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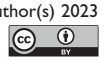

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Building relational trust and hope: The experiences of counsellors in a service for birth relatives whose children have been adopted or taken into care

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Abstract
The profound and lasting impact of losing a child to adoption or foster care has been powerfully described, and the importance of offering therapeutic support to birth relatives is a requirement in most parts of the UK. However, little is known about effective counselling for this group. In this article, we report on the experiences of four counsellors and a project worker who offer counselling to birth relatives whose children have been removed following care proceedings. We present their reflections under four themes, namely: 'It's all about the person, it's all about the relationship'; 'Meeting clients where they are'; 'Having a sense of achievement'; and 'This work can really get into you'. These accounts offer valuable reflections for others offering counselling to birth relatives and their supervisors, as well as those who commission and design these services.

Keywords
Birth relatives, birth parents, care proceedings, therapeutic engagement, therapeutic relationship, adoption, foster care, counselling

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Introduction

As part of a recent service evaluation (Wright et al., 2022) of a birth relative counselling service, experienced counsellors who offer support to birth relatives following the compulsory loss of their child were interviewed. In this article we draw out some themes from their reflections that can guide practitioners and those developing counselling services for birth relatives.

The significant and lifelong impact of involuntarily losing a child to compulsory adoption or foster care has been repeatedly shown and includes sadness and experiences of complicated and disenfranchised grief (Battle, Bendit and Grey, 2014; Robinson, 2002), feelings of anger, guilt and shame (Memarnia et al., 2015; Neil et al., 2010), loss of dignity (Kielty, 2008; Morgan et al., 2019; Sykes, 2011), ongoing psychological distress (Broadhurst and Mason, 2013; Neil et al., 2010) and physical health problems (Robinson, 2002). Sykes (2011), Kielty (2008) and others have also highlighted the implications for the sense of self as a 'good parent' for birth parents following the removal of their child, with potentially highly destructive implications for psychological and social adjustment and integration, potentially leading to coping strategies that can invite further professional and societal judgement. Furthermore, it is highlighted in the literature that many birth parents whose children are removed into care have experienced childhood adversity or trauma (Broadhurst and Mason, 2013) and face multiple ongoing challenges, which include poverty, addiction, domestic violence and mental health issues (Broadhurst and Mason, 2013; Cox et al., 2017; Neil, 2000; Neil et al., 2010). The impact of going through care proceedings itself has also been reported as potentially traumatic (Broadhurst and Mason, 2017; Cossar and Neil, 2010; Henderson, Sass and Carlson, 2007). The process is often long and has been described as adversarial (Ghaffar, Manby and Race, 2011; Smeeton and Boxall, 2011), gruelling and distressing (Memarnia et al., 2015). Birth parents have reported that they struggle to understand the reasons their children were removed from their care and that engagement with child protection services was experienced as frustrating, disempowering and shaming (Mason and Selman, 1997; Syrstad and Slettebø, 2019).

Further reasons that have been highlighted for supporting birth relatives following compulsory loss of their children include the prevalence of repeated care proceedings (Broadhurst and Mason, 2013; 2014; 2017; Broadhurst et al., 2015a; Broadhurst et al., 2015b; Cox et al., 2017) and the fact that most often nowadays children will have contact with birth parents (Cossar and Neil, 2010) and birth parents will have further children or have contact with other children (Battle, Bendit and Gray, 2014). This means that it is also in the interests of children removed from a parent's care and any other children in contact with the parent that the parent's emotional and psychological needs are addressed.

This highlights the many reasons why it is critical that psychological support is available for birth relatives. The Adoption and Children Act 2002 in England and Wales and the Adoption and Children Act 2007 in Scotland stress that birth relatives have the right to a range of independent support services, both during and after the adoption process. Since this legislation came into place, a number of different service models and interventions have been developed, both by local authorities and voluntary agencies. However, birth relatives remain a neglected group within the adoption system (Siverns and Morgan, 2021). It has been shown that there is significant variation in what support is offered, when it occurs in the process and by whom it is delivered (Sellick, 2007) and that the psychological needs of birth parents are often not being met (Siverns and Morgan, 2021). Furthermore, many

factors get in the way of effectively supporting birth parents following the loss of their children. Birth parents have described the judgement and stigma often surrounding care proceedings and compulsory child removal as leading to social isolation and secrecy, which can inhibit help-seeking (Robinson, 2002; Scourfield and Hendry, 1991; Slettebø, 2013). Moreover, there is often a loss of trust and an intense anger towards agencies related to care proceedings which further impede the seeking of support (Cossar and Neil, 2010; Neil, 2006).

