters, findings relating to the centrality of motherhood to respondents' sense of self in the wake of the loss of a child to adoption and the means by which respondents were able to reclaim a sense of power by imagining a future reunion with their now-adopted child have been explored. It was identified that post-adoption contact, while valuable for respondents, could also pose significant challenges and when contact was not maintained this could impact upon mothers' ideas about the likelihood of future reunion. This chapter aims to address another of the study's research questions, "What role do artefacts associated with the now-adopted child play in first mothers' experiences of grief and coping?" The term "artefacts" is used within this thesis to refer to "cherished or special possessions [which] are treasured independent of their exchange value", and which have been invested with "private or personal meanings" (Curasi et. al., 2004: 609). For respondents who took part in this research, artefacts such as children's clothing, baby equipment and toys were found to have taken on special meaning after children had been adopted. It emerged that artefacts were utilised by respondents in managing the ongoing disenfranchised grief and ambiguous loss which they were experiencing (Boss, 1999; Doka, 1999), in ways which will be explored throughout this chapter.

Respondents were found to value artefacts associated with their now-adopted children very highly (Castle and Phillips, 2003; Riches and Dawson, 1998:122; Rosenblatt, 2000). Artefacts appeared to operate as vehicles of remembrance for some respondents (Riches and Dawson, 1998; Unruh, 1983), in some cases reminding them of happier times spent caring for children and supporting the establishment of a coherent narrative of their experience of "actively mothering" their child. Some respondents were able to derive a sense of comfort and tactile connection with their child by smelling and touching clothing and other soft objects which children had once worn or possessed, and it was common for respondents to intuitively hold soft items to their face or smell them as they sorted through artefacts during interviews (Gibson, 2004; Goldstein et. al., 2020; Sas and Coman, 2016). Some mothers identified what are referred to here as "bodily" keepsakes, such as hand and footprints and locks of children's hair, as holding particular emotional value, and such artefacts can be understood as a means of providing physical evidence of children's existence and reinforcing respondent's ownership of their maternal status (Riches and Dawson, 1998).

As will be shown, artefacts can also be understood as symbolising the oppression and injustice which some respondents felt they had experienced in relation to their now-adopted child. It was identified that, for some first mothers, artefacts could evoke strong feelings of anger directed towards professionals involved in children's adoption. The chapter will demonstrate that some respondents enacted activities akin to grief rituals which also appeared to support them in maintaining a continuing psychological relationship with their now-adopted child (Castle and Phillips, 2003; Drenton et. al., 2017; Goldstein et. al., 2020; Jurcevic and Urlic, 2002; Rosenblatt, 2000; Sas and Coman, 2016), and in managing their grief on difficult anniversaries.

In light of the significant complexities inherent in grieving the loss of a now-adopted child (Broadhurst et. al., 2017; Fravel et. al., 2000; Mason and Selman, 1997; Morriss, 2018), alongside the stigmatisation encountered by mothers who have been non-consensually separated from their children (Charlton et. al., 1998; Morriss, 2018), such findings make a new and important contribution to knowledge as to the ways in which first mothers can be supported to utilise artefacts in the ongoing enactment of their maternal identity and in coping with disenfranchised grief (Doka, 1999; 2002). Findings relating to first mothers' use of artefacts in their grieving can also be linked to ideas of active resistance in the face of stigmatisation (Morriss, 2018; Tyler, 2020), as respondents sought to maintain and evidence their status as a mother, continue in a psychological relationship with their now-adopted child and keep artefacts safe in the expectation of a future reunion.

Throughout this chapter, reference is made to the body of literature concerned with the experiences of the bereaved following the death of a loved one. Examination of the literature relating to the role which artefacts can come to hold for survivors after the death of a loved one supports the development of understanding as to the relationship which first mothers have with artefacts in the wake of the loss of a child to adoption. As noted within Chapter 4, the experience of having a child removed and non-consensually adopted is not directly comparable to the experience of the death of a child, however, as will be demonstrated throughout, some clear parallels between the experiences of bereaved parents and the respondents who took part in this study emerged.

The similarities and differences between the loss of a child to death and the loss of a child to adoption were explicitly referenced by four respondents, who were aware that the ambiguous and stigmatising nature of the loss which they had suffered had made the grief which they experienced more complicated (Boss, 1999; Doka, 1999). Lilly for example explained, “You grieve for children that are alive, and actually it would be easier if they were dead. And it’s awful to think that, but at least I would have a gravestone that I could go to whenever I wanted. At least it would be done and I could move on and I don’t have to carry that guilt and regret and hurt like, every day...But obviously you are grateful that your children *aren’t* dead...Then you feel guilty...”. Lilly’s description of her experience highlights the significant complexities involved in grieving the loss of a child who is healthy and growing up within another family and such experiences are explored in detail throughout the chapter. Following this introduction, Section 8.2 explores data relating to artefacts associated with now-adopted children and retained by respondents. Photographs of artefacts taken during interviews are presented and findings relating to the meanings which artefacts appeared to hold for respondents are discussed. Section 8.3 of the chapter explores five emergent categories relating to the role of artefacts in the management of grief, and the chapter concludes in section 8.4 with exploration of findings relating to respondents’ enactment of activities which are understood as being akin to informal grief rituals.

8.2 The Artefacts

Prior to interview, respondents were informed that they would be asked whether they had any keepsakes, such as favourite toys, clothes or blankets which they associated with their now-adopted child. First mothers were asked whether they would consent to discussing the role of such artefacts in their lives post-adoption and to a photograph of significant and non-identifying objects being included in the project. Respondents were made aware that they could still take part in an interview if they did not wish to show such artefacts or have them photographed. 17 of 19 respondents had items in their homes associated with their now-adopted children which held special meaning for them and of which they consented to photographs being taken. One respondent had not retained any belongings associated with her now-

adopted children, and another explained that she had asked her grandparents to store such artefacts at their home as she was concerned that they may be damaged as she moved between temporary addresses.


The majority of respondents chose more than one special item which they associated with their now-adopted child and all items identified as holding meaning for respondents were included. Table 5 below highlights the types of artefacts which respondents identified as being particularly meaningful and which were included in the project, illustrating that the items most frequently selected by participants as holding meaning for them were children's clothing, decorative ornaments and keepsakes and children's toys. Within Table 6, a written description and photograph of each artefact presented by mothers is provided, alongside respondent's comments about the artefact where applicable. Analysis revealed five emergent categories as to the ways in which artefacts could be utilised in respondent's grief, which are also outlined in Table 6 and explored in further detail in section 8.3 below. The categories outlined here are not intended to be mutually exclusive and provide tentative insights into the ways in which artefacts can be utilised by first mothers in the wake of the loss of a child to adoption.



Table 5: Types of artefacts identified as holding value by respondents


Type of artefact	Number of respondents
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Children's clothing	8
Decorative ornaments/keepsakes, for example "Baby's first curl" trinket box, locket.	8
Children's soft toys, teddies and comforters	4
Children's plastic toys	4
Scan picture of foetus in utero	4
Items imprinted with child's hand or footprint	4
Baby equipment	4
Children's artwork	2
Birthday banners	1
Baby blankets	1
Memory book made by respondent	1
Outdoor memorial	1
Handmade cushion	1
Handwritten notes taken at midwife appointments	1
Positive pregnancy test	1
Hospital wristband	1
Chord clamp	1
Child's suitcase	1
Light box reading "My children"	1

Table 6: Artefacts presented by respondents at interview


Respondent name, arrangements for children, time elapsed since most recent adoption	Artefact presented at interview	Photograph of artefact	Respondent's comment	Role of artefact in management of respondent's grief
Chelsea, 5 children adopted, 1 child living in family placement, 1 child in foster care and soon to be adopted. 1 year after most recent adoption.	Cot assembled in Chelsea's bedroom full of items for children.		<p><i>"We have done a lot of stuff, you can see, we have got a lot of stuff for our daughter...My daughter's cot and everything....Everything is all done. We have got a pram as well, but it's at the contact centre....And then I have got clothes for her, we have got loads of clothes for her, all her clothes are in there....And she is just ripped apart from us. All of her stuff is in there, car seat, everything".</i></p>	<p>Symbolic of oppression and injustice. See section 8.3.5.</p>


	<p>Hat belonging to youngest daughter.</p> <p>Personalised mug. On one side is a photograph of Chelsea's 2 youngest daughters. On the other side are the words, "You were sadly stolen from us".</p>	 	<p><i>"This is from [my youngest daughter]. I kept her hat. And I have got pictures of her as well...She was 9lb something....She is heavy".</i></p> <p><i>"This is the one I got [for my partner]. [Social services] don't like it...they asked me questions about the mug in court, and I only said to them, I am only stating the truth. It's not as if I am lying....Because it's the truth. I'm not hiding it. It's the truth. You were sadly stolen from us...Because that is, basically....it is our child and they are taking her from us. That is basically stealing her from us, isn't it?"</i></p>	<p>Vehicle of remembrance. See section 8.3.2.</p> <p>Symbolic of oppression and injustice. See section 8.3.5.</p>
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<p>Sha-Sha, 2 children adopted, 1 year after most recent adoption.</p>	<p>Scrapbook which Sha-Sha has made documenting her pregnancies and the early lives of her children</p>		<p><i>"I have the book...I have made it up. I have been creating this. I have made one for [my children] already, they have got a massive one. But this is what me and [support worker] have been working on."</i></p> <p><i>"That is what makes me smile, looking at pictures....Someone keeps saying, 'Are they your kids?!' and I say, 'Yeah, they are mine". It just makes me happy, to be honest".</i></p>	<p>Vehicle of remembrance. See section 8.3.2.</p> <p>Affirmation of maternal identity. See section 8.3.4.</p>
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<p>Laura, 5 children, 1 child is an adult, 3 children adopted, 1 child in family placement. 4 years after children's adoption.</p>	<p>Memory box containing many artefacts. Laura selected some which were most meaningful.</p> <p>'Minions' toys.</p> <p>Christmas trees displayed in Laura's garden.</p>	 	<p><i>"I have got a box....I have kept everything, really..."</i></p> <p><i>"Every night, before we got them ready for bed, they would always have to watch Frozen or t'Minions. So, we used to have film nights where we would all just snuggle up on t'sofa and watch Minions all day, you know t'film? I've not threw much away. I have got all their toys and teddies upstairs"</i></p> <p><i>"The Christmas trees in my front garden...I started growing them when they were first removed. 'Cos I needed summat to take me mind off it. 'Cos erm, [2 of my daughters] were Christmas mad, so...I choosed some Christmas trees in't front garden. And I started growing them, for when they</i></p>	<p>Artefacts as invaluable. See section 8.3.1.</p> <p>Vehicles of remembrance. See section 8.3.2.</p> <p>Utilised in enactment of activities akin to grief rituals. See section 8.4.</p>
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	<p>Scan picture.</p>	 	<p><i>come home...So, they'll have their own Christmas trees. So...every year for Christmas or their birthdays, I dress those trees up. I make them look all pretty. So...that's what I do for their birthdays and Christmas"</i></p> <p>[No comment made].</p> <p>[No comment made].</p>	<p>Affirmation of maternal status. See section 8.3.4</p> <p>Vehicle of remembrance. See section 8.3.2.</p>
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<p>Amber, 7 children, 4 in family placement, 1 adopted, 2 in Amber's care. 4 years after child's adoption.</p>	<p>Memory box of individual baby items, all in plastic wallets. Amber selected one which was most meaningful (her son's bib which still has marks from food he has eaten on it).</p>		<p>"[I have kept] <i>me vest what I had on when I had [my son]...Breast pump what I used to express with...That's how deep I went, even t'first bowl! His first bib. Vest, got poo on it...His first Babygro....Instructions for breast milk there, how to store it.</i>"</p>	<p>Artefacts as invaluable. See section 8.3.1.</p>
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<p>Lexi, 3 children, 2 in family placements, 1 adopted. 4 years after child's adoption.</p>	<p>Minnie mouse teddy.</p>		<p><i>"I had bought this Minnie Mouse teddy before my kids were born but...it is sort of for [my daughter] in a way, because...when she comes back. I leave it on the side, or sometimes I put it away so it's not messing up with everything so, at least I have got this".</i></p>	<p>Artefacts as invaluable. See section 8.3.1.</p>
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<p>Maisy, 1 child adopted, 9 years after child's adoption.</p>	<p>Trinket box saying "My first curl" containing lock of son's hair.</p>	<div data-bbox="795 320 1149 639" data-label="Image"> </div> <div data-bbox="795 959 1162 1246" data-label="Image"> </div>	<p><i>"I have got a box with some of his stuff in...There's some of his hair in there. When he had his first hair cut his foster carer put it in a little thing for me...That was quite nice. She was really lovely".</i></p> <p><i>"...Little Christmas slippers I got for him. Because he was allowed to spend his first Christmas with my family at my mum's".</i></p>	<p>Affirmation of maternal status. See section 8.3.4.</p> <p>Vehicles of remembrance. See section 8.3.2</p>
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	<p>Selection of baby toys.</p>		<p><i>“These are some toys that...when I was in hospital he would come to see me for contact. I had all these toys that I bought for him for Christmas and stuff, and they would be in a bag for him. So, he hasn’t played with them a lot. So a lot of them are pretty much perfect and hardly used. And they still work.”</i></p>	<p>Vehicles of remembrance. See section 8.3.2.</p>
	<p>Bottle brush.</p>		<p><i>“And his bottle brush. It seems like a really weird thing to keep, but I couldn’t keep his steriliser, there wasn’t any room for it”.</i></p>	<p>Vehicle of remembrance. See section 8.3.2.</p>

<p>Cassandra, 1 child adopted, 1 child due to be adopted in near future. 3 years after most recent adoption.</p>	<p>Locket worn around Cassandra's neck with pictures of her children inside it.</p>		<p><i>"The foster carer that had me daughter....got this sorted for me...She has even had it engraved on the inside as well...with their date of birth...I am not taking it off. Because it's the only way I feel close to [my daughter] now...other than pictures..."</i></p>	<p>Affirmation of maternal status. See section 8.3.4.</p>
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<p>Chu-Chu, 1 child adopted, 1 child in Chu-Chu's care. 4 years after child's adoption.</p>	<p>Scan picture.</p>	 	<p><i>"That's her scan picture there. That's how big she was in my stomach and I didn't even know".</i></p> <p><i>"This is her hair. I keep it locked in this bag. Her hair, she had loads".</i></p>	<p>Affirmation of maternal status. See section 8.3.4.</p> <p>[As above].</p>
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	<p>Hat with embroidery reading "I'm Mummy's No.1".</p>	 	<p>[No comment made].</p> <p><i>"She was really, really small".</i></p>	<p>[As above].</p> <p>Vehicle of remembrance. See section 8.3.2.</p>
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<p>Maria, 1 child in family placement, 1 child adopted. 4 years after child's adoption.</p>	<p>Light box displayed on a shelf in Maria's bedroom which reads, "My children".</p> <p>Clay impression of baby's foot.</p>	 	<p><i>"They are all over my walls".</i></p> <p><i>"That was at the hospital, they done it for me...They just put his foot. But you can see one of his toes was curled over, so it looks like he has only got four toes".</i></p>	<p>Affirmation of maternal status. See section 8.3.4</p> <p>Vehicle of remembrance. See section 8.3.2.</p>
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<p>Katie, eldest child in family placement, youngest in foster care, 1 child adopted. 9 years after child's adoption.</p>	<p>Baby chair.</p>		<p><i>“Hopefully this will get used [by baby who is currently in foster care]. If not, I will give it to my... sister who is having...a baby”.</i></p>	<p>Symbolic of oppression and injustice. See section 8.3.5.</p>
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<p>Stacey, 2 children adopted. 2 years after children's adoption.</p>	<p>Baby mobile and cushion handmade by Stacey's mother for her children.</p>	 	<p>[No comment made].</p>	<p>Artefacts as invaluable. See section 8.3.1.</p>
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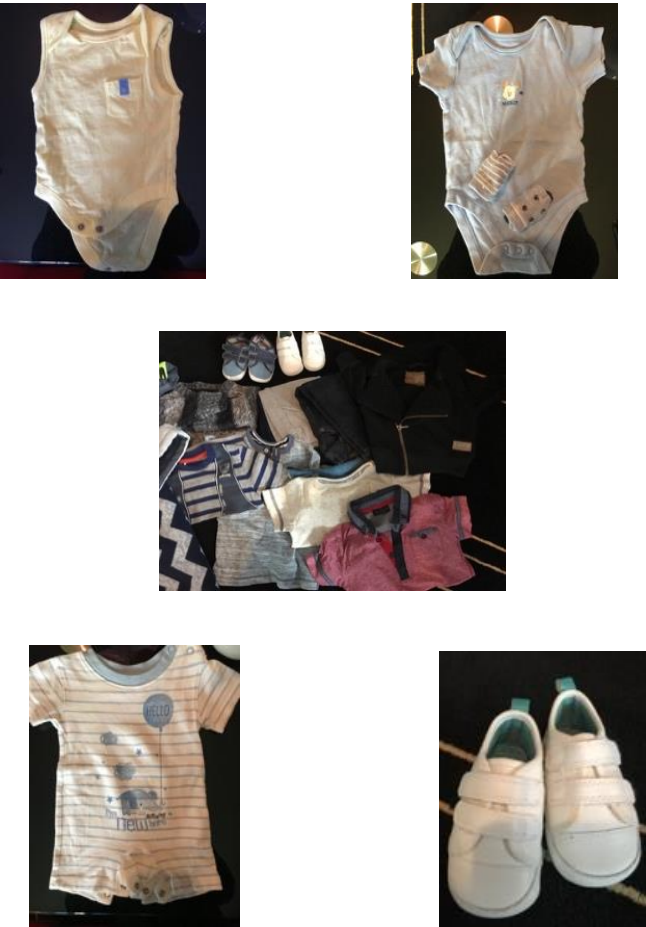
<p>Corvette, 1 child adopted, 2 children in Corvette's care. 3 years after child's adoption.</p>	<p>Memory box, lid will not close as it is full. Corvette selected some items which were most meaningful.</p>	<div data-bbox="786 325 1189 630" data-label="Image"> </div> <div data-bbox="837 831 1097 1243" data-label="Image"> <p> ¹⁵ 8 weeks + 5 days - 18/13/14 ¹⁶ 12 weeks + 6 days - 19/10/14 ¹⁷ 20 weeks - 3/2/15 ¹⁸ 28 weeks + 6 days - 1/12/15 ¹⁹ 31 weeks + 1 day - 20/1/16 ²⁰ 35 weeks + 2 days - 18/3/16 </p> </div>	<p><i>"I am a slight hoarder, so I have got every single paperwork of [my daughter's] in a big box in the loft, and then I have got all her clothes...But I have got a memory box...it's a bit full... have got like, 4 more boxes in my wardrobe, that are full of photos...I have got 2 big, massive suitcases in the loft, full of clothes."</i></p> <p><i>"Every time I had a scan...[I wrote down] her measurements and stuff".</i></p>	<p>Artefacts as invaluable. See section 8.3.1.</p> <p>Affirmation of maternal status. See section 8.3.4.</p>
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	<p>Chord clamp.</p>		<p><i>"This is where they clamped the chord".</i></p>	<p>Affirmation of maternal status. See section 8.3.4.</p>
	<p>Positive pregnancy test and framed scan.</p>		<p><i>"The pregnancy tests and scans. I have kept all sorts".</i></p>	<p>[As above].</p>
			<p>[As above].</p>	<p>[As above].</p>




