



Separation and psychosocial challenges of parents with children in foster care

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ABSTRACT

Parents of children placed in out-of-home care experience intense loss followed by prolonged grief that often goes unrecognized and unvalidated by the public. Child removal frequently exacerbates parents' pre-existing mental health issues, fostering dependence on unhealthy coping strategies and intensifying feeling of isolation and loneliness due to a lack of social support. This qualitative study explored the psychosocial challenges faced by parents after the removal of their children. The sample comprised 38 parents, including mothers and fathers, whose children had been placed in foster care. Through in-depth semi-structured interviews, parents shared their experiences following the child removal process. Analysis of the interview data found that child removal constituted a profoundly traumatic experience for these parents, highlighting parents' experiences of loss, suffering, hopelessness, disenfranchised grief. Such experiences and consequent challenges associated with the removal could lead to an increased isolation, depression, loneliness, loss of identity, and a broken connection with their children. These findings underscore the need for support for parents working toward reunification that considers such experiences and to promote overall parental well-being.

1. Introduction

While numerous studies examined the effects of child maltreatment and foster care placements on various outcomes of children, research on parents whose children are placed in statutory care is still limited. Existing research mostly describes parents' experiences with child welfare services in the context of parents' satisfaction with workers, relevance of services to families' needs, information sharing, and power dynamics (Drake, 1994; Dumbrell, 2006; Tembo, & Studsrød, 2018). The limited research has described the effects of child removal on parents' well-being, such as anger, stigma, grief, depression, and social isolation (Haight et al., 2002; Kenny et al., 2015; Newton, 2020; Nixon et al., 2013; Schofield et al., 2011; Suomi et al., 2023; Syrstad & Slettebø, 2020; Wisso et al., 2023).

To address this gap, this study builds on previous research by exploring the nuanced psychosocial challenges faced by both mothers and fathers whose children have been placed in foster care. It highlights their experiences of loss, disenfranchised grief, trauma, loneliness, and disruptions to the parent-child bond, with particular attention to how these dynamics were affected during the COVID-19 pandemic.

1.1. Child removal, grief, and hope

Child removal and separation profoundly affect parents' well-being, resulting in a range of negative outcomes such as grief over the loss of their children (Suomi et al., 2023), social isolation, and mental health challenges (Haight et al., 2017; Janzen & Melrose, 2017; Kenny & Barrington, 2018). These difficulties are often exacerbated by inadequate or absent formal and informal support systems (Kenny & Barrington, 2018; Said-Salem & Wilde, 2022), as well as the challenges at the system and broader socio-economic contexts in which these parents live (Bywaters et al., 2020). Collectively, the interplay of these psychological and social factors contributes to what the literature describes as psychosocial challenges (Chu et al., 2018).

While many parents with children in foster care have faced various traumatic experiences in their lives, child removal stands out as one of the most emotionally distressing events they encounter. The involuntary separation from their children has been compared to the profound grief of losing a child (Suomi et al., 2023), characterized as an ambiguous loss in literature (Boss, 2006). Ambiguous loss occurs when a person who is alive becomes absent from one's life, like the experience of parents losing custody of their children. When facing this kind of loss, one can

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experience a high level of anxiety, poor functioning, and withdrawal (Boss, 2006). As noted in previous studies, mothers of children who have been removed from parental care go through a deep and intense feeling of loss (Kenny, 2018; Wall-Wieler, 2017). This loss is further complicated by the fact that it often goes unrecognized. For those parents who shoulder the blame for their children's removal, the grieving process is not publicly acknowledged and validated (Schofield et al., 2011). Unacknowledged grief aligns with the concept of disfranchised grief as described by Doka (2002). Disfranchised grief is the experience of loss that is denied or unrecognized by the public, as the individual is not considered entitled to grieve or to receive sympathy from others (Doka, 2002; Janzen & Melrose, 2017). Acknowledging the profound loss experienced by parents when children are placed in foster care often becomes challenging due to the stigma associated with child removal (Schofield et al., 2011).

Furthermore, the literature has explored the interplay between grief and hope, emphasizing that they are not mutually exclusive but rather intertwined in the process of healing (Attig, 2004). Hope is one of the core elements of the grieving process, manifested through motivation and resilience (Moore, 2005). In the context of child welfare and the loss of child custody among mothers with addictions, hope was regarded as crucial for recovery (Janzen & Melrose, 2013). The hope that sooner or later they will reunite with their children helped mothers "survive" separation (Kenny et al., 2015) and motivated them to make positive changes in their lifestyle (Janzen & Melrose, 2017; Kenny et al., 2015).

1.2. Isolation and lack of support

Together, ambiguous and disfranchised grief contribute to the isolation and withdrawal of parents, which result in a myriad of psychosocial challenges. The confusion associated with threatened parental identity and loss of status, coupled with feelings of guilt and shame for the perceived failure in meeting their children's needs and safety, constitutes a significant concern for many of these parents (Memarnia et al., 2015; Schofield et al., 2011).

Previous studies indicated that parents impacted by the child welfare system often lack both formal and informal social support (Kenny et al., 2015; Kenny & Barrington, 2018; Lalayants et al., 2016; Said-Salem & Wilde, 2022). Confronted with multiple challenges, they frequently face strained relationships with family members, which can become more complex after having children removed from their care. While for a few, immediate and extended family can be an irreplaceable source of support when providing kinship care in the face of potential removal, for many, family is not always considered a helpful source of support due to family members' judgmental attitudes and lack of understanding (Lalayants et al., 2016). Thus, parents often experience limited support sources and interactions with social linkages, leading to loneliness, disconnectedness, and isolation due to the lack of available and quality relationships (Cameron, 2002; Lalayants et al., 2014).