As some service models become more established and their effectiveness investigated (e.g., Boddy et al., 2014; Cox et al., 2017), some positive outcomes, such as improvement in psychological functioning and sense of agency, have been shown. Features of helpful services have been identified as the inclusion of active outreach (Sellick, 2007), a flexible service (Neil et al., 2010), an empathic approach (e.g., Brodzinsky and Smith, 2014), a relationship-based focus and non-judgemental practitioners (Scourfield and Hendry, 1991). Some first-person accounts of effective birth parent counselling have also highlighted the potential value of such services (e.g., Morgan et al., 2019; Scourfield and Hendry, 1991; Syrstad and Slettebø, 2019). However, knowledge about what works still remains somewhat tentative (Syrstad and Slettebø, 2019).

Practitioners supporting birth parents are, therefore, sources of potentially rich and illuminating insights and practice-based evidence that can inform service development.

Research aims and methods

Aims

This small qualitative study aimed to answer the question: What are the experiences of counsellors in a service for birth relatives following the removal of their children into care?

Service context: The birth relative counselling service

The service from which the study recruited participants has been contracted since 2004 by 10 local authorities to offer counselling to birth relatives who have lost or may lose a child to adoption or foster care. It aims to offer a service that is flexible by offering both face-to-face and telephone counselling, a 'pending' service, allowing people to access the service when they are ready, a 'pre-counselling service', acknowledging that trust might need to be built slowly over time before someone might feel able to start counselling, and options of returning to the service when only shorter-term counselling is commissioned by local authorities.

Participants

Four counsellors (three female and one male) work in the service and all were interviewed, alongside the project manager of the team who is the first contact for birth relatives and operates the 'pending' service. All were of White backgrounds. They were all experienced counsellors, with experience ranging from 12 to 17 years, and had been working with birth relatives for between five and 13 years. In addition to their individual counselling qualifications, they had undertaken specific training in attachment and trauma-informed counselling.

Data collection and analysis

Data were collected via semi-structured interviews and analysed using Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2009). Pseudonyms were applied to protect confidentiality.

Ethical approval

Ethical approval for the study was obtained from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority.

Findings

The findings will be discussed in relation to four themes which emerged from the IPA analysis:

1. It's all about the person, it's all about the relationship.
2. Meeting clients where they are.
3. Having a sense of achievement.
4. This work can really get into you.

'It's all about the person, it's all about the relationship' (Alex)

Establishing a strong therapeutic relationship is an essential element of all therapeutic work. Counsellors emphasised the special importance of establishing such a connection and building trust and hope in the therapeutic relationship when working with birth relatives, and the time required to do so. They understood that birth relatives are a group for whom establishing such a relationship with a counsellor could be particularly difficult:

> . . . there's a recognition that many of this client group find it very difficult to access support and are quite suspicious of support and can be quite rejecting and be quite frightened as well . . . (Drew)

They therefore saw it as their responsibility (rather than that of the birth relative) to establish and maintain consistent and reliable contact and to persevere even when not initially feeling that they would succeed, such as when experiencing hostility from birth relatives or with repeated non-attendance. When talking about spending a lot of time to bring a birth relative into counselling, Alex explained that 'At times it is like fishing', and Taylor said that they had to 'Just really keep offering the connection'. They felt supported by the service to work in this way as there were no procedural obstacles to repeated attempts to engage with birth relatives.