	<p>Baby hat.</p>		<p><i>"That's how small her head was".</i></p>	<p>Vehicle of remembrance. See section 8.3.2.</p>
	<p>Cot sheet and blanket.</p>		<p><i>"That's the sheet from the hospital cot, I have kept it with everything as well, 'cos I felt like I had to. Then that was her first blanket, do you know like when they wrap them up?"</i></p>	<p>[As above].</p>

	<p>First birthday banner.</p>		<p><i>“Her birthday cards are in there as well. Her first birthday banner...What was inside her [Christmas] cracker...Yeah, stuff like that. Her first Christmas hat, from the cracker. What she won on the 2p machine...It’s sad, everyone calls me sad for it”.</i></p>	<p>Vehicle of remembrance. See section 8.3.2.</p>
	<p>Child’s hand engraved in bronze.</p>		<p>[No comment made].</p>	<p>[As above].</p>

<p>Louise, 2 children adopted. 2 years after children's adoption.</p>	<p>Scan photos and hospital tags.</p>	 	<p><i>"I have got all this from when they were in hospital, and their scans."</i></p> <p><i>"There's quite a lot....I want to get like a little memory box, to put them in."</i></p> <p><i>"When you see how tiny they were, that's how small they were when they were in hospital..."</i></p>	<p>Affirmation of maternal status. See section 8.3.4.</p> <p>Artefacts as invaluable. See section 8.3.1.</p> <p>Vehicles for remembrance. See section 8.3.2.</p>
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	<p>Bag full of clothing of ranging from first size until the size the children were when they were adopted.</p>		<p><i>"...I used to like, cuddle stuff, like their jumpers and their bibs..."</i></p> <p><i>"...I were going to give it to Women's Aid,...and then [outreach worker] said to make a quilt out of it, if you want....And so I kept all of this, you know, to help with making a quilt....I thought that is a really good idea to get a quilt made".</i></p>	<p>Artefacts as comforters. See section 8.3.3.</p> <p>Artefacts as invaluable. See section 8.3.1.</p>
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<p>Lilly, 2 children adopted. 6 years after children's adoption.</p>	<p>Heart shaped metal ornament which reads, "Love you to the moon and back".</p> <p>Bag of children's clothing.</p>	 	<p><i>"So, the moon...the reason why this is important, yeah, is because when my son was in foster care, I said to him, 'I say goodnight to you every night'...and he was like, 'How do I know that you are saying goodnight?', and I was like, 'Cos when you look at the moon, there is only one moon. So, we look at the same moon every night...and if I have said goodnight, the moon will smile at you'. The next time he came to contact he was like, 'Mummy, the moon smiled at me". It has stuck with me."</i></p> <p><i>"I have got bits everywhere...I have literally got bags full of baby stuff... There's a box at the back there that is absolutely full of bits and pieces as well, you know, so there is like their first bracelet, or first whatever. I have got a full box of it...There is so much here. You just don't throw anything away"</i></p>	<p>Vehicles of remembrance. See section 8.3.2</p> <p>Artefacts as invaluable. See section 8.3.1</p>
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	Toy car.		<p><i>“This is what my son always asks me for. Every year [at contact], he is like, ‘Mummy, can I have it?’, but every year they won’t let me give it to him. They won’t let me give him nothing. But he wants it”</i></p>	<p>Symbolic of oppression and injustice. See section 8.3.5.</p>
	Children’s artwork.		<p><i>“There is a whole gallery...I have actually taken a lot down...In here are canvases that we made together, there is like handprints, [My youngest son] did that one and [my eldest son] did that...”</i></p>	<p>Artefacts as vehicles of remembrance. See section 8.3.2.</p>
	Child’s suitcase.		<p><i>“This is [my eldest son’s] little suitcase. I packed this when he first went into foster care and then they gave me everything back when he got adopted.”</i></p>	<p>Symbolic of oppression and injustice. See section 8.3.5.</p>

<p>Sophie, 1 child adopted, 2 years after child's adoption.</p>	<p>Memory box full of artefacts. Sophie selected some items which were most meaningful.</p>	<div data-bbox="848 331 1113 529" data-label="Image"> </div> <div data-bbox="848 576 1084 890" data-label="Image"> </div> <div data-bbox="864 967 1113 1254" data-label="Image"> </div>	<p><i>"I have got all of [my daughter's] things. I have still got her bed. I have got [my daughter's] wardrobe still, and all of her clothes...I have got like, a built-in cupboard, at the end of my hallway? That has got all [my daughter's] stuff in it. Clothes, everything."</i></p> <p><i>"That's her favourite pussy cat. She gave me that at the goodbye contact...It's a pussy cat and it's called Blossom".</i></p> <p><i>"She used to collect these little dogs, in a tin. And they was a pound, from like, this little machine in Sainsburys. I must have spent about £40...and it was the best £40 I ever spent, she used to line 'em all up on the floor.... It's called Tucker"</i></p>	<p>Artefacts as invaluable. See section 8.3.1.</p> <p>Artefacts as vehicles of remembrance. See section 8.3.2.</p> <p>[As above].</p>
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<p>Ruby, 2 children adopted, 1 child in Ruby's care. 7 years after children's adoption.</p>	<p>Memory box full of artefacts. Ruby selected some items which were most meaningful.</p> <p>Children's comfort blankets.</p>	  	<p><i>"I have got a keepsake box, which obviously we kept for them...and there is obviously letters that we kept as well"</i></p> <p><i>"Their first ragdolls...Their little comfort blankets and things like that they had...And then the little dress...It has got [my youngest daughter's] name on it...When we first lost them, [my partner] couldn't put it in [the memory box]...he had to sleep with it".</i></p>	<p>Artefacts as invaluable. See section 8.3.1.</p> <p>Artefacts as comforters. See section 8.3.3.</p>
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	Child's artwork.		<p><i>"I think one of the girls made this. Oh yeah, 'Happy Christmas, love from [eldest daughter]', so [eldest daughter] actually made that".</i></p>	Artefacts as vehicles of remembrance. See section 8.3.2.
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8.3 The role of artefacts in respondents' grief

As illustrated in Tables 5 and 6 above, respondents identified a wide range of objects associated with their now-adopted children which held particular meaning for them. In this section, the five emergent categories outlining the roles which artefacts appeared to play for respondents in supporting the management of their grief as introduced in Table 6 are explored. In summary, it emerged that artefacts were perceived as being invaluable by many respondents and could act as vehicles for memories of time spent caring for children. It was found that some respondents could derive feelings of comfort from interacting with artefacts and that artefacts could be conceptualised as affirming respondent's sense of their maternal status. Artefacts could also symbolise oppression and injustice for respondents, triggering painful feelings of anger towards professionals involved in children's adoption.

8.3.1 Artefacts as invaluable

"I have two memory boxes, my nan and grandad has got them, because I can't keep them here [in hostel accommodation]. I would just lose them, or damage them".

Paige, (Six years after most recent adoption).

As explored within Chapter 4, the bereavement literature identifies that artefacts associated with deceased loved ones can come to be regarded as being "sacred" and priceless by survivors (Castle and Phillips, 2003; Riches and Dawson, 1998:122; Rosenblatt, 2000). The findings of this study indicate that artefacts associated with children who have been adopted can take on a similar value in the lives of their first mothers. Eight respondents had created, or had plans to make, "memory boxes", described by Lavelle (2020:3) as "small boxes which contain... the essence of life", within which to store the artefacts associated with their child for safekeeping. Amber had taken the additional step of wrapping each of the items in her memory box in plastic to prevent damage. As illustrated in the quotation above, Paige did not keep the artefacts belonging to her children with her as she moved between temporary addresses but asked her grandparents to store her children's memory boxes for safekeeping.

The high value of artefacts and the emotional investment which respondents had made in them was evident in the careful way in which respondents handled and spoke about such items during interviews. In keeping with findings in bereavement research which suggest that to lose artefacts associated with a loved one could be acutely painful (Unruh, 1983), some respondents expressed worries about items being misplaced or damaged. Corvette, for example, was worried about sending her daughter's clothing away in order for it to be made into a quilt. She explained, "I wanted to turn [the clothes] into a memory blanket?...But then, I'm really scared in case they mess it up, and then I will of lost all of her clothes...I am trying to find someone local that I can pop them into their house, just so I don't have to send them in the post and then they get lost...". Maisy remembered that she had previously lost an item which had belonged to her son and that this had been very upsetting saying, "When I was in hospital, I had a bib of his that still smelt like him and everything. And I was really distraught when it got lost somewhere". The high value invested by respondents in artefacts can be understood as being symbolic of mothers' feelings for their now-adopted children. Keeping objects safe from loss or damage emerged as a way in which respondents could continue to enact their "lifelong duty of care" to children (Hindmarch, 2009:33), as artefacts outlived the relational changes necessitated by adoption (Lavelle, 2020).

In sorting through artefacts for inclusion in the project, five respondents explained that they had actually retained many of their child's belongings, with Laura stating that she had "...not thrown much away" and Corvette and Lilly each describing themselves as "hoarders". There appeared to be a sense of stability and connection for respondents in maintaining a "hoard" of objects associated with their children (Bennett, 2012:239), the "lastingness" of which was consistent even when children had been adopted (Lavelle, 2020:8). Some women also explicitly referenced future reunion when considering their motivation to keep artefacts safe. Amber, for example said that it was important to her that her son's baby items were preserved so that she could demonstrate her love and commitment to him upon anticipated reunion in the future, explaining that she kept the artefacts, "Just to show him, look, I did give a fuck about you. It was always me". It was striking that, in keeping with the findings of previous research relating to the death of a loved one (Riches and Dawson, 1998), many respondents appeared to

derive pleasure from sorting through their children's belongings and talking about their memories and maternal status with an interested observer.

8.3.2 Artefacts as vehicles of remembrance

"The moon, the reason why this is important...when my son was in foster care, I said to him, 'I say goodnight to you every night...we look at the same moon every night'".

Lilly, (Six years after children's adoption).

As illustrated in the quotation above, Lilly explained that looking at a heart-shaped ornament inscribed with the words, "Love you to the moon and back" reminded her of a conversation which she had had with her eldest son before he was adopted. Similarly, when Laura looked at the 3 plastic 'Minions' toys in her memory box which had belonged to each of her three now-adopted daughters, she recalled happy memories of watching films with them. For Maisy, sorting through her son's baby toys reminded her of the many times when he had been taken to see her at the psychiatric hospital where she was receiving treatment and they had played with the toys together. Similarly, the slippers that she chose for inclusion in the project prompted happy memories for Maisy of her son's first Christmas, when he was allowed to spend the day away from his foster placement. In this way, artefacts operated as aids to memory and helped respondents to reinterpret memories which may previously have appeared mundane or trivial as being emotionally charged and meaningful in light of the loss which they had gone on to suffer (Riches and Dawson, 1998; Unruh, 1983). Significantly, Lilly, Laura and Maisy, whose experiences are described above, had all spent time actively mothering their now-adopted children in their early lives and therefore it can be assumed that these respondents were among those who had a greater volume of memories to draw upon than respondents with very limited experience of caring for their children due to the removal of infants at birth.

Within the literature it is suggested that bereaved parents can present photographs of deceased children as "concrete evidence" that their children existed in time and space and a means of confirming the parental role (Riches and Dawson, 1998:127). It was notable within this study that Laura, Maria, Corvette and Lilly all selected artefacts imprinted with their children's

hand or footprints to be included in the project and Maisy and Chu-Chu chose locks of their children's hair as holding meaning for them. Such bodily artefacts can be conceptualised as providing evidence of children's physical existence and respondents' status as a mother. Artefacts also supported respondents to remember the physicality of their children, with Chu-Chu and Corvette each expressing renewed disbelief when they saw items of clothing that their babies had ever been so small. Louise explained that she intended to write to her sons' adoptive parents to ask for handprints to be sent to her, perhaps in an effort to gather evidence of their continuing growth and physical existence, despite the separation which adoption entails. In keeping with previous research findings and the evidence explored within Chapter 6 of this thesis, this illustrates that mothers' relationships with their children did not end upon adoption, rather respondents were very keen to receive information about their children's progress and retained psychological relationships with them despite their adoption (Broadhurst et. al., 2017; Fravel et. al., 2000; Mason and Selman, 1997; Morriss, 2018).

8.3.3 Artefacts as comforters

"I used to like, cuddle stuff, like their jumpers or bibs, you know, that had their smell. Like a sicky smell...it is a bit of a sicky smell, but it were a comfort to me...The smell went away, after a while".

Louise, (Two years after children's adoption).

As illustrated in Chapter 4, research in the field of bereavement has found that touching and smelling items belonging to lost loved ones can provide some comfort to the bereaved and can evoke a sense of the continuing presence of the deceased (Gibson, 2004; Goldstein et. al., 2020; Sas and Coman, 2016). It emerged within this study that mothers who have lost children to adoption can similarly derive a sense of comfort and ongoing connection to children through smelling and touching their clothing or belongings, and this was illustrated during interviews as some respondents intuitively stroked, smelt or held soft items to their face as they sorted through memory boxes. As illustrated in the quotation above, Louise remembered that after the loss of her children it had been helpful to her to be able to smell them on their clothing. Similarly, when sorting through her children's baby clothes, Lilly said that she felt that some items still smell like them saying, "It

still smells a little bit...well, it's a bit dusty now, but it still smells like them, a little bit". Although mothers were separated from their children by adoption, touching and smelling artefacts that had previously been physically close to their child appeared to evoke a sense of the presence of "small body [once] contained" for mothers (Lavelle, 2020:7). Artefacts were thus able to make manifest intimate moments of the past in the present, transcending time (Lavelle, 2020).

Ruby explained that, following the loss of her daughters to adoption, she had taken to lying in her eldest child's single bed as a means of feeling closer to her. She remembered that her partner had shared a similar desire to connect with the children through touching or being in close proximity to their belongings saying, "[This comforter], when we first lost them, [my partner]...had to sleep with it". Similarly, as described above, Maisy remembered that during the time she spent in hospital she would smell her son's bib and this had been comforting. Touching and smelling soft items such as children's clothing and comforters appeared to hold the capacity for some respondents to momentarily bridge the separation between the respondent and their child (Gibson, 2004), providing mothers with a sensory memory of the smell and feel of their child before they had been adopted (Gibson, 2004). This supports findings within the bereavement literature that items of clothing can become "imprinted with the shape, size and colour of the lived body", and thus facilitate such visceral, sensory connection after loss (Gibson, 2004:290).

8.3.4 Artefacts as affirmations of respondents' maternal status

That is what makes me smile, looking at pictures....Someone keeps saying, 'Are they your kids?!' and I say, 'Yeah, they are mine'. It just makes me happy, to be honest".

Sha-Sha, (One year after youngest child's adoption).

This research identified that artefacts could be utilised by mothers to affirm their maternal status after the loss of a child to adoption. As illustrated in the quotation above, with the help of her support worker Sha-Sha had created a page in her memory book reading, "My little family" and spoke with pride about the pleasure she derives from sharing photographs with others and

affirming that she is the mother of the children pictured. Artefacts from pregnancy such as a positive pregnancy test, scan pictures and notes relating to the baby's measurements and progress pre-birth had also been retained and acted to affirm respondents' maternal status following children's adoption. Items such as the plastic chord clamp which Corvette chose for inclusion in the project were reminiscent of the "first separation" (Lavelle, 2020:3), providing evidence of the symbiosis which had once existed between mother and child. Other items bore written affirmations of respondents' relationships with their children, such as a vest retained by Chu-Chu reading, "Mummy's Number 1", and a light box displayed alongside photographs in Maria's bedroom reading "My children". The investment of emotional value in such artefacts can be understood as supporting respondent's efforts to reclaim their maternal status, as described within Chapter 6.

It emerged that some of the artefacts which Rosie, Maisy and Cassandra selected for inclusion in the project had been gifted to them by children's foster carers on behalf of babies and very young children. Rosie had kept a teddy given to her on Mother's Day and an ornament given at Christmas. Each of these items were inscribed with messages to Rosie intended to be from her baby son and in this way the foster carer acknowledged Rosie's status as her son's mother. Similarly, Maisy had been given a trinket box containing a lock of her son's hair by his foster carer after he had been taken for his first haircut. Cassandra was given a locket by her daughter's foster carer which contained photographs of both of her children and this appeared very meaningful for Cassandra, who explained that she never takes the locket from around her neck. Such recognition of their maternal status by foster carers was remembered with fondness by first mothers, many of whom reported very difficult relationships with other professionals such as social workers during the time that their child was in foster care (Ryburn, 1994; Smeeton and Boxall, 2011). It appeared that the validation arising from such gift-giving practices supported the relationship between the adults in children's lives and gifts were found to have become important artefacts which reinforced respondents' sense of maternal identity after adoption

8.3.5 Artefacts as symbols of oppression and injustice

“We have done a lot of stuff, as you can see. We have got a lot of stuff prepared for our daughter”.

Chelsea, (One year after most recent adoption).