Out of stigma and fear of being judged or marginalized, parents often feel hesitant to pursue new friendships or relationships (Kenny & Barrington, 2018). They might refrain from participating in available community events, avoid engaging in both formal and informal organizations, and abstain from seeking employment (Haight et al., 2017; Kenny & Barrington, 2018). Although parent advocacy groups offering peer support and sharing parenting experiences have been gaining popularity in community-based settings (Lalayants et al., 2015), this area remains underexplored.

1.3. Unrecognized trauma, loss, and grief in child welfare

The absence of social support from friends and families is frequently combined with a perceived lack of support received from child welfare workers. As described in prior research, parents often express dissatisfaction with the treatment they receive from child welfare workers, citing a lack of respect and compassion, generating resentment toward

child welfare workers and the system itself (Haight et al., 2017; Memarnia et al., 2015; Kenny & Barrington, 2018; Schofield et al., 2011). For these parents, dealing with unrecognized grief, isolation, and lack of social support is coupled with the challenges of navigating tense relationships with child welfare workers. Reflections of mothers from previous qualitative studies showed that the relationship between child welfare workers and parents is often influenced by power dynamics (Kenny & Barrington, 2018), with mothers perceiving that child welfare workers lack understanding and empathy and fail to acknowledge the profound loss and trauma resulting from their child removal. Furthermore, parents in previous studies described their interactions with child welfare workers as re-traumatizing and burdened with unrealistic expectations, a lack of respect for them as parents, and a failure to help towards improving their circumstances (Memarnia et al., 2015; Kenny & Barrington, 2018; Syrstad & Slettebø, 2020; Wissö et al., 2024).

Parents also voiced dissatisfaction with mandated programs that they found stressful and not tailored to their actual needs (Haight et al., 2017). Concerns were further raised regarding court hearings. Some felt that their cases were inaccurately presented during the court hearing and that their voices as parents were entirely ignored or disregarded (Memarnia et al., 2015), resulting in escalated anger directed to child welfare workers (Broadhurst & Mason, 2017; Schofield et al., 2011).

1.4. Additional ramifications of separation following child removal

In some studies, involuntary separation from their children has been associated with deteriorated mental health outcomes and increased alcohol and drug consumption among parents of children placed in foster care. Some turn to excessive alcohol and drug use as an escape from their painful feelings and their realities (Kenny & Barrington, 2018; Memarnia et al., 2015). Previous research has showed the rates of mental health challenges among child welfare-impacted parents to be higher compared to the general public (Marcenko et al., 2011; Suomi et al., 2023; Young et al., 2007). The out-of-home placement of their children significantly increases parents' feelings of hopelessness, depression, anxiety, and the frequency of suicidal thoughts (Haight et al., 2017; Janzen & Melrose, 2017; Kenny & Barrington, 2018). Following the removal of their child, some women not only face deteriorated mental health outcomes, but also encounter heightened levels of emotional abuse and violence. Increased emotional abuse and violence stem from their partner's frustration over the loss of the child, leading to excessive alcohol or drug use aimed at minimizing their anger (Kenny & Barrington, 2018). Additionally, some women have resorted to different coping strategies. For example, while some sought hope through repeat pregnancies (Suomi, 2023), others attempted to abstain from substance abuse. They did so to demonstrate awareness of their mistakes and to prove to their children and child welfare workers their commitment to change (Schofield et al., 2011).

1.5. Visitations and complications due to COVID-19 restrictions

Following the removal of the child, visitation (family time) becomes an essential element in the lives of biological parents. However, it triggers a range of feelings in most of them, including excitement, nervousness, anxiety, and emotional pain (Height et al., 2001). The infrequency of visits and the lack of information about their children's lives can leave these parents feeling guilty and frustrated. Despite the challenging feelings that visitations can evoke, many cherish the moments spent with their children. For some, family time serves as the primary source of hope and support in their lives, motivating them to stay resilient (Kenny & Barrington, 2018; Memarnia et al., 2015). However, parents often find the limited visit time insufficient for their desired involvement with their children (Height et al., 2001). This includes engaging in their favorite activities, offering comfort and guidance, and learning more about their children's lives. For some parents the time constraint is further complicated by the fact that these meetings

are supervised, affecting the dynamic of the meeting and the quality of the time spent time with their children (Height et al., 2001).

Additional complications with visitations occurred due to the unexpected restrictions imposed following the emergence of the COVID-19 pandemic, related to physical distancing and other virus containment strategies. A limited number of studies suggest that these restrictions posed significant challenges to the child welfare system and, specifically, to parent-child relationships (Goldberg et al., 2021; Singer & Brodzinsky, 2020). To comply with COVID-19 regulations, child welfare agencies had to adapt, replacing face-to-face contact in most cases with video communication. However, the nature and requirements of virtual visits imposed new challenges on families and children in foster care, including the unsuitability of virtual meetings for some children due to their age, the absence of physical connection between the parent and the child, equipment requirements, privacy issues, and others (Singer & Brodzinsky, 2020). These complexities compounded the process of sustaining positive parent-child relationships and the likelihood of reunification (Pisani-Jaques, 2020). Furthermore, some evidence on the effects of the termination of visitation during the pandemic lockdowns on parents revealed that the cutoff of direct contact with their children added another layer of stress and concern, particularly for those with young children who were unable to participate in virtual meetings (Neil et al., 2020).