The counsellors spoke of the need to build trust gradually in 'a very non-threatening and non-judgemental way' (Sam). In order to do this, they noticed that they needed to confront and dispel the professional and societal views about birth parents for themselves, including within supervision and through peer support in team meetings. They spoke of really sensing the emotional lives of the birth relatives, acknowledging the levels of loss described by their

clients and allowing themselves to feel the parents' sadness and pain. This enabled them to find compassion and empathy and to see birth relatives in a new light:

> . . . something straight away that you would think [was] 'How could they neglect a child, how could they hit a child, or how could they subject their child to such an abusive partner?', but when you read the background and start to talk to them, it just makes absolute sense. It almost feels, it's not, but it almost feels that it was inevitable. (Drew)

Counsellors felt it was essential to understand that positive attachment relationships might not be the norm for many birth relatives and to remain aware of their relational histories (which can often include childhood experiences of abuse, experiences of domestic violence, care experiences of their own, etc.):

> . . . the work then is about helping them have a relationship with you . . . (Drew)

> I think [for birth relatives] just knowing somebody's out there who keeps coming back and who does care is really important . . . (Sam)

The male participant in the study also spoke about actively modelling a different way of being a man in the world and addressing any concerns related to working with a man. This seems highly important, both in work with birth mothers and fathers:

> . . . [clients say] 'Actually I've got a problem with men but not you', or 'I've got a problem with different men or aggressive men or shouty men or sweary men' or whatever it is, so it kind of leads into something as well. (Pseudonym withheld to preserve anonymity)

Acknowledging that experiences with professionals were likely to have been adversarial for birth relatives during care proceedings and that birth relatives are often left feeling powerless and seeing professionals as all-powerful, the counsellors stressed the importance of acknowledging power differences (and suspicion of professionals), 'demystifying' (Alex) who they are and finding opportunities to give clients control over decisions and processes:

> . . . even if you don't want to be the one with the power, you could be perceived as that. I think it is even more of a challenge in this situation because of people feeling disempowered, and I feel aware of that and it's [about] being more flexible to be more following their lead . . . (Taylor)

Finally, counsellors carefully considered the distinct meaning and challenge of endings for this client group and therefore the necessity of managing them particularly sensitively where possible:

> . . . often they don't do endings. It is actually quite rare to do an ending. Particularly if they have come for the longer term, they probably just stop, or probably just [don't] turn up. (Taylor)

They spoke of working hard to allow endings to be positive and not re-traumatising, 'bear (ing) the pain of saying goodbye' (Taylor) alongside the birth relatives.

'Meeting clients where they are' (Drew)

The counsellors repeatedly emphasised the need for a flexible service, responsive to the unique context and circumstances of birth relatives. They highlighted that birth relatives need to be met 'where they are' (Drew), rather than expecting them to adjust to rules of the service, inflexible procedures and processes that make engagement more difficult or the conventions of counselling.

Counsellors stressed the importance of witnessing and acknowledging the fluid, challenging, often chaotic circumstances of many birth relatives, seeing 'the forces of life that are pushing on . . . people' (Alex). These included:

> . . . [a] chaotic childhood, maybe neglect, abuse, or there might [be] kind of either learning or cognitive difficulties, you know . . . more challenges than you might see in typical counselling, that's for sure. (Taylor)

They also highlighted the importance of managing the hopes and expectations that parents might have about counselling, in particular in relation to 'getting their children back' (Sam). They described often sensing a desperate hope that had to be managed with great care and sensitivity in the therapeutic work: 'Some of them think it will tick a box and it will look good and they'll have more chance of getting their children back if they come to counselling' (Sam).

They also emphasised the importance of 'rolling with it a bit' (Sam), highlighting the requirement to provide flexible, responsive services that can adjust to the needs and circumstances of birth relatives:

> . . . we are also very flexible with who we see so it could be people that have had children removed 20 years ago or it could be happening last month. So we do have people coming in, maybe their children have found them on Facebook and their children are now 18 . . . so it's a real variety of what's going on . . . so I just, I think it's the flexibility that we can move with what's happening with the adoption process . . . (Jo)

This required letting go of some of the conventions of counselling and included using 'creative' ways of working and 'using humour' (Alex). They highlighted that where services or commissioning structures did not allow flexibility, for example by limiting the number of counselling sessions that could be offered, this felt restrictive and impacted the work they were able to do.

'Having a sense of achievement' (Jo)

Within the context of having established a connection and working flexibly to meet the birth relatives where they are, counsellors described a real sense of the potential of being useful to birth relatives and finding satisfaction within the work. They valued being able to offer 'humaneness' to their clients and bearing witness to change.