Both Katie and Chelsea’s youngest children were infants who were living in foster care at the time when interviews took place. The decision about the permanent arrangements for Katie’s baby’s care had not been made at the time of her interview, however Chelsea was aware that her youngest child was to be adopted in the near future. Both of these respondents selected baby equipment which they had acquired in preparation for their children’s anticipated return home for inclusion in the project. Chelsea’s account of the preparations which she had made for her child’s return home was told with strong feelings of anger and injustice as she expressed that her youngest child should be at home with her. The sense of disillusionment voiced by Chelsea echoes findings in the literature relating to the sense of betrayal felt by first parents at the decisions made by social workers and the courts (Smeeton and Boxall, 2011), and the cot full of baby equipment which was still present in Chelsea’s bedroom at the time of her interview acted as a permanent reminder of the loss which she had suffered with the removal of each of her seven children at birth.

Similarly, when selecting a plastic toy car for inclusion in the project, Lilly expressed feelings of anger that her son had been asking her in direct contact sessions whether he could have the toy, however she was not permitted to give it to him due to rules which prohibited gift-giving. Lilly also chose for a suitcase which had belonged to her eldest son to be included in the project explaining, “I packed this when he first went into foster care and then they gave me everything back when he got adopted”. The returning of Lilly’s son’s possessions to her when he was adopted could be seen as a particularly insensitive act, symbolising the end of Lilly’s parental responsibility for her son and her involvement in his day-to-day life. However, as has been illustrated throughout this chapter, the adoption decision did not end mothers’ love for their children, nor their ongoing psychological relationships with them. Children continued to be present in respondents’ hearts and minds (Fravel et. al., 2000; Morriss, 2018) and mothers were

active in their utilisation of artefacts as a means of managing their grief and retaining links with their children. This section has explored the ways in which artefacts were invested with high emotional value by first mothers and could be utilised as vehicles of remembrance and comforters, providing affirmation of respondent's maternal status and symbolising feelings of oppression and injustice following children's adoption. The chapter will now consider evidence as to the ways in which some respondents enacted activities akin to grief rituals as a means of continuing in relationships with their now-adopted children.

8.4 Grief rituals

Grief rituals are defined as constituting, "Any activity, sacred or secular...traditional or newly created...that includes the symbolic expression of a combination of emotions, thoughts and/or spiritual beliefs of the participant(s) and that has special meaning" (Castle and Phillips 2003:43). As explored within Chapter 4, it is acknowledged within the field of bereavement studies that the enactment of both public and private rituals can support the bereaved to express and manage feelings of loss (Castle and Phillips, 2003; Cacciatore and Flint, 2012; Tedeschi and Calhoun, 2004), providing a means of accessing social support (Rosenblatt, 2000) and facilitating the transformation of a living relationship with a loved one into a bond based on an "internal representation of the deceased and a transformed self" (Cacciatore and Flint, 2012; Castle and Phillips, 2003:47).

It has been noted that in cases of ambiguous loss, formal grief rituals, such as the registration of a death, the facilitation of a funeral service and the receipt of cards of condolence do not take place, meaning that there is little community verification of the emotional pain experienced by survivors (Boss, 1999; Rosenblatt, 2000). Combined with the stigma associated with the state removal of a child into care (Charlton et. al., 1998; Morriss, 2018), and the difficulties experienced by first mothers in accessing formal and informal support (Broadhurst and Harwin, 2013; Broadhurst et. al., 2017; Cossar and Neil, 2010; Harris, 2004b; Harris, 2005; Sellick, 2007), it can be very difficult for mothers who suffer the ambiguous loss of a child to adoption to be able to move forward with life (Boss, 1999).

It emerged during interviews that, although more formal grief rituals were not available to them, five respondents had independently instigated arrangements to enact specific activities on children's birthdays, or at Christmas time, in order to mark the occasion. Engagement in such activities appeared to support first mothers in managing the feelings of intense grief associated with such anniversaries (Coleman and Garratt, 2016; Henney et. al. 2007; Howe et. al., 1992; Madden et. al., 2018), as well as providing a means for respondents to acknowledge their ongoing love for, and enduring connection to, their now-adopted child. Such activities can be understood as being akin to the ritualisation of grief. Table 7 below provides details of the rituals which respondents reported initiating when marking their children's birthdays.

Table 7: Respondents' experiences of instigating grief rituals

Respondent name	Approximate length of time since child's adoption	Grief ritual observed
Sophie	2 years.	<i>"I went to...our favourite place, which is the park, where we used to live...I let a balloon off at the park...and we got a little cake, and I get. all my family and friends to send birthday cards for her".</i>
Corvette	3 years.	<i>"Every year...we let off balloons. I write on them...I tell [my son], it might reach [my now-adopted daughter] one day, where she is....it's like she's dead, but I say, "No, she's not".</i>
Laura	4 years.	<i>"The Christmas trees in me front garden...I started growing them when [my children] were first removed, 'cos I needed summat to take me mind off it...So, I choosed some Christmas trees, and I started growing them, for when they come home....every year for Christmas or their birthdays, I dress those trees up. I make them look all pretty. So, that's what I do for their birthdays and Christmas".</i>
Ruby	7 years.	<i>"[Myself and my partner] try celebrating birthdays...like, if the girls had a favourite meal...we would try and do that for their birthdays and stuff, so we still try and celebrate...Bolognese or hotdogs...or sometimes we might buy a Chinese...just our little way to celebrate their birthday".</i>
Katie	9 years.	<i>"I put [my son's] photos up. But it is hurtful. And then I do a balloon and a little cake with a candle...And then I do him a card and put it in a box what I have got".</i>

Respondents' engagement in rituals on children's birthdays accords with evidence from the bereavement literature which highlights that rituals tend to be enacted by surviving loved ones around the times of traditional holidays and significant anniversaries (Drenton et. al., 2017; Rosenblatt, 2000; Tedeschi and Calhoun, 2004). Previous research has highlighted that the continuation of traditional gift-giving practices around such occasions can provide a means of symbolising and reaffirming relationships with lost loved ones (Drenton et. al., 2017) and Sophie, Corvette and Katie's enactment of rituals involving cake and balloons can be understood as a means of continuing birthday celebrations which would have taken place if the child had not been adopted.

The Christmas trees which Laura decorates for her children on their birthdays and at Christmas could be understood as being a kind of "memorial shrine" to her children (Goldstein et. al., 2020; Jurcevic and Urlic, 2002;234) and, as with the role of photographs described within Chapter 7, could be seen as an external representation of the psychological presence of her 3 now-adopted children in her home and life. Katie's description of the rituals which she enacts on her son's birthday as being "hurtful" illustrates the ongoing emotional pain experienced by respondents in the wake of the loss of a child to adoption, which can be particularly prevalent around the time of important anniversaries. Ritualisation appeared to support respondents to acknowledge their ongoing connection to their child on their birthday and there was a sense that, in spite of the pain which they evoked, such activities were helpful to respondents in managing the strong and persistent feelings of grief which they experienced.

8.5 Conclusion

Within this chapter, findings relating to the ongoing grief and loss experienced by first mothers who have lost a child to adoption have been explored. 17 of 19 respondents chose artefacts to be included in the project, with most respondents selecting more than one object which had been "imbued with mnemonic value" (Whincup, 2004:80) following their child's adoption. Analysis of the role of artefacts in respondents' grief and images of such objects provided within Table 6 above make a methodologically

powerful contribution towards illustrating key themes relating to the role of artefacts in respondents' ongoing management of grief after adoption, as well as the continuing psychological presence of now-adopted children in the lives of their first mothers (Fravel et. al., 2000:425). Analysis of respondents' reflections as they sorted through artefacts led to the identification of five emergent categories as to the role which artefacts can play in first mothers' grief and coping.

In accordance with findings in the bereavement literature relating to the role of artefacts in the grief of bereaved individuals (Castle and Phillips, 2003; Riches and Dawson, 1998:122; Rosenblatt, 2000); Whincup, 2004), artefacts were found to be treasured by respondents as holding high emotional value and this could be observed in the careful way in which respondents handled and stored items associated with their children. Five respondents explained that they had retained many of their children's belongings and were reluctant to throw such special objects away, symbolically illustrating first mothers' ongoing commitment to their children and, as explored in Chapter 6, the centrality of motherhood to respondents' sense of their own identity. It was found that artefacts could act as vehicles of remembrance for some respondents, prompting happy memories of time spent caring for children and could be utilised in first mothers' construction of a coherent narrative of the time spent "actively mothering" their now-adopted child. Bodily artefacts, such as locks of children's hair and hand and footprints, can also be understood as providing evidence of children's physical existence (Riches and Dawson, 1998) and further legitimation of respondents' maternal status in respect of their child. Artefacts were also found to be related to ideas of future reunion for respondents (Morriss, 2018), with some first mothers taking care to keep artefacts safe with a view to showing them to their now-adopted child upon reunion.

In keeping with findings from the bereavement literature (Gibson, 2004; Goldstein et. al., 2020; Sas and Coman, 2016), this study found that artefacts could also be utilised as comforters and appeared to prompt sensory memories of now-adopted children in respondents, with some first mothers intuitively stroking, touching and smelling soft items such as children's clothing as they sorted through them at interview. Artefacts could also be utilised in affirming respondents' maternal status, and it was found that gifts

given on behalf of children from their foster carers appeared to provide validation to respondents and came to take on a special meaning after adoption. In cases in which mothers had made preparations for the hoped-for return of their child from foster care, artefacts could also symbolise oppression and injustice and prompt feelings of anger and a sense of betrayal relating to the decisions which social workers and the courts had made. It was identified that artefacts played an important role in respondents' grief and supported a sense of ongoing connection and relationship with now-adopted children, furthering first mothers' efforts to reclaim their status as a mother to their child.

This research also found evidence that, in keeping with findings from the bereavement literature (Castle and Phillips, 2003; Rosenblatt, 2000), some respondents chose to enact activities which can be understood as being akin to informal grief rituals following the loss of a child to adoption. Such rituals appeared to be useful to mothers in supporting them to manage overwhelming feelings of loss on children's birthdays and other difficult anniversaries (Coleman and Garratt, 2016; Henney et. al. 2007; Howe et. al., 1992; Madden et. al., 2018), and provided a means by which respondents could memorialise their relationship with their child (Castle and Phillips, 2003), mark the significance of their child's birthday and continue in a psychological relationship with their child despite the adoption decision. Findings as to the usefulness of artefacts and activities akin to grief rituals in supporting first mothers to manage their grief in the wake of the loss of a child to adoption have clear practice implications, which will be explored in greater detail in Chapter 9.

Alongside insights into first mothers' experiences of grief and coping, the findings explored within this chapter provide evidence to refute conceptualisations of adoption as constituting a "happy ever after" or straightforward policy solution for disadvantaged children (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68). Inclusion of the voices and experiences of first mothers in stories told about adoption demonstrates the strength of the enduring grief, loss and emotional pain experienced by women as they navigate a life apart from their child after adoption. Findings arising from this thesis add to calls for conversations about adoption in policy, practice and wider society to change to reflect

recognition of adoption as a lifelong process which is built upon a foundation of loss (Benet, 1976; Dunbar et. al., 2006; Verrier, 1993; Sykes, 2001). Within the next chapter, a more extended discussion of the themes arising from the research will be provided and the implications for policy and practice will be explored.

Chapter 9- Discussion and Conclusion

9.1 Introduction

This thesis sought to investigate the experiences of first mothers who have lost a child to adoption, exploring the impact of the loss on women's constructions of their own sense of identity. The utilisation of artefacts associated with now-adopted children by first mothers was studied with the aim of understanding the role that such objects can take on in the management of grief. The thesis reports on the lived experiences of first mothers, giving voice to the situated knowledge of a group of women subject to intersectional marginalisation and discrimination (Morriss, 2018), illuminating powerful evidence as to the impact of living with disenfranchised grief and ambiguous loss post-adoption (Doka, 1999; Boss, 1999). The thesis aimed to privilege the accounts of first mothers whose stories of loss, while forming an integral part of the reality of adoption, are not included in dominant constructions of adoption as constituting a "clean break" (Gupta and Featherstone, 2020:168), "child rescue" (Kirton, 2019:4;), or "happy ever after" solution (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68).

The history of state intervention in the lives of vulnerable children since 1945 in England and Wales has been outlined, and existing literature relating to the experiences of first mothers who have lost a child to adoption has been reviewed. Bodies of work exploring the societal expectations placed upon mothers and literature considering the experience of parental bereavement have also been considered. The concepts of stigmatisation (Goffman, 1963; Tyler, 2020), disenfranchised grief (Doka, 1999; 2002), boundary ambiguity and ambiguous loss (Boss, 1999; Fravel et. al., 2000) have been identified as being significant in understanding the experiences of first mothers. In a policy context concerned with the unproblematic prioritisation of the best interests of individual children (Ainsworth and Hansen, 2011; Crittendon, 2016; Featherstone et. al., 2014a and b; Lonne et. al., 2016; Ryburn 1994), it has been demonstrated that significant tensions exist between the dramatic curtailing of support for first families to retain care of their children (Featherstone et. al., 2014b; 2018a), inequalities in intervention rates which mean that poor children are at much greater risk of being removed from the

care of their first families than other children (Bywaters et. al., 2020), and the promotion by successive governments of adoption for greater numbers of the most vulnerable children (Conservative Party, 2019; Department for Education, 2015b).

This chapter aims to discuss the research findings in greater detail, as well as suggesting areas for reform and directions for future research. The chapter begins in section 9.2 with discussion of the findings of the thesis, making reference to 3 overarching themes; stigmatisation and resistance, powerlessness and injustice and overwhelming loss, which emerged as being significant in first mothers' accounts of the loss of a child to adoption. In section 9.3, suggestions for policy and social work practice arising from the research are explored. The chapter goes on, in section 9.4, to discuss the study's limitations and ideas for future research with first mothers, before the chapter concludes in section 9.5.

9.2 Overview of the study's findings

Interviews with first mothers produced rich data relating to individuals' views and experiences, providing findings which answered the study's research questions and are set out in detail in Chapters 6-8. Three overarching themes; stigmatisation and resistance, powerlessness and injustice and overwhelming loss emerged as being significant in understanding the experiences of first mothers in the current context and are explored within this section.

9.2.1 Stigmatisation and Resistance

All of the first mothers who took part in this research had experiences of being stigmatised or branded with a "mark of disgrace" (Tyler, 2020:1), and the permanent removal of children from their care meant that respondents were "disqualified from full social acceptance" as mothers (Goffman, 1963:9). In Chapter 6 and in answer to the research question, "How do first mothers who have lost a child to adoption construct and understand their identity as a mother over time?", it emerged that ideas about "good" and "bad" mothering influenced respondents' self-perceptions, with many first mothers presenting constructions of themselves as having been "good" mothers to

their children (Breheny and Stephens, 2007; Lawler, 2000; Miller, 2005), and actively resisting what they perceived to be others' conceptualisations of them as having been "bad" mothers (Miller, 2005). Being a mother to their now-adopted child remained centrally important in first mothers' constructions of their own sense of worth and identity (Gillies, 2007). This was the case even when years had passed since children had been adopted and irrespective of the length of time respondents had spent "actively mothering" their children. In Chapter 7, it was demonstrated that first mothers constructed the future as a site at which they would be reunited with their now-adopted child and would be able to exercise autonomy in the enactment of their maternal role. Women's 'identity work' in relation to their maternal status was complicated by the experience of stigmatisation, as respondents were tasked with the ongoing management of information about their separation from their children, leaving them vulnerable to the judgements of others (Goffman, 1963; Tyler, 2020).

As explored within Chapter 4, structural understandings of stigmatisation involving acknowledgement of the power relations inherent in the production and deployment of stigma are valued within this thesis as providing insights into first mothers' experiences of intersectional stigmatisation and shaming (Link and Phelan, 2001; 2014; Mantovani and Thomas, 2014; Morriss, 2018; Parker and Aggleton, 2003; Scambler, 2009; Tyler, 2020). First mothers were found to be tasked with the management of stigma resulting not only from the removal and adoption of their children but also from earlier life experiences relating to their gender and class position, as well as stigma associated with welfare dependency, young motherhood and, for nine respondents care experience in their own childhoods. Within this analysis, "stigma power" (Link and Phelan, 2014:24, Tyler, 2020) is understood as a tool which is activated by more powerful groups as a means of exploiting or excluding the stigmatised, discrediting those whose lives are not seen as being worthwhile according to the logics of capitalism (Tyler, 2013a; 2020).

In keeping with the findings of previous research, the loss of a child to adoption was found to have compounded the harm which respondents experienced, in many cases leading to the escalation of already significantly complex and intersecting difficulties (Broadhurst et. al., 2017; Charlton et. al. 1998; Memarnia et. al., 2015). Throughout the child protection and court

processes, respondents' dignity had been assaulted and their self-esteem eroded (Tyler, 2020), with many first mothers recounting examples of the shaming and stigmatising impact of Children's Services intervention. Some first mothers demonstrated awareness that they had been dehumanised and were vulnerable to being portrayed as being "monsters" within wider society. Shame intermingled with grief in respondent's lives, having a corrosive impact on their sense of confidence and self-esteem. The voices and experiences of first mothers have been excluded from mainstream narratives about adoption, with stigmatisation serving to keep the voices of the marginalised "down, in or away" from the mainstream (Link and Phelan, 2014:24).

Far from being passive victims of circumstance however, the mothers who took part in this research demonstrated resistance to the dominant narratives which had been propagated about them by those in positions of power (Riessman, 2000). In keeping with the findings of research with other marginalised women (Skeggs, 1997; Wenham, 2016), respondents sought to salvage a positive sense of maternal identity in order to counter the stigma associated with their position (Goffman, 1963). In undertaking this work, respondents utilised their accounts of the past in order to reframe their experiences and provide evidence as to the ways in which they *had* been able to conform to the good mother identity. In this way, the past acted as a "powerful subjective resource" for respondents (Neale and Crow, 2018:29), and was utilised in order to lay claim to the "good mother" identity. Although some respondents conceptualised Children's Services' negative assessments of them as constituting a "failure" on their part, no respondent accepted ideas of themselves as having been a "bad" mother. Instead, respondents were active in their efforts to resist stigma and in reclaiming the stories which had been told about them and their families.