Despite the intrinsic difficulties of visitation, which often is the sole source of hope and comfort for parents, the unexpected emergence of the COVID-19 pandemic imposed virtual visitations, adding additional strain to the parent-child relationship and further complicated parents' circumstances.

Given the limited knowledge on the effects of child removal and involuntary separation from children on parents, the present paper explored the following overarching research question: What are the psychosocial challenges faced by parents following the separation from their children placed in foster care?

2. Methods

The data for this paper were extracted from the qualitative portion of a large mixed-methods evaluation study at two child welfare agencies providing foster care services in an urban city. The scope of the large study focused on evaluating a new pilot initiative to support reunification while also delving into an in-depth exploration of parents' experiences of navigating the foster care system and working towards reunification.

2.1. Sampling

Parents whose children had been placed in foster care were invited to participate in interviews. The sample consisted of a group of parents who received services through the pilot initiative as well as a comparison group of parents that were not part of the initiative. Nonetheless, all interviewed parents discussed their experiences navigating the foster care system and particularly the psychosocial challenges following the separation from their children placed in foster care.

To maximize participation, the following strategies were applied. (1) Staff (i.e., case planners and parent advocates) shared the study informational flyer via email and/or in-person meeting with parents encouraging them to contact the researcher to schedule their participation in an interview. (2) A stack of flyers was placed in the reception area at each agency. The flyer contained information about the study procedures, incentive for participation, and the researcher's contact information.

A self-selected sample of 38 parents participated in the study. Theoretical saturation is the criterion by which adequate sample sizes in qualitative inquiry are justified (Morse, 1995). Saturation and maximum variability were achieved at about 13 interviews. However, efforts were made to continue interviewing parents who expressed interest in being

interviewed to increase the sample size and to provide more depth to findings.

2.1.1. Sample demographics and other background information

Each parent participant represented a unique household, resulting in a total of 38 households in the sample. Among the parent respondents, 29 (76.3%) identified as female and 9 (23.7%) as male. Parents' age ranged 20-52 years old ($M = 34$). In terms of race/ethnicity, half of the sample identified as African American/Black (50%, $n = 19$), 10 (26.3%) Hispanic/Latinx, 2 (5.3%) White, 7 (18.4%) Bi-racial (African American/Black/White), and 1 (2.6%) Asian. Parents' relationship status was as follows: 25 (65.8%) were single; 8 (21.1%) were married; 2 (5.3%) were in a relationship and living separately; 1 (2.6%) person was in a relationship and living together; and 2 (5.3%) were separated. The sample demographics, particularly in terms of gender and race/ethnicity, align closely with the characteristics of the parent population served by both foster care agencies as well as the broader parent demographics within the child welfare system in this jurisdiction.

Parents' educational background was as follows: 10 (26.3%) parents completed 9-11 grades; 5 (13.2%) completed 12th grade; 10 (26.3%) obtained a GED or a High School Diploma; 2 (5.3%) attended a trade school; 5 (13.2%) completed some college; 3 (7.9%) earned an Associate's Degree; and 3 (7.9%) obtained a Bachelor's Degree.

Among the 38 interviewed parents, the total number of children placed in foster care was 60; out of which seven had been reunified approximately one month prior to the interviews. Children of the interviewed parents ranged in terms of time spent in foster care from one month to five years ($M = 16.9$, $SD = 15.7$). Their ages ranged from five months to 14 years old ($M = 4.6$, $SD = 3.9$). Most children were placed in kinship care placements (71.7%, $n = 43$), while the rest were in non-kin foster care (28.3%, $n = 17$). The kinship care providers included the child's grandparent (56%, $n = 24$), parent's cousin (5%, $n = 2$), parent's sister (21%, $n = 9$), parent's aunt (12%, $n = 5$), and child's Godparent (7%, $n = 3$).

2.2. Data collection

The qualitative design provided an opportunity to explore parents' experiences by engaging them in an in-depth discussion. Semi-structured interview guides, consisting of open-ended questions and probes, were utilized. The interview questions were developed by the first author based on literature and in consultation with the evaluation study's advisory committee, comprised of agency leadership, child welfare professionals, parent advocates, and other experts. For the purposes of this paper, examples of interview questions analyzed included: what challenges and experiences you encountered after the removal of your child; did/do you have anyone to talk to or reach out to; what supports did/do you have during this time; and so on.

To validate clarity and relevance of interview questions, they were piloted during the first two interviews. As a result, minor changes were made to the interview guide that primarily involved simplifying the language to enhance clarity and ensure questions were easily understood, but they did not substantially alter the content or focus of the guide in a way that would impact data collection.

Individual interviews with parents were conducted in person or over the phone, depending on the parent's preference and availability. The in-person interviews were held at the agency, in a private environment (i.e., a conference room, family meeting room, or empty office). Interviews lasted about 45-60 minutes. A \$50 cash incentive was offered to each parent in the study, at the conclusion of their interview.

The Institutional Review Board of the researchers' institution as well as the Research Review Committees of the city and state child welfare authorities approved the human subjects' involvement and procedures. All interviews were digitally audio-recorded with the participants' verbal consent, transcribed verbatim by a research assistant, and anonymized. Each study participant provided a verbal informed consent to

participate in the original study and subsequent analysis. Participation in the study was voluntary and confidential.