They felt that they offered a humaneness that was often missing from birth relatives' lives or their experiences of care proceedings and that this brought the opportunity for re-establishing dignity and creating a more positive sense of self:

> I think you need, in a way, though you are the professional in the room you sort of need not be the professional at some key moments, you just [need to] be another human being in the room.

> It's just witnessing their suffering really and the challenges they are facing, and there's something about just being another human and bringing something about that, that connectedness with another human being. There is something . . . about being alongside someone, not as a professional that's, you know, dishing out advice, you know, or whatever, it's really about witnessing, warmth and a humaneness. (Taylor)

They described counselling as a rare place for birth parents to go with 'those parenting feelings' (Drew), encouraging them to speak from the perspective of a parent and valuing the opportunity to respond to powerful expressions of loss, shame, anger and regret: 'And the things that really touch me are the sadnesses and when they touch on their sadness and that bleakness and the client is willing to risk that . . .' (Drew).

They described believing in the inherent potential of birth relatives to develop and grow and seeing counselling as allowing new possibilities (e.g., openness and trust) to become available. Furthermore, they saw their role as 'having the relationship where I'm able to be challenging' (Sam) to support clients to make connections between context, actions and outcomes and to facilitate balanced responsibility-taking:

> . . . the ability to take responsibility to look, stand back and think 'Yeah, these are the bits that went wrong and these are the reasons they went wrong' and understanding my own childhood, my ability and my capacity to be a parent dealing with maybe trauma. (Sam)

Finally, they described counselling as often being about offering practical help:

> . . . she happened to be in therapy with me when Letterbox [Letterbox Contact refers to a formal agreement by which birth parents and adoptive parents can exchange information about the child] came up and we did it together and she said 'It's the first time I feel that I've written a letter that I wanted to write, that I've sent a letter that I wanted to write', so all those years she'd tried to do it, but it had been traumatic to write the letter . . . and she felt that she wrote the things that were meaningful for her and that she'd meant to say . . . (Drew)

The counsellors took solace in noticing changes, however small: '. . . it helped him, in a sense it helped him build his confidence and kept him going . . .' (Taylor). They reported that this made the work more personal for them, helping them connect with the rewards and gain a sense of achievement in their work.

'This work can really get into you' (Drew)

Counsellors highlighted the significant challenges they experience in their work, not only with birth relatives but also in working with the wider system. They described needing to remain grounded, valuing support and finding balance between work and their personal lives to enable them to do this work.

There was a sense of the work asking much of them personally, with one counsellor stating: 'It is challenging, and I often wonder if there's a shelf life to the work' (Sam). They described at times struggling with the many challenges of the work, how 'Things will come out and just trip you' (Alex) and 'This work could make you feel like the world is a crappy place' (Taylor).

They described feeling the burden of 'holding' the client, keeping sessions open and available and managing the risks. They explained that they often felt challenged by complex boundaries where clients could be really angry with them or where they needed to be with someone 'that is so desperate and so inconsolable' (Alex) and 'there has to be a way of being with them, of being alongside them...but not so it's going to be too much for you either' (Taylor). Sam stated that it could be 'very easy to get in too deep', meaning they could see the danger of 'being overcome' (Sam). Taylor reiterated this:

> Sometimes you can find yourself, at odd times in the week, remembering someone...it's the nature of the work, it's very, you know, it's not so easy to let it go when you walk out of the room. (Taylor)

Some of the counsellors spoke about being aware of vicarious traumatisation:

> I used supervision [with an independent colleague who was a senior practitioner]... and that... taught me about... vicarious traumatisation and how that insidiously can just creep under all of a sudden. You don't look at life the way you used to, you may start feeling very negative about things, very untrusting, and you might start using negative behaviour patterns... (Alex)

The counsellors also felt challenged by working with the wider system and other organisations. They questioned the value and cost-effectiveness of the short-term crisis-focused approach that is often commissioned. They felt they were constantly managing the changes to services with ever-changing government policies and did not find an easy connection between themselves and the wider safeguarding system: '... phoning the external party, you don't know what you are going to get' (Taylor).