First mother respondents were universally aware that their children were growing up within a different family and that new adults were now fulfilling the parental role in their lives. In spite of this knowledge, respondents took every opportunity to reclaim their status as their child's mother by, for example, making reference to the particular significance of their maternal bond with their now-adopted child, and highlighting family resemblances between the now-adopted child and other members of the first family. Many

respondents appeared to seek to reclaim their maternal status in their choice of language, using phrases such as “[my children’s] *actual* mum” (Cassandra) to describe themselves. Holding on to the hope of future reunion appeared to support respondents in coping with their past and present experiences of grief, loss, shame and stigmatisation (Harris and Whyte, 1999; Hughes, 1995; Morriss, 2018; Scourfield and Hendry, 1991). In the context of a present sense of powerlessness, constructing an imagined future reunion and conceptualising their separation from their child as being temporary emerged as a means for respondents to reclaim a sense of control over their own time horizons (Brannen and Nilsen, 2007; Morriss, 2018).

Within Chapter 8, and in answer to the question, “What role do artefacts associated with the now-adopted child play in first mothers’ experiences of grief and coping?”, it emerged that retaining artefacts associated with now-adopted children also enabled respondents to reclaim their status as the mother to their child, as such objects outlasted the relational changes which adoption had necessitated (Bennett, 2012; Lavelle, 2020), eliciting powerful and emotive memories of pregnancy, birth and children’s early lives. Mothers’ treasured collections of artefacts can be understood as functioning as “prestige” or “status symbols” (Goffman, 1963:59), as they acted to refute dominant and stigmatising portrayals of mothers whose children are removed from their care as being uncaring (Kuhn, 1995). Artefacts told stories of enduring love, maternal care and loss, information which acted to counter the dominant narrative as put forward in children’s social work files, and carefully preserving artefacts for safekeeping provided a means by which first mothers could continue to enact their maternal role in respect of their children, reclaiming a sense of control in a situation within which they were largely powerless.

9.2.2 Powerlessness and Perceived Injustice

As explored within Chapters 2 and 3, it is identified within the existing body of work relating to the experiences of relinquishing and non-relinquishing first mothers that coercion, control, perceptions of injustice and powerlessness are themes which have long been in operation in the lives of women who lose children to adoption in England and Wales (Charlton et. al., 1998; Harris and Whyte, 1999; Howe et. al., 1992; Jackson, 2000; Lindley et. al., 2001;

Mason and Selman, 1997; Memarnia et. al., 2015; Morriss, 2018; Neil, 2003; Scourfield and Hendry, 1991; Smeeton and Boxall, 2011; Witney, 2004). Regardless of the perceived reason for their child's adoption, all of the first mothers who took part in this project were dissatisfied with the decision taken by the court that their child should be adopted and largely conceptualised this as having been grossly unfair. These assertions were particularly pertinent in cases when mothers had gone on to demonstrate, following the birth of a further child, that they were able to successfully care for subsequent children without the ongoing involvement of the Local Authority.

First mothers highlighted numerous examples of ways in which they had felt silenced and excluded from the lives of their children throughout the child protection and court processes, for example in the repudiation of opportunities to tell children the story of their adoption from their own perspective, the denial to eight respondents of the chance to meet with children's adoptive parents without a clear explanation as to the reasons for this, and what felt for some respondents like an exclusive focus within assessment work on the difficulties which they experienced in parenting. In keeping with the findings of previous research (Smeeton and Boxall, 2011), it was common for respondents to report feeling victimised and betrayed by particular social workers during their experience of child protection intervention, with many respondents giving examples of ways in which the "micro politics of power" had been exercised over them in interactions with children's social workers (Lister, 2010:118).

The research question, "What impact does post-adoption contact have on first mothers' experiences of grief and coping?" was addressed within Chapter 7, and post-adoption contact emerged as a site at which power and control was being exercised over first mothers' attempts to assert their maternal identity and maintain a relationship with their now-adopted child. It was found to cause additional emotional pain and trigger intense feelings of grief and loss for respondents when letters from adopters did not arrive as had been agreed at the time of the child's adoption, and many respondents experienced the issue of censorship in contact letters as a very painful challenge to the legitimacy of their status as their child's first mother. While post-adoption contact was providing a means for most respondents to continue in some form of heavily mediated, indirect relationship with their

child, arrangements for contact were found to have potential to be experienced as extremely stressful, frustrating and upsetting for first mothers and appeared to have been offered without the consideration of viable alternatives (Featherstone et. al., 2018b). Even when adopters were complying with contact agreements, every respondent was dissatisfied with the arrangements for post-adoption contact and would have liked to have been able to play a much more “active” mothering role in their child’s life. In spite of such difficulties however, receiving any news of children’s progress emerged as being highly valuable and reassuring to respondents even when it was difficult for them to reply to letters (MacDonald and McSherry, 2011; Mermarnia, 2015).

It was identified within Chapter 6 that respondents were extremely concerned about the messages which children would receive about them throughout childhood from those in positions of power. In keeping with the findings of previous research (Mermarnia et. al., 2015), first mothers were aware that there were competing narratives about the events of children’s early lives and that the information recorded in social work files was likely to present a wholly negative impression of them. The idea that children may hold unfavourable evaluations of them was found to be particularly distressing for respondents, who were concerned about being perceived as a “bad” mother or as having rejected or abandoned their children. First mothers emphasised the importance of children receiving “true” information as perceived from their perspective and meeting with adoptive parents face-to-face appeared to reassure respondents that they would be fairly represented.

Adoptive parents were understood by first mothers as being key gatekeepers to information about their child and some respondents spoke about the efforts that they had gone to in order to manage adopters’ perceptions of them, thereby increasing the likelihood that contact arrangements would be maintained and that children would receive fair and positive messages about their first mother throughout childhood. In keeping with the findings of previous research (Neil, 2009; Dunbar et. al., 2006), while adoptive parents had been able to exercise a level of choice as to the post-adoption contact arrangements which they would agree to, first mothers were afforded no autonomy in relation to this decision and, given that agreements for post-

adoption contact are not legally binding, there was no means of recourse available to respondents when arrangements were not being maintained.

As explored within Chapter 7, every respondent hoped for a future reunion with their now-adopted child, and time was a further site at which power and control had been exercised over first mothers' lives (Adam, 1990; Neale and Crow, 2018). Respondents had been excluded from the regular rhythms of motherhood, instead living with "time in abundance" (Adam, 1990: 114), in hope of a future reunion. It emerged that first mothers had different ideas about the length of time that they would be waiting until they saw their now-adopted child again, however many respondents constructed their separation from their now-adopted child as a temporary state and conceptualised reunion as a future event which was looked forward to and actively worked towards in some respondents' efforts to improve their lives. Respondents' accounts of perceived injustice and powerlessness were often recounted with strong feelings of anger and distress, and the overwhelming sense of loss which first mothers lived with was palpable during interviews, as mothers shared happy memories of their children alongside their ongoing experiences of deep emotional pain and suffering without resolution.

9.2.3 Overwhelming loss

Every first mother who took part in this research had experienced the catastrophic loss of one or more of their children to adoption and the gravity of the loss suffered by first mothers cannot be overstated. Respondents lived their lives in the shadow of disenfranchised grief (Doka, 1999; 2002), which often could not be publicly acknowledged or socially supported (Doka, 1999; 2002), and experienced feelings of ambiguous loss in their daily lives (Boss, 1999). In considering the anguish that they felt when their child was adopted, some first mothers acknowledged the parallels between the loss of a child to death and the loss of a child to adoption, describing extended and acutely painful periods of grieving, alongside a sense that the loss that they had experienced was both unnatural and unending. The literature also identifies that the reality that adopted children have not died but are growing up as a member of a different family complicates the grief experienced by first mothers (Brodinsky and Livingston-Smith, 2014; Coleman and Garratt, 2016; Ryburn, 1994). In keeping with findings from previous research, the first

mothers who took part in this project reported acute emotional pain in the immediate aftermath of their child's removal and adoption (Smeeton and Boxall, 2011; Ryburn, 1994) and significant dates such as children's birthdays and other holidays could also act as triggers for intense feelings of grief for respondents (Coleman and Garratt, 2016; Henney et. al. 2007; Howe et. al., 1992; Madden et. al., 2018).

Answers to the research question, "What role do artefacts associated with the now-adopted child play in first mothers' experiences of grief and coping?" were provided in Chapter 8 and make an original contribution to knowledge as to the ways in which first mothers manage their experiences of disenfranchised grief (Doka, 1999). In keeping with findings from the literature on bereavement which identify keepsakes and objects associated with deceased loved ones as being important and useful in managing emotional pain after loss (Drenton et. al., 2017; Gibson, 2004; Goldstein et. al., 2020; Jurcevic and Urlic, 2002, Riches and Dawson, 1998; Sas and Coman, 2016; Romanoff, 1998; Unruh, 1983), it emerged that respondents placed high value on artefacts associated with their now-adopted children, conceptualising them as precious and irreplaceable (Castle and Phillips, 2003; Riches and Dawson, 1998:122; Rosenblatt, 2000). Some respondents were able to derive a sense of comfort and tactile connection with their child by smelling and touching clothing and other soft objects which children had once worn or possessed (Gibson, 2004; Goldstein et. al., 2020; Sas and Coman, 2016), and in this way artefacts were able to conjure bodily memories of intimate moments of the past in the present, transcending time and space (Lavelle, 2020).

Artefacts also appeared to operate as vehicles of remembrance for some first mothers, reminding them of happier times spent caring for children and supporting the establishment of a coherent narrative of the time they had spent "actively mothering" their child (Riches and Dawson, 1998; Unruh, 1983). Some respondents selected "bodily" keepsakes, such as hand and footprints and locks of children's hair as holding particular emotional value, and such artefacts can be understood as a means of providing physical evidence of children's existence and reinforcing respondent's ownership of their maternal status (Baraitser, 2009; Bennett, 2012; Lavelle, 2020). The artefacts which mothers retained served to provide a stable and enduring link

with their child despite the geographical and relational changes which were necessitated by adoption (Bennett, 2012). It was found that, for some respondents, artefacts acted as symbols of dashed hopes, evoking feelings of anger directed towards professionals at the perceived injustice of children's removal from home. It was also identified that some first mothers chose to enact annual activities akin to grief rituals on children's birthdays, which are acknowledged as being particularly difficult for first mothers (Coleman and Garratt, 2016; Henney et. al. 2007; Howe et. al., 1992; Madden et. al., 2018), and this appeared to support respondents in validating their maternal identity, acknowledging their ongoing feelings of grief and loss and continuing in a psychological relationship with their now-adopted child.

Sitting with mothers as they sorted through artefacts which had once belonged to their children was profoundly moving, and the care with which respondents handled keepsakes associated with their now-adopted child was illustrative of their ongoing enactment of their maternal role (Lavelle, 2020). The experiences of first mothers as explored throughout this thesis provide clear evidence for the refutation of ideas of adoption as a neat policy solution which straightforwardly meets the needs of both disadvantaged children and prospective adopters (Kirton, 2013), sitting in stark contrast with "happy ever after" narratives surrounding adoption within political rhetoric and mainstream society (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68). Such conceptualisations exclude and erase the lived realities of first mothers who, far from experiencing a "clean break" (Gupta and Featherstone, 2020:168) often live out their lives in the shadow of loss, continuing in a psychological relationship with their now-adopted child in hopeful expectation of a future reunion (Fravel et. al., 2000).

It is argued to be the case that the exclusion of the voices and experiences of first mothers from mainstream understandings of adoption in England and Wales has been facilitated by the dominance of the "welfare of the child" paradigm in operation in statutory contexts (s 1.1, Children Act, 1989), within which it is understood that children can be rescued from families on the basis of the best interests paradigm (Crittendon, 2016; Lonne et. al., 2016). Such conceptualisations, operating in tandem with practice which encourages social workers to present themselves as being the "social worker for the child" (Featherstone et. al., 2018a:70) approach children as though they are

“unanchored” (Featherstone et. al., 2014b:32) and misrecognise the relational nature of children, who are inextricably linked to the family, community and historical and cultural context from which they originate (Featherstone et. al., 2014a; Lonne et. al., 2016). Within such a context, mother’s needs cannot be prioritised or even meaningfully responded to by children’s social workers who, as explored within Chapter 2, operate within a highly pressurised and inadequately funded working environment (Cummins, 2018; Fenton, 2014; Lavalette, 2019).

The powerful accounts of first mothers which emerged from this research are suffused with strong feelings of emotional pain, grief and loss. It is also important to recognise that adoption also constitutes loss for children, who often lose the opportunity to enjoy meaningful relationships with members of their first family and connection to their community of origin (Featherstone et. al., 2014a), as well as the loss of foster carers, school, friends and the chance to grow up within their first family. Prospective adoptive parents often arrive at the decision to adopt as a result of infertility (Ward and Smeeton, 2017), and must grieve the loss of the opportunity to bring up birth children (Benet, 1976). The construction of adoption as “happy ever after” (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68) therefore invalidates the experiences of adopted people, first parents and adopters, many of whom will require support in parenting children with experience of early harm (Featherstone et. al., 2018). The findings of this thesis support calls for conversations about adoption in policy, practice and wider society to change to reflect recognition of adoption as a complex, ever-evolving process (Becker et. al., 2002; Benet, 1976; Dunbar et. al., 2006; Verrier, 1993; Sykes, 2001).

9.3 Suggestions for policy and practice

The findings of this research, in combination with the large volume of existing literature which has been reviewed throughout this thesis, lead to recommendations for reform in the area of child protection and adoption policy and practice. Within this section, recommendations as to the ways in which first mothers can be supported during the child protection and court processes and in the wake of the loss of a child to adoption are identified.

9.3.1 Supporting mothers in the child protection and court processes

As described within section 9.2.2 and as identified in previous research with first mothers (Charlton et. al., 1998; Harris and Whyte, 1999; Memarnia et. al., 2015; Morriss, 2018; Smeeton and Boxall, 2011), this study found evidence of mothers feeling disempowered, confused and unheard during the child protection and court processes. There is a developing body of research demonstrating the effectiveness of parent advocacy within the child welfare system in reducing maltreatment, promoting parental engagement and supporting recovery (Tobis et. al., 2020), and the recently established Parent, Family and Allies Network (PFAN) is working to promote collaboration between families and services and to amplify the voices of parents and families (PFAN, 2020). The findings of this research affirm that there is a pressing need for parents experiencing statutory intervention, particularly in cases involving adoption, to be able to access independent advocacy as early as possible. Such support is vital in order that parents can clearly understand the process they are being taken through, access support in what can be difficult and emotionally charged meetings about their children and meaningfully contribute to discussions about prevention, de-escalation and the court process (Tobis et. al., 2020).

Relatedly, it has been argued throughout this thesis that families experiencing complex and mutually reinforcing difficulties need to receive timely, practical and sometimes intensive and long-term help with their problems, as opposed to education, advice or assessment without meaningful support (Bamford, 2020; Bywaters et. al., 2020; Cooper and Whyte, 2017; Featherstone et. al., 2018a; Lavalette, 2019). In light of the legislative requirement for adoption to be considered as a “last resort” (Supreme Court, 2013, point 74), the unusual position of the UK adoption picture when compared to European countries (Fenton-Glynn, 2015, Garrett, 2003; Kirton, 2013; Ward and Smeeton, 2017), and the gravity of the lifelong and intergenerational consequences which arise from a decision that a child will be adopted (Gupta and Featherstone, 2020), it is imperative that every effort has been made to support children to stay with their first families wherever possible.

Such effort would involve well-resourced teams of experienced practitioners from a range of disciplines being freed up to spend time getting to know families, alongside initiatives intended to bolster community support. Eminent scholars in the field have identified that the child protection system in England and Wales must be overhauled to reflect a poverty-aware and geographically consistent service, which is based upon genuinely supportive and positive relationships between families, professionals, services and wider communities (Bywaters et. al., 2020; Featherstone et. al., 2018a and b; Krumer-Nevo, 2020). The findings of this research add to such calls for reform, drawing attention away from individualised explanations for the difficulties experienced by vulnerable families within contemporary society and towards a social model of child protection practice (Featherstone et. al., 2018a), within which the strengths of families in looking after their children are expressly acknowledged and bolstered.

In recent years, in some Local Authorities there has been a move towards systemic and strengths-based models of practice such as Signs of Safety (Featherstone et. al., 2018a; Turnell and Edwards, 1999). While, as explored within Chapter 2, any improvements made to practice are severely circumscribed by the resources available to provide practical help to families in difficulty, the findings of this research highlight that a focus on strengths can be useful in social work with vulnerable populations. As explored in Chapter 6 for example, some first mothers could recall with clarity encouragement and positive feedback which they had received about their parenting from professionals years previously and such affirmations proved useful to mothers in negotiating the stigmatisation which they were subjected to post-adoption. Acknowledging the strengths of first families contributes towards a more humane approach to intervention (Featherstone et. al., 2014a) and observations about such strengths should be clearly documented in children's life story work and social work files, ensuring that adoptive parents have positive information about the first family to be able to pass on to their children.

In keeping with the evidence arising from previous research (Jackson, 2000; Mason and Selman, 1997), this study found that first mothers were extremely concerned about the stories that children were being told about their early lives and the reasons for their adoption. The findings of this research suggest

that, wherever possible, first mothers should be involved in contributing to children's life story work. Given the wealth of valuable information and memories held by first mothers, their inclusion in such work would have direct benefits for children as well as their mothers. In rare cases where it is not possible for mothers to be included this way, activities such as offering mothers the opportunity to write a letter to their child to be given to them in the future may support women to have some sense of the information which children will receive about them and may alleviate some of the anxiety that they experience in this area. It is important within the field of adoption to recognise the existence of competing truths and to acknowledge that the account of reality presented by Children's Services in furthering a plan of non-consensual adoption for a child is rarely contested.

As identified in Chapter 8, some first mothers who took part in this research had received gifts from children's foster carers which had been given on behalf of children. This study found that such artefacts often took on a special significance for mothers post-adoption and supported women to maintain a psychological relationship with their child in the face of overwhelming grief. Positive relationships with children's foster carers were remembered with fondness by some respondents and should be encouraged as a means of providing bounded yet non-threatening support to mothers during what can be an extremely isolating and frightening period of time. Non-threatening helping relationships with other professionals such as workers tasked with the supervision of contact appeared to have similar benefits for mothers.