2.3. Data analysis

During the interviews, participants provided in-depth accounts of their experiences following the removal of their children and placement into foster care. Drawing on narrative strengths of their accounts, content analysis of the transcribed data was performed as recommended by Corbin and Strauss (2014). The first author and a research assistant read and re-read the transcripts and developed the initial general codes (Christians & Carey, 1989). Open coding was conducted: data were inspected, conceptualized, and categorized by emerging primary patterns and themes. Coding categories were created using a grounded approach by Glaser and Strauss (1967) and emerged from the participants' rich anecdotal descriptions. Inductive codes were generated from the transcript data and then reviewed for recurring themes (Corbin & Strauss, 2014). Axial coding was conducted: data were rearranged, connecting categories and themes (LaRossa, 2005; Corbin & Strauss, 2014).

After relevant themes were mapped out from the codes, accompanying quotes were extracted and summarized. Direct quotes from respondents were used, which allowed the researchers to understand quickly and explicitly how various themes were illustrated in the interviews (Corden & Sainsbury, 2006). Constant comparative coding was applied in examining whether codes were overlooked in earlier interviews and across participant groups. The codes were also reviewed for relevance to the research question. To ensure rigor, ongoing reflection and revision across and between interviews continued throughout analysis.

3. Findings

The overarching theme articulated throughout most interviews centered on the various psychosocial challenges, with parents describing the involuntary separation from their children placed in foster care as an overwhelmingly traumatic event creating long-lasting effects on their lives. The interviews identified parents' experiences falling into the following main themes: depression, suffering, and hopelessness; loneliness and isolation; loss of identity; and disconnectedness and broken bond. Yet, removal, at times, forced some of the parents to gain motivation and make positive changes in order to succeed in reunifying with their children.

3.1. Depression, suffering, and hopelessness

The personal and deeply moving first-person stories told by parents vividly depicted the intense emotional pain caused by the forced separation from their children. Common sentiments included how the separation "has been a very sad journey" and "a very hurtful journey." One parent shared, "I'm a very sensitive person, very emotional. I'm trying not to cry too much. I don't want people to see my weakness, so I'm just trying to stay strong." While some parents felt capable of coping with the emotionally-taxing circumstances, others sank into depression: "because of this reason [losing kids to foster care], I suffer with depression every day. When I see parents with children walking in the streets, I cross the other way."

Parents continued by acknowledging that the toll on their mental health had been extensive: "I've been emotional since this [foster care involvement] began. I never went through this, it's new to me because I always wanted to be the perfect parent, and I'm extremely hurt and sad inside that this happened." Another parent explained the range of emotions she experienced upon placement of her son to foster care:

When I got him taken away, it was hard. I would cry every day. I would come here to visit him, and he was just a little baby, I just

literally had him, he was like two months old. So, I would come here [to the agency] and, when it was time for me to leave, I would cry and bawl my eyes out, like "why I gotta leave him..."

The suffering due to forced separation, as expressed by numerous parents, was profound and continuous. One parent vividly described the pain, saying, "The day when my son got taken away from me was harder than anything I experienced in my life. That was just too hurtful. And it continues to hurt me a lot..."

Such feelings proved to be overwhelming and resulted in some parents hiding them: "I usually keep a lot of stuff in; I suppress myself too much. I hold, hold it until the point I erupt. And I cry, cry, just to get over with if I can." Some respondents shared that they struggled to rein in their emotions because "if you are not strong enough and you don't have the support, women will kill themselves. You can get to that point. I haven't got to that point. I love myself. I want to get my children. I want to live. But there's some people suicidal. They have no human support, no one to be there for them."

For parents who are struggling with depression, hope can frequently seem elusive. Having children removed from their care, they grappled with feelings of demoralization, hopelessness, and discouragement. Often, parents tended to think because their children were taken away, they "lost everything." The removal, separation, and then the prolonged, confusing, and challenging reunification process left parents feeling hopeless as goalposts changed or the reunification process seemed interminable. A parent shared, "I've been here for 3 1/2 years, and I don't see no no no no no no no light in the tunnel, I don't see anything." The lengthy reunification process, which was especially prolonged during the COVID-19 pandemic by unpredictable setbacks, resulted in feelings of discouragement when reunification failed to be realized. Some parents saw no end in sight or found that their progress was not linear.

3.2. Loneliness and isolation

Removal of the child and placement into foster care resulted in a great feeling of loneliness. This feeling was especially profound because the removal was experienced as disenfranchised grief, neither formally acknowledged nor understood. A parent articulated:

I never encountered this in my life, never, first time, and it's been very hard on me, very hard because I love my child. You feel alone. ... Because you're going through it, and they—workers, they don't really comprehend the whole scenario... No one does. I do have a few friends but sometimes I don't wanna tell them things.

The sense of loneliness in coping with the removal of a child was compounded by shame and stigma, especially for parents facing mental health and substance abuse challenges, with the presence of the child welfare system adding another layer of stigma and leaving them feeling judged, doubting their parenting abilities, and causing alienation. Reflecting on the estrangement from her own family, one parent shared:

I felt it... I felt the stigma starting to come from my family. That's the biggest thing that you don't want because I love my family. My family—everybody in my family works and have a great job, even down to my brothers, and they are younger than me. They used to look up to me, and you can see the respect losing little by little by little...