To manage these multiple challenges, counsellors relied on the supervision process and, in some cases, their own personal therapy. They valued working in a supportive organisation and being part of a team with a caring ethos where they were able to say: 'This is what's happening, what do you guys think?' (Taylor). They appreciated supervision and managerial support where ongoing training and development were valued and encouraged:

> I think [my manager] has always had this thing, 'Oh, let's take care of you guys', so we always get scones at our meeting. That's nice, it's those little touches... (Taylor)

Furthermore, counsellors found some sense of safety and 'something really firm' (Drew) in their therapeutic knowledge and experience, relying on learning gained over many years of practice. Finally, the necessity of good self-awareness, coping strategies and a way to leave the work behind was stressed: 'So, if sleep is starting to be disturbed then I know the balance has gone off kilter somewhere, so [I respond by] just looking after myself really' (Drew). All of the counsellors reported that without a supportive organisational system and warm and caring colleagues, this work might not be sustainable.

Discussion

These counsellor accounts offer some valuable considerations for both service development and counsellors and supervisors who work with birth relatives. Four of the most salient points highlighted will now be discussed.

It's all about the relationship

The strongest thread running through all the counsellor accounts was a powerful focus on relationships. Key orientating foci in their work were: the relational histories and current contexts of birth relatives, including histories of where they experienced abuse themselves or were in circumstances that did not feel safe or containing; birth families' ongoing relationships with the absent children; the therapeutic relationship between themselves as practitioners and birth relatives in the context of counselling; and finally, their own relational context and the need for this to be emotionally safe and supportive.

Establishing a therapeutic relationship is an essential first requirement of any effective therapeutic work, but the counsellors reported that this presents unique challenges when working with birth relatives. This is a familiar theme in the literature (e.g., Battle, Bendit and Gray, 2014; Harris, 2005; Morgan et al., 2019; Neil et al., 2010; Syrstad and Slettebø, 2019). There is often a need to shift the perception birth relatives may hold of professionals where they have experienced a negative relationship with agencies in the past and where trust has been broken (see also Cox et al., 2017; Morgan et al., 2019; Neil et al., 2010). The counsellors also emphasised a trauma-informed perspective, understanding the impact of multiple traumas on attachment and engagement. In line with the findings of Lewis-Brooke and colleagues (2017), counsellors felt that birth relatives will often engage when the right services are offered by the right agencies in the right way. They felt that service structures needed to allow for an intentional counsellor-led focus on establishing, encouraging and maintaining a therapeutic alliance. A flexible service was seen as essential, supporting counsellors to keep reaching out and offering the connection, even in the face of non-engagement or hostility, and to proactively and slowly build trust over time. They also highlighted the importance of giving control back to birth relatives whenever possible, for example in relation to engagement, appointments and the content of the work, again requiring flexibility in service structures and procedures.

The counsellors report that maintaining this open and accommodating stance was not always easy and highlighted a number of potential challenges to maintaining a connection within the context of intensity, changeability and the complexity of relationships with birth relatives. This included attending to their own perceptions and pre-conceived ideas. It has been highlighted that stigmatising and pathologising discourses around birth families and the notion of 'the best interests of the child' can act to obscure, invalidate or corrode compassion and understanding for birth relatives' suffering and hardship, thus often generating judgement and vilification (see Broadhurst and Mason, 2017; Carolan et al., 2010; Featherstone, Gupta and Mills, 2018; Neil, 2013). In contrast, the counsellors interviewed were committed to challenging their own biases so that compassion could be nurtured. They suggested bringing forth, acknowledging and validating the complex social and contextual factors in birth relatives' lives and encouraging meaning-making that allows connections between these experiences and the children being removed from their care to be made by birth relatives in a supportive, non-judgemental and emotionally safe space.

They described a relationship that is different from more traditional conceptualisations of therapeutic relationships. This fits with the findings of Morgan and colleagues (2019) who draw on Eversole's (1997) concept of 'bending the frame' to highlight how birth parents value, for example, a warm welcome, including a cup of tea or a cuddle. Eversole describes bending the frame as a flexible approach to the therapeutic frame which adjusts to the ever-changing circumstances of the client. This could include being consistently available,

offering longer sessions or ones outside of traditional settings, reciprocal conversations, sharing a cup of tea or offering practical help (see also Lewis-Brooke et al., 2017). Such a therapeutic relationship can contrast with other relationships birth parents might have experienced (Broadhurst and Mason, 2014). Morgan and colleagues (2019) describe the potentially transformative and reparative power of establishing this kind of relationship.