Similarly, having the chance to meet with adoptive parents emerged as being useful for first mothers and every respondent who was offered the opportunity to meet with her child's adopters reported that she had benefited from this experience. In keeping with the findings of previous research, such meetings appeared to support post-adoption contact and also led some mothers to feel more confident that adopters would represent them in a positive light (Neil, 2003; Neil, 2013; Stone, 1994; Sykes, 2001). Meetings between first families and adopters should be prioritised, carefully planned and well supported and should be offered as a matter of routine, except in the most unusual of circumstances.

9.3.2 Supporting first mothers after adoption

In keeping with the findings of previous research, this study added to evidence that the system of post-adoption contact currently in place, particularly indirect contact, is unfit for purpose and in need of urgent reform (Featherstone et. al., 2018b; Gupta and Featherstone, 2020; Memarnia et. al., 2015). Most first mothers who took part in this research had experienced significant difficulties in keeping in touch with their children indirectly. Creative means by which children and members of their first families can continue to have a safe and mutually beneficial ongoing relationship need to be urgently explored (Featherstone et. al., 2018b). This project also identified inconsistencies in the arrangements for censorship of indirect contact letters for example, in keeping with the findings of the BASW adoption enquiry (Featherstone et. al., 2018b), some first mothers reported that they were not permitted to express love for their children. There should be clearly thought-out policies in place supporting rationale for decision-making in this area so that all parties receive a fair, consistent and humane response. In considering practitioners' decision-making surrounding recommendations for post-adoption contact between children and their first families, there is an urgent need for a clear, theoretically informed protocol to guide how such decisions are made in the first instance. It should also be acknowledged that agreements for post-adoption contact should be flexible and subject to change as children's needs and the circumstances of first family members develop over time (Becker et. al., 2002; Dunbar et. al., 2006; Grotevant et. al., 2013; Neil et. al., 2013; Smith and Logan, 2004; Sykes, 2001).

As will be explored below, the first mothers who took part in this study were unusual in that, at the time of the interviews, they were engaged with ongoing post-adoption support provided by a voluntary agency. For most respondents, this support involved attendance at peer support groups as well as individual help with contact and all respondents spoke very highly of the help which they had received. Post-adoption provision for first families has been identified as being a low priority for Local Authorities and is geographically variable (Cossar and Neil, 2010; Sellick, 2007). While some promising developments have been made in some areas of England in recent years (see for example BEAM, 2020; PAC-UK, 2020), there is a pressing need for good quality support which does not infringe on women's

reproductive rights to be made available for first families consistently throughout the country.

The findings of this thesis suggest that post-adoption support involving activities which acknowledge the value of artefacts and rituals in the management of grief would be likely to make a useful contribution towards supporting first mothers. This could involve, for example, facilitating the creation of memory boxes or photo albums and providing opportunities for women to openly discuss their maternal status and to talk through their collections of artefacts, countering feelings of isolation and shame associated with disenfranchised grief (Doka, 1999; 2002). Ambiguous loss has been identified as the most problematic and difficult form of loss to manage (Boss, 1999), and therefore any support which can be offered to women to reinforce the legitimacy of their maternal identity and provide comfort and relief from emotional distress should be actively encouraged and developed.

9.4 The study's limitations and future research

9.4.1 Sampling

In keeping with the underlying ethos of qualitative research (Mason, 2002), this project did not seek to achieve access to a sample of first mothers which was representative of the wider population of women in England and Wales who experience the loss of a child to adoption (Mason, 2002). However, the means by which respondents were recruited for participation in this project have inevitably influenced the study's findings. All of the women who took part in the project were in touch with post-adoption support services at the time when they were recruited for participation and such receipt of ongoing support from services is unusual in England and Wales (Cossar and Neil, 2010; Logan, 1999; Neil et. al., 2013; Sellick, 2007; Selwyn et. al., 2006). While it would present significant logistical challenges, there is a need to consider ethical and innovative ways to reach and include the most marginalised first mothers who are not in touch with post-adoption services in future research.

9.4.2 Volume of data

There was a huge volume of data arising from the fieldwork stage of the project and it was not possible to incorporate all of the study's findings into this thesis. Difficult decisions had to be made in relation to what were felt to be the most significant findings in the writing up of the project, which meant that some interesting and valuable data had to be excluded from the final thesis due to space constraints.

9.4.3 Future research with first mothers

This research found compelling evidence of the power of artefacts to support mothers in retaining psychological connections to their now-adopted child, evoking powerful memories of the past (Lavelle, 2020). It was also identified that some first mothers appeared to live their lives in a condition of extended liminality (Turner, 1969), with the future holding motivational power and being constructed as a site of great expectation (Neale and Crow, 2018). The significance of the passage of time for first mothers' experiences of grief lends itself to a longitudinal approach and there is conflicting evidence relating to the impact of the passage of time on the grief experienced by first mothers in the wake of the loss of a child to adoption (Andrews, 2009; Brodinsky and Livingston-Smith; Henney et al, 2007; Wells, 1994). The utilisation of a qualitative longitudinal methodology would support the development of nuanced understanding as to how respondents "move through time" (Neale and Flowerdew, 2003:192) and the impact of wider social and political changes on individual lives.

While the data collected within this project provided a useful "snapshot" of the lives, views and experiences of first mothers following the loss of a child to adoption (Neale and Crow, 2018:5), a longitudinal approach would facilitate a more nuanced understanding of the dynamic nature of grief over time, as well as making it possible to track respondents' progress in their recovery from the difficulties which they experience. A longitudinal approach would also allow for more detailed exploration of any developments which occur in the arrangements for post-adoption contact, as well as facilitating an understanding of the value of post-adoption support services at different points in time. Social media is likely to mean that reconnection between

children and first mothers who have been non-consensually separated following child protection concerns will become increasingly common (Oakwater, 2012). This area is under-researched and has potential to inform planning for post-adoption contact and the provision of useful support for all involved in adoption.

9.5 Concluding thoughts

It has been identified within this thesis that the influence of neoliberal ideologies in recent decades has involved the increasing individualisation of social problems (Cunningham and Cunningham, 2017; Shildrick, 2018; Tyler, 2013a and b), with adults in poverty being constructed as responsible for their own poor choices (Shildrick, 2018; Tyler, 2018). Within this climate, focus on the structural causes of difficulties encountered by vulnerable people and the exploration of redistributive solutions has been overshadowed by concerns about individual behaviour (Edwards and Gillies, 2016; Featherstone, 2006; Gillies, 2007; Gillies et. al., 2017; Skeggs, 1997). It has been demonstrated that stigmatisation has long operated as a means of encouraging adherence to societal norms regarding the value of paid employment (Shildrick, 2018; Tyler, 2013a and b), as well as exercising control over standards expected of women in mothering their children (Miller, 2005; Skeggs, 1997; Walkerdine and Lucey, 1989). First mothers have been identified as a population of marginalised women experiencing an “intersectional” process of stigmatisation and shaming (Morriss, 2018:819), and can be conceptualised as having been kept “down, in or away” from the mainstream (Link and Phelan, 2014:24). The impact of stigma and shame on the lives of the first mothers who took part in this research emerged as being highly significant and can be understood as impeding women’s efforts to move forward with life in the wake of the loss of a child to adoption (Charlton et. al., 1998; Doka, 1999; 2002).

The history of state intervention in the lives of vulnerable children as outlined within Chapter 2 demonstrates the shifting emphasis over time between focus on the protection of children from harm and the provision of family support (Daniel and Ivatts, 1998; Fox-Harding, 1991; Frost and Parton, 2009; Hendrick, 2003; Parton, 2014). Balancing the rights and needs of children with those of their parents has been acknowledged as a complex task

(Ferguson, 2011), and Serious Case Reviews relating to situations in which children have been killed within their families have consistently highlighted that a focus on the difficulties experienced by parents can come to eclipse the needs of children, resulting in children suffering significant harm (Ferguson, 2011; Frost and Parton, 2009). Throughout this thesis, it has been argued that at the heart of concerns relating to the current approach to intervention in the lives of vulnerable children is the perception that children can, when necessary, be straightforwardly extricated from first families on the basis that their welfare requires it (Children Act 1989, s.1; Featherstone et. al., 2014a; Kirton, 2013; Lonne et. al., 2016). Such ideas have been reinforced in recent years by an emphasis on quick decision-making, which is incumbent in widely accepted discourses around the “child’s timeframe” (Brown and Ward, 2013:1). It has been argued that the needs, rights and interests of children and their first parents cannot be neatly disentangled from one another (Ainsworth and Hansen, 2011; Featherstone et. al., 2014a and b; Lonne et. al., 2016), and that children can often be most effectively supported by providing their first parents with the financial, practical, emotional and often long-term support that they need (Crittendon, 2016).

There is clear evidence that families whose children are removed from their care are likely to experience distributional injustice (Bywaters et. al., 2020; Lister 2020), as over the last decade of austerity, financial entitlements available to parents via the welfare benefits system have been curtailed and dramatic reductions have been made to the practical help in place for families (Bamford, 2020; Bywaters et. al., 2020; Cooper and Whyte, 2017; Featherstone et. al., 2018a; Lavalette, 2019). As has been demonstrated, social work with children has, since 2007, taken an “investigative” turn (Bilson and Martin, 2017:793), with more families than ever before coming to the attention of Children’s Services and increasing numbers of children being separated from their families by the care system each year (Department for Education, 2020a; Thomas, 2018). Such developments clearly pose huge risks of injustice to first families (Lonne et. al., 2016), and significant ethical concerns relating to the promotion of adoption by government have been raised within this context (Featherstone et. al., 2014a; Lonne et. al., 2016; Kirton, 2013; 2019). The dramatic reductions seen in Local Authority early support services for families experiencing difficulties sits in stark contrast with the philosophy that adoption should only be pursued when all other

options for support have been fully exhausted (Courts and Tribunals Judiciary, 2013; Supreme Court, 2013).

Evidence arising from this thesis adds to what is known about the catastrophic impact of the loss of a child to adoption on first mothers (Broadhurst et. al., 2017; Charlton et. al., 1998; Memarnia et. al., 2015), refuting dominant “happy ever after” (Gupta and Featherstone, 2020:166; Ward and Smeeton, 2017:68) or “clean break” (Gupta and Featherstone, 2020:168) understandings of adoption by highlighting experiences of overwhelming and enduring psychological pain, grief and loss. This research found evidence that, in the face of complex vulnerability, disenfranchised grief and ambiguous loss (Boss, 1999; Doka, 1999; 2002), first mothers utilised artefacts as a means of continuing in psychological relationships with their children, evoking special memories of the past and providing a comforting sense of emotional and sensory connection to children (Lavelle, 2020). I hope that this project will add to research which aims to change the conversation about adoption and post-adoption contact and highlight the experiences of first mothers, whose voices and experiences form an integral component of the adoption story and deserve to be recognised and meaningfully responded to.

Appendices

Appendix 1: Email to Gatekeepers

Dear [Service Manager].

I hope you are well. I am emailing to request your support with a research project. I came across your contact details on the [website] and was very interested to read about [name of service].

I'm a social worker and researcher based within the Social Policy and Social Work Department at the University of York. I'm working on a PhD project which aims to investigate and understand birth mothers' experiences of losing a child to adoption. I'm interested in finding out about birth mothers' lives and experiences of motherhood prior to the loss of their child, as well as the ways in which mothers have experienced poverty and disadvantage throughout their lives. I'm keen to hear about mothers' experiences of statutory social work, post-adoption contact and post-adoption support. I'm particularly interested in studying how modern theories of grief apply to birth mothers' experiences of the loss of a child to adoption. I plan to use arts-based, participatory methods with mothers during interview if they feel comfortable with this. I am working with a birth parents' support group in the North of England and am hoping to extend the project into the South.

I am emailing to ask for the participation of your service in recruiting a sample of birth mothers who are currently in contact with the [name of service] to be interviewed. Each interview would last around an hour and would take place in a location where participants feel comfortable, usually in their own home. Potential participants would be under no obligation to take part and would be free to withdraw from the project at any time. I am a qualified social worker and interviews will be conducted with sensitivity and empathy. In exchange for their participation, interviewees will be provided with a £20 shopping voucher at interview. The study has received ethical approval from the University of York's Research Ethics Committee.

I would be very happy to meet with you or have a telephone discussion to explain more about the project. If you are in agreement to providing access to a sample of birth mothers for interview, the next stage would be to identify a key member of staff within your organisation who has contact with service

users and with whom I can liaise directly. It is anticipated that this member of staff would approach potential participants and ask for their consent to share their contact details with me. I will send details to each potential participant and contact them directly to explain more and to arrange a time for interview, if they decide that they would like to participate. The project would therefore require a minimal amount of your staff's time. I have attached to this email an information sheet which could be provided to potential participants, giving more information about the project.

The experiences of birth mothers and the question of the type and level of post-adoption contact being offered to adopted children is a site at which many of the major themes in UK social policy are impacting on the lives of children and their families. There is concern currently that the reduction of preventive statutory support services for children and families presents a risk of injustice for birth families, whose difficulties are often complex and multi-faceted, and birth relatives have consistently been identified as the least studied members of the adoption triad. It is expected that this research will be of interest to practitioners and policy-makers working in the field and will make new contributions to knowledge relating to the grief experienced by birth mothers and the ways in which women can be most effectively supported post-adoption.

Thank you in advance for your support. I have provided my contact details below should you have any questions at this stage and will contact you in the near future to find out whether you would like any more information.

Kind Regards,

Emma Geddes

eg777@york.ac.uk

07402886412

Appendix 2: Information Sheet

Participant Information Sheet: Understanding Birth Mothers' Experiences of Adoption

I am a researcher at the University of York and I am writing to invite you to take part in an interview as part of my research study.

What is the purpose of the study?

The purpose of the study is to find out about birth mothers' experiences of losing a child to adoption.

I want to find out about:

- Your life experiences leading up to becoming a mother.
- Your experiences of parenting your child.
- Your memories of the adoption process.
- Your experiences of post-adoption contact.
- Any support that you receive which helps you keep in contact with your child.

Why have I been invited to take part?

You have been invited to take part because you have experienced the loss of a child to adoption.

What does taking part involve?

Taking part in this study involves an interview between you and I. The interview will take place at a time convenient to you and will take around an hour. It can take place in your own home, or somewhere else where you feel comfortable. The interview will be audio-recorded with your permission. If you would like to take part, you will need to sign a consent form at the beginning of the interview.

I have previously spoken to other birth relatives who have lost children to adoption. Some people showed me special keepsakes that they had from when their children were living with them, for example, favourite toys/clothes/blankets. During the interview, I will ask you if you have anything like this at home and whether you would consent to me taking a photograph of the item to be included in the project. This is optional and you can change your mind about this at any time.

Do I have to take part?

You do not have to take part and if you do decide to take part you can change your mind about this at any time. Taking part in this project will not affect any of the services that you receive.

What are the benefits and risks of participating?

By taking part, you will be adding to knowledge about the experiences of women who have experienced the removal and adoption of a child. You will also receive a

£20 shopping voucher in exchange for your time. There is a risk that it may be upsetting for you to talk about your child and your experience of adoption and you should consider this when deciding whether or not to take part.

Will I be identified in any research outputs?

No information which identifies you will be included in the writing up of the research project.

How will you keep my data secure?

Under the new GDPR legislation, your personal data is collected by me on the basis that you have given clear consent for me to process your data for the specific purpose of participating in this research project. You will be free to opt-out of the project at any time. If you decide that you no longer wish to participate, any information which is held about you will be destroyed.

Your personal information and everything you share with me will be stored safely and securely. An anonymised transcript of your interview will be stored electronically within the University of York's centrally managed network. Your signed consent form will be stored in a locked cabinet within a locked office. Your data will not be passed on to Children's Services or any agency who you are working with or have been involved with in the past.

Will you share my information with anyone else?

Anonymous data will be made available to the UK data service to use in future research.

For how long will you keep my data?

In line with the University Research Data Management Policy, your data will be held for 10 years from the date of last requested access.

Who is funding the research?

This research is funded by the Economic and Social Research Council.

How do I find out more information?

If you would like to find out more information about the project or have a discussion about taking part, you can get in touch with me. My email address is eg777@york.ac.uk.

How do I make a complaint?

If you would like to make a complaint you can contact my supervisor, Aniela Wenham. Aniela's email address is Aniela.wenham@york.ac.uk and her phone number is 01904 321236.

Appendix 3: Confirmation of ethical approval



DEPARTMENT OF
SOCIAL POLICY AND
SOCIAL WORK
Heslington, York YO10 5DD
Direct Telephone (01904) 321231
www.york.ac.uk/spsw
mark.wilberforce@york.ac.uk

September 27th, 2018

Emma Geddes
PhD Social Policy and Social Work

Dear Emma

Application to Social Policy and Social Work Ethics Committee
Project title: Understanding birth mothers' experiences of adoption
Reference: SPSW/P/2018/3

Thank you for submitting your application to the SPSW Ethics Committee for the above named research project.

Your application has been reviewed by the Committee and I am pleased to inform you that they have approved your application. Where relevant, any conditions attached to this approval are enclosed.

As your project progresses, please do let the Committee know via spsw-ethics@york.ac.uk if there are any material changes to the project that will require further ethical approval (for example, changes to your research methods).

Yours sincerely

A handwritten signature in black ink that reads "Mark Wilberforce".

Dr Mark Wilberforce
Chair, SPSW Ethics Committee

1. **Explain again about confidentiality, right to withdraw etc. Give card and gift voucher, check audio recorder.**
2. **Explain that to understand the mothers' experiences of adoption it is helpful to know more about her early life and to do this we could complete an optional timeline activity (flipchart paper, pens, researcher draws a line starting with the date the mother was born and asking her to explain key events in childhood while researcher scribes).**

Prompts:

Date and place of birth- where did you grow up?

Names and occupations of parents, relationship with parents as a child.

Number of siblings. Who lived in the house with you?

Description of the home and neighbourhood- did you move house?

What is your favourite childhood memory?

What is your most difficult childhood memory?

Tell me about school.

Who were the important adults in your life?

Did you have a social worker as a child? Explore this.

Friendships, hobbies and activities enjoyed as a child and young person.