This sentiment was echoed by another parent who lamented: "I have my mother, my brother, my sister, but none of them talk to me now because of this." Moreover, parents elaborated on how involvement with the child welfare system automatically engendered a stigmatizing environment around them, with one stating: "Certain people have a very hasty attitude when they find out about your situation. CPS is not a good thing, and once they hear CPS, so without even knowing anything, they already have this stigma, this mark, this judgement of you."

Parents' alienating and unique experience of child welfare system involvement affected their reticence in confiding in friends and family. As shared by one father: "I got plenty of friends, my parents, I got uncles, I got my brothers. They can't relate to my situation because they never lost their kids." Another parent concurred that, "you can have all the friends or family, but they don't understand, they don't know what it is. I don't have any friends that have foster parents, so it's hard to relate." Similarly, a mother described her strained relationship with family members, remarking, "I have no family support. The people that I know, they're the one that called CPS, so I'm not really speaking to them."

Navigating the challenges of the child welfare system often left parents feeling emotionally overwhelmed and isolated, especially when compounded by the absence of a support network. As one individual expressed, "I try to keep strong but I'm a human being, I'm not a robot, and life becomes overwhelming when you don't vent. A lot of people don't understand... or they just work, and their mind is just like 'I have a job to do, I'm not here to deal with people's problems.'" Lacking any kind of support and feeling its weight, this parent acknowledged the need for support:

You know how some people have family support, some people have this support, some people have that support, I have no support. I just had to go through this all on my own. I think that was the worst for me, just literally doing it all on my own. We need support. I don't care what type of support, but it has to be some type of support.

While some parents expressed a need for more robust support, others chose to keep their circumstances private. As succinctly articulated by this parent, they depended upon higher power for the reunification with their children:

I don't want to talk to nobody. I don't tell everybody my business. I've just been home. Just praying to get my baby back. I just pray. I pray to God. And then I just say to myself that you can't talk to people. I don't have anybody. Sometimes family is good, sometimes family is bad.

3.3. Loss of identity

The child removal and separation as a result of foster care placement led to a loss of identity for some parents. As one parent explained, "I think the challenge was having no control, no power, not being able to be a parent. I felt like my parenthood was taken away from me." These parents were struggling with the lack of involvement in their children's routine and care, the absence of regular and frequent contact with them, and the loss of control and decision-making in relation to their children's rearing. Collectively, these aspects represented how parents defined parenthood.

Parents found it challenging when they no longer saw their children daily or could not engage in established routines. One parent eloquently expressed this sentiment:

Not seeing her [daughter] often the way I wanna see her, the relationship we had... not having access to her all the time, cuddling with her, watching a Netflix movie and having popcorn without having interruptions or restrictions... I miss that, I miss doing stuff with my baby. I miss being the mother I used to be.

3.4. Connectedness and broken bond

The degree of connectedness between parents and their children affected parents emotionally as they strived to secure more visitation time under conditions conducive to quality bonding. Short-term contact during family time was perceived as insufficient for sustaining a parent-child bond and further exacerbated the feeling of identity loss, hopelessness, and discouragement for some parents.

One of the deepest difficulties arising from the removal of a child was

the sense of a severed bond between the parent and child. The separation was particularly challenging as the time toward reunification lengthened, and/or especially for younger children, given the significant milestones parents missed. It was further aggravated by the COVID-19-imposed restrictions on in-person visits, during which parents were not able to see their children for months. One father shared, "I missed his [my son's] first birthday, I missed him walking... I haven't seen my son for months." Another father of an infant similarly articulated, "It's already been 11 months, so all this time I'm missing... I have a one-year-old. When he was taken from me, he was six months, so I missed his first birthday. I missed a lot of milestones."

A mother shared the heart-breaking story of the separation and broken bond with her son stating, "A lot of time has passed by, and my son has grown... I am not used to being separated from him, and now I don't speak to him that often." Echoing this sentiment, another parent lamented the infrequency of visitations, expressing concern that "the child is getting used to the foster mother, and I feel like I am losing her."

The COVID 19-imposed agency closures and family time cancellations were found by all parents excruciating. One father shared the following:

It was not easy. I didn't see my kids for months, and that shit hurt. There should have been something in place because what if my kids would've died, when I wasn't even with them, what if they would've gotten COVID, and then I don't know where they're at, they're sick, and I don't know nothing.

Furthermore, virtual visitations offered during the COVID-19 pandemic did not help with the sense of attachment and connection to children as parents reported that "Zoom and phone visits do not work." Parents explained that the video visits were sometimes shorter than the traditional in-person family time and were not effective, particularly with young children who demonstrated little attention and interest in engaging through the screen.

Commenting on the in-person family time in the agency environment, parents perceived them as being in "a kiddie jail," offering little time and opportunity for rebuilding relationships, and being not conducive to quality family time. They longed for a chance to spend more time with their children outside of the agency and "be normal:" "I want to be able to take them [children] outside, do things with them, be normal. This is not normal."

The perceived insufficient contact between parents and their children led to a sense of estrangement. When communication was sparse, parents felt disconnected from their children's lives, unsure of their thoughts, feelings, and experiences. This lack of connection exacerbated feelings of uncertainty and anxiety, as parents worried about their children's well-being and the state of their relationship. Repeatedly, they found "the biggest challenge would be the time gap: not seeing my daughter, because a lot goes on within that time, I feel like it would affect her because of the feelings that she goes through, like not having her mother there or that I don't want to see her, when it's not like that."