Counsellors also reported adjusting their expectations for change, valuing small steps and maintaining hope that change was possible. This hope was often rewarded with them experiencing a sense of achievement in their work. This aligns with birth relatives reporting positive outcomes from therapeutic work (e.g., Battle, Bendit and Gray, 2014; Cox et al., 2017; Morgan et al., 2019), including, for instance, feeling empowered and more able to manage their emotions, having more positive relationships and developing new understandings and insights. Broadhurst and Mason (2014) reported further changes relating to the ability to parent children in their care, increased coping mechanisms and a shift in relationships with professionals.

Despite these rewards, it was clear that counselling birth relatives brought many challenges. Counsellors emphasised the importance of a supportive organisation, good teamwork, supervision and, for some, personal therapy, maintaining a balance between work and life and being able to leave work behind at the end of the day. Counsellors valued their training and the theoretical frameworks they could draw upon. Being experienced as counsellors, alongside ongoing learning and professional development were especially valued (see also Battle, Bendit and Gray, 2014).

This has implications at a service design level as well as for the therapeutic stance and points towards the potential value of specific therapeutic approaches.

Service design

The counsellor accounts in this study align with the existing literature (Cox et al., 2017; Morgan et al., 2019; Neil et al., 2010) which points towards the need for a pragmatic and flexible service that attends to the relational challenges birth relatives experience when accessing counselling. This includes a lack of trust in professional agencies, the possible absence of any experience of positive attachment relationships, histories of trauma that interrupt secure attachment and the lack of a support network. Service design should allow for service- and practitioner-initiated slow and collaborative engagement to enable the development of trust over time (Syrstad and Ness, 2021) and should grant birth relatives control over when and how the service is accessed. Examples of how this was implemented by the counsellors in their service included using phone calls and texts, offering a 'pending' service, providing choice in relation to in-person or telephone sessions, 'checking in', 'bending the frame', using humour, being open and transparent and aiming to be practically helpful.

Services offering counselling to birth relatives need to take similar care in considering the relational context of their staff. The many personal and relational challenges of working with birth relatives were clear, including managing risk, holding space for intense and overwhelming emotions, bearing witness to painful narratives of loss, hardship and injustice, facing ambivalence and challenges to boundaries in the therapeutic relationship. The counsellors powerfully described the value they placed on working for a nurturing organisation and being part of an accepting and validating team. Reynolds' (2010; 2011) concept of 'solidarity teams' comes to mind, described as building a community of care which allows

for the creation of a highly supportive values-informed space where practitioners feel relationally safe and not judged but where they can also be challenged and held accountable by supportive colleagues. This approach fosters rich, ethical and reflective practice, while also responding with deep care to the personal experiences of practitioners who bear witness to clients' stories of pain, hardship and social injustice. Furthermore, counsellors valued having access to good supervision and being supported in accessing ongoing learning opportunities.

Finally, the wider relational context of the work and, in particular, how the counselling service related to other agencies involved in safeguarding, such as housing and welfare benefits, were also highlighted as significant. The reports from counsellors that these relationships were often fragile or problematic are worrying. It has often been highlighted in the literature (see, for example, Cox, McPherson and Blumenfeld, 2021; Syrstad and Ness, 2019) that the material realities of birth relatives' lives can have a determining impact on whether therapeutic intervention can be established, sustained and of use. Therefore, attending to matters such as benefit claims, housing, employment, contact with the child, Letterbox contact and relationships with social services should be defined as part of the practitioner's role. A tension was highlighted between the need for counsellors to offer an independent service to birth relatives alongside a need for close collaboration with other agencies. Syrstad and Ness (2019) highlight how collaboration often requires navigating what could be experienced as contradictory values, commitments, perspectives and priorities, and can lead to splits and polarisation. For counselling services offering support to birth relatives, investment in establishing good working relationships with relevant local agencies and transparency with birth relatives about the nature of these seem essential. A collaborative consultation model (Fredman, Papadopoulou and Worwood, 2018) is one approach to achieving such partnerships. This encourages teams to build connections across agencies and to collaborate on developing a collective understanding of the organisational relational context, developing a supportive understanding of one another's challenges and opportunities. There is strong evidence for the value of effective multi-agency working (The Family Rights Group and The Nuffield Foundation, 2018).