Age on leaving home and reasons for this.

Romantic relationships as a young adult.

Move on to include names and dates of birth of children on the timeline, exploring memories of children. Continuing with the timeline for as long as it feels useful, to include role as a mother.

3. **When did you find out that you were going to become a mother for the first time and how did you feel about this?**

Prompts:

Memories of pregnancy and birth.

Best and worst things about being pregnant for the first time.

What hopes and dreams did you have for your baby and yourself?

What name did you choose for your child and why?

Who supported you during your pregnancy (formal and informal)?

Was there anything you were worried about when becoming a mother?

How would you describe what it felt like at that time in your life?

For mothers who took babies home from the hospital:

What was it like caring for your child as a small baby?

What help did you have?

Best and worst memories of this time.

How did you manage financially? Where did you live?

Tell me about your child's developing personality- what were they like?

Who was around you at that time in your life?

Repeat for subsequent pregnancies.

4. How did social services become involved in your child's life?

Prompts:

Can you remember why social services first got involved with your family?

What do you think they were worried about?

What language did social workers use when speaking to you?

What help was offered to you in caring for your child?

What was your relationship with your child's social worker like? What made them a "good" or "bad" social worker?

Which other professionals were involved with you and your child?

What help did you need? What did you get?

Memories of meetings held about children.

Did you understand the process you were going through?

Did you expect that your child would be adopted?

5. What are your memories of your experiences during the adoption process?

Prompts:

What did you understand about going to court? Who explained this to you?

Did you have advice about the law? What was your relationship with your solicitor like?

What happened when your children went to live in foster care? Tell me about this.

Did you have contact with your children when they were in care? What was this like?

How did you feel about the decision that your child should be adopted?

Tell me about the final contact session with your child.

What was your life like in the early days after seeing your child for the last time?

Who was around you? What help did you have?

What has helped you to keep going? (Only ask if naturally leads into it- some people might feel that they don't have the strength).

6. Do you have post-adoption contact with your child?

Prompts:

Tell me about your contact arrangements.

What does it mean to be able to keep in touch with your child?

Best and worst things about post-adoption contact.

Do you need any help to keep in touch with your child? Do you have access to this help?

Do you feel that there are any improvements to be made around contact?

In an ideal world, what would contact be like?

7. How has your role in your child's life changed since their adoption?

Prompts:

Do you think about your child now?

Are there periods when living with what has happened is easier or more difficult?

How has your life changed since your child was adopted?

Do you think it has got easier or more difficult over time?

How does your relationship with your child continue?

What do you think your role will be in your child's life in the future?

If the mother has subsequent children in her care- Do you talk to your children about your adopted child? How do you explain what has happened to them?

8. What sort of help do you think birth mothers need after losing a child to adoption?

Prompts:

What advice would you give to a mum who is facing the adoption of her children?

Do you need help now? Are you getting the help you need?

What has helped you to manage your feelings about your child's adoption?

What are your hopes and plans for your future?

9. Explain optional artefacts activity and support the mother to take a photo of significant keepsake/token if she wishes to.

Prompts:

Tell me a bit more about this item and why it is meaningful to you.

Is there anything else that you would like to say about adoption or anything that we have spoken about?

December 2020

Dear [Respondent],

I hope you are well. In 2019, you took part in an interview with me about your experiences of the loss of a child to adoption and said that you would be interested in finding out about the findings of the project when they were available. I wanted to send you this summary of the main things I found from interviews and hope that it is helpful to you. In total I spoke to 19 first mums about their experience of losing a child to adoption.

Many thanks again for taking part,

Emma Geddes

Summary of findings from interviews with first mothers

1. The importance of being a mum

Every mother I spoke to saw the identity of being a mum to her now-adopted child as being very important in her life and the way she saw herself.

Every mother spoke about having strong feelings of love for her now-adopted child and thought about them on a daily basis.

Lots of women spoke about the ways that they had been “good” mothers to their children and some felt that Children’s Services and the Court had seen them as being a “bad” mum. Being seen as a “bad” mum carries a lot of stigma in society and it was hurtful for women to feel that they might be seen as being “bad”.

Some women said that they felt that they had “failed” parenting assessments, which had an impact on their self-esteem and confidence. Many mums were also very angry with social workers and the courts about the decisions that had been made about their now-adopted child.

Making the decision about who to tell about children's adoption was difficult for some women because of the stigma and shame in society around having children taken away.

Women were very clear that, even though their children had been adopted, they were still a mum to them.

Most women said that they were very worried about the information which children were being told about them and wanted adoptive parents to give positive messages about them to children.

Mums felt concerned about how they were written about in social work files and sometimes found other ways to keep information safe for children, for example by keeping a journal to be passed on to their child in future.

When mums were given the opportunity to meet with children's adopters, they seemed to feel more confident that they would be spoken about positively. It also helped mums to feel more confident that their children were being well cared for. Unfortunately not all women were offered the chance to meet with adopters and there didn't seem to be a clear reason for this.

Many women had found post-adoption support groups very helpful and meeting other mothers who had lost children to adoption seemed to help with the sense of shame and stigma that women felt.

2. Not being seen as a mum

Every woman wanted to be known as the mum to their children, but some parts of the adoption process and post-adoption contact made women feel that their identity as a mum was not being acknowledged or respected.

Post-adoption contact was very important to mums, however it was very upsetting to not to be allowed to refer to themselves as "mum" in letters and not to be able to tell children that they loved them.

When letters from adopters were late, it caused mums to worry about their children.

Lots of women were also worried about accidentally saying something wrong in letters. Some mums had experienced contact being suddenly stopped by adopters and this caused very distressing feelings of grief, loss and emotional pain.

Writing letters could be very difficult for mothers and they often needed help with this.

Mums spoke about family resemblances between themselves and their children and this seemed to help them claim their identity as their child's mother.

Uncertainty about where children were living and children's names being changed by adopters impacted on women's sense of feeling like a mum to their children and could be very upsetting.

3. Hopes for the future

Every mother hoped that she would see her now-adopted child again in the future, and mums had different ideas about when this would happen.

Some women expected that they would definitely see their child again and some recognised that this would be their child's choice.

Lots of mothers were experiencing serious difficulties in their lives and some women used the hope of seeing their child again in the future as a reason to recover from the problems in their lives.

Some mums had made efforts to contribute to their children's future, for example by opening savings accounts for them.

4. Keepsakes

Lots of women spoke about the strong feelings of sadness, anger and loss that they still feel in their everyday lives.

Most mothers had kept items such as blankets, toys and ornaments which had belonged to their child.

Research with people whose loved ones have died shows that objects belonging to deceased loved ones can help with grieving and this research found that objects belonging to now-adopted children could be used by mums in a similar way.

Keeping objects belonging to children could help mums to manage their feelings of grief.

Most mums saw the objects they had kept as being very precious and made special efforts to keep them safe.

Objects such as toys and ornaments could help to jog memories of happy times spent looking after children.

Some women said that smelling, touching or cuddling children's clothing or toys helped them to feel close to children and brought them comfort when they experienced strong feelings of grief.

Sometimes foster carers had given mums presents from children when they were in foster care and this helped mums to feel that their identity as a mum was being recognised and respected, which was important.

Objects could also be used as evidence to prove that children had existed and used to help women feel that they were still a mum, even though their child had been adopted.

Sometimes looking at equipment that they had prepared for children's return home made mothers feel angry at the professionals who had been involved in children's adoption.

Some mums had chosen to take part in activities or rituals such as releasing balloons, lighting a candle, buying a birthday cake or writing birthday cards to be kept for children. This seemed to help mums to acknowledge how important the day and their child was in their lives.

As a result of hearing about first mother's experiences, the project made some recommendations for social policy and social work practice. In summary, these are:

- Parents should have access to advocacy services to help them to feel that their voice is being heard within the child protection and court processes and to make sure that they understand what is happening, which can be difficult when emotions are running high.
- Parents experiencing difficulties need to be able to have useful and long-term support to help them to address the problems that they experience and every effort should be made to keep children with their parents wherever possible.
- It is important to recognise mother's strengths and give mums feedback about the things that they do well in parenting. Positive information about children's first family needs to be included in social work files and life story books and passed on to adopters and children.
- Parents should be involved in helping to put together children's life story work and to take part in activities such as writing a letter to be given to children in the future.
- Positive and supportive relationships between foster carers and parents during the court process should be encouraged.
- Meetings between adopters and first parents should happen, except in very unusual circumstances.
- There is lots of evidence that the system for post-adoption contact in place at the moment is not working well for first parents, children or adopters and it needs to be changed.
- Successful contact plans often change over time and there needs to be flexibility in arrangements for contact as children's needs and first families lives change.
- There should be a clear decision-making process for social workers to go through when making plans for post-adoption contact. Plans should be based on the individual needs of families.
- Post-adoption support for first families should be more of a priority for Local Authorities.

- It may be helpful for post-adoption support to include activities which involve the special objects that mothers have kept which belonged to their children, such as favourite blankets and toys. Supporting mums to talk through their memories of their child and make memory boxes and photo albums may be useful in helping mums to manage the very painful experience of grief that they live with every day.

Appendix 6: Pen portraits of respondents

1. Chelsea

Chelsea is a black Jamaican woman, she was born in the UK and lives in a large city in the south of England. Chelsea remembered witnessing domestic violence as a child before her parents separated. She was taken into care at the age of 6 while her siblings stayed at home, although her brother was later taken into care as a teenager. Chelsea perceived that the reason that she was taken into care was that her mother was struggling to manage her behaviour. Chelsea has additional learning needs and experienced many moves between foster placements and residential children's homes while in care. Chelsea described happy memories of taking part in martial arts and visiting local attractions as a young person but did not enjoy her time in the care system and wished that she could have seen her family more. Chelsea was raped as a teenager while living at a residential college, which resulted in her first pregnancy.

Chelsea's first child was born when she was 19 years old and was the subject of a pre-birth assessment during pregnancy. Chelsea's son was removed from her care shortly following his birth. This child went on to live with his paternal grandmother under a Special Guardianship Order (SGO). Chelsea has not had any form of contact with her eldest son since the SGO was granted. Chelsea has gone on to have a further six children, all of whom have been removed from her care at birth. Five of the children have been adopted and, at the time of Chelsea's interview, a Placement Order had recently been granted in respect of the youngest child. There is a plan for annual, indirect contact between Chelsea and her adopted children, although Chelsea does not hear news about three of the children. Chelsea has experienced domestic violence a number of relationships in adulthood and has been diagnosed with Borderline Personality Disorder. She is in a relationship with a partner who she does not live with, who is the father of her two youngest children. Chelsea's partner also has additional learning needs and ADHD. Chelsea describes that this is a loving and supportive relationship and the couple plan to have further children together in the future.

2. Sha-Sha

Sha-Sha is a woman of mixed Turkish and Greek heritage, she was born in the UK and lives in a large city in the south of England. Sha-Sha has 10 siblings and remembers that her family lived in lots of different houses when she was growing up. Sha-Sha has happy memories of her early childhood including playing football, making artwork and taking part in keep-fit. Sha-Sha's father began regularly raping her when she was 13 years old and this continued for three years. Sha-Sha remembered this as a terrible time in her life when she lived with feelings of intense emotional pain, confusion and shame and was routinely threatened by her father. When Sha-Sha told her mother about the abuse that she was suffering, her parents separated. Sha-Sha's mother then suffered a breakdown and was unable to care for Sha-Sha and her siblings. Sha-Sha described that she and her younger siblings were neglected and were taken into care when Sha-Sha was 16. As a teenager, Sha-Sha experienced depression and was diagnosed with bulimia, which she continues to struggle with as an adult. Sha-Sha also has additional learning needs. Sha-Sha lived in one foster placement when she was in care and described that she felt that her foster carers did not like her. She attended college as a young person, where she met her partner, with whom she is still in a positive and supportive relationship. After leaving care, Sha-Sha was allocated a place in a supported housing project, where she continued to live at the time of her interview, six years later.

At the age of 19, Sha-Sha became pregnant with her first child, who was the subject of a pre-birth assessment during pregnancy. When the child, a girl, was born, she was made the subject of an Interim Care Order and Sha-Sha and her daughter were required to move into a parent and child assessment unit for a 12-week period of assessment. Sha-Sha's partner also moved into the placement before being asked to leave after an angry outburst. Sha-Sha and her daughter remained in the unit, however the assessment ended negatively with the baby being taken into foster care. Prior to the conclusion of care proceedings in respect of their daughter, Sha-Sha and her partner conceived another child, a boy, who was removed from Sha-Sha's care at birth. Both of Sha-Sha's children went on to be adopted and are placed together in the same adoptive placement. Sha-Sha and her partner have biannual indirect contact with the children.

3. Laura

Laura is a white British woman, she was born in the UK and lives in a large city in the north of England. Laura remembers a happy experience of childhood and enjoyed horse-riding, listening to music and having sleepovers with friends. Laura's mother suffered from agoraphobia and bi-polar disorder throughout Laura's childhood and Laura's elder brothers played a part in supporting her as she was growing up. Her parents separated in Laura's early childhood and Laura continued to have a positive relationship with her father after he had left the home, while also enjoying a good relationship with her stepfather. Laura experienced bullying at school which had an impact on her confidence. She left school early due to bullying. There was no involvement from Children's Services during Laura's childhood.

Laura became pregnant with her first child at the age of 18. There was no involvement from her son's father and Laura cared for him as a single parent until meeting a new partner, who she married in her twenties. Laura experienced a number of miscarriages before she and her husband conceived three girls who were all born within a year of each other. During Laura's pregnancy with her eldest daughter, her husband began subjecting her to domestic violence. After a particularly frightening incident which was witnessed by all four children, Laura contacted Children's Services for help, on the advice of the police. The three youngest children were taken into care after a short period of intervention, during which time Laura was advised to leave her husband, who she was very frightened of. The eldest child, aged 15, remained in Laura's care. Laura remembered that her husband made it extremely difficult for them to separate and would sabotage Laura's efforts to distance herself from him. The court made the decision that the three girls should be adopted.

Laura was raped by her husband during care proceedings in respect of the three older girls and conceived another baby girl, who was removed from her care at birth. The baby was later placed with a member of the paternal family under an SGO. Laura and her husband are now divorced and Laura's ex-husband lives in a different part of the country. Laura has annual, indirect contact with her three adopted children and no ongoing contact with her youngest child. Her eldest child has remained in her care and is now an adult.

4. Rosie

Rosie is a white British woman, she was born in the UK and lives in a large city in the north of England. Rosie's parents separated in her early childhood and Rosie experienced physical abuse and neglect when she lived in the care of her mother. Rosie remembers witnessing frightening domestic violence perpetrated towards her mother by male partners and experiencing bullying at school. Rosie and her mother and siblings lived at a number of addresses and were also housed in refuge and temporary accommodation at times. When Rosie was 10, her mother seriously injured her and she and her younger brother were taken into care.

Rosie lived in two different foster placements as a young person, she described that she and her brother were not looked after well in the first placement but were well cared for in the second placement. Rosie's brother experienced additional emotional and behavioural needs and later went to live in a children's home. Rosie had a happy experience in her foster placement and remembers being taken on holidays and going to girl guides. Rosie's female foster carer died suddenly when she was 13 and Rosie chose to remain in the placement with the male carer for the remainder of her time in care. After leaving school, Rosie went to college to study animal care. She chose to return to live with her mother and her new partner aged 17.

Rosie met a partner and became pregnant when she was 19. The relationship ended early in Rosie's pregnancy. Midwives in the hospital where Rosie's son was born contacted Children's Services after concerns were raised about Rosie's mother's behaviour on the ward. It was agreed that Rosie and her son would undergo assessment in a parent and child foster placement and Rosie was pleased about this as she had decided that she did not wish to return to her mother's home. Rosie remembered that she enjoyed the foster placement, however she and her son were later moved to a new placement which Rosie did not enjoy as she felt unduly criticised by the carer. Rosie's son was found to have an unexplained bruise and she was suspected of having caused this injury non-accidentally. Soon afterwards, Rosie was asked to leave the foster placement, where her son remained. The court decided that Rosie's son should be adopted. Rosie has annual, indirect contact with her son.

5. Amber

Amber is a white woman and identifies as an Irish Traveller. She was born in the UK and lives in a large city in the north of England. Amber enjoyed horse-riding in her childhood. She suffered physical abuse perpetrated by her mother and sexual abuse perpetrated by her father as a child. She also remembers witnessing frightening domestic violence between her parents. Amber moved between the homes of her grandmother and aunt as a teenager and was sexually exploited by older men in the local area. There was no involvement from Children's Services during Amber's childhood.

Amber began misusing substances, became involved in crime and was sent to prison as a young person. After serving her prison sentence, she moved between the homes of friends, her grandmother and hostel accommodation before becoming pregnant with her first child at the age of 19. Amber met a new partner who had a heroin addiction and had spent time in prison. She gave birth to a further two children and became addicted to cocaine, although she did not use substances in pregnancy. Amber, her partner and the three children moved between various temporary addresses, with Amber's partner becoming heavily involved in criminal activity. Amber's relationship with her partner ended shortly after Amber's fourth child was born.

Amber met a new partner and described an initially positive and supportive relationship before he began regularly physically assaulting her. Over time, this led to each of Amber's four children going to live with members of their extended family. Amber began drinking heavily and continued to misuse substances. Amber's partner continued to subject her to terrifying incidents of domestic violence which often resulted in Amber being hospitalised. When the couple conceived a son and Amber's partner was sent to prison, the relationship ended. The baby, Amber's fifth child, was removed from her care at birth following a pre-birth assessment and went to live in foster care and Amber served a further prison sentence in relation to a previous offence. The court later decided that Amber's son should be adopted. After her release from prison, Amber met a new partner whom she describes as loving and supportive and the couple have gone on to have a further two children who have remained in their care since birth.

6. Lexi

Lexi is a white British woman, she was born in the UK and lives in a large city in the north of England. Lexi has additional learning needs. She and her siblings were abused by their father as a child and Lexi's mother had learning needs and was alcohol dependent. The family moved between areas and Lexi remembers attending lots of different schools, which she found difficult. Lexi remembers that there was sometimes not enough food in the house for herself and her siblings. Lexi's parents separated in her childhood and she and her sisters were taken into care when Lexi was aged 9 and were placed with a family member. Lexi had a good relationship with her carers and has happy memories of going on holidays. After leaving school, Lexi studied childcare at college and enjoyed this. She was supported by the leaving care service to rent a one-bedroomed council flat.