Some parents noted that despite having their children in kinship placements, they still felt the hardship of involuntary separation: "Not having them [children] and being without them for so long, I think that was the hardest part. Having them stay with my dad, I couldn't take them home with me." However, it was comforting to some parents to know that they were with a family member: "Him [son] not being with me that was the hardest part, that was hard, but it kinda made it a little easy that he was with my sister, 'cuz I know he's in good hands, you know, if he's with a stranger, that would just make me crazy."

Several interviewed fathers felt they were excluded from maintaining regular visits with their children, which ultimately affected their relationships with their children. They felt unheard, marginalized, and uninformed about crucial information concerning their children. One father poignantly remarked, "I'm the last person that gets the news that the baby is at the hospital." Another father shared an example of being excluded from any activities involving his child and any communication

with the foster parent. He further commented on the close relationship between the foster mother and the child's mother, "they go shopping together, she can call her and ask things, but I don't have that." The sense of despair was evident across most male respondents: "I'm not seeing them [children], there is no communication... I'm paying rent for a house that has no kids in; it's empty, it's empty, it's crazy."

3.5. Motivation to Succeed

Despite the emotional distress and suffering, some parents found the motivation to stay strong, cope with hardships, and push through to do better for their children and themselves. They have discovered solace in recognizing that even when feeling discouraged they should still go to appointments and push themselves forward, which was well reflected in the following quote from one of the parents: "I just have to learn that when I get discouraged, I still have to go to my appointments, I still need to push myself even if I don't want to. I can do a lot better." Another parent reasoned: "It's been really hard, but I'll come out better and stronger, and that's what my child needs because she needs me, I know that she does. I'm going to give her that strength, I've given her the strength for 11 years, because she has a lot of strength. She needs that for the future when she becomes a parent."

While a handful of parents found the strength to persevere independently, others expressed the need and underscored the importance of emotional and motivational support provided by agency staff: "You need that person that's a stranger to you but is a worker that's gonna hear you out with empathy and make you feel that you are not alone; be non-judgmental and just listen." Some parents indicated the availability of such support from their therapist, social worker, and/or child welfare worker, which was helpful in their grieving process and aiding them to remain resilient.

Those parents who had the opportunity to work with a parent advocate (a parent with lived child welfare system experience) within the agencies reported that advocates provided emotional support by giving parents an opportunity to vent, empowering them, and offering motivation and encouragement in times of flagging hope. Parents highly valued such support from a person who they could relate to and who "had been in their shoes." One parent expressed: "We need the support of a parent advocate during this time. A lot of people don't have someone that they could talk to. So, having someone like the advocate who cares, hears them out, and tries to figure out how to help, is very good." Another parent shared their experience, stating, "On a day that I'm just depressed, I don't want to leave the house, and I'm not in the mood to talk to anybody, she [the advocate] would give me her words, her wisdom, or I would shoot her a text, and it makes me feel better just to know that what I'm doing is worth it. She would tell me that I am a beautiful woman, I'm a strong parent, I'm always doing a lot, I am doing well..." This consistent support played a crucial role in maintaining parents' resilience and motivation.

4. Discussion

This study provided a unique perspective on the multifaceted challenges faced by parents, shedding light on under-recognized dimensions such as disenfranchised grief and ambiguous loss. Unlike much of the existing literature, which often focuses solely on mothers, this research included a diverse sample of both mothers and fathers, amplifying voices that are rarely captured, particularly those of fathers. A notable contribution of the study lies in its exploration of how child removal impacts a parent's sense of identity—an area that has received limited attention in previous research. Moreover, the study delved into the interaction between hope and grief in the context of parental motivation for reunification, highlighting resilience and the potential for positive transformation. It also addressed the unique challenges posed by COVID-19, particularly its influence on parent-child dynamics. Beyond its academic contributions, the study offers actionable insights for child

welfare systems, emphasizing the need for peer support, trauma-informed interventions, and systemic changes aimed at reducing stigma and promoting reunification.

More specifically, the findings revealed the profound psychosocial impact of child removal and involuntary separation on parents, resulting in cumulative and enduring challenges. Many parents described the perceived loss of their parenting role as leaving a significant void in their lives, often accompanied by feelings of hopelessness and despair. This was compounded by the stigma associated with child removal, which frequently led to isolation and estrangement from already limited support networks. While only a few parents explicitly labeled the separation from their children and its associated consequences as "trauma," experiences described by most parents in the interviews align with the symptoms and responses to traumatic experiences reported in the literature (Substance Abuse and Mental Health Services Administration, 2014).

Parents articulated their grief, hopelessness, and despair regarding the separation, often enduring these feelings in isolation with limited access to specialized support. This aligns with findings from prior studies (Kenny et al., 2015; Kenny & Barrington, 2018; Lalayants et al., 2016; Said-Salem & Wilde, 2022). Many faced sadness and depression combined with stigmatization due to their involvement in the child welfare system. Many parents also reported experiencing sadness and depression compounded by the stigmatization of their involvement in the child welfare system. Given the elevated rates of mental health issues among parents involved with the child welfare system compared to the general population (Marcenko et al., 2011; Suomi et al., 2023; Young et al., 2007), it is reasonable to assume that many parents were already grappling with mental health challenges. The forced separation from their children likely exacerbated these conditions even further, as suggested by prior research (Haight et al., 2017; Janzen & Melrose, 2017; Kenny & Barrington, 2018).