Counsellors who have established a therapeutic connection with a birth relative are well placed to promote a contextual and relational understanding of the family circumstances and to challenge a narrow, problem-saturated perception of the situation by broadening the narrative to include its strengths, values and intentions. This has the potential to produce a more psychological, trauma-informed and contextual formulation of families' difficulties across services, enable a more collaborative relationship with the birth relatives and discourage more reactive responses from the wider system. Team formulation (Hartley, 2021; Johnstone, 2013) would be one way of achieving this. This is a trauma-informed approach where a team collectively identifies the difficulties faced by a client or family and the reasons for them and then draws on this shared understanding to consider possible helpful responses (Johnstone, 2019). Team formulation is still under-utilised in the social care system and potentially offers a helpful tool in this context.

Therapist stance

The counsellors in this study valued the development of a humanising relationship, by 'offering human connection' and validating and contextualising experiences, and viewed this as a way to establish connection and re-establish dignity and a destigmatised sense of

self for birth relatives. Syrstad and Slettebø (2019) have highlighted the importance of allowing birth parents to be something other than deviant individuals or failing parents – this can reduce shame and foster collaboration rather than defensiveness and resistance. Focusing on birth relatives' strengths and abilities, including in their parenting identity, has been highlighted as one way to do this (e.g., Boddy et al., 2014; Syrstad and Ness, 2019). Furthermore, the idea of 'bending the frame' of counselling (Morgan et al., 2019) to disrupt the power differences and foster relational reciprocity and ease captures the stance the counsellors aimed to adopt.

The counsellors also highlighted the importance of offering birth relatives a non-judgemental and accepting connection in the therapeutic relationship and being aware that this might not be readily available in their wider lives. However, at times, this had to be achieved rather than taken for granted. Birth relatives are a highly stigmatised group (Otterlei and Engebretsen, 2021), and counsellors in the study, similar to the findings of Syrstad and Ness (2019), reported having to remain vigilant and challenge their own stigmatising attitudes towards birth families. These might include responses of anger, moralism or judgement that could get in the way of acting in line with their own values and beliefs of what is needed in the therapeutic work. Counsellors reported that by engaging with the stories of birth relatives' lives and establishing a human connection, they were able to move away from judgement and to find compassion. Services should maintain awareness of the importance for practitioners to remain attuned to and challenge their own attitudes, biases and blind spots (Wiley and Baden, 2005). Regular team reflective spaces (including solidarity teams and team formulation, as discussed above) and supervision can be invaluable in offering accepting spaces where counsellors can honestly examine their responses to birth relatives and interrogate their own biases and obstacles to acceptance.

The counsellors reported offering a space for birth relatives to 'bring their parenting feelings', highlighting how often birth relatives feel unable to talk about their child, so that their grief following the loss of a child remains hidden, unrecognised and disenfranchised (Geddes, 2021; Memarnia et al., 2015; Siverns and Morgan, 2021). Framing the therapeutic activity as grief work could be invaluable, therefore. Robinson (2002), Wiley and Baden (2005) and others have described the relief birth parents may feel at finally being encouraged to talk about their child and about their feelings of loss as a parent. However, counsellors highlighted the potential cost of holding such a space for the often overwhelming intensity of emotions expressed by birth relatives. Again, supportive supervision and teamwork, feeling nurtured and looked after by the organisation and maintaining a clear boundary between work and their wider lives were seen as essential to allowing practitioners both to offer this work and to sustain themselves over time. This can include personal therapy.

Therapeutic approach

Therapeutic approaches that emphasise a contextual de-individualising and de-pathologising stance and a central focus on relationships seem a helpful fit for therapeutic work with birth relatives, aligned to the intentions and values expressed by the counsellors in this study. Two such approaches will now briefly be considered.