Lexi became pregnant and gave birth to her first child, a girl, when she was aged 20. The baby's father was not involved in her care. Lexi's daughter was the subject of a pre-birth assessment during pregnancy. When the baby was born, Lexi was required to go and live in a parent and child foster placement with her daughter for assessment. She found the experience of living in the placement very difficult and upsetting and left after a few weeks. The court later decided that Lexi's daughter should be placed with the family member who had brought Lexi up and an SGO was granted. Lexi has direct contact with her eldest daughter weekly.

Lexi met a new partner and became pregnant again the following year. During her second pregnancy, Lexi was diagnosed with a permanent health condition which has meant that she has gradually lost her vision. Lexi's second child, a girl, was the subject of a pre-birth assessment and was removed from her care at birth and placed in foster care. The court later decided that the child would be adopted and Lexi has annual, indirect contact with her. Lexi's third child was born 2 years later. Lexi decided that she would not speak to social workers during her pregnancy because she felt that her son would be taken away whether she took part in an assessment or not. Lexi's son was removed from her care at birth and placed in foster care. He was later placed in the care of a member of his paternal family. Lexi has regular direct contact with her son.

7. Maisy

Maisy is a white British woman, she was born in the UK and lives in a small city in the north of England. Maisy remembered witnessing frightening arguments between her parents when she was a child and after her parents separated when she was aged 13, Maisy went with her mother to live with her grandmother. After her parents' separation, Maisy began to self-harm and experienced eating problems. Maisy's mother married a new partner and Maisy was made the subject of a child protection plan. Maisy was bullied all the way through school. She has happy memories of riding her bike with friends as a child and loved reading.

Maisy did well in her GCSEs and A Levels. While at University, the difficulties that she had experienced with her mental health became more severe and this led her to leave the course early. Maisy became pregnant and gave birth to her son at the age of 26, the child's father had no involvement in his care. Maisy's mental health deteriorated during pregnancy and she was supported by specialist mental health services, which she found helpful. When her son was born, Maisy struggled to bond with him and found it very difficult to care for him. She was diagnosed with severe post-natal depression, experienced psychosis and was admitted to a mental health hospital. Maisy and her son stayed on a parent and child ward for assessment, however Maisy became too unwell to complete this and her son went to live in foster care. After making progress with her mental health, Maisy returned home. It was planned that Maisy and her son would live in another residential unit together, however when Maisy attempted suicide this did not go ahead. The court later decided that Maisy's son should be adopted.

Maisy went on to spend years receiving treatment in a mental health hospital before returning to the community, where she has gone on to complete further study towards returning to University. She has since been diagnosed with Asperger's and Emotionally Unstable Personality Disorder. It was agreed that Maisy would have annual, indirect contact with her son, however she has not heard any news of him since he was adopted.

8. Cassandra

Cassandra is a White British woman, she was born in the UK and lives in a small city in the north of England. Cassandra has additional learning needs. Her parents separated in her early childhood and her father moved to another part of the country. Cassandra remembers that she and her mother and siblings moved around a lot and has happy memories of going to Brownies as a child. She attended a number of different schools as a child and was bullied. Cassandra began self-harming when she was 11 years old and was sexually exploited and raped by older men as a teenager, after which she suffered a miscarriage. Cassandra was taken into care when she was 15 after she stabbed her mother during an argument. She lived in a number of different residential homes and one foster placement as a young person and continued to be groomed and sexually exploited by adults.

Cassandra did not receive any leaving care support and moved between temporary accommodation and partners' addresses. After experiencing domestic violence in a relationship, Cassandra moved to a different area of the country and gave birth to her first child, a boy, when she was 23. The child's father had no involvement in his care. When her son was four months old, Cassandra experienced difficulties in feeding him and he was not gaining weight. Cassandra also had post-natal depression and remembers that Children's Services were concerned about the people who she was spending time with and about her attachment with her son. The baby was taken into care when he was 10 months old and the court later decided that he should be adopted.

After a year, Cassandra became pregnant and was forced by her violent partner to have a termination. Cassandra then became pregnant again and gave birth to a daughter. The baby was the subject of a pre-birth assessment and Cassandra was made aware that her partner posed a risk to children, at which point she ended their relationship. Cassandra's daughter was removed from her care at birth and the court later decided that she should be adopted. Cassandra has biannual, indirect contact with each of the children, who are placed separately.

9. Chu-Chu

Chu-Chu is a black Jamaican woman, she was born in Jamaica and lives in a large city in the North of England after she and her mother migrated to England in Chu-Chu's early childhood. Chu-Chu's mother was deported when Chu-Chu was 14 years old and she was left in England in the care of a family friend with very limited support. She has not had any contact from her family since her mother was deported and felt that she did not belong with the family friend who she was left with. Chu-Chu regularly moved between different addresses and cities and became involved in crime and substance misuse as a young person. There was no involvement from Children's Services during Chu-Chu's childhood.

Chu-Chu was sent to prison when she was 18 after being convicted for assault. Towards the end of her sentence, Chu-Chu discovered that she was eight months pregnant. She gave birth to her first child, a daughter, shortly after her release from prison and experienced difficulties with her mental health. The child's father had no involvement in her care. Chu-Chu was sofa surfing at the time and did not have anywhere to live with her daughter, who was taken into care. After taking MKat at a party, Chu-Chu experienced drug-induced psychosis and was later diagnosed with schizophrenia. She was sectioned under the Mental Health Act and spent time in hospital. The court decided that Chu-Chu's daughter should be adopted.

After being released from hospital, Chu-Chu became pregnant again and gave birth to a son, who was born within a year of her daughter. The baby was removed at birth, however it was later arranged that Chu-Chu and her son would live together in a parent and child foster placement for assessment. Chu-Chu enjoyed caring for her son in the placement and was able to meet all of his needs. After a year, she and her son moved into the community and Chu-Chu's son remained in her care, subject to a child protection plan, at the time of the interview five years later. Chu-Chu does not have British citizenship and is concerned that she may face deportation in the future.

10. Maria

Maria is a white British woman, she was born in the UK and lives in a large city in the south of England. Maria's parents separated in her early childhood and Maria had no relationship with her father. Maria witnessed frightening domestic violence perpetrated towards her mother by male partners during childhood and took on responsibilities for caring for her younger sibling. She and her family experienced regular changes of address and at aged 11 the family moved to a new city. Maria was bullied at school. She has some happy childhood memories of skating, swimming and going to the cinema and loved studying drama at school. After leaving school, Maria studied childcare for 2 years. There was no involvement from Children's Services during Maria's childhood.

Maria moved into a hostel when she was 17 and met her first partner, who was physically and emotionally abusive to her. Maria became pregnant and the violence escalated in pregnancy. Maria was forced by her partner to make sexually explicit videos which were later used by her partner to blackmail her. Maria's son was born when she was 18 years old. A pre-birth assessment had taken place, during which Maria was informed that she would need to remain separate from her son's father due to the risk that he posed. Maria's ex-partner was seen leaving her home one evening after she and her son had been discharged from hospital. The baby was taken into foster care and was later placed with Maria's mother under an SGO. Maria initially had regular direct contact with her eldest son, however this was stopped by Maria's mother after the relationship between the adults broke down.

Maria met a new partner and Maria discovered that she was pregnant. Maria's new partner was more abusive towards her than her first partner had been, the violence escalated during Maria's pregnancy and she was hospitalised late in pregnancy as a result of the injuries she sustained. There was a pre-birth assessment and Maria's second son was removed from her care at birth, after which Maria's relationship with her partner ended. The court later decided that Maria's second son should be adopted. There was a plan for Maria to have annual, indirect contact with her son, however the child's adoptive parents have not facilitated this.

11. Katie

Katie is a white British woman, she was born in the UK and lives in a large city in the south of England. Katie has additional learning needs and remembers a largely happy childhood. Her parents separated when she was 11 and Katie moved between the homes of her mother and father. Katie enjoyed playing computer games as a young person and experienced bullying at school. After leaving school, Katie did some work experience in a nursery, then went to college to train to work in retail. There was no involvement from Children's Services during Katie's childhood.

As a teenager, Katie became pregnant after a short relationship and then began a new relationship during pregnancy with a man who was much older than her. Katie's daughter was the subject of a pre-birth assessment as Children's Services were concerned that her new partner had a history of violence. Katie gave birth to her daughter when she was 17 and she and the baby went to live in a parent and child unit after being discharged from hospital. Katie enjoyed her experience of living in the unit and made friends with other mothers. During Katie's time in the unit, she and her partner conceived a child and their son was born. Katie was discharged from hospital back to the parent and child unit and cared for both of her children there before being supported to move to her own accommodation, after spending a total of three years in the unit.

Katie and her two children lived in the community together and Katie's partner moved in with them. Katie felt that she was not well supported by Children's Services and experienced financial problems. The children were not gaining weight, were found to have bruises and were removed from Katie's care. Katie's daughter went to live with her father and the court decided that Katie's son should be adopted. Katie has annual, indirect contact with her son. Katie and her partner remained in a relationship and Katie began caring for her partner after he suffered a brain injury. The couple conceived another child, a girl, who was removed from their care at birth. At the time of Katie's interview, the child was six months old and was living in foster care. A family member had been positively assessed as a carer for the baby and there was a plan for her either be returned to Katie's care or placed with the family member at the conclusion of court proceedings.

12. Lula

Lula is a white British woman, she was born in the UK and lives in a large town in the south of England. Lula witnessed domestic violence as a child. Her parents separated when she was four years old and she lived in at a number of different addresses when in the care of her mother. Lula had caring responsibilities for her younger sibling and remembers being left unsupervised at home during her childhood. Lula began running away from home, skipping school and drinking alcohol in childhood and was taken into care when she was 13 years old. Lula experienced many moves in the care system and lived in a number of different children's homes. She was sexually exploited by local men when living in one children's home and self-harmed as a way of managing her emotions. While living in a children's home, Lula became pregnant and chose to have a termination before leaving care.

Lula moved between different addresses and became pregnant to a much older partner after a short relationship. She continued to experience difficulties with self-harm. Lula's daughter was the subject of a pre-birth assessment and was removed from her care at birth. The baby lived in foster care before the court decided that she should be made the subject of an SGO and live with a member of the paternal family overseas. Lula has annual, indirect contact with her daughter.

During her pregnancy with her daughter, Lula met a new partner and the couple conceived a child, a boy. Lula's partner also had older children who had previously been removed from his care. Lula chose not to take part in assessments with Children's Services during her pregnancy with her second child as she felt that the baby would be removed from her care either way. Lula's son was removed from her care at birth and was placed in an early permanence placement. The court later decided that he should be adopted. Lula and her partner went on to conceive a further son and decided that they would work with Children's Services during Lula's pregnancy. The child was removed at birth and placed in a separate early permanence placement to his brother, with the court later deciding that he should be adopted. Lula and her partner have annual, indirect contact with their two sons.

13. Stacey

Stacey is a white British woman, she was born in the UK and lives in a large town in the south of England. Stacey has a learning disability and struggles with her long-term memory as a result of this, meaning that she was not able to recount many details about her childhood. Stacey's parents separated when she was six years old. Stacey had a social worker at various points during her childhood as her mother struggled to manage to look after five children. She has happy memories of playing football with her brothers as a young person and enjoyed school.

Stacey gave birth to her first child, a girl, when she was 27 years old. Stacey's relationship with the child's father ended early in pregnancy and he had no involvement in the arrangements for the baby's care. Stacey returned to live with her mother. She later met a new partner and the couple conceived a child, another girl. When this relationship ended, Stacey and her mother lived together and both cared for the two children.

Children's Services became involved with Stacey's children when the eldest child was found to have sustained an injury which was felt to be non-accidental and Stacey's mother was suspected of having caused the injury. The family received intervention at home before the children were taken into foster care and the court later decided that they should be adopted. Stacey did not consent to the children's adoption, however she was pleased that the children had been adopted by their foster carers and were not moved. Stacey and her mother have both annual, direct contact and annual indirect contact with the children.

14. Corvette

Corvette is a white British woman, she was born in the UK and lives in a small town in the north of England. Corvette's parents separated in her early childhood and her mother had a heroin addiction and issues with alcohol. Corvette had caring responsibilities for an older sibling with a learning disability and two younger siblings. Corvette was first taken into care at the age of eight, after being returned to the care of her mother she was again taken into care at the age of 13. She lived in more than 50 different placements including residential homes and foster care. She was diagnosed with ADHD as a young person and received help from CAMHS, which she felt was useful. Corvette settled in foster care in her last placement and had a good relationship with her carer. She has happy memories of being taken on holiday and playing for a football team.

Corvette met a partner and the couple moved to a new area where Corvette was isolated. Corvette's partner began physically and emotionally abusing her and was sent to prison for assault, during which time Corvette discovered that she was pregnant. Corvette gave birth to her daughter, who was the subject of a pre-birth assessment. Children's Services made an application for the baby to be removed from Corvette's care at birth due to the risk posed by the child's father, however this was not agreed by the court and Corvette and her daughter went to live in a parent and child foster placement with a member of their extended family. Corvette's ex-partner was released from prison and began to harass her and threatened to kidnap the child. Corvette had begun a new relationship and had not informed Children's Services about this. Her daughter was taken into foster care and the court later decided that she should be adopted. Corvette has annual, indirect contact with her daughter.

Corvette and her new partner went on to conceive another child, a boy, who was born within 3 months of Corvette's daughter's adoption. Corvette and the baby returned to the same foster placement and Corvette cared for the baby until she was supported to move into her partner's home. The couple have gone on to have another son together. Both boys remain in the care of Corvette and her partner and Children's Services have no current involvement in the arrangements for their care.

15. Louise

Louise is a white British woman, she was born in the UK and lives in a large city in the north of England. Louise witnessed frightening arguments between her parents as a child and remembers feeling intimidated by her father. Louise's parents separated when she was a teenager. She recalls a largely happy childhood and remembers dancing and playing outside and enjoying practical subjects at school. Louise was bullied at school, which had an impact on her confidence. There was no involvement from Children's Services during Louise's childhood.

Louise met a partner online and the couple began meeting up. Louise's partner was suffering from a serious mental illness and had a history of violence in relationships, however Louise was not aware of this when they first met. Louise became pregnant early in the relationship and discovered that she was expecting twins. Her partner became more controlling and Louise described that he would manipulate her and lie to her. Louise's partner spent time in a mental health hospital during Louise's pregnancy and a member of the hospital staff contacted Children's Services to inform them that Louise was pregnant. The twins were the subject of a pre-birth assessment, during which Louise was advised that she and her partner should live separately and that he should have no unsupervised contact with the children when they were born.

Louise was 31 when her twin sons were born. She returned with her children to live with her mother, who helped her to look after them. Louise felt manipulated by her partner into letting him stay overnight at her mother's home and Children's Services became aware that this was happening. Louise decided that she wanted to remain in a relationship with her partner and support him to get the help that he needed. She remembered that her partner told her about his own abusive childhood and this led her to wish to support him. When Louise's partner was found to be in the house, the twins were taken into care. The court later decided that they would be adopted. Louise's relationship with her partner ended during the court process and she has had no communication with him since this time. She has annual, indirect contact with her sons.

16. Lilly

Lilly is a white British woman, she was born in the UK and lives in a large city in the south of England. Lilly's parents separated in her early childhood and she and her siblings remained in the care of their father, staying with their mother at weekends. Lilly's father experienced mental health problems and her mother had an addiction and could behave aggressively. Lilly was left unsupervised when in the care of her mother and had caring responsibilities for her younger siblings. Lilly remained in the care of her birth family throughout childhood however recalls that Children's Services were consistently involved in the arrangements for her care.

Lilly became pregnant at 15 and left her father's home to live in temporary accommodation. The baby's father was sent to prison and had no involvement in his care. Lilly was 16 when her eldest son was born and returned to the temporary accommodation, moving between hostels and parent and child supported living before securing her own council flat. Lilly met a new partner and she and her son moved to a different part of the country in order to live with him. Lilly's partner became violent and abusive to her after the move and Lilly was isolated. Lilly's partner assaulted her son, causing severe injuries. Lilly's partner told her that he would kill her if she suggested that he might have caused the bruises and so they were unexplained and the child was taken into care. Lilly remembered that her son was traumatised as a result of the abuse that he had suffered.

Soon afterwards, Lilly discovered that she was pregnant. The violence that Lilly's partner subjected her to continued throughout pregnancy. Lilly gave birth to her second son and she and the child went to live in a parent and child foster placement, which broke down, before they were moved to a residential unit. The placement broke down and Lilly's son was taken into care. The court later decided that both boys should be adopted and they were placed together. Lilly's relationship with her partner ended and she has annual direct and indirect contact with her sons. Lilly has gone on to rebuild her life and has a career supporting vulnerable young people.

17. Sophie

Sophie is a white British woman. She was born in the UK and lives in a large city in the north of England. Sophie experienced a happy childhood. Her parents remained in a relationship with each other throughout her childhood although they have always lived separately. Sophie has happy memories of playing with friends, going to the seaside and riding her bike as a child. There was no involvement from Children's Services during Sophie's childhood.

Sophie met a partner when she was around 25 years old. He was living in a mental health unit when they met due to experiencing severe mental illness. After being discharged from hospital, Sophie's partner moved into supported living and shortly afterwards Sophie became pregnant. The couple's daughter was born when Sophie was 27 years old. She and her daughter returned to their own accommodation after leaving hospital. Children's Services became involved when the child was 18 months old, after Sophie's partner had experienced a relapse in his mental health after using substances and had assaulted Sophie. Sophie ended the relationship at this time and her partner was sent to prison for assault. Children's Services closed the case in relation to Sophie's daughter after it was agreed that the child would not see her father unsupervised after his release from prison.

Sophie's partner went on to experience further relapses in his mental health periodically and to perpetrate further violence against Sophie when their daughter was present. After a period of intervention when Children's Services supervised Sophie's partner's contact with his daughter, he continued to experience relapses and Sophie was advised by Children's Services to end this relationship. After Sophie and her partner were seen out together with their daughter in the community, the child was taken into care, at which time she was three and a half years old. The court later decided that Sophie's daughter should be adopted. Sophie's relationship with her ex-partner ended during the court process. She has annual, indirect contact with her daughter.