Similar to previous studies, such as Newton (2020), where parents emphasized how supervised family visitations can threaten the attachment and bonding process with their children, parents in this study also expressed concerns about preserving the parent-child bond and their parental identity. Family time remains essential for maintaining the bond and connection between parents and children in foster care (Cassidy, 2016; Mallon & Hess, 2005). For example, family time (in-person parent visitation between parents and their children in foster care) helps both parents and children manage the separation when children are in foster care. It fosters and preserves their attachment bond, which is crucial for the well-being of the child (Cassidy, 2016). Therefore, regular visits between the parent and child aid in alleviating some of the strain on the relationship, promote emotional child and parent well-being, and contribute to a smoother and more successful reunification process (Mallon & Hess, 2005; Newton, 2020; Pine et al., 2014). Regrettably, at the time of the study, the COVID-19 pandemic affected the in-person family time feasibility, making it harder for parents to connect and maintain close relationships with their children. This perceived lack of connectedness filled with uncertainty further intensified parents' feelings of anxiety. Families in this study, similar those in other studies (Goldberg et al., 2021; Singer & Brodzinsky, 2020), reported interrupted opportunities for in-person family time with their children during the COVID-19 pandemic. The pandemic-related restrictions posed significant psychosocial challenges for parents and hampered parent-child interactions and relationships.

As evidenced in previous research, parents' traumatic experiences and associated psychosocial challenges can accumulate and persist over time, creating significant barriers to reunification (Pisani-Jaques, 2020). However, this study also highlighted parents' resilience and motivation to reunify with their children, even in the face of adversity—a theme observed in other qualitative studies (Janzen & Melrose, 2017; Kenny et al., 2015). With adequate support to address trauma, overcome barriers, and empower parents, positive progress is possible. Continuous efforts to engage parents, nurture hope, and facilitate regular visits with

their children can significantly enhance both parental and family outcomes.

This paper provides further evidence, drawn from qualitative accounts of parents, emphasizing the critical need for informal and formal supports. During interviews, the vast majority of respondents revealed that they lacked someone to confide in regarding their psychosocial challenges linked to the removal of their child. They felt isolated and lonely in their struggles related to the child welfare system involvement. The persistent lack of trustworthy, non-judgmental, and relatable support networks for parents impacted by the child welfare system has consistently emerged as a significant issue, as evidenced by prior research (Lalayants et al., 2014), as well as the need for routine clinical support (Slettebø, 2013).

Several implications arise from the research findings that could be valuable for a broad audience of child welfare, mental health, and other professionals to consider. Since the trauma of the removal can exacerbate challenges and lead to profound, long-lasting consequences (Janzen & Melrose, 2017; Kenny & Barrington, 2018; Suomi et al., 2023), supporting parents in establishing or reconnecting with support networks after the child removal is vital. For instance, connecting parents to peers (i.e., parent advocates or parent partners), who are parents with lived child welfare system experience (such as those mentioned in this study), would offer them emotional, advocacy, informational, and concrete support from someone who can relate to them, empower, and encourage them (Berrick et al., 2011; Cohen & Canan, 2006; Lalayants, 2020, 2014). Considering parents' immense level of isolation and social stigma, engaging them into peer support groups would create opportunities for the collective sharing of experience and help parents receive social and emotional support (Lalayants et al., 2015).

Additionally, professionals (e.g., substance use counselors, mental health professionals, child welfare workers, and so on) need to be mindful and exhibit sensitivity and attentiveness to parents' psychosocial challenges, acknowledging them and understanding their influence on parents' help-seeking behavior, engagement, and participation in services. Professionals should acknowledge grief and the profound loss experienced by parents when children are placed in foster care. Mental health interventions, whether in individual or group therapy settings, can be valuable for discussing emotional experiences and share coping strategies.

Such approaches as, for example, grief counselling practiced by government-funded group called the Association Representing Mothers Separated from the Children by Adoption in Australia (ARMS, 2024), could be adapted and offered to parents with children in foster care. ARMS' narrative-based approach, facilitated by a clinical psychologist, aims to alleviate feelings of guilt and disenfranchised grief in parents. By utilizing a group format, it allows for a more comprehensive story to be shared, encompassing their love for their children and the positive moments they experienced together (Robinson, 2002).

Furthermore, facilitating and promoting effective relationship building and co-parenting between foster parents and biological parents would allow parents to reclaim the sense of parental identity. This can be supported by implementing interventions aimed at fostering successful co-parenting relationships and improving communication (Favale, 2022; Spielfogel & Leathers, 2022; The Children's Trust Fund Alliance, 2022). Given the paramount importance of maintaining the bond between children and parents following involuntary child removal (Cassidy, 2016; Mallon & Hess, 2005), it is imperative to keep in-person family time consistent and offer opportunities for meaningful family time outside of the agency environment, whenever possible, to enable parents and children to sustain the bond and strengthen their relationship.

Furthermore, it is important to recognize that fathers, who often represent an overlooked group, may experience similar feelings of loss and challenges of child removal as mothers. The reflections of fathers on their experiences of child removal and their lack of involvement in family time after the child removal are critical concerns that warrant

further consideration. It is essential to ensure their connectedness with their children by actively involving them in family time, maintaining communication and sharing information, and ensuring their voices are heard. Providing support to help them with the trauma of child removal and offering relevant support services are equally important.