A trauma-informed approach to counselling, emphasising relational safety, trust, collaboration and choice as well as the empowerment of the individual, has been considered useful when working with birth relatives (Battle, Bendit and Gray, 2014; Enlander, Simonds and

Hanna, 2021). Such an approach attends to birth relatives' often complex histories of trauma, as well as to ongoing contextual exclusion and marginalisation (Carolan et al., 2010). Many conventional concepts that put both responsibility and blame on the individual for therapeutic non-engagement and failure – such as describing clients as 'non-engaging' or 'non-cooperative' (Featherstone and Fraser, 2012) or 'disconnected' or 'not psychologically minded' (Memarnia et al., 2015) – are challenged by a trauma-informed approach. According to this framework, these kinds of response are viewed as reasonable reactions to trauma and hardship. Indeed, this approach prioritises the establishment of relational trust and safety, providing an emotionally supportive and consistent space for finding meaning in traumatic experiences, including the loss of a child. Furthermore, a trauma-informed approach invites consideration of a bridge between the birth relative's relational network (e.g., their removed child(ren), family, friends and community) and their everyday life, beyond the removal of their child(ren).

Similarly, a narrative therapy approach (White, 2007; White and Epston, 1990) has been suggested as potentially helpful in working with birth relatives (Kielty, 2008; Robinson, 2002; Syrstad and Slettebø, 2019) and seems to align with counsellors' values and intentions for their work. This approach invites 'therapists [to] play on the same "team" as parents, so the parents do not have to spend energy convincing and winning therapists over' (Syrstad and Ness, 2019: 209). Narrative therapy has been seen as enabling restoration of dignity and a preferred sense of self through a re-authoring process (White, 2007), which supports the development of a rich, multi-storied narrative of birth relatives' lives, beyond the problem-saturated, single story of 'bad or deviant parent' (Morgan et al., 2019). Participants in Morgan and colleagues' study reported this to include 'strengthening an alternative storyline of love and devotion to their missing children, allowing them to situate themselves more fully and confidently within a preferred "mother" identity' (2019: 150).

Strengths and limitations of the study

This article aims to bring to life the experiences of a small group of experienced counsellors who support birth relatives after the compulsory removal of their child(ren). It should be borne in mind that only a small number of counsellors, all recruited from one counselling service for birth relatives, took part in the study, and so the findings are not conclusive or generalisable. However, the study does offer potentially transferrable findings that could benefit those who commission or design counselling services for birth relatives and those who work with them therapeutically.

It is notable that all participants in this study identify as from a White ethnic background. It is well established that people from racially minoritised backgrounds are over-represented in the care system (Harris, 2005) and that agencies lack cultural representation in their staff groups and can offer culturally inaccessible or untrustworthy, insensitive or inappropriate services and interventions (e.g., Harris, 2004). There is an urgent need to improve representation in the workforce across safeguarding and adoption services and to develop a skilled workforce, able to appropriately meet the needs of the communities they serve.

While the service context in which the counsellors work serves all birth relatives (including birth fathers, grandparents, siblings and other relatives), it is well known that the term 'birth relatives' is still most often read and understood to mean 'birth mothers', and more than two-thirds of referrals received by the service were for this group. In addition, of the

referrals received, birth fathers were less likely to take up the offer of counselling. The impact of child removal on birth fathers remains less acknowledged and understood and less reported in research (Clapton, 1997; Clapton and Clifton, 2016; Clifton, 2012; Deykin, Patti and Ryan, 1988). Similarly, the impact on the wider family network remains under-reported and their needs are often overlooked (Broadhurst and Mason, 2017; Hipple and Haflich, 1993; Neil, 2006; Neil et al., 2010).

Future research

There remains an ongoing need both for research into effective ways to address the needs of all birth relatives who face the compulsory loss of their child and for robust service-evaluations of the service models in use. This should involve furthering our understanding of the structural and ideological obstacles to delivering effective services. Furthermore, there is a large group of birth relatives who do not seek out counselling services, such as the ones described above, and this group remains out of reach and not heard in both services and research.

Conclusion

The counsellor accounts presented here have powerfully highlighted the many challenges experienced by both birth relatives following the compulsory removal of their child(ren) and the practitioners who are committed to supporting them. A relational approach within the counselling room, within the organisation and between agencies was highlighted as a framework that can be responsive to these numerous challenges. This has the potential to allow for therapeutic work that can be transformative of birth relatives' lives.

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