18. Ruby

Ruby is a white British woman, she lives in a large town in the south of England. Ruby described a happy childhood until she reached the age of 10, when she was sexually abused by a member of her extended family. This had a big impact on Ruby and she was not able to leave the house for a while. Children's Services were involved in Ruby's life for a short while following the abuse that she suffered. School was difficult for Ruby as she was bullied. She has happy memories of attending a group run by the Princes Trust as a young person. After leaving school, Ruby studied animal care at college and volunteered at a local Sea life centre.

When she was 15, Ruby met a partner who she remains in a relationship with. Ruby moved in with her partner and became pregnant. The couple's first daughter was born when Ruby was 17. Ruby had help from her mother in looking after her daughter. Ruby and her partner had their second daughter when their eldest was two years old. Children's Services became involved with family because Ruby and her partner were arguing, struggling with routines and the baby wasn't sleeping. On occasion when social workers would visit during the day, Ruby and her partner would be asleep and their eldest daughter was unsupervised. Both children were taken into care, however after a period of assessment the children were returned home. The children were later removed again because Ruby and her partner continued to experience similar difficulties. Ruby said that she felt that they would have been able to cope with one child, however the two children who were very close in age were difficult to look after and she needed longer-term help. The court decided that the children should be adopted. Ruby and her partner have annual, indirect contact with the two eldest girls.

After around six years, Ruby and her partner felt that they had moved forward with life and decided that they would like to have another child. Ruby became pregnant and the baby, a girl, was the subject of a pre-birth assessment. It was arranged that Ruby and her partner would have 24-hour support and monitoring in their own home. At the time of Ruby's interview, her daughter was six weeks old and the subject of a child protection plan. Ruby and her partner had received positive feedback about their care of their daughter, with the time staff were spending in their home gradually reducing.

19. Paige

Paige is a white British woman, she lives in a large city in the south of England. Paige's parents separated in her early childhood. She has happy memories of staying with her grandmother as a child. Paige remembered feeling very unhappy as a young person and began truanting, running away and using drugs, before later becoming involved in crime. Paige was asked to leave her mother's home as a teenager and lived with her father and then her grandparents before moving to supported accommodation. Paige was excluded from school when she was 14. There was no involvement from Children's Services during Paige's childhood.

Paige became pregnant when she was 16. She was homeless at the time and so contacted Children's Services for help. A pre-birth assessment was completed. Looking back, Paige reflected that she could agree with the reasons for her son's removal from home, saying accommodation had been "disgusting" and that she refused to speak to social workers. When Paige's son was born he was removed from her care at birth. Paige found it very difficult and awkward to attend contact sessions and sometimes did not attend. The court decided that Paige's son should be adopted. Two weeks after her son was born, Paige conceived another child with a new partner. Paige's daughter was removed from her care at birth and was adopted separately to her son. Paige has annual, indirect contact with each of the children. After her daughter was adopted, Paige served a prison sentence for fraud and assault. She described her time in prison as having been transformative.

Paige became pregnant with her third child after around five years. A pre-birth assessment was completed and Paige was housed in a parent and child hostel. The baby, a girl, was made the subject of a child protection plan at birth and returned with Paige to live in the hostel. Paige met a new partner and did not inform Children's Services of this relationship. Paige's daughter was removed from her care after it emerged that her new partner had a history of sexual offences against children. At the time of Paige's interview, the court was yet to decide whether the baby would be returned to Paige's care or would be placed with a family friend under an SGO.

Appendix 7- Example of an initial matrix

Theme 1: First mothers' ownership of their maternal identity

Pseudonym and personal details.	1.1 Being a “good” mother, including ideas about a “special bond”.	1.2 Desire for maternal status to be acknowledged by others.	1.3 Family resemblances	1.5 Ideas about reunion.	1.6 Misc.
Chelsea. 7 children, 1 SGO, 5 adopted (all placed separately), youngest in foster care, to be adopted in near future. Learning needs, diagnosis of BPD.	Expressed desire for children to have a different experience to childhood than she did.	Very concerned that children may not be told truth about adoption and worried about being misrepresented. “We don’t know what they are gonna be told”. Upset about not being allowed to refer to self as “mum” in letters, described as being “hurtful”. Wanted children to know she had been “fighting” for them”.		Wanted children to find her in the future so that she can tell them the truth- “That they were forcibly adopted without my consent”	Sense of anger, frustration and injustice palpable throughout interview. One of daughter’s names has been changed, Chelsea does not know the new name.

<p>Sha-Sha. 2 children, adopted together. One year since youngest children's adoption. Learning needs, depression, bulimia.</p>	<p>"I was a good mum". Perception that staff in residential unit didn't agree, "They chatted behind my back, saying that I was a bad mum".</p>	<p>Wanted children to know that their parents never gave up on them and "fought" for them. Expressed pride in children, "Someone keeps saying 'Are they your kids?' and I said, 'Yeah they are mine'. It just makes me happy to be honest". After having met adoptive parents, felt confident that they would tell the children that they were adopted.</p>	<p>Talked a lot about the similarities between daughter and Sha-Sha and son and Sha-Sha's partner. "He took his first steps right before Christmas, so did [my partner]".</p>	<p>Spoke about future reunion as motivation to recover from eating disorder and to keep writing letters. Was aware that roles would change if the children returned as adults. Expressed anxiety about children's future questions. Hoped that reunion would happen and that time would pass quickly but aware that it may not happen. Has opened a savings account for the children.</p>	<p>Expressed that it hurts to know that other people are looking after the children.</p>
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<p>Laura. 5 children, Eldest is 18 years old and living with Laura, 3 adopted (placed together), youngest SGO. 4 years since children's adoption.</p>	<p>Spoke about having a special bond with children. Remembered taking pleasure in caring for her children- "I loved being a mum". "I had got a...special bond with them".</p>	<p>Was concerned and upset about not being remembered by children.</p>	<p>It was very important to Laura that the 3 girls who were adopted were placed together and she argued for this in court. Laura felt that a one-off contact session between the youngest baby and the older girls was "cruel" as there was no plan for the children to see each other again.</p>	<p>Laura plans to celebrate Christmas again when all 5 of her children are back in her house. She started growing 3 Christmas trees when the 3 girls were adopted and plans to give them to the children on their return.</p>	<p>Use of language demonstrates sense of ownership, e.g. foster carer "Taking her frustration out on <i>my</i> kids". Expressed that her life felt meaningless without her children.</p>
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<p>Rosie. 1 child, adopted. 7 years since child's adoption.</p>	<p>Rosie's hope when pregnant was "Just to be a good mum and not do what me mum did". Repeated this assertion a few times in the interview.</p>			<p>Rosie was "not sure" whether she would have any role in her son's life in the future but hoped to.</p>	<p>Rosie spoke less about ownership than in other interviews and seemed more resolved to the reality of adoption.</p>
<p>Amber. 7 children, eldest 4 SGO, 1 adopted, youngest 2 in Amber's care. 4 years since child's adoption. Dyslexia.</p>	<p>Amber spoke about having a "sixth sense" and knowing what her son needed when he was in foster care.</p>	<p>Amber's son was calling foster carer (who went on to adopt him) "Mummy" while in foster care as there was another child in the placement calling the carer this. Amber understood. "You are his mum, he is a credit to you, not me". Yet she was still asserting her maternal role during the interview, "He is still my little boy".</p>		<p>Amber felt that future reunion would be her sons' choice. "I am not gonna see that little boy now 'til <i>he</i> decides, till <i>he</i> chooses".</p>	<p>Amber very tearful when acknowledging that her son will see his adopter as his mother.</p>

<p>Lexi. 3 children, 2 SGO, 1 adopted. 4 years since child's adoption. Learning needs. Degenerative condition leading to loss of eyesight.</p>	<p>Lexi expressed a desire for a normal life, "Doing what all parents do with a child".</p>	<p>Was upset that her maternal identity was not acknowledged by family members caring for the child, e.g. not buying Lexi Mother's Day or Christmas presents from the child. Lexi was also upset about the terminology used by adopters in letters, e.g. calling their family "Grandma". "She is my daughter". Wanting to be called "tummy mummy" in letters so that identity is acknowledged and not just her name.</p>	<p>Lexi expressed a desire to see all 3 children together before her eyesight deteriorates further.</p>	<p>Language used suggests expectation of reunion- "I wasn't going to see her now 'till she was 18", "obviously she will come back to you". Hopeful that children would return "And know that I am their mum".</p>	
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<p>Maisy. 1 child, adopted. 9 years since child's adoption. Self-harm and eating issues, later diagnoses of depression, personality disorder, Asperger's.</p>	<p>Did not engage in self-harm during pregnancy despite urges to, "I didn't want to let him down". Feelings of failure related to not being having a natural birth and not being able to breastfeed- "Oh, there's another failure as a mother already". Guilt at feeling pleased to leave child when going to hospital. Guilt at not feeling a "Rush of love".</p>	<p>Wanted child to know that she did not sign consent for adoption. "I'm hoping that his adopters have been using his life story book with him".</p>		<p>Hopes for reunion, aware that this will be the child's choice. Aware that roles will have changed, "He has a mum now, so it might not be a mum and child relationship...I just want to know him".</p>	
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<p>Cassandra. 2 children, 1 adopted, 1 about to be adopted. Youngest child due to be adopted in near future. Learning needs.</p>	<p>Cassandra felt she was letting child and herself down because she was not able to breastfeed. Wanted more for own child than she had experienced. Felt that foster carers for her son had thought that she was a "bad mum" and this is why they did not buy her presents from the child. Implied special connection- child loved the things that the mother provided while in foster care.</p>	<p>Best thing about being pregnant was "He was in my belly and no-one could take him away from me". Anger and frustration that expertise as a mother (E.g. what the child normally liked to eat) wasn't respected when he was in foster care. Use of language, "Her <i>actual</i> mum"- gave child a photo of herself and her brother in a locket when adopted, very meaningful for Cassandra.</p>			<p>Palpable sense of anger and injustice during Cassandra's interview.</p>
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<p>Chu-Chu. 2 children, 1 adopted, 1 in Chu-Chu's care subject to a CP plan. 4 years since child's adoption.</p>	<p>Expressed desire to have a "normal life". Wanted child to have "a good upbringing, "What I didn't have". "Someone else is bringing her up...but I know that she is my daughter and she knows that I am her mum".</p>	<p>Language, claiming role when talking about letterbox contact, "Mummy is fine".</p>		<p>"I want 'er to come and look for me when she is ten". Desire to prove to daughter on return that Chu-Chu has done her best.</p>	<p>Daughter's name has been changed. Chu-Chu has tattoo of child's birth name on her wrist. Is aware of child's new name. Chu-Chu was immediately very tearful when talking about her now-adopted daughter, strong sense of grief throughout interview.</p>
<p>Maria. 2 children, 1 SGO, 1 adopted. 4 years since child's adoption.</p>	<p>Sense that baby son knew when it would be the last time that they would see each other.</p>	<p>Important for maternal identity to be acknowledged by child- "[My son] knows exactly who his mum is". Important that there are pictures of Maria on walls in family placement.</p>		<p>Assertion that the children will see the truth in the future.</p>	<p>Strong feelings of anger expressed throughout interview.</p>

<p>Katie. 3 children, Eldest in foster care, middle adopted, youngest in proceedings. 6 years since child's adoption. Learning needs.</p>	<p>Expressed desire to be a "good" mum and to be able to take her children on holiday.</p>	<p>Upsetting not to be able to refer to self as "mum" in indirect contact or to express love. Sense that identity has been denied- "I don't feel like a mum anymore. I think that has just been ripped apart and ripped out of me". Concern that child is calling someone else "mum".</p>	<p>Family resemblances when hearing about child's progress in letterbox- "He is like his sister".</p>		<p>Use of language suggests expected reunion "The last time I am gonna see you 'till you are 18". Expecting questions from the child and some anxiety about this- "Is he going to hate me?"</p>
<p>Lula 3 children, 1 SGO, 2 adopted (placed separately). 2 years since youngest child's adoption.</p>	<p>"I hoped that I would be able to raise her differently to what my mum raised us". Described constantly blaming herself for everything when caring for eldest child in parent and child placement.</p>	<p>Frustration not to be able to be known as "mummy or daddy" in indirect contact.</p>		<p>Hope that the children will come back but "wouldn't force them". "Hard to say" whether she will have a role in adopted children's lives in the future.</p>	

<p>Stacey. 2 children, adopted together 2 years since children's adoption. Significant learning disability.</p>	<p>Sense that children knew that this would be the last contact session until after adoption, behaving differently, clingy and arguing.</p>	<p>Important to know that the children talk about their first mother and grandmother within their adoptive placement.</p>		<p>Slightly different as will be seeing the children 1 x per year in direct contact.</p>	<p>Loss of purpose after children removed.</p>
<p>Corvette. 3 children, 1 adopted, youngest 2 in mother's care with no SW involvement. 3 years since child's adoption. ADHD diagnosed as a young person.</p>	<p>Expressed desire for child to have a better life than what she had. Sense that baby knew when it was the last contact session, "It was like she knew".</p>	<p>Use of language demonstrating sense of ownership of maternal status, "I let her go on holiday" when in foster care.</p>	<p>Commenting on resemblances between siblings from the information in letters. Also family resemblances between herself and the adopted child, "A feisty character... she has definitely got my genes".</p>	<p>Desire for photographs so that other children can see their sister growing up so that it won't be a shock to them when they see her when she is 18. Hoping for reunion.</p>	<p>Continuing to mother while child in foster care, for example by providing clothing and toys to foster carer.</p>

<p>Louise. 2 children, adopted together. 2 years since children's adoption.</p>	<p>"I always wanted...to have kids and just be a normal family".</p>	<p>Important to mother that children know in future the efforts she has made. Asserting role "They have got a loving mummy".</p>		<p>As children are with a same-sex male couple, Louise feels that there is room for her in their lives. Plan to open a savings account for the children although aware that they are "probably well off with the people they are with now".</p>	
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<p>Lilly. 2 children adopted together. 6 years since children's adoption.</p>	<p>Feeling that infant son "knew" not to like grandma because of the abuse that she had inflicted on mother in childhood. Sense that staff in previous accommodation "...could see that I was a good mum". Concern that social workers thought that she was "Always a shit mum". Reference to "mother's instincts". Special connection with youngest child in direct contact "He looks at me in awe".</p>	<p>Very upsetting when child asked, "How do you know my name?" in direct contact- Concern that children have not been properly informed about their identity. Child's belongings returned when he was adopted- Lilly's contribution/ son's identity devalued.</p>		<p>Expectation of being found on social media. Seeing children once per year in direct contact.</p>	
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<p>Sophie. 1 child, adopted. 2 years since child's adoption.</p>	<p>Had a special bond, child didn't like to be left at nursery. Crying when explaining, "In all the reports it says I was a good mum".</p>	<p>Important to mother that child knows in the future that she did not consent to the adoption. Was addressed as "Mummy Sophie" in letter and really valued this- this is how the child referred to her as she was 5 when she was adopted. Helped but also made Sophie cry to hear that her daughter speaks about her birth family "lots". "By the time she was adopted she was just short of five, so she will <i>always</i> know who i am". Continuity between child's care at home and in adoptive placement important.</p>	<p>Comment that child gets her stubborn nature from herself and her ex-partner. Concern about heredity of father's MH problems.</p>	<p>Hoping for reunion. Desire to prove herself to the adopters. Counting down until the child is 18 but commented that it may happen before this. Concern about future questions, cried as she asked "Does she hate me?" Has opened a savings account and regularly pays money in for her daughter.</p>	<p>Pleased that first name has not been changed- "[SW] didn't say anything about her middle names, just that they had not changed the first name, which I was glad about".</p>
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<p>Ruby. 3 children, eldest 2 adopted together, youngest in mother and partner's care, subject to a CP plan. 7 years since children's adoption.</p>	<p>Ideas about people who lose children having done something bad to harm them, assertion that this was not the case- desire to be understood as being "good".</p>	<p>Upset not to be given Mother's Day presents on behalf of the children from her own mother after children were adopted- "I am still their mum". Frustrated not to be able to refer to self as Mum in letters or to tell children that she is pregnant again. "Even though they are not with us, we are still their parents and nothing will change that".</p>	<p>Youngest child resembles other children, difficult and brings up painful feelings of loss when caring for youngest child.</p>	<p>Language- expects reunion but aware that it will be children's choice. Aware that it would take time to build a relationship. Important to have photos and talk about adopted children to youngest child so that she knows who they are when they come back. Language- "When they come home".</p>	<p>Mothering gave purpose.</p>
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<p>Paige. 3 children, oldest 2 adopted, youngest child in foster care with a plan for a family placement. 5 years since most recent adoption.</p>	<p>Expressed desire to be able to "live a normal life with my child and live happy". Wanting more for own child than what she had experienced. Important that it was acknowledged at court that she was a "good mum" and had "the best bond in the whole wide world" with youngest child.</p>	<p>Confident that adopters will tell son that he is adopted after meeting them. Wanted child to know that she has changed.</p>	<p>Concerned when third child born that she didn't look like her. Chose to combine elder 2 child's names to make a name for youngest child.</p>	<p>Language-expectation of reunion "When" the older adopted children meet the youngest child. Particularly with oldest child as adopters appeared very open at meeting. Hope that he will find her at 14/16.</p>	
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Appendix 8: Themes and subthemes arising from data analysis

Themes	Subthemes
Ownership of maternal identity	Being a “good” mother. Not being a “bad” mother. Ideas about a “special bond”. Desire for maternal status to be acknowledged by others. Family resemblances. Knowing where the child is living. Ideas about reunion.
Grief	Role of artefacts. Psychological presence, including rituals. Impact of post-adoption contact on grief. Saying goodbye.
Powerlessness	Powerlessness in interactions with social workers. Confusion about statutory processes. Powerlessness in contact.
Injustice	Not being given a chance. Feeling betrayed/deceived by professionals. Not being believed.
Support	Positive experiences of formal and informal support. Isolation/lack of formal informal support. Experiences of post-adoption support. Peer support/desire to help other women.

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