Notably, the themes presented in this study are drawn from the topics parents themselves chose to discuss during the interviews. Most opted to share deeply personal accounts of their painful experience of separation and its emotional toll. Given the opportunity to be interviewed, many parents used this space to reflect on their relationships with their children, emphasizing the weakening bond, the profound sense of loss, and other related challenges. These reflections underscore the significance of these issues in their lives and suggest that parents are likely to have few opportunities to openly express and process these emotions. This highlights the critical need for safe spaces where parents can share their experiences and work through their grief, such as community-based peer support and advocacy groups.

Lastly, it is crucial to acknowledge the broader social context shaped by racial and economic inequalities in which parents live, as these significantly influence child welfare decisions and placement rates (Bywaters et al., 2020). Evidence shows that low-income families often reside in disadvantaged neighborhoods with limited resources (Saitadze, 2022), which increases their involvement with the child welfare system and the likelihood of out-of-home placements (Bywaters et al., 2020; Fluke et al., 2008; Lefebvre et al., 2017; Saitadze & Dvalishvili, 2024). These inequalities in placement rates are particularly pronounced among racial minorities, who experience disproportionately high rates of child removal and placement in foster care (Berger & Slack, 2020). Addressing these complex issues through transformative community-based and policy level changes are vital. Such efforts should aim to reduce systemic disparities, enhance access to resources in disadvantaged neighborhoods, and provide targeted support to families most affected by child welfare decisions.

4.1. Limitations and future research

The study findings should be interpreted with caution due to several limitations. First, it is important to acknowledge that this study had an exploratory, descriptive purpose, and the data were collected via self-reports of a self-selected sample of parents, which may limit the representativeness and generalizability of the findings beyond this group., the study was conducted in a large urban city, where the families, as well as the child welfare system, may differ in various aspects from those in other geographical locations. Lastly, the study sample was over-represented by mothers of children in foster care with only nine fathers who expressed willingness to participate in this study and share their experience. Despite these limitations, a notable strength of this study was its utilization of a qualitative design. This approach facilitated open and candid discussions, allowing for the collection and analysis of a significant volume of rich data that vividly illustrated the emotional and social complexities of parents' experiences. The methodology employed in the study gave a voice to a group of marginalized parents by providing them with a platform to express their perspectives. Indeed, numerous participants conveyed gratitude to the interviewers for their attentive listening during the deeply sensitive and emotional interviews.

This study was conducted during the COVID-19 pandemic, which possibly heightened parents' experiences and further posed challenges. Nonetheless, the knowledge generated by this study adds to the literature on parents' psychosocial challenges due to involuntary child removal. It provides important insights into the impact of child removals and the associated traumatic experience, suggesting avenues for a broad group of professionals to tailor services to parents' needs, providing necessary support, and aiding in the preservation of parental bonds with their children during the reunification process.

The data did not offer sufficient detail to analyze the results based on factors such as child developmental age, length of time in out-of-home

care, or kin versus non-kin placements. Future research could benefit from examining whether themes differ for parents of teenagers compared to those with younger children, such as infants, as well as exploring the impact of the duration of separation from children and the type of placement. Additionally, concerns about youth losing their cultural identity did not emerge as a prominent theme in this study. While one parent alluded to the child bonding with the foster parent, broader discussions on cultural loss were not identified as significant themes and warrant further exploration in future studies.

Similarly, future research is needed to examine the role of various forms of social support networks for parents with children in foster care to enhance the understanding and assist in the development of support programs that help parents connect or strengthen their support networks. There is a need to better understand the mental health complications and needs of these parents after the removal as well as the effects of removal to design effective interventions. It is also important to further develop a better understanding of the social stigma associated with involuntary child removal. Moreover, future studies aimed at quantifying the impact of various negative outcomes linked to separation resulting from child removal would strengthen the rationale for support for parents and families and, on a broader scale, enhance the child welfare system.

Finally, it is important to acknowledge that the findings presented here represent just one possible interpretation of parents' experiences with involuntary separation from their children due to removal and the associated psychosocial challenges of grief. For instance, the study did not capture information about the dynamics and experiences of parents' interactions with the system, nor the feelings associated with navigating the complex child welfare, legal, and other systemic processes, which can further exacerbate their anxiety and frustration. While issues related to racism—both systemic and community-based—were not explicitly addressed in the parent interviews, these are important areas that merit further exploration. Future studies should explore additional dimensions that could contribute an extra layer to parents' distress, such as power imbalance between the parents and the workers, legal complexities, cultural and racial insensitivity and discrimination, among others, to capture a comprehensive picture of parents' struggles within the confusing and adversarial processes (Dumbrill, 2006; Fong, 2020; Merritt, 2020; Reich, 2005; Saar-Heiman, 2023; Smeeton & Boxall, 2011).

4.2. Conclusion

The present paper illuminated the psychosocial challenges parents encountered after being separated from their children due to child removal and placement into foster care. It highlighted the complex yet overlooked aspects of parents' emotional experiences. As revealed by parents' qualitative narratives in this study, the separation from their children was a deeply painful process on many levels. It involved mental health challenges such as depression and suffering, which were further complicated by the feelings of hopelessness, loneliness, isolation, and a lack of support network. Additionally, concerns with the loss of parental identity and a bond with their children were prevalent. It is critical that parents' emotional experiences are acknowledged, and concerns are addressed timely and effectively. This would help them feel supported and valued. Supporting parents in addressing their psychosocial needs would prevent the challenges arising from the separation from becoming obstacles to reunification.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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